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| Research Terms of ReferenceSebha Area-Based AssessmentLBY1904 |
| February 2020 | C:\Users\Megan\AppData\Local\Microsoft\Windows\INetCache\Content.Word\REACH logo white (for a coloured background).jpg |

# Executive Summary

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| --- | --- |
| Country of intervention | Libya |
| Type of Emergency | □ | Natural disaster | X | Conflict |
| Type of Crisis | □ | Sudden onset  | □ | Slow onset | X | Protracted |
| Mandating Body/ Agency | OFDA/USAID |
| Project Code | 14iAJO 3O1 |
| Research Timeframe | 1. Start collect data: 04/03/2020 | 4. Data sent for validation: 21/5/2020 |
| *Add planned deadlines (for first cycle if more than 1)* | 2. Data collected: 30/4/2020 | 5. Outputs sent for validation: 21/5/2020 |
| 3. Data analysed: 8/5/2020 | 6. Outputs published: 29/5/2020 |
| Number of assessments | X | Single assessment (one cycle) | □ | Multi assessment (more than one 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 |
| □ | Donor plan/strategy  | \_ \_/\_ \_/\_ \_ \_ \_ |
| □ | Inter-cluster plan/strategy  | \_ \_/\_ \_/\_ \_ \_ \_ |
| □ | Cluster plan/strategy  | \_ \_/\_ \_/\_ \_ \_ \_ |
| □ | NGO platform plan/strategy  | \_ \_/\_ \_/\_ \_ \_ \_ |
| X | Other (Specify): | Nexus Working Group Joint-Planning Strategy (June 1st 2020) |
| Audience Type & Dissemination *Specify who will the assessment inform and how you will disseminate to inform the audience* | Audience type | Dissemination |
| X StrategicX ProgrammaticX Operational□ [Other, Specify] | X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)X Cluster Mailing (WASH, Health, Protection) and presentation of findings at next cluster meeting X Presentation of findings (e.g. at Nexus meeting; Cluster meeting) X Website Dissemination (Relief Web & REACH Resource Centre)□ [Other, Specify] |
| Detailed dissemination plan required | □ | Yes | X | No |
| General Objective | This area-based assessment (ABA) aims to provide humanitarian-development-peace ‘nexus’ actors with information related to service delivery and social cohesion in Sebha, Libya. The ABA will help ‘nexus’ actors identify efficient entry points for supporting medium- to long-term solutions to service delivery challenges.  |
| Specific Objective(s) | This assessment will focus on collecting information on two thematic pillars: (i) service provision and access, and (ii) social cohesion. Regarding the first, the objective is to map community areas and service provision infrastructure and investigate how freedom of movement impacts service access. For the second pillar, the objective is to assess decision-making and protection mechanisms available across different population groups and areas. The levels of analysis will be the following: (1) the city of Sebha and (2) the smaller data collection units (DCUs[[1]](#footnote-1) which are a grouping of neighbourhoods). The assessed population groups will be migrants and Libyan men, women, and youth; however, only migrants living outside detention centres will be assessed.To fulfil the outlined purpose of this assessment, the following activities and objectives will be explored:1. Define and profile the geographic area selected for the assessment
	1. Identify and map neighbourhood boundaries within the city based on perceptions of residents
	2. Identify demographic profiles of the population within the mapped neighbourhoods
2. Identify and map the geographic availability of basic services, with a focus on water and health service provision
	1. Map key services’ general infrastructure (schools, health centres, water access points, sewage network, electricity grid, etc.[[2]](#footnote-2))
	2. Identify restrictions of movement for different groups and areas in relation to accessing services
	3. Identify key water provision and health care service stakeholders and their influence within the system
	4. Map the flows of information between key health care stakeholders
3. Understand Libyan and migrant perceptions of their ability to influence decision making at household, community, and city level
	1. Identify decision-making mechanisms at the household, city and community level and the perceived level of trust in those mechanisms
	2. Identify which areas and groups perceive themselves to be marginalized or excluded from decision making
4. Understand the perceptions of Libyans and migrants regarding access to protection against crime
	1. Identify which areas and groups perceive themselves to have access to formal and informal law enforcement and justice mechanisms, and the perceived level of trust in those mechanisms
	2. Identify which groups and areas perceive themselves to be marginalised or excluded from these mechanisms

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| Research Questions | 1. Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?
	1. What are the current perceived neighbourhoods within the city?
	2. What is the demographic profile of the population within each neighbourhood?
	3. What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewerage, waste collection, electricity, law enforcement and justice?
2. What are the characteristics of service delivery and access at the city and DCU level?
	1. Which DCUs and population groups within them have least access to services, and why (considering existing information regarding barriers to accessing services)?
	2. Which stakeholders influence service delivery for health care and water provision?
		1. How is information transferred between actors in the health care network?
3. How are decisions that could have an impact on people’s wellbeing made at the household, community, and city levels?
	1. What are the formal and informal mechanisms used for decision making at the community and city level?
		1. What is the perceived level of trust in those decision-making mechanisms?
	2. Which groups and areas perceive that they have less or no influence on decision-making?
4. What are the mechanisms for people to respond to crime?
	1. What formal law enforcement and justice mechanisms exist in the assessed area? Which groups and areas have access / do not have access to these mechanisms?
	2. What informal mechanisms for dealing with security and justice issues exist in the assessed area? Which groups and areas have access / do not have access to these mechanisms?
	3. What is the perceived level of trust in these existing formal and informal mechanisms?
 |
| Geographic Coverage | Sebha (city level) and data collection units (DCUs) within the city of Sebha (8[[3]](#footnote-3) DCUs total) |
| Secondary data sources | * [Market Assessments](http://bit.ly/38zihfH) (REACH)
* MSNA [2018](http://bit.ly/2GFpxvy) and 2019 (REACH) [2019 currently unpublished]
* [IOM-DTM Round 27](https://dtm.iom.int/reports/libya-%E2%80%94-idp-returnee-report-round-27-aug-oct-2019) (August-October 2019)
* [IOM-DTM Round 28](https://dtm.iom.int/reports/libya-%E2%80%94-idp-returnee-report-round-28-nov-dec-2019) (November-December 2019)
* Libyan Household MSNA 2018 (UNFPA) [Unpublished]
* [Al Araby A., Local specificities of migration in Libya](https://cadmus.eui.eu/handle/1814/52585) : challenges and solutions, European University Institute, 2018.
* Murray R., Sebha: A conflict sensitive humanitarian approach to migration, Swiss Confederation, 2019 [Unpublished]
* [Public Opinion Survey: Fifteen municiaplities of Libya 2019](https://www.iri.org/sites/default/files/libya_poll_january_2019.pdf) (International Republican Institute)
* [Ezzeddine N. et al. Local Security Governance in Libya](https://www.clingendael.org/sites/default/files/2018-10/diversity_security_Libya.pdf), Clingendael, 2018
* Safa O. & N. Wilson, Sebha Conflict Mapping, USIP, 2018 [Unpublished]
* [Rapid City Profiling: Sebha, 2019](http://libyaportal.net/libyaportal.net/wp-content/uploads/2019/10/Sebha_CP_October-2019.pdf) (UNHabitat)
* Sebha Nexus Strategy 2019 (UN Program Management Team Libya) [Unpublished]
* [Micallef M., The Human Conveyor Belt Broken](https://globalinitiative.net/wp-content/uploads/2019/04/Global-Initiative-Human-Conveyor-Belt-Broken_March-2019.pdf), Cligendael, 2019
* [Gramizzi C. & J. Tubiana, Lost in Trans-Nation, Small Arms Survey](http://www.smallarmssurvey.org/fileadmin/docs/U-Reports/SAS-SANA-Report-Lost-in-Trans-nation.pdf), 2018
* [Ezzeddine N. et al., From Abuse to Cohabitation: A way forward for positive migration governance in Libya](https://www.clingendael.org/sites/default/files/2019-11/Migration_Governance_Report_October_2019.pdf), Cligendael, 2019
* Libya Recovery and Peacebuilding Framework: comprehensive review of existing data and information on challenges and needs, 2019 (World Bank) [Unpublished]
* [Högbladh Stina, 2019, “UCDP GED Codebook version 19.1”](file:///C%3A%5CUsers%5CActed%5CDropbox%5C2.%20Research%20Projects%5C4.%20Development%5C1.%20ABA%5C2.%20ABA%20Sebha%202019%5C1.%20Project%20Open%5CToR%5C%E2%80%A2%09H%C3%B6gbladh%20Stina%2C%202019%2C), Department of Peace and Conflict Research, Uppsala University
 |
| Population(s) | □ | IDPs in camp | □ | IDPs in informal sites |
| *Select all that apply* | □ | IDPs in host communities | X | IDPs  |
|  | □ | Refugees in camp | □ | Refugees in informal sites |
|  | X | Refugees in host communities | X | Migrants |
|  | X | Non displaced | X | Returnees |
| Stratification*Select type(s) and enter number of stata* | X | Geographical #: DCU (8)Population size per strata is known? □ Yes X No | X | Group #: 3 Regions of origin (migrants): Middle East and North Africa, West Africa and East Africa Population size per strata is known? □ Yes X No | X | *Gender and age* #: Men and women; youth and adults Population size per strata is known? □ Yes X No |
|  | X | Group #: 8 TribesPopulation size per strata is known? □ Yes X No |  |  |  |  |
| Data collection tool(s)  | X | Structured (Quantitative) | X | Semi-structured (Qualitative)  |
|  | Sampling method | Data collection method  |
| Semi-structured data collection tool Pillar 1: Priliminary MFGD (City Level) | X Purposive □ Snowballing□ [Other, Specify] | □ Key informant interview (Target #): □ Individual interview (Target #):\_ \_ \_ \_ \_X Focus group discussion (Target #): 1□ [Other, Specify](Target #):\_ \_ \_ \_ \_ |
| Semi-structured data collection tool Pillar 1: MFGDs Health Service Providers (City level) | X Purposive X Snowballing□ [Other, Specify] | □ Key informant interview (Target #): □ Individual interview (Target #):\_ \_ \_ \_ \_X Focus group discussion (Target #): 2, disagregated by gender (key actors in health service provision or governance)□ [Other, Specify](Target #):\_ \_ \_ \_ \_ |
| Semi-structured data collection tool Pillar 1: KII Service Providers (City level) | X Purposive X Snowballing□ [Other, Specify] | X Key informant interview (Target #): 6 (key actors in electiricty and water provision or governance of those sectors)□ Individual interview (Target #):\_ \_ \_ \_ \_□ Focus group discussion (Target #): □ [Other, Specify](Target #):\_ \_ \_ \_ \_ |
| Structured data collection tool Pillar 1: Social Network Analysis (City Level) | X Purposive X Snowballing□ [Other, Specify] | X Key informant interview (Target #): 60 (key actors in health system provision operating at the technical level)□ Individual interview (Target #):\_ \_ \_ \_ \_□ Focus group discussion (Target #): □ [Other, Specify](Target #):\_ \_ \_ \_ \_ |
| Semi-structured data collection tool Pillar 1: MFGDs DCU (DCU level) | X Purposive X Snowballing□ [Other, Specify] | □ Key informant interview (Target #): □ Individual interview (Target #):\_ \_ \_ \_ \_X Focus group discussion (Target #): 2 per DCU, 18 total (with residents from the areas, disagregated by gender when possible)□ [Other, Specify](Target #):\_ \_ \_ \_ \_ |
| Semi-structured data collection tool Pillar 1 and Pillar 2: Individual interviews (DCU level) | X Purposive X Snowballing X Quota□ [Other, Specify] | □ Key informant interview (Target #): X Individual interview (Target #): 120 (15 residents per DCU, 5 women; 5 men; 5 youth of any gender)□ Focus group discussion (Target #): □ [Other, Specify](Target #):\_ \_ \_ \_ \_ |
| Semi-structured data collection tool Pillar 1: KIIs Tribal Leaders (City level) | X Purposive X SnowballingX Quota□ [Other, Specify] | X Key informant interview (Target #): 24□ Individual interview (Target #):\_ \_ \_ \_ \_□ Focus group discussion (Target #): □ [Other, Specify](Target #):\_ \_ \_ \_ \_3 leaders/elders/experts from each of the 8 main tribes  |
| Semi-structured data collection tool (s)Pillar 2: individual interviews with migrants (City level) | X Purposive X SnowballingX Quota □ [Other, Specify] | □ Key informant interview (Target #):\_ \_ \_ \_ \_X Individual interview (Target #): 30 migrants (city-level)□ Focus group discussion (Target #): □ [Other, Specify] (Target #):\_ \_ \_ \_ \_Quota on the basis of region of origin, based on data from IOM DTM round 27[[4]](#footnote-4) |
| Semi-structured data collection tool (s) Pillar 2: KII for population group key informants (City level) | X Purposive X Snowballing□ [Other, Specify] | X Key informant interview (Target #): 15 experts knowlegbale about issues regarding specific population groups: women, youth, migrants. (5 KIIs per group)□ Individual interview (Target #): □ Focus group discussion (Target #): □ [Other, Specify] (Target #):\_ \_ \_ \_ \_ |  |
| Structured data collection tool (s) Pillar 2: Stakeholder mapping (City level) | X Purposive X Snowballing □ [Other, Specify] | □ Key informant interview (Target #):\_ \_ \_ \_ □ Individual interview (Target #): X Focus group discussion (Target #): 4 group discussions in total, with 2 for health sector and 2 for water sector. Consisting of 4-8 participants from across the sector (from governance, different types of providers, and KIs knowelgable about access issues for differerent population groups)□ [Other, Specify] (Target #):\_ \_ \_ \_ \_ |
| Structured data collection tool (s) Phase 2: Individual survey (City level) | X Random □ [Other, Specify] | □ Key informant interview (Target #):\_ \_ \_ \_ X Individual interview (Target #): 96 □ Focus group discussion (Target #): □ [Other, Specify] (Target #):\_ \_ \_ \_ \_ |
| Data management platform(s) | X | IMPACT | □ | UNHCR |
|  | □ | [Other, Specify] |
| Expected output type(s) | X | Situation overview #: 1 SO (city level) | □ | Report #: \_ \_ | □ | Profile #: \_ \_ |
|  | X | Presentation (Preliminary findings) #: 1 | □ | Presentation (Final) #: \_ \_ | □ | Factsheet #: \_ \_ |
|  | □ | Interactive dashboard #:\_ | X | Webmap #: 1 | X | Map #: As needed |
|  | □ | [Other, Specify] #: \_ \_ |
| Access  | X | Public (available on REACH resource center and other humanitarian platforms)  |
| X | Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms) [*two versions of the report will be produced, with the restricted version containing more senstive information related to tribal affiliation and access to services, scenario planning for potential future conflicts, and recommendations for a conflict-senstive approach to interventions in the city*] |
| Visibility *Specify which logos should be on outputs* | All information products will feature REACH branding. |

# Rationale

2.1. Rationale

In 2020, Libya begins its tenth year of protracted conflict. The war continues to cause infrastructure damage, security threats, and economic and political crises that undermine the population’s safety, livelihoods, and access to services. To better understand local needs international actors must focus on urban spaces as unified systems, rather than analysing needs on a sector-by-sector basis[[5]](#footnote-5). This is particularly true in Libya, where cities have historically played a prominent governance role in lieu of a strong central capital; today, the country “arguably resembles a nation of city states shaped by local identities”[[6]](#footnote-6). Communities in protracted crises like Libya’s are often driving their own development or crisis coping processes, and area-based approaches present an opportunity to both support local initiatives and for international organizations to achieve their goals[[7]](#footnote-7). The main objective of an Area-based Assessment (ABA) is to **better understand local dynamics, vulnerabilities and community capacities to facilitate long-term recovery**.

Through its ‘city as a system’ approach, the ABA will support the humanitarian, development, and peace-building nexus in Libya (hereafter referred to as the nexus)[[8]](#footnote-8). “The key objective behind the nexus approach is to offer a concrete path to removing unnecessary barriers between humanitarian, development and peacebuilding actors as they jointly work towards sustainable development gains, and preventing the loss of peace dividends whenever a crisis or shock hits” (UN Sebha Nexus Strategy 2019). The UN Program Management Team (PMT) is developing a nexus strategy for Libya, currently being piloted in the city of Sebha through the **Sebha Nexus Strategy** (SNS). The Nexus Working Group (NWG) coordinates programming under the SNS, and **the ABA will support in the operationalization of that strategy**. As a consequence of pursuing this objective, the ABA will also provide area-specific information relevant to other international engagement strategies: United Nations Strategic Framework, World Bank Country Engagement Note (CEN), USAID Libya Program Strategy, and the Humanitarian Country Team’s Humanitarian Response Plan 2020 (HRP).

Sebha (also spelled Sabha) is the largest city in the southern Fezzan region with a population of around 200,000[[9]](#footnote-9). It has historically played an important role in linking the south with the populated coastal areas of the country and has been a central transit hub for northern migration routes stretching from the Sahel. The city has seen at least 38 separate conflicts since 2011, with social tensions between tribal groups playing a strong role in the violence[[10]](#footnote-10). The PMT selected Sebhaas the pilot location for the nexus strategy after identifying various advantages to engaging in the city. These included:

* The presence of clear needs, risks and vulnerabilities related to the provision of basic services;
* Sebha is a strategic location where improved service delivery and overall human rights protection can remove significant conflict triggers from the area;
* Successful support for Sebha can be catalytic to the overall Libyan context and would be scalable at a national level.

The scope of the ABA was designed around the following objectives:

* To provide in-demand information to the NWG to support medium- to long-term programming, and to contribute to the upcoming joint analysis to be conducted by the PMT
* To capitalize on previous assessments, avoid duplication, and fill information gaps
* To provide operational information relevant to the area of Sebha that will have an impact in Sebha

In order to fine-tune the scope of the ABA, a scoping period was conducted between September and December 2019. The scope of the ABA was constructed through a secondary data review[[11]](#footnote-11), meetings with the NWG and the PMT, and 14 individual interviews with NWG members and other key informants knowledgeable about Sebha such as local NGO workers, investigative reporters, and conflict analysts. The following data gaps were identified during this period and are the foundation of the Sebha ABA’s research design:

* International actors had enough data regarding overall sectoral needs but had little nuanced information regarding how social cohesion impacts the vulnerabilities of different population groups
* International actors lacked reliable information about how to engage with existing service providers effectively, particularly regarding water and health care provision;
* International actors had limited access to maps of service infrastructure, and had little information of socio-geographic boundaries in the city;
* International actors needed information about how decisions are made at the household, community, and city level, and which stakeholders are involved in making decisions related to governance and service provision;
* International actors wanted clearer methods for engaging in the city in a manner sensitive to the area’s complex conflict dynamics;
* International actors lacked information regarding local CSOs that could be potential partners in future interventions.

The scoping period identified specific interventions in Sebha that the ABA will seek to support:

* ICRC’s programing related to water and health care provision
* WFP, UNWomen, and UNFPA’s joint programing related to women empowerment and employment
* WHO’s programing related to health care provision
* ACTED’s programming related to protection
* USIP and UNDP’s joint programming related to social cohesion, WASH and electricity service delivery
* UNICEF’s potential future programming related to health care, education, and empowerment of youth and women

To address the above-mentioned information gaps and support the identified interventions, **this ABA is designed around two pillars of investigation: i) service provision and access, and ii) social cohesion mechanisms related to decision making and protection**. Highlighting the situation of women, youth, migrants, and other marginalized population groups will be a crosscutting element. This approach will help international actors understand local dynamics and challenges and operate more efficiently at a micro-level by engaging with existing systems for service provision, decision making, and protection. To enable this engagement to be inclusive for all groups, actors will need information regarding how/whether those systems exclude marginalised or vulnerable populations.

When it comes to the first pillar of investigation – service provision and access – the scoping period identified that the ABA could support the NWG and international actors in Sebha with a detailed geographic mapping of service and governance infrastructure, community areas and their demographics, and restrictions of movement for different population groups. For the second pillar, the scoping period identified that actors would be benefited with information about how different groups and areas access decision-making mechanisms to influence service provision, and how they access formal and informal protection mechanisms in response to crime.

In close consultation with the NWG, it was determined that if the ABA’s final products are to be operationally valuable then its analysis must include information related to tribal dynamics. While traditional conflict analyses might seek to understand the differing political narratives between groups, the ABA will seek to understand from an operational perspectives who/where needs assistance and how to deploy that assistance in a responsible manner. The final products will present information related to tribes through the lens of service access and identify the mechanisms for decision-making and security that different tribes reportedly have access to. In addition, the NWG requested information that would assist them in engaging in Sebha in a manner sensitive to social cohesion issues.

Some elements of the Sebha ABA’s scope may be too sensitive for public dissemination. As the focus of this assessment is to support a select group of actors in the ongoing operationalization of their strategy, public dissemination is not a top priority. However, as mentioned, other international engagement strategies like the CEN and HRP could be supported with information products like the ABA. As the assessment progresses, so will the internal conversation within REACH to determine which aspects of the Sebha ABA should not be disseminated publicly. **Two versions of the final report will be produced**: 1 for the NWG and PMT, and one for public dissemination.

Within this above-mentioned context, this ABA aims to help ‘nexus’ actors identify efficient entry points for supporting medium- to long-term solutions to service delivery challenges, and to operating in Sebha with a heightened sensitivity to social cohesion dynamics.

# Methodology

3.1. Methodology overview

The study will use a mixed methods approach, **qualitative and quantitative**, to meet the above-mentioned objectives. Data collection will take place between March 4 and May 1, 2020.

Qualitative component

The qualitative approach will be used to map the city; to discover key trends, mechanisms, and stakeholders in the city; and to develop information on social cohesion dynamics and their influence on the vulnerabilities of areas and groups. Qualitative data will be gathered through 10 tools in total. These tools’ content varies widely and often covers issues related to both service provision and access, and social cohesion. The variation of tools will allow the ABA to fill niche information gaps and triangulate information.

Quantitative component

The quantitative component will be a structured individual interview that gathers representative data on the population’s perception of the specific mechanisms and stakeholders. These mechanisms and stakeholders will be identified by reviewing findings from the qualitative findings

The table below outlines the tools that will be used during data collection[[12]](#footnote-12). These will be discussed further in Section 2.4.

Table 1: Description of tools used for data collection

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Phase**  | **Method**  | **Objective**  | **Structure**  | **Number of surveys** | **Population of interest**  | **Sampling**  |
| P1  | City-level MFGD | Delineate DCU boundaries | Semi-structured: Participatory Mapping and FGD tool | 1 | Enumerator Trainers (Sebha residents)  | Purposive  |
| P1  | City-level MFGD  | Map health services, identify challenges regarding provision and access, document priorities and development plans  | Semi-structured: Participatory mapping and FGD tool | 2 | Health experts and service providers  | Purposive & snowballing  |
| P1 P1  | City-level, Mapping KII[[13]](#footnote-13)City-level, Mapping KII17 | Map electricity grid, identify challenges regarding provision and access, document priorities and development plans Map public water network and facilities, identify challenges regarding provision and access, document priorities and development plans  | Semi-structured: Participatory mapping, KII toolSemi-structured: Participatory mapping, KII tool | 33 | Electricity service providers, public company employees Water service providers, public company employees  | Purposive & snowballing Purposive & snowballing  |
| P1  | DCU-level MFGD | Confirm service provision and networks, identify challenges regarding access and quality, map demography of DCU and restrictions of movement | Semi-structured: Participatory mapping, FGD tool | 2 per DCU (total = 18 MFGDs) | DCU community members  | Purposive & snowballing; disaggregated by gender when possible  |
| P1  | DCU-level Individual Interviews | Identify decision-making mechanisms on a household, community and city-level; perceptions of access to decision-making and accountability mechanisms; identify and measure access to formal and informal security and justice mechanisms  | Semi-structured: Individual Interview tool  | 15 per DCU (total = 120) | DCU community members  | Purposive quota: 5 men, 5 women, 5 youth per DCU |
| P1 | City-level KII with tribal leaders  | Identify tribal decision-making structures, identify their perceptions of tribes’ access to services, identify their perceptions of tribe’s access to formal and informal justice and security mechanisms  | Semi-structured: KII tool  | 24 | Tribal leaders from 8 largest tribes in Sebha | Purposive & snowballing. Quota: 3 KIs per tribe  |
| P1  | City-level SNA  | Identify and map social network of major stakeholders involved in provision of health services in Sebha  | Structured tool  | 60 | KIs involved in health services  | Purposive & snowballing  |
| P1  | City-level Stakeholder FGD | Capture network of stakeholders involved in health care and water service provision or governance  | Structured: GroupMan software tool (TBC) | 4 (2 for health and 2 for water sectors) | KIs involved in health or water provision  | Purposive & snowballing  |
| P2 | City-level Migrant KII  | Understand social cohesion with host community, challenges and barriers accessing services | Semi-structured tool  | 30 | Migrants and refugees in urban settings | Purposive & snowballing. Quota: 10 interviews per target region (West and Central Africa, East Africa, and MENA regions) |
| P2  | City-level KII with experts  | Understand local dynamics that affect women, youth and migrants regarding decision-making processes, access to services, and access to security and justice mechanisms  | Semi-structured tool  | 15 | Experts on women, youth and migrants  | Purposive & snowballing. Quota: 5 experts per target population group (women, youth, migrants)  |
| P2  | City-level individual survey  | Assess prevalence of use and trust in identified decision-making and protection mechanisms, assess trust in key institutions | Structured tool  | 96 | City residents  | Randomized representative sampling (95% confidence level, 10% margin of error) |

The strategy to meet the objectives outlined in Section 2.1 will be to gather information from a range of perspectives, including formal and informal authorities as well as different population groups (delineated by area, tribe, age, gender, and migrant/non-migrant). For the service delivery and access (first pillar) component, information collected from the general population (MFGDs with DCU residents and KIIs with migrants) will complement information from specialist KIIs (i.e. water and electricity providers); KIIs with local experts on issues particular to women, migrants and youth; and by an MFGD with healthcare providers.

In the same way, the tools for social cohesion (second pillar) component use a complementing approach: information from the individual survey at DCU level and KII Migrants tools will be triangulated with tribal leader interviews; experts on issues particular to women, youth and migrants; and the individual survey at city level. The findings of the social cohesion component will support analysis related to service access.

Due to this strategy, tools will be produced in **two phases**, with Phase 1 informing the development of Phase 2. Figure 1 shows how the first phase will support the second phase; this simplified Gantt chart’s black arrows show the relationships between tools in Phase 1 and Phase 2, with information from the first informing the development of the second[[14]](#footnote-14). Not all tools are included in Figure 1[[15]](#footnote-15).

 

 Figure 2. Overlapping Tools Support Research Questions

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**Key definitions**

*Internally Displaced Person (IDP)*

An IDP is someone who left their baladiya of origin during or after 2011 as a result of the conflict (and not due to other causes) and has not returned to their baladiya of origin. “An IDP is any ‘persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.’”[[16]](#footnote-16)

*Returnee*

“A returnee is any person who was displaced internally or across an international border but has since returned to his/her place of habitual residence.”[[17]](#footnote-17) A returnee is someone who was displaced during or after 2011 and who has since returned home.

*Migrant:*

“Any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.”[[18]](#footnote-18) For the purposes of this study, the expression “migrants” will refer to all non-Libyan nationals, regardless of their migratory status. Refugees will therefore be included among migrants.

*Refugee*

A refugee is anyone who “[o]wing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, [a **refugee** is a person who] is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."[[19]](#footnote-19) Libya is not signatory to the 1951 Refugee Convention but has mandated the UNHCR to identify and register refugees present in the country.[[20]](#footnote-20)

*Household*

A household includes any group of people living together and sharing family ties or, by lack of family ties, sharing financial resources.

*Decision-making mechanism*

A decision-making mechanism is defined as the process starting with an idea, followed by consultation, a decision being made, and finally the implementation of this decision. A decision-making mechanism thus entails different phases, involving several people and stakeholders with different degrees of influence and power. Decision-making mechanisms can take place on micro as well as macro levels, from the household to city-wide (and ultimately national) levels.

*Dispute resolution mechanisms*

A dispute resolution mechanism is a formal or informal process that addresses the conflicting interests of two or more parties engaged in a professional, legal, or societal dispute. Dispute resolution can involve mediation or negotiation between parties, ideally ultimately leading to the establishment of a resolution.

* 1. Area and population of interest
		1. **Area of interest**

Two area-levels will be considered in this assessment: **Sebha city** and the **DCU levels**.

1. City level

There will be 9 types of data collection tools deployed at city level. One of the key components of this assessment will consist of drawing neighbourhood boundaries, to be further grouped in data collection units (DCU). Following a mapping exercise in August 2017, the REACH team identified 12 areas commonly identified as “neighbourhoods” by Sebha’s city residents. These neighbourhoods do not necessarily match the baladiyas and mahallas[[21]](#footnote-21) commonly used within the humanitarian sector, which are based on Gaddafi-era administrative boundaries that no longer reflect realities on the ground. This assessment intends to update and fine-tune the boundaries of each neighbourhood during the first phase of data collection, as well as identify coherent groupings (DCUs) in the city. The objective is that participants agree on these groupings based on criteria (traditional, demographic, and community) which will indicate how the data will be disaggregated. Secondly, as the overall objective is to provide an in-depth understanding of local population needs to inform aid actor’s activities, using residents' boundaries will ensure the accuracy of reported data when “DCU-level” findings are reported, and ensure that KIs are reporting according to their area of knowledge from a geographic standpoint.

In **Phase 1:**

* 1. A preliminary MFGD will roughly outline neighbourhood boundaries, which will be grouped in larger entities called data collection units. Between 6 and 8 DCUs will be delineated, which will enable the start of data collection at the DCU level. These boundaries will be fine-tuned during data collection through MFGDs at the DCU level.
	2. KIIs with service providers of electricity and water will gather information regarding service provision issues at the city level and identify key infrastructure.
	3. An MFGD with healthcare providers will gather information regarding service provision issues at city level and identify key infrastructure.
	4. A social network analysis of the health care system will map communication channels between different institutions and actors. A limit of 60 KIs will be included in the SNA due to budgetary and time constraints.
	5. KIIs with tribal elders from the eight largest tribes in Sebha will take place. This will gather information on specific tribes’ barriers to accessing services, as well as decision-making and protection mechanisms.

In **Phase 2**:

* 1. Interviews will be conducted with 30 migrants and refugees living in urban settings. These interviews will gather information on migrant’s access to services across the city, and on their ability to access decision-making and protection mechanisms. Migrants and refugees will be sampled based on their region of origin: West and Central Africa, East Africa, and from the Middle East and North Africa.
	2. Stakeholder mapping FGDs with healthcare and water service providers will gather information on the relationships between stakeholders and their relative influence in the system.
	3. KIIs with experts on issues particular to women, youth, and migrants will help contextualise the data collected from these population groups regarding both social cohesion and access to services.
	4. An individual survey representative at the city level will measure the prevalence of the population’s use of decision-making and protection mechanisms, as well as their perceptions on the prevalence of informal mechanisms to access services. The survey will also collect data on the population’s perception of the current situation in the city, their vision for the future and their trust in key stakeholders and institutions.
1. DCU Level

DCU-level data collection will take place entirely during **Phase 1**. The information from these 2 activities will be cornerstones of the assessment’s analysis regarding the population’s perspective (ground-up viewpoint), with city-wide tools supporting the contextualization of these findings. (The only exception is the migrants’ perspective, which will necessarily be sampled at city level as they are likely not present in all DCUs[[22]](#footnote-22).)

In **Phase 1:**

* 1. 2 MFGDs will take place in each DCU. These activities will be disaggregated by gender (where possible) and will focus on mapping service infrastructure in each area; determine a common understanding of demographics in the area and highlight restrictions of movement for different population groups within and outside the DCU.
	2. Individual interviews with 15 people (5 men, 5 women, and 5 youth) in each DCU will gather area-based information regarding social cohesion, decision-making, and protection.
		1. **Population of interest**

The population of interest includes all population groups residing in the neighbourhoods of Sebha, namely: (1) Libyans: adult[[23]](#footnote-23) male and female non-displaced, returnees, IDPs, and the 8 largest tribal communities[[24]](#footnote-24); (2) adult **male and female urban migrants** regularly or irregularly residing in Sebha outside of detention centres, regardless of their time of arrival in the city.

* 1. Secondary data review

To identify available information on access to services in Sebha, and to determine information gaps prior to focus of the study, the design of this assessment was driven by (i) the scoping period which included 14 KI interviews, (ii) findings from REACH recent assessments in Libya and previous ABA assessments conducted in other countries[[25]](#footnote-25), as well as (iii) reports and data produced by international organisations, think tanks and academic consortia. These sources contributed to the development of the assessment’s research questions, methodology, and data collection tools. Some of the sources of secondary data consulted for this assessment are the following:

* [Market Assessments](http://bit.ly/38zihfH) (REACH)
* MSNA [2018](http://bit.ly/2GFpxvy) and 2019 (REACH) [2019 currently unpublished]
* [Displacement Tracking Matrix- Round 27](https://dtm.iom.int/reports/libya-%E2%80%94-idp-returnee-report-round-27-aug-oct-2019), IOM, August-October 2019
* [Displacement Tracking Matrix- Round 28](https://dtm.iom.int/reports/libya-%E2%80%94-idp-returnee-report-round-28-nov-dec-2019), IOM, November-December 2019
* Libyan Household MSNA 2018 (UNFPA) [Unpublished]
* [Al Araby A., Local specificities of migration in Libya](https://cadmus.eui.eu/handle/1814/52585) : challenges and solutions, European University Institute, 2018.
* Murray R., Sebha: A conflict sensistive humantiarian approach to migration, Swiss Confederation, 2019 [Unpublished]
* [Public Opinion Survey: Fifteen municiaplities of Libya](https://www.iri.org/sites/default/files/libya_poll_january_2019.pdf), International Republican Institute, 2019
* [Ezzeddine N. et al. Local Security Governance in Libya](https://www.clingendael.org/sites/default/files/2018-10/diversity_security_Libya.pdf), Clingendael, 2018
* Safa O. & N. Wilson, Sebha Conflict Mapping, USIP, 2018 [Unpublished]
* [Rapid City Profiling: Sebha](http://libyaportal.net/libyaportal.net/wp-content/uploads/2019/10/Sebha_CP_October-2019.pdf), UNHabitat, 2019
* Sebha Nexus Strategy, UN Program Management Team Libya, 2019 [Unpublished]
* [Micallef M., The Human Conveyor Belt Broken](https://globalinitiative.net/wp-content/uploads/2019/04/Global-Initiative-Human-Conveyor-Belt-Broken_March-2019.pdf), Cligendael, 2019
* [Gramizzi C. & J. Tubiana, Lost in Trans-Nation](http://www.smallarmssurvey.org/fileadmin/docs/U-Reports/SAS-SANA-Report-Lost-in-Trans-nation.pdf), Small Arms Survey, 2018
* [Ezzeddine N. et al., From Abuse to Cohabitation: A way forward for positive migration governance in Libya](https://www.clingendael.org/sites/default/files/2019-11/Migration_Governance_Report_October_2019.pdf), Cligendael, 2019
* [Högbladh Stina, 2019, “UCDP GED Codebook version 19.1”](file:///C%3A%5CUsers%5CUSER%5CDropbox%5C2.%20research%20projects%5C4.%20Development%5C1.%20ABA%5C2.%20ABA%20Sebha%202019%5C1.%20Project%20Open%5CToR%5C%E2%80%A2%09H%C3%B6gbladh%20Stina%2C%202019%2C%20), Department of Peace and Conflict Research, Uppsala University
* Libya Recovery and Peacebuilding Framework: comprehensive review of existing data and information on challenges and needs, World Bank, 2019 [Unpublished]

Supplementing the SDR, 15 KIIs were conducted during the scoping period with:

* ICRC, OCHA, UNDP, UNHabitat, UNICEF, USIP, WeWorld/GVC, WFP, and WHO
* Key informants from a Sebha CSO, 2 conflict analysts, 2 senior staff at humanitarian organizations in Sebha, and 2 REACH staff, all of whom are from Sebha originally
* Two prominent investigative reporters with significant experience in the Fezzan region.

Importantly, the secondary data review contributed granular information to the development of the ABA tools. For example, a large amount of information has previously been gathered regarding service infrastructure in Sebha. REACH was able to include this information into the tools for the MFGDs, so participants will be able to confirm the locations and comment on functionality of the infrastructure. This method stems from lessons learned from the previous ABA pilot in Azzawya, where determining service infrastructure during MFGDs took too long for participants to remain engaged in the activity. Those MFGDs also produced a large amount of conflicting information about locations of infrastructure, which impeded the analysis.

As a broader point, because the secondary data review resulted in large amounts of information on Sebha, the ABA was designed to fill specific information gaps. For example, stakeholder mapping of water and healthcare providers was an identified information gap, while international actors which were engaged in supporting sewage service provision (another priority sector in Sebha[[26]](#footnote-26)) stated that they already had sufficient information regarding stakeholders. The scoping period also led to the decision to hold a MFGD for health care providers as NWG actors expressed a need for updated maps of infrastructure; on the other hand, actors working on water and electricity had maps of infrastructure, but were missing information related to governance and provider constraints which will be collected through individual KIIs. These examples illustrate how the ABA works to fill identified information gaps by tailoring its methodology to specific needs.

* 1. Primary Data Collection

REACH will conduct data collection for this assessment from early March through April 2020 in Tunis and Sebha. The data collection in Tunis will solely consist of the initial MFGD tool to delineate DCUs. All other data collection will take place in Sebha. Figure 3 shows the project timeline split by tool[[27]](#footnote-27). Each tool’s data collection period also shows a number, which refers to the quantity of surveys that will be conducted with the tool.



In that context, the initial plan consists of two phases:

1. **Phase 1**, to be completed in March, includes:
	1. **Intial MFGD** to be completed in the first week of March(not pictured in Figure 3)**.** This MFGD will be conducted at the city-level with residents of Sebha to identify perceived neighborhoods boundaries, by justifying their choices and identify in which neighborhoods and DCUs Libyans and migrants are mostly located. The defined neighbourhoods will be grouped in data collection units. During this phase, due to security reasons, REACH’s team based in Tunis will conduct the MFGD during the training in Tunis with the data collectors who are residents of Sebha. In case of unsolvable discrepancies, these will be highlighted in the outputs.
	2. **MFGDs with heathcare service poviders** at the city-level will be conducted with 2 groups, each comprised of 4-8 partcipants, with the objective of mapping key healthcare provision infrastructure. REACH will use its network in Sebha to first identify a list of potential participants, and then will employ snowballing methods to augment list. The final list of participants we be determined by first targeting those most knowedgable about healthcare in Sebha, and second by ensuring that many different viewpoints are included (i.e. participants that work in different clinics or departments in the hospital). Data collection will be scehduled to take place at a venue in Sebha after determining the availability of the target respondents.
	3. **KIIs with 6 water and electricity service providers** at the city-levelwill map key infrastructure, deliniate areas with frequent provision or access issues, and contribute information regarding governance and decision-making processes related to service provision. REACH will contact the public companies which provide these services and set interviews with department heads and operations managers. Interviews held at the offices of those companies. These interviews will be conducted by an enumerator who is a highly experienced electrical engineer who used to work closely with both the water and electricity companies.
	4. **Per DCU, 2 MFGDs will be organised**, eachwith 4-8 residents knowlegable about the area, disagregated by gender (when possible, as confirming female participants may be difficult in some areas do to social cohesion and cultural issues). REACH will use its network in Sebha to first identify a list of potential participants, and then will employ snowballing methods to augment list. Participants will be called and asked if they are willing and available to participate in the MFGD. The final list of participants we be determined by first targeting those most knowedgable about the target DCU in Sebha, and second by ensuring that many different viewpoints are included (i.e. people from different tribes, ages, and professions). The MFGDs will be conducted with the objective of finetuning neighbourhood boundaries and mapping service infrastructure, demographics, and restrictrions of movement. Data collection will take place at select venues around the city. Should two MFGDs in a DCU reveal significantly different results, one restitution session will be held to identify a consensus.
	5. **Individual interviews will take place with 15 residents in each DCU (5 men, 5 women, and 5 youth[[28]](#footnote-28))**. In total there will be 120 of these individual interviews. The data will be used to identify decision-making and protection mechanisms accessible to different areas and population groups, as well as restrictions on movement for different groups. The interviewees will be selected using randomized GPS points (disscussed in Sampling section), and will target residents of the DCU.
	6. **SNA will be conducted,** with data collection consisting of **2 different interviews with 60 total KIs** invoved in healthcare provision or local governance of the sector at the city-level**.** The first interview collects information on people that each KI communicates with, which will define the scope of the network. The second interview determines the characteristics of those communications. REACH will begin the SNA with pre-identified key informants working at the managerial and technical level at the hospital. The goal is to map information flows between actors and institutions to identify efficient entry points or potential optimisations for international actors to utilise. Data collection will take place over the phone.
	7. **City-level KIIs with 24 tribal elders.**. These will be sampled on the basis of tribe: 3 KIIs from the 8 largest tribes in Sebha. These interviews will provide context to the KII at DCU level, and inform analysis related to access to services, decision-making and protection mechanims available to different population groups and areas. REACH will use its network in Sebha to first identify a list of potential participants, and then will employ snowballing methods to augment list. Interviews will be conducted over the phone or in person.
2. **Phase 2**, to be completed in April, includes:
	1. **City-level KIIs** will be conducted with 30 migrants. Migrant KIs will be sampled on the basis of their region of origin (East Africa, West and Central Africa and MENA region) to explore migrants’ expectations and experience in accessing services in the above-mentioned sectors. The areas where migrants are located will be determined through the DCU-level MFGDs. Enumerators will go to these locations and interview the migrants present. Interviews willl take place in private spaces when possible, or in public spaces.
	2. **City-level Stakeholder Mapping FGDs** will take place on 4 different occassions with 4-8 service providers and other stakeholders involved in the healthcare system. This activity will identify the major stakeholders involved in Sebha’s healthcare system, determine their relative influence in the system, and their relationships to each other. These participants will be identifed through the SNA and MFGD with healthcare service providers, using snowballing techniques to augment the list if necessary. The final list of participants will be determined by first targeting those most knowedgable about healthcare in Sebha, and second by ensuring that many different viewpoints are included (i.e. participants that work in different clinics or departments in the hospital). Data collection will take place in a select venue in Sebha.
	3. **City-level KIIs will be held with 15 experts regarding issues specific to women, youth, and migrants** (5 KII per target group). These interviews will contextualise the findings from the KII DCU tool (point ‘e’ in Phase 1, above), and highlight issues that may be underreported due to response bias or other reasons. REACH will use its network in Sebha to first identify a list of potential participants, and then will employ snowballing methods to augment list. Interviews will take place in person when possible in a private space, or over the phone when necessary.
	4. **City-level Individual Surveys** will be conducted with a randomized representative sample 96 respondents. These findings will have a confidence level of 95% with a 10%+/- margin of error (methods discussed in the Sampling section below). The objective of this individual survey is to measure the prevalence of the population’s use of decision-making and protection mechanisms identified by the KII DCU, KII Experts, and KII Tribal Elders tools. The individual survey will also measure the hosueholds’ perception of trust in those mechanisms and trust in key institutions.

*NB.* It should be noted that the assessment will have an element of flexibility embedded in terms of quantity of interviews or FGDs, as the exact number of DCUs and the profiles of key informants that will be interviewed may vary. Adjustability will depend on the knowledge of participants from the previous rounds, and the existing services (education, healthcare, markets, external aid) in the DCU as KIs will be chosen, in part, because of their position as service providers. The method may also need to be altered depending on the field constraints, notably regarding the possibility to conduct FGDs or KIs with non-Libyans (migrants and refugees), and with women in certain areas of the city.

 The team for Phase 1 will consist of 9 enumerators and 2 team leaders. Phase 2 will consist of up to 10 additoinal enumerators and 1 team leader. Data collection for both phases will happen in partnership with a local CSO called LifeMakers. The staffing structure will provide extra flexibility; should parts of Phase 1 be delayed for data quality, access, or other unforeseen constraints, the team will be able to continue collecting data through Phase 2 as needed. It is important to note that initial findings will support the development of Phase 2 tools, but it will not be necessary for the entire data collection of Phase 1 to be complete in order to develop the tools for Phase 2. However, some areas of the city may increasingly become insecure during data collection, which could prevent some or all data collection activities in those areas.

Among the data collection teams, two enumerators will be devoted to each MFGDs, with one acting as facilitator and one note taker. Female enumerators will manage the female MFGDs, with male enumerators handling the others. All enumerators will be trained on data collection methods and ethical safeguards before the beginning of data collection, and on how to counter bias during data collection. For the individual interviews at DCU-level, female enumerators will conduct interviews with female respondents, barring insurmountable access and human resource issues[[29]](#footnote-29).

A REACH Field Manager and Officer will coordinate fieldwork of REACH local partners in Libya, with a view to supervise enumerators on the field, facilitate access to data collection sites and ensure the timely submission of quality data. The Field Manager will be responsible for conducting daily briefing sessions at the beginning of the working day and debriefing session at the end of the working day to ensure a smooth progression of fieldwork, with a view to promptly identify and address issues of concern. He will be the reference contact for the data collection team for the regular implementation of data collection activities and for any challenges that could arise in the field, and will liaise on a daily basis with the assessment team in Tunis to inform the team about any developments related to the fieldwork. The Field Coordinator will manage the more technical tools: SNA, stakeholder mapping FGD, and MFGDs. He will conduct quality checks, data cleaning and translation of incoming data as well (discussed in Data Analysis section). The overall supervision of the assessment will be ensured by a team consisting of an Assessment Officer (AO), a GIS Officer (GISO), a Junior Assessment Officer (JAO) and a Project Officer based in Tunis.

**Methods:**

The following table shows the methods that will be employed during the two phases of the assessment and the corresponding treatment and analysis that will be used to meet each phase objective.

Table 2: Description of methods employed per tool

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Phase**  | **Method**  | **Objective**  | **Tools**  | **Treatment** | **Analysis**  | **Population of interest**  | **Sampling**  |
| P1  | City-level MFGD | Delineate neighbourhood boundaries and DCUs | Participatory Mapping (Map, pen and paper)  | ArcGis | Qualitative (mapping) | Enumerator trainers (community members)  | Purposive  |
| P1  | City-level MFGD  | Map health services, identify challenges regarding provision and access, document priorities and development plans  | Participatory mapping (ArcGis), semi-structured guide  | ArcGIS Nvivo  | Qualitative  | Health experts and service providers  | Purposive & snowballing  |
| P1 P1  | City-level, Mapping KII[[30]](#footnote-30)City-level, Mapping KII | Map electricity grid, identify challenges regarding provision and access, document priorities and development plans Map public water network and facilities, identify challenges regarding provision and access, document priorities and development plans  | Participatory mapping (ArcGis), semi-structured FGD tool Participatory mapping (ArcGis), semi-structured guide  | ArcGISNvivo ArcGISNvivo  | Qualitative Qualitative  | Electricity service providers, public company employees Water service providers, public company employees  | Purposive & snowballing Purposive & snowballing  |
| P1  | DCU-level MFGD | Confirm service provision and networks (health; water; electricity; waste; education; financial services; civil registry), identify challenges regarding access and quality, map demography of DCU  | Participatory mapping (ArcGis), semi-structured guide  | ArcGISNvivo  | Qualitative  | Community members  | Purposive & snowballing  |
| P1  | DCU-level individual interviews | Understand governance and decision-making mechanisms on a household, community and city-level, perceptions of access to decision-making and accountability mechanisms related to services, perceptions of formal and informal security and justice mechanisms, access to formal and informal security and justice mechanisms  | Semi-structured tool  | Nvivo R | Mixed | Community members  | Purposive & snowballing  |
| P1  | City-level KII with tribal leaders  | Understand tribal decision-making structures, understand community perceptions of access to services, understand community perceptions of access to formal and informal justice and security mechanisms  | Semi-structured tool  | Nvivo R | Mixed  | Tribal leaders  | Purposive & snowballing  |
| P1  | City-level SNA  | Identify and map social network of major stakeholders involved in provision of health services in Sebha  | Structured tool  | R  | Mixed  | KIs involved in health services  | Purposive & snowballing  |
| P1  | City-level FGD | Create network of stakeholders involved in health care and water service provision or governance  | Structured tool  | GroupMan (TBC) | Qualitative  | KIs involved in health or water provision  | Purposive & snowballing  |
| P2 | City-level Migrant KII  | Understand social cohesion with host community, challenges and barriers accessing services | Semi-structured tool  | Nvivo R | Mixed | Migrants and refugees in urban settings, from West and Central Africa, East Africa, and the MENA region  | Purposive & snowballing  |
| P2  | City-level KII with experts  | Understand local dynamics that affect women, youth and migrants regarding decision-making processes, access to services, and access to security and justice mechanisms  | Semi-structured tool  | Nvivo R | Mixed  | Experts on women, youth and migrants  | Purposive & snowballing  |
| P2  | City-level Individual survey  | Assess prevalence of use and trust in identified decision-making and protection mechanisms, assess trust in key institutions | Structured tool  | R | Mixed  | City residents  |  Representative sampling |

**Sampling:**

The **purposive and snowballing sampling methods** appear as the most appropriate for the qualitative components of this assessment. While the sampling method may not allow for representative results on a city-level, the choice of the sampling is the most affective when targeting all groups within society, regardless of their population size or majority position. Additionally, purposive and snowballing sampling is also the most cost and time effective sampling method. For the city level individual survey, which will be conducted at the end of phase 2, a randomized representative sample will be drawn of people in the city.

**Phase 1:**

1.The initial MFGD, which will be used to map DCU boundaries, will be taking place during the Training of Trainers at the beginning of March, with the partner CSO’s enumerators and REACH field officers.

2. The service area MFGD for health will be done with health experts and service providers from the hospital, governance of the health system, primary health care centres, and local CSOs, who will be selected through a snowballing method and upon their knowledge and experience. The KIIs water and electricity with service providers will be done with (senior) employees of the public water and electricity companies who will be selected based on their knowledge and experience.

3. The SNA will be conducted with KIs who will be selected through referral and snowballing, made up of authorities and major stakeholders in health service provision The interview collects information on people that each KI communicates with, which will define the scope of the network. KIs will continue to be selected until data saturation is reached (KIs consistently identify the same interlocutors) or 60 KIs are contacted.

4, To confirm neighbourhood boundaries and availability and access to services (determined in the first MFGDs and KIIs) the 18 DCU MFGDs will take place in 8 DCU (2 each DCU, except for DCU 5 which will have 4 total) and will be done with community members who will be sampled purposively and selected based on their knowledge of basic services in their neighbourhood. Each MFGD will be held with 4-8 participants and will split the two MFGDs by gender when possible.

5. The 120 DCU level individual interviews will be based on a purposive quota sampling method, with 15 interviewees in each DCU, targeting 5 women, 5 men, and 5 youth (men or women). Using ArcGIS, 15 random geographic points will be distributed across each DCU. Each point will be assigned as a ‘male’, ‘female’, or ‘youth’ point with enumerators going to those locations and interviewing the closest individual fitting that description. This method will ensure that each DCU is sampled across its entire area and avoids drawing a concentrated sample from a specific location. As many neighbourhoods and DCUs contain multiple (sometimes partially segregated) population groups, this method seeks to increase the variety of people sampled.

6. To assess tribal structures and how tribal affiliations affect access to services, governance, and freedom of movement, 24 KIIs will be conducted with senior members of the 8 most dominant tribes. The tribal experts will be sampled through a purposive method and selected based on social networks of enumerators, previous interviewees, and through primary data from the individual interviews at DCU level.

**Phase 2:**

1. For the Stakeholder Mapping FGDs on health and water services, KIIs will be sampled purposively based on their knowledge on the respective services, and through referrals from participants of previous MFGDs and KIIs.

2. In the second phase, 15 KIIs will be held with purposively sampled experts on women (5), youth (5) and migrants (5) based on suggestions from NWG members , previous participants and enumerators and selected based on their knowledge regarding the respective population group.

3. The second phase also includes 30 individual interviews with migrants and refugees in DCUs with the highest density of migrant populations, stratified according to region of origin (West and Central Africa, MENA, East Africa)[[31]](#footnote-31). Areas where migrants frequent will be identified during the MFGDs, and interviewees will be identified by canvasing those areas.

4. Finally, individual surveys will be held at the city level. Using ArcGIS, random geographic points will be distributed across the city, using population density data[[32]](#footnote-32) to adjust the sample appropriately. In order to ensure that women’s views are included, each geographic point will be assigned as a ‘female’ or ‘male’ data collection point, with enumerators interviewing the closest person (within a 0.25 km radius) to the geographic point matching that description[[33]](#footnote-33). The sample will be representative at the city level with a 95% confidence interval and 10% margin of error.

**Tools:**

GIS data collected during the MFGDs and KIIs will be collected through ArcGIS Collector. This platform allows enumerators to add points, polygons, and lines on existing maps of Sebha, and the resulting data will be immediately sent to the GIS officer in Tunis. Individual surveys will be conducted through structured KoBo forms. KII and FGD data will be collected using paper forms (either printed or on a laptop). Any paper forms used during FGDs or KIIs – preferred by some enumerators who do not have strong typing skills, and a useful stopgap measure should power cuts prevent enumerators from charging their devices – will be uploaded electronically through Kobo forms, ArcGIS tool, or to Microsoft Word documents as quickly as possible after the interview. For the semi-structured tools, enumerators will input data either on hand-held mobile devices or using their web browsers for KoBo, an online tool for mobile data collection, which will then be stored on a protected server. SNA data will be collected using an Excel form, while stakeholder FGD data will be collected using the GroupMan software, both of which will be immediately sent to the GIS Officer in Tunis for quality checks, cleaning, and analysis.

2.5.Data Processing & Analysis

Enumerators will complete and submit collected data to one of the four REACH designated field staff who will review the daily submissions for their assigned tool, conduct preliminary data checks, cleaning, and translation, and flag and report any issues for follow ups the following day. Field staff will then pass checked data to the assessment team in Tunis (AO, JAO, GIS Officer), which will conduct a second quality check and thorough data cleaning. Once paper forms are uploaded and submission is confirmed by the analysis team in Tunis, they will be destroyed. This processing strategy applies to most tools; however, some tools will be processed separately by the GIS and Database Officers in Tunis.

The GIS Officer will take the lead on analysis for GIS data and specific structured tools. For GIS data collection in MFGDs and KIIs with service providers, the enumerators will upload the data through ArcGIS and the GIS Officer in Tunis will do all quality checks and data cleaning. Stakeholder Mapping FGDs will be carried out by enumerators using an online tool called GroupMan. This software will produce a diagram which will be checked and cleaned by the GIS officer. The SNA will be carried out using an Excel form, and data will be checked, cleaned, and processed by the GIS Officer and Tunis Database Officer in R in order to construct a comprehensive network in the form of a diagram.

* Data cleaning will be undertaken according to REACH SOPs. Beyond general cleaning, logic checks, and anonymization, specific strategies for this assessment include: For the city and DCU level individual interviews the GIS Officer will review submitted surveys daily to ensure that location and gender of respondent matches the assessment plan. The Officer will also check to see that the length of time to complete the survey meets the minimum standard (i.e. surveys that took too little time are rejected).
* For GIS data regarding service infrastructure from MFGDs and KIIs with service providers, The Officer will check incoming data against public-source data, municipal government data, and other secondary data and flag any significant inconsistencies for follow-up by REACH field staff.
* Outlier answers from semi-structured and structured tools will be checked against other tools in order to triangulate their reliability. If outliers cannot be triangulated, then they will be excluded from the analysis.

Qualitative data will be coded through the analysis software Nvivo based on the following criteria:

* **Frequency:** the analysis will consider the number of times a piece of information was reported by respondents. Given the non-probability nature of the sample, this will only be considered indicative of how much the information is spread among respondents.
* **Specificity:** while considering the bias of respondents, interviews which contain more detailed accounts with information that can be verified through secondary sources will be treated as more relevant if contradicting with other information collected during primary data collection.

For qualitative analysis of (numerically) categorical questions in the individual interviews, the findings will be presented in a manner that shows the overall percent of respondents which chose one or more categories, as opposed to averaging the numerical results. (For example, when asked to rate how much power they have on a scale of 1 to 5 to affect decisions in their community (with 1 signifying ‘no power’), x% of respondents reported a 3 or above.)

For the analysis of structured city level individual survey, data will be analysed using R by the REACH Database Officer in Tunis. There is a risk that reporting the findings from this survey may obscure nuanced realities in Sebha, particularly regarding perceptions among different tribes and minority groups because Sebha has a heterogeneous and partially segregated population. As discussed in the Sampling section, 50% of the respondents to this individual survey will be female, but the stratification will quota-based and therefore indicative only – with its purpose being to ensure that women’s voices are included in the final data set. In order to avoid presenting data that could be misinterpreted by external parties, the Assessment Officers will report select findings based on a clear majority (over 30% of respondents selecting the option) or after triangulating the findings with data from – at minimum – two other tools. Findings disaggregated by gender will only be presented under the same conditions. Triangulating data will be possible through the rigorous SDR and the12 different tools being deployed during this assessment. These tools will frequently overlap in answering the ABA’s research questions (See Figure 2), allowing for a high level of triangulation.

After collaborative analysis is completed, REACH will produce two reports, one for public dissemination and one for a restricted dissemination.

# 3. Roles and responsibilities

Table 3: Description of roles and responsibilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Task Description | Responsible | Accountable | Consulted | Informed |
| Research design | Assessment Officers (AO+JAO) | Assessment Officer | IMPACT Research Design Unit | NWG, PMT REACH Head of Programs |
| Supervising data collection | Assessment officers (AO+JAO), GIS Officer  | Assessment Officer | IMPACT Libya Coordinator | IMPACT Research Design Unit, Reporting Unit |
| Data processing (checking, cleaning) | Junior assessment officer, operations officer, project managers, project officer  | Junior Assessment Officer | Assessment Officer  | IMPACT Research Design Unit |
| Data analysis | Assessment Officers (JAO+AO), GIS Officer | Assesment Officer | IMPACT Research Design Unit | IMACT Libya Coordinator |
| Output production | Assessment Officers (AO+JAO), GIS Officer | Assessment Officer | IMPACT Reporting Unit, Data Unit, IMPACT GIS Unit | NWG, PMT, REACH Head of Programs |
| Dissemination | Assessment Officers (AO+JAO) | Assessment Officer | IMPACT Libya Coordinator |  REACH Head of Programs, PMT, NWG |
| Monitoring & Evaluation | Assessment Officers (AO+JAO)  | Assessment Officer | IMPACT Libya Coordinator | REACH Head of Programs |
| Lessons learned | Assessment Officers (JAO+AO), GIS Officer | Assessment Officer | IMPACT Libya Coordinator | PMT, NWG, REACH Global Coordinator,  |

***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

SEE Annex 1

# 6. 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/productsNumber of individuals accessing IMPACT services/products | # of downloads of x product from Resource Center | Country request to HQ | User\_log |  |
| # of downloads of x product from Relief Web | Country request to HQ |  |
| # of downloads of x product from Country level platforms | Country team |  *Indicators will be partially tracked, as output will only disseminated and accessible to restricted number of organisations and individuals*  |
| # of page clicks on x product from REACH global newsletter | Country request to HQ |   |
| # of page clicks on x product from country newsletter, sendingBlue, bit.ly | Country team |    |
| # of visits to x webmap/x dashboard | Country request to HQ |   |
| **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 | *X Yes*  |
| # references in single agency documents | *X Yes*  |
| **Humanitarian stakeholders are using IMPACT products** | Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and deliveryNumber 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 |  |
| Perceived usefulness and influence of IMPACT outputs |  |
| Recommendations to strengthen IMPACT programs |
| Perceived capacity of IMPACT staff |  *Usage survey to be conducted at the end of the research cycle related to all outputs, targeting at least 5 partners and stakeholders.*  |
| Perceived quality of outputs/programs |
| Recommendations to strengthen IMPACT programs |
| **Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle**  | Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)* | # of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation | Country team | Engagement\_log | X Yes  |
| # of organisations/clusters inputting in research design and joint analysis | X Yes  |
| # of organisations/clusters attending briefings on findings; | X Yes  |

#### Annex I: Data analysis plan

**PHASE 1**

##### Participatory mapping focus group discussion[[34]](#footnote-34)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Research Question | **Sub-Research Questions**  | **Category** | **Question** | **Probes** |
| **1. What are the neighborhood and DCU boundaries and how are residents grouped within each?**  | 1.1 What are the current perceived neighborhoods within the city of Sebha? What are their boundaries? What are the larger regions of the city into which they can be grouped? | DCU Boundaries  | What are the types of divisions/areas within Sebha city and how do they relate to each other? | What are the (geographic/spatial?) references commonly used by inhabitants of Sebha? If there are different kind of references, what are the relationships between them (ex: a neighborhood belongs to a municipality) |
| **1. What are the neighborhood and DCU boundaries and how are residents grouped within each?**  | 1.1 What are the current perceived neighborhoods within the city of Sebha? What are their boundaries? What are the larger regions of the city into which they can be grouped? | DCU Boundaries  | What distinguishes one neighborhood from another? | Are there official authorities linked to each neighborhood? Any other criteria related to the perception of the neighborhoods? |
| **1. What are the neighborhood and DCU boundaries and how are residents grouped within each?**  | 1.1 What are the current perceived neighborhoods within the city of Sebha? What are their boundaries? What are the larger regions of the city into which they can be grouped? | DCU Boundaries  | Please trace the boundaries of the neighborhoods and name them |  |

##### 1.2 Individual interview DCU level [[35]](#footnote-35)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RQ** | **Mtd** | **Q#** | **Category** | **Sub-RQ** | **Questionnaire question** | **Probes** | **Choices** | **Key disaggregations**  |
| **N/A** | Individual survey | 1 | Enumerator question | N/A | Date of interview |  |  |  |
| **N/A** | II  | 2 | Enumerator question | N/A | Enumerator code |  |  |  |
| **#** |  II | 3 | Enumerator question | N/A | Name of data collection unit (DCU) |  | DCU1DCU2DCU3DCU4DCU5DCU6DCU7DCU8 |  |
| **N/A** | II | 4 | Consent | N/A | My name is [enumerator name] and I work for Lifemakers. We're conducting this assessment in collaboration with ACTED, in order to help international organisations that want to work in Sebha better understand the city. During this questionnaire we'll ask you about decision-making in households, communities, and the city as a whole, as well as the access you have to security mechanisms in Sebha. Your identity remains private and everything you share with us will be anonymous. The questionnaire can only take place with your explicit informed consent, and you have the right to step out at any point of the process. Feel free to ask me questions at any point if there is anything that is unclear for you. |  |  |  |
| **N/A** | II  | 5 | Consent | N/A | Do you consent to participate in this survey? |  | Yes • No |  |
| **N/A** | II  | 6 | Key characteristics | N/A | Gender of interviewee |  |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **N/A** | II  | 7 | Key characteristics | N/A | Age of interviewee |  |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **N/A** | II  | 8 | Key characteristics | N/A | In which neighborhood do you live? |  |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **N/A** | II  | 9 | Key characteristics | N/A | Are you from Sebha originally? |  | Yes • No • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **N/A** | II  | 10 | Key characteristics | N/A | [Follow-up](*if no)* How long have you lived in Sebha? (years) |  | Integer | => Population group: men; women; youth '=> Area type: by DCU  |
| **N/A** | II  | 11 | Key characteristics | N/A | Are you married? |  | Yes • No • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **N/A** | II  | 12 | Key characteristics | N/A | Do you have children? |  | Yes • No • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **N/A** | II  | 15 | Key characteristics | N/A | Are you the head of your household? |  | Yes • No • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **N/A** | II  | 16 | Key characteristics | N/A | [Follow-up] *(if no)* Who is the head of your household? |  | Your husband/wife • Your Father • Your Mother • Your Grandfather • Your Grandmother • Your Older sister • Your Older brother • Your Younger brother • Your Younger sister • Other male relative • Other female relative • Other • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 17 | Decision-making mechanisms  | 3.2 Which groups and areas are perceived to have less influence on decision-making?  | Do you earn an income that's shared with your household?  | Any form of income is acceptable | Yes • No • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 18 | Decision-making mechanisms  | 3.2 Which groups and areas are perceived to have less influence on decision-making? | Do you determine how your household's expenditures are allocated? | Regarding: purchases of food, NFI, children's health and education, financial matters | Scale from 1 to 5, with 1 being 'I make no decisions', 2 being 'I sometimes make decisions', 3 being 'I make all decisions together with another household member', 4 being 'I make most decisions' and 5 being 'I make all decisions'  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 19 | Decision-making mechanisms  | 3.2 Which groups and areas are percieved to have less influence on decision-making? | [Follow-up] (*If 1, I make no decisions)*Why are you not included in making decisions regarding your household’s expenditures? |  |  | => Population group: men; women; youth '=> Area type: by DCU |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 20 | Decision-making mechanisms  | 3.2 Which groups and areas are perceived to have less influence on decision-making? | **[Follow-up]** (If respondent has some influence on how expenditures are allocated: values 2-5) What are the expenditures you have the most influence on? |  | [select multiple] Food • Children’s education • Children’s healthcare • Other family member healthcare • non-food purchases (clothes, appliances…) • loans and investments • spending the money I earn • Other | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 21 | Decision-making mechanisms  | 3.2 Which groups and areas are perceived to have less influence on decision-making? | What are the expenditures that you have the least influence on?  |  | [ select multiple] Food • Children’s education • Children’s healthcare • Other family member healthcare • non-food purchases (clothes, appliances…) • loans and investments • sending the money I earn • Other | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 22 | Decision-making mechanisms  | 3.2 Which groups and areas are perceived to have less influence on decision-making? | Are there other family or community members who often make or influence important decisions regarding expenditures of your household? If yes, please indicate who.  |  | [select multiple] Extended family• neighbours• community leaders • no one outside of my household • Other | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 23 | Decision-making mechanisms  | 3.2 Which groups and areas are perceived to have less influence on decision-making? | Have decision-making structures changed within your household over the last five years?  |  | Yes • No • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 24 | Decision-making mechanisms  | 3.2 Which groups and areas are percieved to have less influence on decision-making? | [Follow-up] *(if yes)* Please explain how decision-making structures have changed in your household  | Does it change during conflict?  |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 25 | Social cohesion  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | On a scale from 1 to 5, do you feel like an active participant of your community?  | With 1 being 'not active at all' and 5 being a 'very active participant'. Examples of active participation: organising of activities for community members, campaigning and activism, involvement with decision-making  |  1 • 2 • 3 • 4 • 5 | => Population group: men; women; youth '=> Area type: by DCU  |
|  | II  |  |  |  |  The following questions ask how decisions are made in the city and in your community. This information will be used to inform actors from outside of Sebha to develop assistance programs. All your answers are completely confidential and anonymous.  |  |  |  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 27 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Are there mechanisms in place within the municipality of Sebha that are designed in order to actively include citizens in local governance on city services?  | If yes, please give an example. Community gatherings? Information campaigns? Complaint phone hotline to service companies or municipal offices? Voting? Political groups? |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 28 | Social cohesion  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Are you part of an organization that seeks to influence the decisions made by the government or your community? | If yes, please indicate type of group or name of organization?  |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 29 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | On a scale of 1 to 5, with 1 being not at all, and 5 being very much: how much opportunity do you feel you have to influence important decisions made regarding city services in your neighborhood?  | Health?Water?Electricity?  | 1 • 2 • 3 • 4 • 5 | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 20 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | To what extent do you trust the municipal government to provide you with adequate water, healthcare and electricity services?  | Scale from 1 - 5, with 1 being 'not at all' to 5 being 'very much/completely'  | 1 • 2 • 3 • 4 • 5 | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 31 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Which actors are involved in deciding who has access to services like healthcare, electricity, and water services in your area? |  | [Select multiple] Municipal government • Neighbourhood council • social councils • service deliverers (public companies) • Other community leaders • I don’t know • other (please specify) | => Population group: men; women; youth '=> Area type: by DCU |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 32 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Who do you think has the most influence in deciding who in this area has access to services like healthcare, electricity, and water?  | Select one  | Municipal government • Neighbourhood council • social council • service deliverers (public companies) • Other community leaders • • I don’t know • other (please specify) | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 33 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | If you had a complaint about the health services in your neighbourhood, who would you go to?  |  | (select all that apply): speak with social council • Speak with family elder • Speak with community leader • Speak with neighbourhood council • Speak with municipality or political representative • Post on social media • Speak with a lawyer • Speak with local civil society organization • Speak with friends or others to gather support • Speak with activists or volunteers • I have no opportunities to address issues or influence decisions • I speak to a health service provider that I know personally (doctor/nurse) • I speak to the manager at a health facility or hospital • Don't know • Prefer not to answer • Other (please specify)  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 34 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | If you had a complaint about the water and electricity services in your neighbourhood, who would you go to? |  | (select all that apply): speak with social council • Speak with family elder • Speak with community leader • Speak with neighbourhood council • Speak with municipality or political representative • Post on social media • Speak with a lawyer • Speak with local civil society organization • Speak with friends or others to gather support • Speak with activists or volunteers • I have no opportunities to address issues or influence decisions • I speak to an employee of the water or electricity company that I know personally • I speak to a manager at a water or electricity company • Don't know • Prefer not to answer • Other (please specify)  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 35 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Do you feel like decisions about city services that affect you are made clearly and are well communicated to you? | To what extent do you feel that you understand how the mechanisms work? Funding? Allocation? Do you feel like you are informed about decisions that are made that affect you?  | Yes • No • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 36 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | How (if at all) do you generally receive information about decisions that were made about city services (water, electricity and health) in your neighbourhood?  |  | Media• Service deliverer • Social council • Social media • CSO • Activists or volunteers • Community leader • friends and family • I don’t receive any information • other (please specify)  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 38 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Neighborhood councils | Do you think people from your community would say they have 'no power, little power, some power, lots of power' to make decisions that affect your community? | No power • little power • some power • lots of power • not present • don't know • prefer not to answer  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 39 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Municipal Government | Do you think people from your community would say they have 'no power, little power, some power, lots of power' to make decisions that affect your community? | No power • little power • some power • lots of power • not present • don't know • prefer not to answer  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 40 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Community leaders | Do you think people from your community would say they have 'no power, little power, some power, lots of power' to make decisions that affect your community? | No power • little power • some power • lots of power • not present • don't know • prefer not to answer  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 43 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Please add any group or actor not included in the list that makes decisions affecting you  |  |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 44 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Could you do any of these things if you were interested in addressing an issue regarding city services in your neighbourhoods? If yes, who? |  | (select all that apply): Speak with social council • Speak with family elder • Speak with community leader • Speak with neighbourhood/muhallah council • Speak with municipality government • Organize a protest/speak to media to draw attention to an issue • Speak with a lawyer • Speak with local civil society organization • speak with volunteers or activists • Speak with friends or others to gather support • Post on social media • Don't know • Prefer not to answer • Other (please specify) | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 46 | Decision-making mechanisms  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | What are the most common ways for women from your community to influence decisions on city services made within your community? | (Enumerator reads each choice to respondent and asks "is it common for women from your community to [activity] in order to influence decisions made in the community.) | (select all that apply): Speak with social council • Speak with family elder • Speak with community leader • Speak with neighbourhood council • Speak with municipality • Organize a protest/speak to media to draw attention to an issue • Speak with a lawyer • Speak with local civil society organization • Post on social media • Speak with friends or others to gather support • Women do not make decisions • Don’t know • Prefer not to answer *•* Other  | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 47 | Access to services  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | Have you heard of a time that someone in the community had to pay to get access to services (such as health, water, or electricity), which someone else would usually receive for free?  |  | Yes • No • Prefer not to answer • Don't know • Other (please specify) | => Population group: men; women; youth '=> Area type: by DCU  |
| **3. How are decisions made to affect people’s wellbeing in households, community areas, and the city?** | II  | 48 | Access to services  | 3.1 What are the formal and informal mechanisms used for decision making at the community and city level? | [Follow-up] Which services were they and why did this person have to pay to get access?  | Did they belong to a particular population group?  |  | => Population group: men; women; youth '=> Area type: by DCU  |
|  | II  |  |  |  | We're conducting this survey in order to generate better understanding of social cohesion, local governance, and security mechanisms in Sebha. This information will be used to inform actors from outside Sebha to develop assistance programs. The following questions are focused on decision-making processes and mechanisms on a city and community level. All your information is completely confidential and anonymous.  |  |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 49 | Security mechanisms  | 1.1.     Which DCUs and groups within them have least access to services, and why? | On a scale from 1 to 5, where 1 is not at all and 5 is very much, do you feel safe in your neighborhood? |  | 1 • 2 • 3 • 4 • 5 | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 50 | Security mechanisms  | 4.1 Which areas and groups have access to formal law enforcement and justice mechanisms? | Is there an operational police station in your neighborhood? |  | Yes • No • Don't know • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 51 | Security mechanisms  | 4.1 Which areas and groups have access to formal law enforcement and justice mechanisms? | To what extent do you trust the police to meet your safety and security needs?  | Scale from 1 - 5, with 1 being 'not at all' to 5 being 'very much/completely'  | 1 • 2 • 3 • 4 • 5 | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 52 | Security mechanisms  | 4.1 Which areas and groups have access to formal law enforcement and justice mechanisms? | Who would you trust the most to solve a complaint relating to your safety?  |  | Municipal government • muhallah council • social council • service delivery • Police • Other • I don’t know  | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 53 | Security mechanisms  | 4.1 Which areas and groups have access to formal law enforcement and justice mechanisms? | Is there an informal or community system that resolves complaints regarding your safety and security?  |  | Yes • No • Don’t Know • Prefer not to answer | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 54 | Security mechanisms  | 4.1 Which areas and groups have access to formal law enforcement and justice mechanisms? | [follow-up] If yes, who are the primary groups or individuals involved in this system?  | What is their contact information? |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 55 | Security mechanisms  | 4.1 Which areas and groups have access to formal law enforcement and justice mechanisms? | [follow-up] If yes, to what extent you trust this system?  | Scale from 1 - 5, with 1 being 'not at all' to 5 being 'very much/completely'  | 1 • 2 • 3 • 4 • 5 | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 58 | Security mechanisms  | 4.2 What informal mechanisms exist for dealing with security and justice issue? | [Follow-up if "Go to municipal court system" wasn't chosen at least once in previous questions]: Can you access justice through the municipal justice system in Sebha?  |  | Yes • No • Don't know • Prefer not to answer • Other (please specify) | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 59 | Security mechanisms  | 4.2 What informal mechanisms exist for dealing with security and justice issue? | [Follow-up] If yes, to what extent do you trust the municipal justice system to treat your case fairly?  | Scale from 1 - 5, with 1 being 'not at all' to 5 being 'very much/completely'  | 1 • 2 • 3 • 4 • 5 | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 60 | Security mechanisms  | 4.2 What informal mechanisms exist for dealing with security and justice issue? | [Follow up]: why? why not?  | Do you think some groups are treated worse/less fairly in this system? |  | => Population group: men; women; youth '=> Area type: by DCU  |
| **4. What are the mechanisms for people to respond to crime?** | II  | 61 | Security mechanisms  | 4.2 What informal mechanisms exist for dealing with security and justice issue? | [Follow-up] If no, what prevents you from accessing the municipal justice system?  |  |  | => Population group: men; women; youth '=> Area type: by DCU  |

##### 1.4 Mapping focus group discussions Service Area (Health)[[36]](#footnote-36)

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| **Research Question** | **Q#** | **Category** | **SUB RQ** | **Question** | **Probes** | **Facilitator Instructions** | **Geometry** | **Attributes** | **Key disaggreg.** |
| **N/A** | 1 | Enumerator question | N/A | Date of interview |  |  |  |  |  |
| **N/A** | 2 | Enumerator question | N/A | Enumerator code |  |  |  |  |  |
| **N/A** | 4 | Consent | N/A | Hello, my name is (name), and I work with the organisation ACTED. We are conducting a survey throughout the city of Sebha to better understand the situation. Your responses to the questions that follow will be very valuable in helping humanitarian and development actors to better understand the needs that exist in different areas of the city. . |  |  |  |  |  |
| **N/A** | 5 | Consent | N/A | Do you consent to participate in this survey? | Participant won’t take part in MFGD if no consent is given.  |  |  |  |  |
| **Biodata** | 1 | Biodata  | N/A | Gender of participant  | Question asked to each participant |  |  |  |  |
| **Biodata** | 2 | Biodata  | N/A | Age of participants  |  | P1 P2P3P4P5P6P7P8  |  |  |  |
| **Biodata** | 3 | Biodata  | N/A | City of origin of participants  |  | P1 P2P3P4P5P6P7P8  |  |  |  |
| **Biodata** |  | Biodata  | N/A | Where do you work?  |  | P1 P2P3P4P5P6P7P8  |  |  |  |
| **Biodata** |  |  | N/A | What is your position?  |  | P1 P2P3P4P5P6P7P8  |  |  |  |
| **Biodata** |  |  | N/A | How long have you been working there for?  |  | P1 P2P3P4P5P6P7P8  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **N/A** | 4 | Explanation | N/A | **Instruction for the facilitator:** Explain to the KI the map of Sebha. Go over the different neighborhoods and make sure the KI is well oriented. Where is the hospital? Where is the FGD taking place?  |  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 5 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | 1.1 Where are the health facilities in Sebha? Which ones are operational?  | a. hospitals? (public/private)b. pharmacies?d. PHC? (public/private)e. poly clinicf. blood bankg. dialysis centreh. Women's health centrei. pediatrics -- where can children be vaccinated? j. mental health servicesk. any other crucial infrastructure  | *Place a marker on the map for each health facility mentioned (confirm or add to existing map) For each facility, please note the type of facility it is (for example, hospital, private clinic, pharmacy, etc.) Also indicate which health facilities are closed or non-operational?*  | Point | Type (Hospital, Pharmacy, PHC, Poly clinic, Blood bank, Dialysis centre, Womens health centre, Pediatrics, Mental health services, Other), Operational, Capacity | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 6 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Why are non-operational facilities closed or non-operational?  |  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 8 | Service quality  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | How well do health facilities in Sebha meet residents' needs?  | Does the respondent think that health services in Sebha are of sufficient quality?  | *If different quality of services is identified in different areas, please draw polygons on map*  | Polygon | Quality (low, medium, high, other) | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 9 | Service quality  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What are the main problems with health services in Sebha?  |  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 10 | Service accessibility  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? |  Which are the hardest to reach facilities?  |  | *Please draw points of hard-to-reach facilities on map.*  | Point | Reason, For who | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 11 | Service accessibility  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Why are these facilities difficult to reach?  | For example: Roadbloacks? Security risks?Long travel times?Lack of transport/high costs of transport?  | *Health facilities could be difficult to reach from specific neighbourhoods due to roadblocks, security issues, long travel times, limited transport options, etc. Label facilities with reasons.*  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 12 | Service accessibility  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What types of public transport are available to travel to each facility?  | For example: busses; taxis; other forms of shared transport?  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 13 | Service accessibility  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are there any requirements that patients need to meet in order to be able to see a doctor?  | Think of: financial requirements (payments, payment upfront), posess documents, come with male family members (for women)  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 14 | Service accessibility  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Is the hospital accessible to all population groups?  | Disaggregate by gender, community area, nationality, etc.  | *Stress that this question is not related to formal rules imposed by the health facility necessarily, but focuses on community dynamics, history of conflict and poverty, culture, etc. If certain population groups in certain areas have diferent level of acces to the hospital, draw these areas on the map and indicate if their acces is better or worse.* | Polygon | Level of acces (high, medium, low), reason | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 15 | Service accessibility  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Which areas are most underserved by the healthcare system?  | Why?  | *Do certain population groups in certain areas of Sebha get better/worse service by the whole healthcare system? Indicate the areas which get better/worse service and try to explain.* | Polygon | Group, Level of service (better, average, low, other), reason | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 16 | Service development  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What is the top priority for the healthcare system in Sebha in the next year? | Why?  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 17 | Service development  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What is the top priority for the healthcare system in Sebha in the next 5 years?  | Why?  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  |  | Service development  | 2.2.     Which key stakeholders influence service delivery for health care and water provision? (stakeholder mapping) | Which governance actors do you need to liaise with in order to implement changes or expand health care services in Sebha?  |  If you want to expand to an area, which governance actor do you need to speak with? National level, local level, community level. Differences per area?Do you need to apply a different strategy in different parts of the city? Speak to different people depending on where you want to do a project in Sebha? | If the answer is the same for the whole of Sebha, we don't need any zone to be specified. If the KI needs to speak to different people to work in different areas in the city, try to draw these different zones on the map. Also indicate for each area who they need to talk to. | Polygon | Parties involved | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  |  | Service accountability  | 2.2.     Which key stakeholders influence service delivery for health care and water provision? (stakeholder mapping) | If unsatisfied with the quality of health services, who can citizens go to in order to complain?  | For example: community leaders, hospital managers, politicians, CSOs?  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 18 | Service characteristics | 2.2.     Which key stakeholders influence service delivery for health care and water provision? (stakeholder mapping) | If an international NGO wanted to come to Sebha to help improve health services, what would they need to know in order to successfully support the local community?  | For example: what important (location specifics) characteristics and information is not often talked about? What is often overlooked?  | *Draw a zone on the map if the KI talks about a specific place, area, neighbourhood, etc. And indicate what the participant explained.* | Polygon | Comments | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |

#####  1.5 Key Informant Interviews Service Area (water)[[37]](#footnote-37)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Research Question** | **Q1**  | **Category** | **SUB-RQ** | **Question** | **Probes** | **Facilitator**  | **Geometry** | **Attributes** | **Key disaggreg.** |
| **N/A** | 1 | Enumerator question | N/A | Date of interview |  |  |  |  |  |
| **N/A** | 2 | Enumerator question | N/A | Enumerator name or code |  |  |  |  |  |
| **N/A** | 3 | Enumerator question | N/A | Name of data collection unit (DCU) |  | DCU1DCU2DCU3DCU4DCU5DCU6DCU7 |  |  |  |
| **N/A** | 4 | Consent | N/A | Hello, my name is (name), and I work with the organisation ACTED. We are conducting a survey throughout the city of Sebha to better understand ..... Your responses to the questions that follow will be very valuable in helping humanitarian and development actors to better understand the needs that exist in different areas of the city. We estimate this survey will take approximately 45 minutes to complete.  |  |  |  |  |  |
| **N/A** | 5 | Consent | N/A | Do you consent to participate in this survey? |  |  |  |  |  |
| **Biodata** | 6 | Biodata | N/A | Gender of interviewee  |  |  |  |  |  |
| **Biodata** | 7 | Biodata | N/A | Age of interviewee  |  |  |  |  |  |
| **Biodata** | 8 | Biodata | N/A | Are you from Sebha originally?  |  |  |  |  |  |
| **Biodata** | 9 | Biodata | N/A | What is your job position within the Libyan Public Water Company?  |  |  |  |  |  |
| **Biodata** |  | Biodata | N/A | How long have you been working with the public water company?  |  |  |  |  |  |
| **N/A** | 10 | Explanation  | N/A | Explain to the KI the map of Sebha. Go over the different neighborhoods and make sure the KI is well oriented. Which is the main office? Does each office have the same functionalities? |  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 11 | Service provider  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Where are the main offices of the Libyan Public Water Company located in Sebha?  |  |  | Point | function, amount of employees, operational | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 12 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | How is the water network in Sebha laid out?  | Confirm the existing map is correct  | *If there are no available maps, ask the respondent to draw the public water network out on a map of Sebha*  | *line* | *pipe diameter, operational* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 20 | Service area  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What areas are not connected to the public water network?  |  | *Indicate areas on the map which are not connected to the public water network*  | *Polygon* |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 21 | Service area  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Why do these areas have limited access to water from the public network (or: why are these areas not connected to the public water network)?  |  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 13 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Where are the water treatment facilities?  | Which are operational? Which ones are not operational?  | *Indicate locations on map, indicate which ones are operational and which ones are not*  | *point* | *type, operational* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 14 | Service area  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What is the diameter of the water pipelines?  |  | *If diameter spatially differs, try to draw zones with different diameters* | *Polygon* | Diameter  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  |  | Service area  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What material are the pipelines in Sebha made from? |  | *If material spatially differs, try to draw zones of different material*  |  | Material  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 15 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Where are water tanks located in Sebha?  | Which are operational? Which ones are not operational?  | *Indicate locations on map, indicate as points which ones are operational and which ones are not*  | *point* | *volume, operational* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  |  | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | What is the volume of each water tank? Please also label each water tank with approximate age of thank.  |  | *Indicate volume on map, label water tank points, label water tank points with age of water tank.*  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 16 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Where are the public waterpoints located?  |  | *Indicate point locations on map, indicate which ones are operational and which ones are not*  | *Point* | *type, operational* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 17 | Service area  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | How has the water network developed over the last 10 years? Are there any locations that have only been recently connected to the water network?  | Are there maps available demonstrating the development or showing the growth of the water network?  | *We would like to know how the water network looked like before 1990, in 1990, in 2000, and 2010. If there are no existing/historical maps, please draw zones on the network with their estimated age (for example a zone for the extent of the network before 1990, 2000, 2010 and today). This information is very important. If the KI cannot answer accurately today, ask the KI if they could provide us with this information later on.* | *Polygon* | *year* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 18 | Service area  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are there any water points that need replacement?Are there any water tanks that need replacement?  |  | *Indicate on map the water tanks or points that need replacement?*  | *Polygon* | Age | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 19 | Service availability  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Which areas frequently have problems with the public network? What are the problems?  | Think of: water contamination, flooding, lack of water/water outages, sewage contamination, pipes breaking, etc  | *Indicate areas on the map with frequent problems related to the public water network – label the areas with each specific problem.*  | *Polygon* | Type of problem, Frequency, reason | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 22 | Service availability  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Does Sebha face regular water cuts? If yes, where do they take place?  |  | *Draw on the map where water outages occur: make a different polygon for different kinds of reasons.* | *Polygon* | *Reason, frequency, potential solution* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |

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| **2. What are the characteristics of service delivery and access at the city and DCU level?**  |  | Service availability  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | How many times per week do water cuts take place?  | Is it the same in every neighbourhood?  | *If water cuts are generally the same for the whole of Sebha, please note down the answer. If water cuts differ per area, draw a polygon and label the estimate frequency per week.*  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?** |  | Service availability | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | How long do water cuts last? |  |  |  |  |  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 23 | Service availability  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What causes the water cuts?  | Electricity? Poor pipeline quality?  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  |  |  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What mitigation strategies are in place for people to access drinking water during water cuts and/or shortages?  |  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 25 | Service quality  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are there any plans to improve/increase the public water network over the next 5 years?  |  | *If plans exist, where will they take place? What are the details of the improvements/extensions? Draw polygons on the map and add more details on each project.* | Polygon | What is the plan, partners | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 26 | Service development  | 2.2.     Which key stakeholders influence service delivery for health care and water provision? (stakeholder mapping) | Which governance actors do you need to liaise with in order to implement changes or expand water services in Sebha?  |  If you want to expand to an area, which governance actor do you need to speak with? National level, local level, community level. Differences per area? | If the answer is the same for the whole of Sebha, we don't need any zone to be specified. If the KI needs to speak to different people to work in different areas in the city, try to draw these different zones on the map. Also indicate for each area who they need to talk to. | Polygon | Parties involved |  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 27 | Service accountability  | 2.2.     Which key stakeholders influence service delivery for health care and water provision? (stakeholder mapping) | If unsatisfied with the quality of water services, who can citizens go to or what can they do to complain?  | If KI gives a name, please inquire about the position of the individual.  |  |  |  |  |

##### 1.6 Key informant interview Service Areas (Electricity)[[38]](#footnote-38)

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| **Research Question** | **Q#** | **Category** | **SUBRQ**  | **Question** | **Probes** | **Facilitator Instructions** | **Geometry** | **Attributes** | **Key disaggreg** |
| **N/A** |   | Enumerator question | N/A | Date of interview |  |  |  |  |  |
| **N/A** | 2 | Enumerator question | N/A | Enumerator name or code |  |  |  |  |  |
| **N/A** | 3 | Enumerator question | N/A | Name of data collection unit (DCU) |  | DCU1DCU2DCU3DCU4DCU5DCU6DCU7 |  |  |  |
| **N/A** | 4 | Consent | N/A | Hello, my name is (name), and I work with the organisation ACTED. We are conducting a survey throughout the city of Sebha to better understand service provision. Your responses to the questions that follow will be very valuable in helping humanitarian and development actors to better understand the needs that exist in different areas of the city. We’re expecting this interview to take approximately 60 minutes.  |  |  |  |  |  |
| **N/A** | 5 | Consent | N/A | Do you consent to participate in this survey? |  |  |  |  |  |
| **Biodata** | 6 | Biodata  | N/A | Gender of interviewee  |  |  |  |  |  |
| **Biodata** | 7 | Biodata  | N/A | Age of interviewee  |  |  |  |  |  |
| **Biodata** | 9 | Biodata  | N/A | Company and position of interviewee  |  |  |  |  |  |
| **N/A** | 10 | Explanation  | N/A | *Explain the KI the map of Sebha. Go over the different neighborhoods and make sure the KI is well oriented.*  |  |  |  |  |  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 11 | Service provider  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Where are the General Electricity Company Of Libya offices in Sebha?  | Which is the main office? Does each office have the same functionalities? | *Draw a point on the map for each office, fill in all fields.* | *Point* | *Function, amount of employees, operational* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 12 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Can you indicate how the electricity grid in Sebha is laid out? | Are there maps available showing the electricity network in Sebha?  | *Use the paper map showing the street light network (source: UN Habitat). Does this represent the whole electricity grid or not? If not, draw the missing parts of the network on the map as lines. Ask the KI if they have maps of the current electricity grid, and if they could share it with us (a detailed picture, scan, digital or paper copy of the map).*  | *Polyline* | *Voltage, operational* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 19 | Service area  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Which neighbourhoods are not connected to the electricity grid?  | Or: which areas are connected but have limited to no electricity in reality?  | *Draw zones on the map, indicating areas that are not connected to the electricity grid/do not have consistent electricity on the map.* | *Polygon* | *Reason, amount of hours power supply/week* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 20 | Service area  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Why are these areas not connected to the electricity grid?  |  | *Ask the KI why the areas in previous question disconnected. Afterwards, use the additional detailed paper maps for this question. Each area on the map is a specific situation. Situation A: many buildings in an area with no connection to the streetlight network (and also regular electricity network?). Situation B: no houses, but the streetlight (and electricity) network is installed. For situation A, are these informal settlements? Or they planning to expand the infrastructure towards these areas? For situation B, are they expecting urban growth in these areas?*  | *Polygon* | *Reason, amount of hours power supply/week* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 13 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Is the voltage and ampere the same in every area?  | Is the electrical power equally strong in all neighborhoods? | *If applicable, draw zones on the map where the power is higher/lower.* | *Polygon* | *Power (high, medium, low), voltage, ampere* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 14 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Where does the electricity supply for Sebha come from?  |  | *If possible, draw the high voltage supply line on the map* | *Polyline* |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 15 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | How has the electricity grid developed over the last 20 years?  | Are there maps available demonstrating the development or showing the growth of the water network?  | *We would like to know how the electricity grid looked like before 1990, in 1990, in 2000, and 2010. If there are no existing/historical maps, please draw zones on the network with their estimated age (for example a zone for the extent of the network before 1990, 2000, 2010 and today). This information is very important. If the KI cannot answer accurately today, ask the KI if they could provide us with this information later on.* | *Polygon* | *year* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 16 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Is the electricity grid laid out above the ground or underground?  |  | *Draw zones on the map, indicating areas where electricity cables are above or below the surface. Use the words 'above ground' or 'under ground' to make distinction.*  | *Polygon* | *Position (above ground, below ground, uncertain, other)* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 17 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Where are the transformers?  |  | *Put points indicating exact location of transformer. Are all transformers the same? If there is a difference, write this down as a comment.* | *Point* | *Technical details, owner, operational* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **1. Where are the city's neighbourhoods and what population groups and service infrastructure exist within each?**  | 18 | Service area  | 1.1.     What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice? | Where are the generators?  |  | *Put points indicating exact location of generator. Are all generators the same? If there is a difference, write this down as a comment.* | *Point* | *Technical details, owner, operational* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 21 | Service quality | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Where do power outages most frequently occur?  |  | *If power outages are more frequent in certain neighbourhoods or if the reason for power outages is different in different parts of the city, create a zone for each area and specify the reason.* | *Polygon* | *Reason, frequency (hours/day or days/week without power),*  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 22 | Service quality | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What causes the power outages?  |  | *If causes are spatially different, make sure to create different polygons for different strategies.* | *Polygon* | *Cause* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 23 | Service quality | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | What are the main consequences of the power outages for daily life in Sebha?  | For example: shops being forced to closed; no water available from the public network; health facilities only being partially operational  | *If consequences are different for different neighbourhoods, make sure to create different zones for the different consequences.* | *Polygon* | *Consequence* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 24 | Service quality | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are there any mitigation strategies in place to cope with the consequences of power outages?  |  | *If mitigation strategy is different for different neighbourhoods, make sure to create different zones for different strategies.* | *Polygon* | *Strategy* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 27 | Service development | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are there any plans to improve the public electricity grid over the next 2 years?  | Which neighbourhoods will be improved?  | *If they will improve the network in a certain area, draw this zone on the map. Also provide information on what they will exactly improve.* | *Polygon* | *Project, partners, details* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 28 | Service development | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are there immediate plans to expand the grid over the next 2 years? | Which neighbourhoods will be connected to the electricity grid first?  | *If they will expand the network in a certain area, draw this zone on the map. Also provide details on these projects.* | *Polygon* | *Project, partners, details* | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 29 | Service development  | 2.2.     Which key stakeholders influence service delivery for health care and water provision? (stakeholder mapping) | Which governance actors do you need to liaise with in order to implement changes or expand health care services in Sebha?  |  If you want to expand to an area, which governance actor do you need to speak with? National level, local level, community level. Differences per area?Do you need to speak to different actors depending on what location you want to operate in in Sebha?  | If the answer is the same for the whole of Sebha, we don't need any zone to be specified. If the KI needs to speak to different people to work in different areas in the city, try to draw these different zones on the map. | Polgyon | Parties involved | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |
| **2. What are the characteristics of service delivery and access at the city and DCU level?**  | 30 | Service accountability  | 2.2.     Which key stakeholders influence service delivery for health care and water provision? (stakeholder mapping) | If unsatisfied with the quality of electricity services, who can citizens go to in order to complain?  |  |  |  |  | => Service area: Health (MFGD); Electricity (KII); Water (KII)  |

##### 1.7 Mapping Focus Group Discussion Community Area[[39]](#footnote-39)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Research Question** | **Q#** | **MTD** | **Category** | **SUB-RQ** | **Questionnaire question** | **Probes** | **Instructions** | **Key disaggreg.** |
| **N/A** | 1 | MFGD | Enumerator question | N/A | Date of interview |  |  |  |
| **N/A** | 2 | MFGD | Enumerator question | N/A | Enumerator name or code |  |  |  |
| **N/A** | 3 | MFGD | Enumerator question | N/A | Name of data collection unit (DCU) | DCU1DCU2DCU3DCU4DCU5DCU6DCU7 |  |  |
|  |  |  |  |  | Hello, my name is (name), and I work with the organisation ACTED. We are conducting a survey throughout the city of Sebha to better understand service availability. Your responses to the questions that follow will be very valuable in helping humanitarian and development actors to better understand the needs that exist in different areas of the city. We estimate that this focus group discussion will take approximately 120 minutes to complete. |  |  |  |
| **N/A** | 4 | MFGD | Consent | N/A | Do you consent to participate in this survey? Participant cannot take part in the MFGD if no consent is given.  | Yes/no  |  |  |
| **N/A** | 5 | MFGD | Key characteristics | N/A | Age of participant | P1P2P3P4P5P6P7P8 |  |  |
| **N/A** | 6 | MFGD | Key characteristics | N/A | In which neighborhood do you live? | P1P2P3P4P5P6P7P8 |  |  |
| **N/A** | 7 | MFGD | Key characteristics | N/A | Are you from Sebha originally? | P1P2P3P4P5P6P7P8 |  |  |
|  |  |  |  |  | Explain the participants the map of Sebha. Go over the different neighborhoods and make sure the KI is well oriented. Make sure that all participants are well oriented, by pointing out several major landmarks. |  | *Enumerator instruction: for every question that states 'confirm that', please refer the participants to the [online] maps providing information on the respective service area* |  |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 10 | MFGD | Community areas and neighbourhoods | 1.1.     What are the current perceived neighbourhoods within the city? | Identify your neighbourhood within this area.  | Can you confirm that these are the boundaries of what you consider your neighbourhood?  | *Indicate where major landmarks are*  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 11 | MFGD | Access to services: electricity  | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm that this area is connected to the electricity grid?  |  | *Encircle the zones in this area where people do not have access to electricity*  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 12 | MFGD | Access to services: electricity  | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Does everyone in this area have equal access to electricity?  | Who does not? Why? (Is it because of area, population group, or for another reason?) What about migrants?  |  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 13 | MFGD | Access to services: electricity  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Do you experience frequent power outages in this neighbourhood?  | Are there specific locations in this area where there are more frequent power outages?  | *Encircle the areas in this area where there are relatively more power outages*  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 14 | MFGD | Access to services: electricity  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | How strong would you say the power in your neighbourhood is?  | Is the power strong enough to power big appliances, such as fridges and water pumps? Does it happen that appliances become damaged or break because of weak electrical power?  | *Encircle areas in the neighbourhood where quality of electricity is lower than average (too low to run big appliances, etc.)*  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 15 | MFGD | Access to services: electricity  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Do health facilties stay open and operational when there is a long power outage?  | Which health facilities are most affected by power outages?  |  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 16 | MFGD | Access to services: electricity  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Do water points work when there is a long power outage?  | Which ones do?Which ones don’t?  |  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 17 | MFGD | Access to services: electricity  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Do the street lights work in this area?  |  | If there are specific locations where there are no working street lights, please draw zone (rough indication) on map  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 18 | MFGD | Access to services: water | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm that this area (DCU) is connected to the public water network?  |  | Question to be updated after KI interviews Service Areas  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 19 | MFGD | Access to services: water | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm that everyone has access to the public network in this area?  | Who/Where does not have access? |  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 20 | MFGD | Access to services: water | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm the public water points are in the following locations?  |  | Question to be updated after KI interviews Service Areas Please add additional facilities not in existing map  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 21 | MFGD | Access to services: water | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm there are water tanks located in the following locations? |  | Question to be updated after KI interviews Service Areas Please add additional facilities not in existing map  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 22 | MFGD | Access to services: water | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Can you confirm that you experience water outages in this neighbourhood? How often do they occur?  |  | Question to be updated after KI interviews Service Areas  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 23 | MFGD | Access to services: water | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are there locations in this area where there are more frequent water outages?  |  | Question to be updated after KI interviews Service Areas  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 24 | MFGD | Access to services: water | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Can you confirm that the quality of water in this area is …. ?  | Good or bad?*Probe depends on results from Service Area KII water*  | Question to be updated after KI interviews Service Areas  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 25 | MFGD | Access to services: water | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Can you confirm that the most frequent problems for water access are…  | *Probes based on results from Service Area KII*  | Question to be updated after KI interviews Service Areas  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 26 | MFGD | Access to services: water | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Can you confirm that frequent problems with the public water network occur in this *(points/zones on map)*location?  |  | Question to be updated after KI interviews Service Areas  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 27 | MFGD | Access to services: waste management  | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm that waste in this area is frequently collected?  |  |  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 28 | MFGD | Access to services: waste management  | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Is your waste collected from your place of residence?   | Yes/no  |  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 29 | MFGD | Access to services: waste management  | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm that these are the general official waste collection points?  |  | Question to be updated based on location Please add additional locations not in existing map | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 30 | MFGD | Access to services: waste management  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Can you confirm that waste is collected xxx times per week in this area?  |  | Question to be updated based on location  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 31 | MFGD | Access to services: waste management  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Can you confirm that waste is consistently collected in this area, according to schedule?  |  | Question to be updated based on location  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 32 | MFGD | Access to services: waste management  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Where are the informal waste dumps in this area?  |  | Question to be updated based on location  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 33 | MFGD | Access to services: waste management  | 2.1   Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Would you say this area has a waste problem?  | Examples of waste problems are: no to limited waste management; waste piling on the streets; unsanitary situations due to lack of waste management and waste on the street  |  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 34 | MFGD | Access to services: health | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm that these are the health facilities in this area?  | Where do people living in this part of the city go to access health services (including facilities both inside and outside the immediate area)? Operational Non-operational | Please add additional facilities not in existing map  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 35 | MFGD | Access to services: health | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | How well do the health services in this part of the city meet residents' needs? | Are there sufficient health services?Do health services in this area have sufficient staff and supplies to meet demands?Does everyone have access to these facilities?  |  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 36 | MFGD | Access to services: civil services | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm these are the operational civil registry locations in this area?  | Where do people in this neighbourhood go to access civil registry for birth certificates, family books, passports, and other official documents (including facilities both inside and outside the immediate area)?  | Please add additional facilities not in existing map  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 37 | MFGD | Access to services: civil services | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm there are police stations in these locations in this area?  | Are they operational? | Please add additional facilities not in existing map  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 38 | MFGD | Access to services: education | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Can you confirm that these are the formal education facilities in this area?  | Where do people living in this part of the city go to access educational services such as primary and secondary education, and universities (including facilities both inside and outside the immediate area)? | Please add additional facilities not in existing map  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 39 | MFGD | Access to services: education | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? |   | Are there sufficient schools in this area?Does everyone have access to schools in this areas? If not, which group do not have access to education in this area?  |  | => Area type: DCU-level |
| **1.       Where are the city’s neighbourhoods and what population groups and service infrastructure exist within each?** | 40 | MFGD | Access to services: financial services | 1.3 What key infrastructure exists in each neighbourhood which supports the delivery of education, health, water, sewer, waste collection, electricity, law enforcement and justice | Where are the banks in this area?  | Can you confirm these are the banks in this area? Operational Non-operational | Please add additional facilities not in existing map  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 41 | MFGD | Access to services  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | To the best of your knowledge, which services are most in need of improvement or expansion in this area?  | Which services are in highest demand? Which services are in the worst state?  | Examples of services: health facilities; banks; education services; etc  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 46 | MFGD | Access to services  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | In terms of access to services, do priority needs in this area differ per population group?  | Does everyone have equal access to services?  |  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 47 | MFGD | Access to services  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are all population groups equally safe in this neighbourhood?  | If not, who is not safe and why not? Women? Children?  |  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 48 | MFGD | Access to services  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Can all population groups move freely in this area?  | If not, who can't and why not? Migrants? Women? Children?  |  | => Area type: DCU-level |
| **2.       What are the characteristics of service delivery and access at the city and DCU level?** | 49 | MFGD | Access to services  | 2.1.     Which DCUs and groups within them have least access to services, and why (keeping in mind existing information regarding barriers to accessing services)? | Are there services that people cannot access due to restriction of movement?  | For example: restrictions of movement due to conflict, roadblocks, checkpoints?  |  | => Area type: DCU-level |

1. Data collection unit refers to a group of neighborhoods delineated by residents in Sebha during the Phase 1 of the data collection. [↑](#footnote-ref-1)
2. Discussed in Section 2.4. [↑](#footnote-ref-2)
3. Determined during Phase 1 of data collection [↑](#footnote-ref-3)
4. IOM DTM Libya, [Baseline assessment Round 27](https://migration.iom.int/datasets/libya-migrants-baseline-assessment-round-27), December 2019 [↑](#footnote-ref-4)
5. REACH, Consultations on Humanitarian Responses in Urban Areas. Perspectives from Cities in Crisis, World Humanitarian Summit, May 2016. [↑](#footnote-ref-5)
6. World Bank, Libya Recovery and Peacebuilding Framework: comprehensive review of existing data and information on challenges and needs, 2019, [Unpublished] [↑](#footnote-ref-6)
7. Maynard V., E. Parker, Humanitarian Response to Urban Crises. International Institute for Environment and Development, 2015. [↑](#footnote-ref-7)
8. UNOCHA, [The New Way of Working,](https://www.unocha.org/sites/unocha/files/NWOW%20Booklet%20low%20res.002_0.pdf) 2017. [↑](#footnote-ref-8)
9. High and low estimates from UNHabitat, [Rapid City Profiling: Sebha, 2019](http://libyaportal.net/libyaportal.net/wp-content/uploads/2019/10/Sebha_CP_October-2019.pdf) [↑](#footnote-ref-9)
10. [Högbladh Stina, 2019, “UCDP GED Codebook version 19.1”](file:///C%3A%5CUsers%5CUSER%5CDropbox%5C2.%20research%20projects%5C4.%20Development%5C1.%20ABA%5C2.%20ABA%20Sebha%202019%5C1.%20Project%20Open%5CToR%5C%E2%80%A2%09H%C3%B6gbladh%20Stina%2C%202019%2C%20), Department of Peace and Conflict Research, Uppsala University; Safa O. & N. Wilson, Sebha Conflict Mapping, USIP, 2018 [Unpublished]; Murray R., Sebha: A conflict sensitive humanitarian approach to migration, Swiss Confederation, 2019 [Unpublished] [↑](#footnote-ref-10)
11. Discussed in Secondary Data Review Section 2.3 [↑](#footnote-ref-11)
12. *Key terms:* Mapping focus group discussion (MFDG), key informant interview (KII), social network analysis (SNA), and data collection unit (DCU) which is a grouping of neighbourhoods. [↑](#footnote-ref-12)
13. The City-level Mapping KIIs for electricity providers uses a similar tool as that for water providers, but the two tools are specifically tailored to their target sector. The tools for electricity providers and water providers are included here in the same line to demonstrate that the tools and their objectives are linked, but that they are in fact two distinct tools. [↑](#footnote-ref-13)
14. As an exception, the MFGD DCU tool in Phase 1 is supported by data from tools collected during the same Phase. [↑](#footnote-ref-14)
15. The SNA tool is stand-alone and does not receive or contribute input to later tools, and as such is not included in Figure 1. The initial MFGD tool is also not included as its primary purpose is to split the city into manageable slices for data collection and analysis. These borders will be fine-tuned in the MFGDs at DCU level with residents from each DCU. The KII Service Provider tool in this figure represents KII tools for both electricity and water service providers. [↑](#footnote-ref-15)
16. IOM, “DTM Libya – Mobility Tracking: Methodology,” Version 11, 2017. [↑](#footnote-ref-16)
17. Ibid. [↑](#footnote-ref-17)
18. International Organization for Migration - IOM, [Who is a migrant?](https://www.iom.int/who-is-a-migrant) [↑](#footnote-ref-18)
19. [1951 UN Refugee Convention](http://www.unhcr.org/1951-refugee-convention.html). [↑](#footnote-ref-19)
20. UNHCR (2017) [Expanded response in Libya 2017](http://www.unhcr.org/593e9ed47.pdf). [↑](#footnote-ref-20)
21. Baladiyas are administrative boundaries corresponding to the ‘municipality’ – while mahallas are administrative boundaries corresponding to area ‘neighborhoods’ [↑](#footnote-ref-21)
22. Determined during scoping period and secondary desk research [↑](#footnote-ref-22)
23. Aged 18 years old and more. [↑](#footnote-ref-23)
24. Determined during the scoping period and secondary data review. Key source: Safa O. & N. Wilson, Sebha Conflict Mapping, USIP, 2018 [↑](#footnote-ref-24)
25. Mosul Al-Salam ABA, Iraq, REACH, 2019; Telafar ABA, Iraq, REACH, 2018; Saida ABA, Lebanon, AGORA, 2018; Kampala ABA, AGORA, 2018. [↑](#footnote-ref-25)
26. According to KI scoping interviews conducted for this assessment, discussed in Section 2.1 [↑](#footnote-ref-26)
27. The initial MFGD tool is not included in Figure 3 as its primary purpose is to split the city into manageable slices for data collection and analysis. These borders will be fine-tuned in the MFGDs at DCU level with residents from each DCU. The KII Service Provider tool in this figure represents KII tools for both electricity and water service providers. [↑](#footnote-ref-27)
28. 18 to 25 years old [↑](#footnote-ref-28)
29. During preparation for this assessment, it has been noted that finding enough female enumerators with access to all areas of the city may be difficult to accomplish. Several female enumerators have already been identified by the Field Officer in Sebha. [↑](#footnote-ref-29)
30. The City-level Mapping KIIs for electricity providers uses a similar tool as that for water providers, but the two tools are specifically tailored to their target sector. The tools for electricity providers and water providers are included here in the same line to demonstrate that the tools and their objectives are linked, but that they are in fact two distinct tools. [↑](#footnote-ref-30)
31. IOM DTM, [Round 27,](https://migration.iom.int/datasets/libya-migrants-baseline-assessment-round-27) December 2019 [↑](#footnote-ref-31)
32. UNHabitat, Rapid City Profiling: Sebha, 2019 [↑](#footnote-ref-32)
33. See Data Analysis section for how these results will be reported. [↑](#footnote-ref-33)
34. The participatory mapping focus group discussions form the basis of the ABA. During the participatory MFGD, participants will together define the city’s outer boundaries as well as neighbourhood boundaries. Based on these boundaries the city is split up in separate Data Collection Units. [↑](#footnote-ref-34)
35. The individual interview on DCU level is conducted to better understand levels of social cohesion, decision making mechanisms, and access to justice and security mechanisms. The data is disaggregated per DCU to assess differences per neighbourhood, and by gender and age, to better understand and compare the experiences of men, women, and youth. [↑](#footnote-ref-35)
36. The Service Area MFGD Health is designed to map health infrastructure and discuss aspects such as access and development needs. The MFGD is organized to take place with healthcare workers and health experts from different health facilities. [↑](#footnote-ref-36)
37. The Service Area Mapping KIIs for water are designed to help map the water infrastructure of Sebha and discuss aspects such as access, challenges, and development needs. The KIIs are conducted with people working for the public water company. [↑](#footnote-ref-37)
38. The Service Area Mapping KIIs for electricity are designed to help map the electricity grid of Sebha and discuss aspects such as access, challenges, and development needs. The KIIs are conducted with people working for the General Electricity Company Libya (GECOL). [↑](#footnote-ref-38)
39. The MFGD Community Areas are designed to be held with participants all living in the same DCU from different backgrounds, in order to map a community perspective of available services, access to services, and social cohesion. [↑](#footnote-ref-39)