



Final Evaluation Inception Report:

RESPONDING TO THE NEEDS OF MOST VULNERABLE POPULATIONS IN LIBYA THROUGH COVID-19 PREVENTION, ASSISTANCE AND ACCESS TO VACCINATION

Project type:	Emergency Response and Assistance to Displaced Populations (DP)
Secondary project type:	Immigration and Borders (IB)
Geographical Coverage:	Libya
Executing agency:	International Organization for Migration (IOM) Libya
Beneficiaries:	<ul style="list-style-type: none"> • Migrants, Internally Displaced Persons (IDPs) and other mobile and vulnerable groups (including 1,500 detained migrants) • Front line health workers and administrative officers • Border management authorities • The Ministry of Interior, Department for Combatting Illegal Migration (DCIM) • Ministry of Health, National Centre for Disease Control (NCDC)
Partner(s):	<ul style="list-style-type: none"> • Relevant government authorities including Ministry of Health and the National Centre for Disease Control and relevant committees such as the Technical Coordination Committee for Vaccination • UN agencies and Health sector partners
Management site:	Tripoli, CO, LIBYA
Duration:	12
Budget:	1,000,000 EUR

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1. Introduction

This inception report details the evaluator’s understanding of what is being evaluated and why. It sets out the evaluation instruments, including the work plan, methodology, data sources, key questions for the interviews, data gathering and analysis methods, data collection instruments, and the draft report format.

Project Background

The COVID-19 pandemic continues to aggravate an already complicated situation of vulnerable migrants and internally displaced persons (IDPs) in Libya, many of whom are deeply affected by the unstable security situation without access to basic essential services and little to no access to health care.

Libya’s fragile and under-resourced health care system has suffered from 32 reported attacks against health infrastructure in 2020 (Libya is ranked fourth highest in number of attacks against health infrastructure in the world). Additional challenges affecting health services access and delivery are frequent fuel shortages and electricity outages (impacting the capacity of medical facilities to deliver appropriate medical assistance) and continued mobility restrictions and high unemployment.¹ Such challenges create an environment where migrants and IDPs continue to rely on humanitarian community health partners for service delivery and referral to private health care facilities.

In addition, continuous power cuts affect the water supply for over a third of the Libyan population in the northwest parts of the country. Practical measures, such as frequent handwashing to protect against infection, are consequently difficult to maintain. The current outbreak of COVID-19 in the country has also provoked social stigma and discriminatory behaviours against migrants and people of certain ethnic backgrounds, as well as anyone perceived to have been in contact with the virus.

While the ceasefire agreement signed on 23 October 2020 by the 5+5 Joint Military Commission gives hope for a more conducive work environment for humanitarian actors, in the same month there was a 22 per cent increase in COVID-19 cases in just two weeks. COVID-19 related morbidity and mortality rates continue to rise steadily and existing gaps in the COVID-19 response must be addressed. The urgent needs of migrants and IDPs across Libya will not vanish in 2021.

The heightened risk of COVID-19 transmission and outbreak faced by migrants held in detention centres is of particular concern as the pandemic further exacerbates the already dire conditions that migrants in detention experience and compounds their vulnerabilities. Migrants in detention have limited access to WASH facilities as well as fresh air, properly ventilated spaces, light and

¹ The unemployment rate among migrants increased from 17 per cent in January-February to 29 per cent in May-June. While it dropped to 21 per cent in September – October 2020, regional unemployment rates are of concern for migrants in south Libya.

electric appliances. Sanitary facilities are very limited, overly used and unable to properly function causing sewage clogs leading to flooding of their living space with human waste. Migrants lack access to proper drinking water resulting in numerous health issues and increasing the risk of transmission of diseases such as cholera, diarrhea, polio, typhoid, and hepatitis A. Moreover, migrants in detention are also unable to practice social distancing. In such conditions, women and children are particularly vulnerable and even more exposed to health risks associated with poor hygiene and transmittable diseases. As of 27 December 2020, there are 1,462 migrants in 15 detention centres in the West of the country (12 per cent women and 88 per cent men) and 329 of them (22 per cent) are assessed as vulnerable (POCs).² This action will target a total of six detention centres. Since the situation of detention centres is quite volatile, specific centres will not be identified in advance but IOM will target those where needs are most acute during the project implementation.

In the absence of national response mechanisms and assistance, IOM has been conducting improvement works in detention centres, as part of ensuring at least the minimum living standard for vulnerable migrants. IOM interventions such as thorough cleaning, fumigation, disinfection, rehabilitation and maintenance works in sleeping areas and WASH facilities contribute to the prevention of disease spread, however there is more to be done to achieve decent and safe conditions in DCs.

Access to clean water is another challenge that affects migrant vulnerability, particularly linked to morbidity. In 22 municipalities out of the 39 assessed in the same IOM study, water supply was reported to be infrequent and unreliable. Lack of adequate functional health facilities and insufficient supply of water indicate that vulnerable populations are at further risk of facing deteriorated conditions resulting in negative humanitarian consequences.³

COVID-19 has led to the global suspension of international travel as part of efforts to slow the spread of the virus and revealed a critical need for the entire spectrum of migration management to adapt to a new reality. As countries contemplate removing internal restrictions and reopening borders, they are all confronted with the same challenge: there is no clear blueprint on how to safely enable cross-border human mobility in a post-pandemic world.

In its work to help Member State countries to integrate health concerns into complex immigration and border management systems, IOM has developed and applied a **Health, Border and Mobility Management framework⁴ in its partnerships with government**. The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations

² IOM and UNHCR joint bi-weekly DC population estimation figures

³ Migrants Needs and Vulnerability Assessment, IOM DTM, Libya, December 2019.

⁴ https://www.iom.int/sites/default/files/our_work/DMM/Migration-Health/mhd_infosheet_hbmm_25.09.2020_en.pdf

(IHR). IOM strategic priorities at the community, national and regional levels include: 1) effective coordination and partnerships as well as mobility tracking; 2) preparedness and response measures for reduced morbidity and mortality; and 3) efforts to ensure that affected people have access to basic services, commodities and protection.

At national level IOM is supporting health ministries, border authorities and partners to enhance preparedness of prioritized points of entry (POE). The Organization has drawn on its experience with public health emergencies and is developing a toolkit of standardized border management and migration health tools and Standard Operating Procedures (SOPs) that could build operational capacities and provide timely information for preparedness and response along the mobility continuum, including at Points of Entry (PoEs). This toolkit includes assessments at land, airport and port PoEs; minimum requirement checklists for readiness for outbreaks, SOPs for early warning and response, and data management and exit/entry screening SOPs.

The Government of National Accord (GNA) approached the COVAX facility⁵ to secure vaccines for a 7.5 million population, included migrant and refugee populations. The COVAX facility informed the government that vaccine provision will be based on a population of 6.8 million, a number which will cover Libyan citizens, migrants and refugees. 20 per cent of the vaccine will be provided in Phase 1 (date unknown) with prioritization of health workforce (3 per cent), population ≥60 years (5 per cent), mother and lactating women (3.5 per cent), followed by the rest of the population.

The GNA was to establish six technical taskforces, each at national, regional and municipal level as part of the Libya's national vaccination response. Each taskforce at each level will have one government official and one consultant to provide technical support. The taskforces will focus on the following: cold chain and vaccine logistics management, capacity building, safety and adverse event for immunization, demand creation, monitoring and evaluation, and infection, prevention, control including waste management.

The GNA requested international partner support with the provision of consultants to these taskforces. Libyan authorities will develop a micro plan for all government administrative levels and intends to use 50 per cent (350-400) of Libya's 700 vaccination centres for the vaccination campaign.

To limit the vulnerability of migrants to disease spread and support national COVID-19 prevention, response and vaccination efforts, IOM Libya implemented this project that 1) supported migrants in extremely volatile situations – i.e. those who are detained in detention centres with bad living conditions and 2) contributed to strengthening Libyan authorities' ability to prevent and respond to COVID-19 transmission and outbreaks amongst the most vulnerable populations who are mobile or detained. IOM implemented this project, along with all its COVID-

⁵ A global risk-sharing mechanism for pooled procurement and equitable distribution of eventual COVID-19 vaccines.

19 activities, in close collaboration with WHO and the Health Sector in Libya, as led by the Ministry of Health.

2. Evaluation Context

To limit the vulnerability of migrants to disease spread and support national COVID-19 prevention, response and vaccination efforts, IOM Libya implemented – in close collaboration with WHO and the Ministry of Health - this 12-month Austrian funded project, aimed at:

1. Supporting migrants who are in extremely vulnerable situations – i.e. those who are detained in detention centres with bad living conditions and
2. Contributing to strengthening Libyan authorities' ability to prevent and respond to COVID-19 transmission and outbreaks amongst the most vulnerable populations, including migrants, Internally Displaced Persons (IDPs), detainees and other mobile and vulnerable groups.

Objective: To support Libyan authorities to respond to the most urgent needs of at-risk populations in Libya whose vulnerabilities have been further exacerbated by the COVID-19 pandemic while promoting equitable access to COVID-19 vaccines for all, including migrants.

Outcome 1: Migrants and other vulnerable populations have improved access to overall health services, including COVID-19 services, to protect against disease spread.

Under this outcome, IOM implemented the following main activities:

- To limit the spread of the pandemic, IOM distributed Personal Protective Equipment (PPE) kits to migrants disembarked on shore following a Search and Rescue Operation at sea, and to migrants detained in detention facilities. These were provided directly to the migrants.
- To enhance the capacity of detention authorities to better prevent and respond to COVID-19 cases, IOM donated COVID-19 PPE to Directorate of Combatting Illegal Migration (DCIM) headquarters in Tripoli and Al Bayda for officials working at 15 detention centres. These were then distributed to the detention centers' staff.
- Similarly, PPE had been provided before the end of the project to staff working at Points of Entry (PoE).
- To strengthen surveillance activities at POEs, IOM has placed medical staff at two POEs. They are providing support with traveler screening for infectious diseases, in-patient transfer to health and quarantine facilities and case management.
- To raise awareness about prevention of COVID-19, IOM implemented awareness raising campaigns in the communities through community mobilizers.

Outcome 2: Libyan authorities have enhanced their ability to coordinate and promote equitable access to COVID-19 vaccines in Libya, including amongst most vulnerable mobile populations.

Under this outcome, IOM implemented the following main activities:

- IOM provided data and analysis on migrant and refugee populations based on its assessments to inform vaccination campaign planning and implementation.
- IOM organized a master training for MoH and NCDC health workers and administration staff and trained 17 individuals as master trainers. In the next two months they will conduct cascade trainings with local MOH and NCDC staff.
- By way of providing technical support the three taskforces responsible for cold chain/vaccine logistic management, capacity building and demand creation, IOM has hired three consultants who are embedded in the health authorities. The consultants are supporting the taskforce for cold chain/vaccine logistic management, capacity building and demand creation.
- IOM in partnership with UNICEF, is still in the process of purchasing cold chain equipment to support vaccination campaign implementation.

3. Evaluation Purpose

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

Evaluation criteria

The evaluation will seek to address the following OECD-DAC evaluation criteria:

- **Relevance:** the extent to which the project’s objective and intended results remain valid and pertinent either as originally planned or as subsequently modified.
- **Effectiveness:** the extent to which the project translated resources and activities into its intended short, medium- and long-term results.
- **Efficiency:** how well human, physical and financial resources were wisely used to undertake activities, and how well these resources were converted into outputs.
- **Impact:** an evaluation criterion that assesses the positive and negative, primary and secondary long-term effects produced by the project, directly or indirectly, intentionally or unintentionally.
- **Sustainability:** the durability of the project’s results or the continuation of the project’s benefits once external support ceases.
- **Cross-cutting issues:** Gender and Human Rights⁶

Key evaluation questions

The following are key evaluation questions, as drawn from the Terms of Reference.

Relevance (the extent to which the project’s objective and intended results remain valid and pertinent either as originally planned or as subsequently modified).

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

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

- To what extent has the project successfully translated the resources (inputs) into tangible and quality outputs and outcomes in accordance with the stated plans?

⁶ OM Rights-based approach to Programming: https://www.iom.int/sites/default/files/our_work/ICP/IML/rba_manual.pdf
 UNEG Integrating Human Rights and Gender Equality Evaluation Guidance: <http://www.unevaluation.org/document/detail/980>

- To what extent has the project and its outputs enhanced the migrants access to basic services and the capacities of Government officials on COVID-19 preparedness?
- Were the activities sufficiently well implemented to reach intended results? Would other activities have been more effective in reaching the results?
- To what extent has the project and its outputs met stakeholder expectations, both government and participants?
- To what extent has the project adapted to changing external conditions in order to ensure project outcomes are achieved?
- What were the major external factors influencing the achievement of the project's expected outputs and outcomes, including both contextual factors and other related interventions?

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

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

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

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

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

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

Cross-cutting issues: Gender and Human Rights⁷:

- To what extent were gender mainstreaming issues considered in design and implementation?

⁷ IOM Rights-based approach to Programming: https://www.iom.int/sites/default/files/our_work/ICP/IML/rba_manual.pdf
 UNEG Integrating Human Rights and Gender Equality Evaluation Guidance: <http://www.unevaluation.org/document/detail/980>

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

4. Methodology

Data collection and analysis methods

To strengthen the credibility and usefulness of evaluation results, the evaluation will use a mix of data sources collected through multiple methods. This will include primary data which will be collected directly from project/partner personnel (MoH and DCIM personnel), IOM project personnel and project beneficiaries (MoH, NCDC, DCIM and other partner staff) about their firsthand experience with the intervention. This data will be collected through key informant interviews, and some observation. It will also include data consisting of documentary evidence (primary and secondary) that has direct relevance for the evaluation, such as published reports, relevant project documents, monitoring reports, previous reviews, country strategic plans, and research reports etc. Desk reviewed information will be used to triangulate and verify primary data gathered directly from project/partner personnel, stakeholders and beneficiaries.

The evaluation methodology will include multiple methods with analysis of both quantitative and qualitative data, where possible. It will include but will not be restricted to the following:

- **Desk review** of key project documents (including the project proposal document, quarterly reports, social media and news publications etc)
- **Direct observation**
- **Semi-structured interview** with beneficiaries;
- **Semi-structured interview** with project staff; and
- **Semi-structured interview** with key informants (personnel from Ministry of Health and the National Centre for Disease Control and relevant committees such as the Technical Coordination Committee for Vaccination etc);
- Review and Analysis of **project monitoring records**.

Data collection during the evaluation will obtain the unique and particular perspectives of both male and female beneficiaries and stakeholders. All data will be disaggregated to allow for a thorough gender analysis of the evaluation's findings. Gender equality has been identified by IOM as a fundamental cross-cutting issue within the framework of its Principles for Humanitarian Action. To the extent possible, data collection and analysis will be disaggregated by gender and

also adhere to IOM’s data protection principles as described in the United Nations Evaluation Group (UNEG) and IOM evaluation guidelines.

Sampling

The project will utilize convenience sampling; a non-probability method of sampling where interview participants are selected for inclusion in the sample due to their ease of access and availability. It was deemed the most practical and effective technique for this evaluation due to the very mobile nature of its migrant beneficiaries and relevant stakeholders (MoH, NCDC, DCIM and other partner staff). It should be noted that with the closure (and release/repatriation of detained migrants) of the detention centers supported under this project, it would be impossible to locate the various migrants and DCIM facility staff supported. Further, although considerable effort would be put into locating project beneficiaries and stakeholders, only those who can be reached and who are available—and willing to participate—will be interviewed. Therefore, the final population sample will be determined by the ease of access and availability of interviewees.

Proposed evaluation report structure

The evaluation report will follow a structure that includes the following sections, at minimum:

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

Limitations and proposed mitigation strategies

A major limitation to this evaluation exercise is the limited access to its migrant beneficiaries who were supported in the detention centers as well as within the urban areas. These migrants have been released (or repatriated) from the detention centers as these are temporary holding facilities. Additionally, migrants within urban areas are not sedentary or permanent residents and are perpetually mobile—in transit. The evaluation will have to rely on project records, reports, photographs, observations and project personnel/government stakeholder interviews. Further, the impact and sustainability evaluation of this project is limited by its short lifespan which also limits the time available for long-term impact assessment. However, IOM will extrapolate the snowball impact of the project’s institutional capacity building for its long-term impact and sustainability projection.

5. Work plan

As elaborated in the Terms of Reference, the evaluation will entail the following deliverables and at the dates indicated below. The timeframe for this evaluation is 5 weeks from 10 October to 13 November 2022.

A. Activity	Responsible	Timeline
Review documents and prepare a detailed inception report, including evaluation matrix and data collection tools	Evaluator	Week 1
Planning data collection and coordinate the logistical arrangements and agenda	Evaluator with support from Project Team	
Evaluation data collection and analysis	Evaluator with support from Project Team	Week 2
Draft presentation and de-brief Project Manager and team on the initial findings and tentative conclusions	Evaluator	
Draft the evaluation report	Evaluator	Week 3
Incorporate comments/feedback from Project Team, M&E officer and Regional Officer M&E Specialist	Evaluator with support from Project Team	
Finalize and submit the final version of the report	Evaluator	Week 4
Submission of final report, annexes and two-page evaluation brief	Evaluator	Week 5
Drafting and submission of the two-pager evaluation brief	Evaluator	

6. Annexes

a. Evaluation terms of reference



Consultancy
Assignment Vacancy

b. Evaluation matrix

Evaluation criteria/ Key Questions	Data Collection Method	Methodology	Sources
<p>Effectiveness (assesses the extent to which a project translated resources and activities into its intended short, medium- and long-term results)</p> <ul style="list-style-type: none"> • To what extent has the project successfully translated the resources (inputs) into tangible and quality outputs and outcomes in accordance with the stated plans? • To what extent has the project and its outputs enhanced the migrants access to basic services and the capacities of Government officials on COVID-19 preparedness? • Were the activities sufficiently well implemented to reach intended results? Would other activities have been more effective in reaching the results? 	<ul style="list-style-type: none"> • Desk review of relevant project documents • Key informant Interviews with IOM Project personnel • Key informant Interviews with government staff • Key informant Interviews with government beneficiaries 	<ul style="list-style-type: none"> • Extrapolation of indicator information from project documents • Qualitative analysis of interviewee responses via extrapolation and thematic coding 	<ul style="list-style-type: none"> • Project quarterly reports • Project monitoring records • Project proposal • Other relevant project documents • Key informant interview questionnaire

<ul style="list-style-type: none"> • To what extent has the project and its outputs met stakeholder expectations, both government and participants? • To what extent has the project adapted to changing external conditions in order to ensure project outcomes are achieved? • What were the major external factors influencing the achievement of the project’s expected outputs and outcomes, including both contextual factors and other related interventions? 			
<p>Efficiency (how well human, physical and financial resources are wisely used to undertake activities, and how well these resources are converted into outputs).</p> <ul style="list-style-type: none"> • To what extent were resources (time, funds, expertise) used wisely and adequately to address the most compelling 	<ul style="list-style-type: none"> • Desk review of relevant project documents • Key informant Interviews with IOM Project personnel 	<ul style="list-style-type: none"> • Extrapolation of indicator information from project documents • Qualitative analysis of interviewee responses via extrapolation and thematic coding 	<ul style="list-style-type: none"> • Project quarterly reports • Project monitoring records • Project budget documents and finance records • Project proposal • Other relevant project documents

<p>priorities and achieve the outputs? Is the cost worth it?</p> <ul style="list-style-type: none"> • How does this project align with and complement other related initiatives, whether implemented by IOM, the government, or other national and international actors? What is the added value, if any, of this project compared to those other efforts? • Were the project activities undertaken as scheduled and were outputs delivered on time and in expected quantity? If not, what was the reasons? 			<ul style="list-style-type: none"> • Key informant interview questionnaire
<p>Relevance (the extent to which the project’s objective and intended results remain valid and pertinent either as originally planned or as subsequently modified)</p> <ul style="list-style-type: none"> • Do the intended results align with and support government officials building of capacities? 	<ul style="list-style-type: none"> • Desk review of relevant project documents • Key informant Interviews with IOM Project personnel • Key informant Interviews with government staff 	<ul style="list-style-type: none"> • Extrapolation of indicator information from project documents • Qualitative analysis of interviewee responses via extrapolation and thematic coding 	<ul style="list-style-type: none"> • Project quarterly reports • Project monitoring records • Project proposal • Other relevant project documents

<ul style="list-style-type: none"> • Has the project responded to the needs of the target beneficiaries, especially of migrants? • Has the project targeted beneficiaries – especially migrants - in the most effective way? • Is the project aligned with and supportive of IOM national, regional and/or global strategies and the Migration Governance Framework? • Are there any identifiable ways that the approach should be revised in future, or is it evident that additional or complementary activities or projects will need to be implemented? • Is the project well designed according to IOM project development guidelines in a way that address local priority needs? 	<ul style="list-style-type: none"> • Key informant Interviews with government beneficiaries 		<ul style="list-style-type: none"> • Key informant interview questionnaire
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<p>Impact (an evaluation criterion that assesses the positive and negative, primary and secondary long-term effects produced by a project, directly or indirectly, intentionally or unintentionally).</p> <p>What long-term changes (whether intended or unintended, positive or negative) can be observed, if any? To what extent can they be attributed to the project interventions?</p>	<ul style="list-style-type: none"> • Desk review of relevant project documents • Key informant Interviews with IOM Project personnel • Key informant Interviews with government staff • Key informant Interviews with government beneficiaries 	<ul style="list-style-type: none"> • Extrapolation of indicator information from project documents • Qualitative analysis of interviewee responses via extrapolation and thematic coding 	<ul style="list-style-type: none"> • Project quarterly reports • Project monitoring records • Project proposal • Other relevant project documents • Key informant interview questionnaire
<p>Sustainability (the durability of the project’s results or the continuation of the project’s benefits once external support ceases).</p> <ul style="list-style-type: none"> • To what extent are the project and its results –supported by local institutions and embedded in institutional structures— surviving beyond the life of the project? 	<ul style="list-style-type: none"> • Desk review of relevant project documents • Key informant Interviews with IOM Project personnel • Key informant Interviews with government staff • Key informant Interviews with government beneficiaries 	<ul style="list-style-type: none"> • Extrapolation of indicator information from project documents • Qualitative analysis of interviewee responses via extrapolation and thematic coding 	<ul style="list-style-type: none"> • Project quarterly reports • Project monitoring records • Project proposal • Other relevant project documents • Key informant interview questionnaire
<p>Cross-cutting issues: Gender and Human Rights⁸:</p>	<ul style="list-style-type: none"> • Desk review of relevant project documents 	<ul style="list-style-type: none"> • Extrapolation of indicator information from project documents 	<ul style="list-style-type: none"> • IOM policy on humanitarian action • IOM evaluation guidelines

⁸ IOM Rights-based approach to Programming: https://www.iom.int/sites/default/files/our_work/ICP/IML/rba_manual.pdf
 UNEG Integrating Human Rights and Gender Equality Evaluation Guidance: <http://www.unevaluation.org/document/detail/980>

<ul style="list-style-type: none"> • To what extent were gender mainstreaming issues considered in design and implementation? • To what extent were differences, needs, roles and priorities of women, men and specific vulnerable groups considered during planning and implementation? • Were any barriers to equal gender participation identified in design or implementation, and was anything done to address these barriers? • To what extent were rights and dignity of beneficiaries upheld by the project and its partners throughout the implementation? 	<ul style="list-style-type: none"> • Key informant Interviews with Project/partner staff • Key informant Interviews with beneficiaries 	<ul style="list-style-type: none"> • Qualitative analysis of interviewee responses via extrapolation and thematic coding 	<ul style="list-style-type: none"> • IOM Gender mainstreaming policy documents • Project quarterly reports • Project monitoring records • Project proposal • Other relevant project documents • Key informant interview questionnaire
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c. Data collection instruments

1. IOM Project Staff Questionnaire

The data collection activity shall adhere to IOM’s data protection principles. In line with IOM Data Protection Principles, IOM strives to protect confidential information of the beneficiaries. All of the personal data/records of interviewees will be treated with strict confidentiality. The data will be stored

securely in accordance to IOM Data Protection Principles to ensure data confidentiality and security are taken into account when collecting and processing interviewee data.

Questions	Responses
1. Date	
2. Name	
3. Gender:	
4. Contact	
5. Position	
6. Did the interviewee give his or her consent to be interviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. What was your role and involvement in the project? (Briefly describe)	
8. To what extent did the project respond to the needs of the target beneficiaries, especially of the most vulnerable migrants in Libya within the context of Covid-19?	
9. Was the project able to ensure and enhance the access of vulnerable migrants to basic Covid-19 and health services? Please explain how.	
10. How would you rate the project based on its suitability in responding to the needs of the target beneficiaries?	
11. Were beneficiaries – especially migrants – selected or targeted in the most effective way? Consider asking: How were the results of the baseline studies, needs assessments and research studies taken	

into account in implementing the activities?	
12. Was the project well designed according to IOM project development guidelines in a way that address local priority needs?	
13. To what extent was the project's development and implementation aligned with and supportive of IOM national, regional and/or global strategies and the Migration Governance Framework?	
14. Would you recommend any improvements to the project design and implementation going forward? Consider asking: would you recommend any additional or complementary activities or projects to enhance the quality of the response?	
15. Do you think the project was successful in its use of resources (inputs) to actualize its intended outputs and outcomes? Please explain why.	
16. To what extent was the project able to improve the capacities of Government officials in the area of COVID-19 preparedness?	
17. Please describe if and how the project activities were sufficiently implemented to achieve its intended results? Consider asking: Would other activities have been	

more effective in reaching the results?	
18. What were the major external factors influencing the achievement of the project's expected outputs and outcomes, including both contextual factors and other related interventions?	
19. To what extent was the project able to adapt to mitigate the previously mentioned external conditions in order to ensure project outcomes were successfully achieved?	
20. Was the project's use of resources optimal for achieving its intended results? (financial, human, institutional and technical, etc.)	
21. Were activities and outputs delivered on time, in expected quantity and according to the project workplan? If not, what was the reasons?	
22. Were the projects planned funding and timeframe sufficient to achieve the intended outcomes?	
23. Which project activities represented the greatest value for money in terms of protecting the most vulnerable migrants in lieu of the Covid-19 pandemic in Libya?	

<p>24. How does this project align with and complement other related initiatives, whether implemented by IOM, the government, or other national and international actors? What is the added value, if any, of this project compared to those other efforts?</p>	
<p>25. What do you think the long-term impact/changes (whether intended or unintended, positive or negative) of the institutional capacity building provided to government officials is likely to be? Why?</p>	
<p>26. What do you think the long-term impact/changes (whether intended or unintended, positive or negative) of the Covid-19 and health support services provided to vulnerable migrants is likely to be? Why?</p>	
<p>27. Were any strategic plans developed and implemented to ensure the sustainability of the project's results?</p>	
<p>28. To what extent are the project results (outcomes and impact, if any) likely to continue / be sustained after the project has finished?</p>	
<p>29. To what extent were gender mainstreaming issues considered in design and implementation?</p>	

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

2. Government Stakeholders Questionnaire

(for staff of facilities served under the project. E.g DCs, POEs, airports etc)

The data collection activity shall adhere to IOM's data protection principles. In line with IOM Data Protection Principles, IOM strives to protect confidential information of the beneficiaries. All of the personal data/records of interviewees will be treated with strict confidentiality. The data will be stored securely in accordance to IOM Data Protection Principles to ensure data confidentiality and security are taken into account when collecting and processing interviewee data.

Questions	Responses
1. Date:	
2. Name:	
3. Gender:	
4. Contact:	
5. Position:	
6. Did the interviewee give his or her consent to be interviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>7. What was your role and involvement in the project? (Briefly describe)</p>	
<p>8. In your opinion, did the project respond to the needs of the target beneficiaries, especially of the most vulnerable migrants in Libya within the context of Covid-19?</p>	
<p>9. Do you think the project was able to ensure and enhance the access of vulnerable migrants to basic Covid-19 and health services (such as vaccines, hygiene kits, medications etc)? Please explain how.</p>	
<p>10. How would you rate the project based on its suitability in responding to the needs of the target beneficiaries?</p>	
<p>11. Would you recommend any improvements to the project design and implementation going forward? Consider asking: would you recommend any additional or complementary activities or projects to enhance the quality of the response?</p>	
<p>12. To what extent was the project able to improve the capacities of Government officials in the area of COVID-19 preparedness?</p>	
<p>13. Do you think the project and its outputs have met your expectations (as a beneficiary or government partner)? Please explain why and how.</p>	
<p>14. What were the major external factors influencing the achievement of the project's expected outputs and outcomes, including both contextual factors and other related interventions?</p>	

<p>15. Were the materials, hardware, technical and capacity building support delivered on time, when needed and in expected quantity according to your expectations? If not, do you have any recommendations for improvement?</p>	
<p>16. How does this project align with and complement other related initiatives, whether implemented by IOM, the government, or other national and international actors? What is the added value, if any, of this project compared to those other efforts?</p>	
<p>17. What do you think the long-term impact/changes (whether intended or unintended, positive or negative) of the institutional capacity building provided to government officials is likely to be? Why?</p>	
<p>18. What do you think the long-term impact/changes (whether intended or unintended, positive or negative) of the Covid-19 and health support services provided to vulnerable migrants is likely to be? Why?</p>	
<p>19. To what extent are the project results (outcomes and impact, if any) likely to continue / be sustained after the project has finished?</p>	

3. Beneficiaries Questionnaire

(for government personnel who received training, material/equipment support etc)

The data collection activity shall adhere to IOM's data protection principles. In line with IOM Data Protection Principles, IOM strives to protect confidential information of the beneficiaries. All of the personal data/records of interviewees will be treated with strict confidentiality. The data will be

stored securely in accordance to IOM Data Protection Principles to ensure data confidentiality and security are taken into account when collecting and processing interviewee data.

Questions	Responses
1. Date:	
2. Name:	
3. Gender:	
4. Contact:	
5. Position:	
6. Did the interviewee give his or her consent to be interviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. What was your role and involvement in the project? (Briefly describe)	
8. Was the project able to ensure and enhance the access of vulnerable migrants to basic Covid-19 and health services? Please explain how.	
9. How would you rate the project based on its suitability in responding to the needs of the target beneficiaries?	
10. Were beneficiaries – especially migrants – selected or targeted in the most effective way? Consider asking: How were the results of the baseline studies, needs assessments and research studies taken into account in implementing the activities?	
11. Was the project well designed according to IOM project development guidelines in a way that address local priority needs?	
12. To what extent was the project’s development and implementation aligned with and supportive of IOM national, regional and/or global	

strategies and the Migration Governance Framework?	
13. Would you recommend any improvements to the project design and implementation going forward? Consider asking: would you recommend any additional or complementary activities or projects to enhance the quality of the response?	
14. Do you think the project was successful in its use of resources (inputs) to actualize its intended outputs and outcomes? Please explain why.	
15. To what extent was the project able to improve the capacities of Government officials in the area of COVID-19 preparedness?	
16. Please describe if and how the project activities were sufficiently implemented to achieve its intended results? Consider asking: Would other activities have been more effective in reaching the results?	
17. Do you think the project and its outputs have met your expectations (as a beneficiary or government partner)? Please explain why and how.	
18. What were the major external factors influencing the achievement of the project's expected outputs and outcomes, including both contextual factors and other related interventions?	
19. To what extent was the project able to adapt to mitigate the previously mentioned external conditions in order to ensure project outcomes were successfully achieved?	

<p>20. Was the project's use of resources optimal for achieving its intended results? (financial, human, institutional and technical, etc.)</p>	
<p>21. Were the materials, hardware, technical and capacity building support delivered on time, when needed and in expected quantity according to your expectations? If not, do you have any recommendations for improvement?</p>	
<p>22. Was the projects planned funding and timeframe sufficient to achieve the intended outcomes?</p>	
<p>23. Which project activities represented the greatest value for money in terms of protecting the most vulnerable migrants in lieu of the Covid-19 pandemic in Libya?</p>	
<p>24. How does this project align with and complement other related initiatives, whether implemented by IOM, the government, or other national and international actors? What is the added value, if any, of this project compared to those other efforts?</p>	
<p>25. What do you think the long-term impact/changes (whether intended or unintended, positive or negative) of the institutional capacity building provided to government officials is likely to be? Why?</p>	
<p>26. What do you think the long-term impact/changes (whether intended or unintended, positive or negative) of the Covid-19 and health support services provided to vulnerable migrants is likely to be? Why?</p>	

<p>27. Were any strategic plans developed and implemented to ensure the sustainability of the project's results?</p>	
<p>28. To what extent are the project results (outcomes and impact, if any) likely to continue / be sustained after the project has finished?</p>	
<p>29. To what extent were gender mainstreaming issues considered in design and implementation?</p>	
<p>30. To what extent were differences, needs, roles and priorities of women, men and specific vulnerable groups considered during planning and implementation?</p>	
<p>31. Were any barriers to equal gender participation identified in design or implementation, and was anything done to address these barriers?</p>	
<p>32. To what extent did rights and dignity of beneficiaries upheld by the project and its partners throughout the implementation?</p>	