

Research Terms of Reference

Somaliland Joint Multi Cluster Needs Assessment (JMCNA) 2021

SOM2101

Somaliland

August 2021
Version 1

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Somaliland						
Type of Emergency	<input checked="" type="checkbox"/>	Natural disaster	<input checked="" type="checkbox"/>	Conflict	<input type="checkbox"/>		
Type of Crisis	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/>	Protracted	
Mandating Body/ Agency	Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group (ICCG)						
IMPACT Project Code	27ELN						
Overall Research Timeframe	01/04/2021 to 31/12/2021						
Research Timeframe	1. Pilot/ training: 09/05/2021			6. Preliminary presentation: 29/08/2021			
	2. Start collect data: 01/06/2021			7. Outputs sent for validation: Clean Data Set: 05/08/2021 Factsheets: 05/10/2021 Final Report: 30/11/2021			
	3. Data collected: 29/07/2021			8. Outputs published: Factsheets: 20/10/2021 Final Report: 31/12/2021			
	4. Data sent for validation: 05/08/2021			9. Final presentation/Joint Analysis Workshops: 15/09/2021			
	5. Data analysed: Preliminary: 15/08/2021 Final: 31/08/2021						
Number of assessments	<input checked="" type="checkbox"/>	Single assessment (one cycle)					
	<input type="checkbox"/>	Multi assessment (more than one cycle)					
Humanitarian milestones	Milestone			Deadline			
	<input checked="" type="checkbox"/>	Humanitarian Needs Overview (HNO) Sectoral Analysis Support			15/10/2021		
	<input checked="" type="checkbox"/>	HNO Joint Analysis Workshops			10/09/2021		
	<input checked="" type="checkbox"/>	HNO/People in Need (PiN) Calculations Technical Support			15/10/2021		
	<input type="checkbox"/>	NGO platform plan/strategy			__/__/____		
	<input type="checkbox"/>	Other (Specify):			__/__/____		
	Audience type			Dissemination			

Audience Type & Dissemination	X Strategic <input type="checkbox"/> Programmatic <input type="checkbox"/> Operational <input type="checkbox"/> [Other, Specify]		X Sectoral Mailing (Education, Shelter and WASH) and presentation of findings X Presentation of findings (e.g. at HCT meeting; partners' meeting) X Website Dissemination (Relief Web & REACH/ACTED Resource Centre) X Joint Analysis Workshops in Hargeisa.	
Detailed dissemination plan required	X	Yes ¹	<input type="checkbox"/>	No
General Objective	To inform the 2022 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) in the context of ongoing COVID-19, locust, drought and protracted displacement crisis in Somaliland by providing updated nation-wide, district-level, multi-sectoral analysis of current and forecasted severity of needs among the crisis-affected population.			
Specific Objective(s)	<ul style="list-style-type: none"> To provide a detailed overview of the current humanitarian needs and gaps of crisis- affected population (by sector and across sectors) in Somaliland to inform the Humanitarian Needs Overview and Humanitarian Response Plan for 2022 To understand the severity of needs of the assessed population, including living standard gaps² used, in sector-specific, and inter-sectoral approaches To identify variations in need amongst population groups and geographical areas in order to inform response prioritisation and strategic planning 			
Research Questions	<ul style="list-style-type: none"> What are the main household humanitarian needs and priorities across Somaliland? To what extent does the severity of humanitarian needs differ by assessed districts and displaced and non-displaced population groups? What is the level of household access to basic services such as education, health, shelter and water? To what extent are certain population groups vulnerable, and what factors exacerbate or mitigate the needs of these vulnerable population groups. To what extent does access to basic services differ among different groups or are certain groups excluded from What knowledge, attitudes, and practices surrounding COVID-19 are currently held by population groups in Somaliland? How do the answers to the aforementioned questions vary according to district and region, urban or rural areas³, and displaced and non-displaced population groups? 			
Geographic Coverage	All accessible districts based on available phone lists from previous JMCNA research cycles.			
Secondary data sources	JMCNA 2020 , JMCNA 2019 , Academic articles, UN and partners portals, flash-updates and bulletins; Forecast for drought, flooding, locusts (FAO; SWALIM); Covid-19 (WHO; Ministry of Health;). Full list forthcoming.			
Population(s)	X	IDPs in camp	X	IDPs in informal sites
	X	IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]

¹ A detailed dissemination plan is available in Annex 4

² The MSNA will aim to calculate the proportion of affected population with living standard gaps – i.e. the proportion of respondents unable to meet their basic needs in one or more sectors

³ Comparisons across urban and rural areas may be carried out if the distribution of urban and rural settlements in the final sample permits

	<input type="checkbox"/>	Refugees in camp	<input type="checkbox"/>	Refugees in informal sites
	<input type="checkbox"/>	Refugees in host communities	<input type="checkbox"/>	Refugees [Other, Specify]
	<input checked="" type="checkbox"/>	Non-displaced Host communities	<input checked="" type="checkbox"/>	Non-displaced, non-hosting communities
Stratification	<input checked="" type="checkbox"/>	Geographical #: District ⁴ Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	Group #: 2 (Displaced/Non-displaced ⁵) Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/>	[Other Specify] #: __ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data collection tool(s)	<input checked="" type="checkbox"/>	Structured (Quantitative)	<input type="checkbox"/>	Semi-structured (Qualitative)
		Sampling method		Data collection method
Structured data collection tool # 1 <i>Select sampling and data collection method and specify target # interviews</i>		<input type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input checked="" type="checkbox"/> Non-probability/Quota Sampling		<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Group discussion (Target #):_____ <input checked="" type="checkbox"/> Household interview (Target #): 2,569 ⁶ <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Direct observations (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____
Data management platform(s)	<input checked="" type="checkbox"/>	IMPACT Kobo	<input type="checkbox"/>	UNHCR
	<input type="checkbox"/>	[Other, Specify]		
Expected output type(s)	<input type="checkbox"/>	Situation overview #: __	<input checked="" type="checkbox"/>	Report #: 1
	<input type="checkbox"/>		<input type="checkbox"/>	Profile #: __
	<input checked="" type="checkbox"/>	Presentation (Preliminary findings) #: 7 (1/sector)	<input checked="" type="checkbox"/>	Presentation (Final) #: 1
	<input checked="" type="checkbox"/>	Interactive dashboard #: 1	<input type="checkbox"/>	Webmap #: __
	<input type="checkbox"/>		<input type="checkbox"/>	Factsheet #: 18 (17 regional & 1 National)
	<input type="checkbox"/>		<input type="checkbox"/>	Map #: __
	<input type="checkbox"/>	[Other, Specify] #: __		
Access	<input checked="" type="checkbox"/>	Public (available on REACH/ACTED resource center and other humanitarian platforms)		
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH/ACTED or other platforms)		
Visibility <i>Specify which logos should be on outputs</i>		REACH/ACTED		
		Donor: OFDA/ECHO		
		Coordination Framework: OCHA		
		Partners: NCA, Qatar Foundation, ACF, ACTED, AVORD, DRC, FCA, LRDO, Mercy Corps, NRC, SADO, SIS, SOS CV..		

2. Rationale

2.1 Background

⁴ The number of districts is still being determined depending on the availability of phone lists. The maximum number of districts would be 74.

⁵ Displaced (IDPs in camps, host communities and informal settlements) and Non-Displaced (host communities and non-displaced, non-hosting communities)

⁶ This includes a buffer of 15% and is based on a stratified sample, with the sample size per district being based on a quota for each population group. Due to the non-random nature of the sampling approach, findings will be indicative.

Somaliland's prolonged, complex and multi-faceted humanitarian crisis is characterised by ongoing conflict, climate-related shocks, communicable disease outbreaks and fragile social protection mechanisms. Insecurity and armed conflict continues to exacerbate the effects of periodic natural disasters and climate-driven shocks, such as droughts and flooding. The complex nature of the crisis continues to influence displacement patterns and constrain the availability of resources. Since the beginning of 2020, two additional shocks have contributed to a deterioration of humanitarian conditions across Somaliland: vast swarms of desert locusts and the Covid-19 pandemic. In addition, there are indications of a below average rainfall amidst poor Deyr rains in 2020 and delayed GU rains, with fears of drought and resulting food security concerns. These compounding shocks have exacerbated humanitarian needs among a population already living under the strain of widespread poverty, vulnerability, and decades of armed conflict and insecurity.

2.2 Intended Impact

There is thus a pressing need for an integrated and harmonised humanitarian response plan to continue supporting interventions, which address these complex impacts, and an imperative for continued nationally-representative needs assessments to provide the required evidence base for such response planning. To this end, REACH/ACTED is supporting the fifth Joint Multi-Cluster Needs Assessment (JMCNA) in Somaliland. The assessment will build on the previous cycle of needs assessments, as well as existing assessments conducted by other humanitarian actors, such as the seasonal studies carried out by the Food Security and Nutrition Analysis Unit (FSNAU). However, while such assessments focus on specific needs, hot-spots, or are conducted at the livelihood zone level, the JMCNA seeks to address information gaps by ensuring that the severity of needs relevant to each sector are assessed in a way that enables comparison across the country, across population group types, and geographical areas. Moreover, the JMCNA directly addresses the information gaps in cross-cutting needs at the household level and facilitates the understanding of the co-occurrence of different sectoral needs.

Thus, the JMCNA aims to facilitate a harmonised response plan at the operationally relevant district level; it relies on the concerted and coordinated efforts of all partners to encourage joint planning, implementation of the assessment and data collection, and the analysis and interpretation of results. The ultimate goal of the assessment is to inform partners at the strategic level and as such is timed to be completed in advance of the Humanitarian Needs Overview and Humanitarian Response Plan process, scheduled to begin in September 2021.

3. Methodology

3.1 Methodology overview

The assessment will follow a quantitative methodology and consist of a secondary data review (SDR) and a structured household survey conducted over 8 weeks across June and July. As was the case for the [fourth round of JMCNA in 2020](#), this year's household survey will be administered via phone calls in order to mitigate the risks associated with in-person data collection and Covid-19; using a non-probability quota sampling approach. The SDR will bring together existing non-government organisations (NGOs) and United Nations (UN) reports and assessments, academic articles, security updates and sectoral flash updates, and provide the contextual background upon which the results of the JMCNA will be framed. Secondary data is also used to draw the sample frames for the displaced and non-displaced population strata.

The household is used as the unit of measurement as it is the most relevant for examining the severity of needs and vulnerabilities, improves the coverage of the assessment, and optimises the trade-offs between the quality of information collected and the required sample sizes. It is administered by trained enumerators who will conduct data collection through remote phone-based interviews.

The key indicators and survey tool used will be designed through an iterative process, in close collaboration and consultation with all sectors, as well as representatives from the Information Managed and Assessment Working Group (IMAWG), Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group (ICCG). The results

emanating from the SDR and household survey will be interpreted jointly through sectoral-specific as well as inter-sectoral workshops.

Certain areas of Somaliland remain inaccessible to enumerators and field staff due to security concerns and risks, in addition to a lack of contacts. Partnering with local NGOs already and currently active in the area, remains one method to overcome this limitation.

3.2 Population of interest

As the JMCNA aims to provide a wide coverage of the entire country, a large number of districts will be assessed and will include both urban and rural areas in order to enable a comparison of results across population groups and districts. The populations of interest include both displaced persons and non-displaced (hosting and non-hosting) communities in both rural and urban areas. The population of interest assessed during data collection will be limited to the subset of households possessing a mobile phone, residing in areas with cellular network coverage and contact numbers being included on the available phone lists. However, this should include households from a diversity of locations and backgrounds, given that Somaliland provides one of the cheapest rates for telecommunications services across Africa.

Given that the JMCNA's objective is to inform strategic planning and subsequent humanitarian response the household is selected as the unit of measurement, improving the coverage of the assessment in terms of severity of needs and vulnerabilities. District-level results are subsequently aggregated at the regional, state, and national levels in order to explore broader trends and dynamics.

3.3 Secondary data review

For 2021, OCHA has initiated an "Assessment Coordination Task Force" (ACTF) with a key agenda item to lead on a secondary data review. As a result, the secondary data review will be led by the ACTF and be the shared responsibility of its membership.

3.4 Primary Data Collection

3.4.1 Methodology

Primary data will be collected by means of a household-level survey designed with the participation of the humanitarian partners. Partners are asked to outline information gaps and the type of data required to inform their strategic plans. Key indicators are developed by REACH/ACTED with the substantive input of participating partners, and subsequently validated by them. REACH/ACTED will draft the household survey tool through an iterative consultation process with partners and OCHA and is aligned, as much as possible, with the draft [Joint Inter-Sectoral Analysis Framework](#)⁷ (JIAF) which will serve as a common and structured method for assessing the severity of needs across different sectors.

The 2021 JMCNA will align with last year's approach towards data collection which saw a shift to remote data collection via phone calls in order to mitigate the risk of inadvertently spreading Covid-19. Switching to remote data collection methods reduces the risk of transmission of Covid-19 as travel and in-person contact for REACH/ACTED staff and enumerators is limited. Thus, due to Covid-19, all data collection will be conducted through remote phone calls by enumerators working at home. In order to ensure the reliability of data, REACH/ACTED has put in place extensive data quality control procedures. Where possible to conduct safely, enumerators will be requested to conduct a few surveys under the supervision of REACH/ACTED Field Officers. For all staff working, even briefly, at REACH/ACTED offices there will be personal protective

⁷ "The main objective of the JIAF is to provide the country teams and humanitarian partners (International and national Non-Governmental Organizations, Government, Donors, UN agencies, experts, ICCG, etc.) with a common framework, tools and methods to conduct intersectoral analysis, and to lay a foundation for regular joint needs analysis, to inform strategic decisions, response analysis and subsequent strategic response planning and monitoring." For further details on implementing the JIAF methodology, please refer to the [Joint Intersectoral Analysis Framework 2021 Humanitarian Programme Cycle](#).

equipment for each individual (masks, gloves, hand sanitiser), increased frequency of cleaning of office spaces, and a limitation on the number of people permitted to gather together – in accordance with [REACH/ACTED SOPs for data collection during Covid-19](#).

3.4.2 Sampling

The current JMCNA will rely on non-probability quota sampling to establish minimum sample sizes for each district and population group of interest. Non-probability sampling is a “sampling strategy in which a sample from a larger population is chosen purposefully, either based on (1) on pre-defined selection criteria or (2) on a snowball approach to build a network of participants from one entry point in the population of interest”.⁸ It is important to note that “although not generalizable with a known level of statistical precision, non-probability sampling can still generate indicative findings with some level of representation if participant selection is done well. Sample sizes for non-probability sampling are based on what is feasible and what should be the minimum to meet the research objectives with quality standards.”⁹

The decision to use non-probability sampling procedures for household level interviews – and thus eschew random sampling methods such as random digit dialling is mainly driven by 1) the lack of comprehensive phone number lists (and the desire to avoid using beneficiary lists as it would reduce the population of interest to a sub-set of those receiving humanitarian aid and thus further bias results), and 2) the reluctance of individuals to answer unknown numbers due to security concerns. Thus, the JMCNA will once again employ non-probability household quota sampling, relying on phone lists collected through previous rounds of the JMCNA 2018, 2019 and 2020. As aforementioned, such an approach means that results won't be representative with a known level of statistical precision, rather, they are indicative findings of the population of interest.

The target sample quotas for the 2021 JMCNA are calculated as though randomly sampled, at 95/10, in order to obtain a feasible and executable sample frame. The sample frame itself will be constructed through respondent contact information collected through the JMCNA 2018, 2019 and 2020, and a snowballing strategy will be used to collect the required targets if the initial sample frame proves insufficient.¹⁰ In order to counter for potential loss of survey due to data quality concerns a buffer of 15% has been included to the target quotas for each population group. The additional use of phone lists from the 2019 JMCNA round is expected to serve as a buffer for non-responses. Refer to Annex 1 for an overview of the sample frame.

It is important to also note the limits to the proposed method of sampling. The use of non-probability sampling implies that margins or error and confidence intervals cannot be calculated for the data, and that the data should be treated as indicative rather than statistically representative. Household quota sampling may also be prone to human-induced bias with regards to the selection of attributes for differentiation, or the determination of targets, which may limit the generalisability of results to the population of interest. Finally, the sample of households assessed is a sub-set of those possessing a mobile phone, residing in areas with cellular network coverage and appearing on phone lists of REACH/ACTED collected through the JMCNA 2018, 2019 and 2020.

3.4.3 Tools

In order to ensure the protection of data, the REACH/ACTED Senior Database Officer will provide Field Officers encrypted lists of numbers, which they will share with enumerators in a structured and supervised manner. Enumerators will enter each code in order to begin each interview. Once a code is entered, the respondent's phone number appears on the survey and enumerators begin the interview by introducing themselves and requesting the respondent's consent to proceed. Enumerators will be expected to maintain a call-tracking log for each call. Each day, enumerators upload the survey forms and de-brief the Field Officers of any issue encountered during data collection. The Field Officers and Assessment Officers are responsible for data checking and cleaning procedures at the end of each day, and for communicating feedback to the enumerators.

⁸ IMPACT. 2021. “[MSNA 2021 Sampling Guidance Note](#)”, p.1

⁹ Ibid.

¹⁰ Respondents from previous JMCNA surveys gave consent to be contacted by REACH/ACTED in the future.

The data collection will take place in June-July 2021. Where possible, REACH/ACTED will work closely with partner organisations to coordinate data collection, and like previous years, we hope partners will continue to offer their logistical, financial and human resources. Where possible, enumerators with prior experience with REACH/ACTED assessments will be used. All enumerators will be administered a written test to ensure that they possess the required competencies to administer the household survey. REACH/ACTED field officers will hold a series of [training workshops](#) in key districts in order to train team leaders and enumerators from districts being assessed. Data collection will commence after team leaders and enumerators have been trained, and a pilot has been conducted. Households numbers will be randomly selected according to the sampling framework, with the questionnaire being administered either to the head of household or anyone else above the age of 18 able to speak on behalf of the household.

3.5 Data Processing & Analysis

At the end of each day, the team leaders will ensure that the data is uploaded from the smartphones used by the enumerators to the Kobo Collect server. The REACH/ACTED database officer will download all datasets and send them to the REACH/ACTED GIS specialist and officers for sample verification. Sample verification is required since households previously recorded as residing in one district may have moved since then. In such cases, interviews will be re-classified as per their correct district. Once the data have been verified using previous JMCNA sample frames, the database officer will remove sensitive information, and disaggregate the data sets by district. [The field officers will check and clean the data and note any changes made in the change-log before sending the cleaned data to the REACH/ACTED assessment officers.](#) The assessment officers will check all data again and take note of any recommendations and/or any points for follow-up and will provide them to the field officers who will transmit the information to the team leaders and enumerators during their daily briefings. In addition to the daily data checks, the final dataset for each district will undergo a thorough cleaning, with any outstanding issues reported to field staff for feedback.

In order to standardize this process two tools will be used:

- Standard Operating Procedure (SOP) for data cleaning: a step by step guide for key data cleaning issues, including checking the time stamp of each survey, issues with skip logic and outliers. The SOP will be developed based on the JMCNA household survey tool and [REACH/ACTED's Data Cleaning Minimum Standards Checklist](#).
- Data analysis will be executed with R and analysed through a methodology developed by REACH/ACTED at the global level, which is broadly aligned to the draft Joint Inter-Agency Analytical Framework (JIAF) framework, adapted to the Somali context, with the severity thresholds determined in collaboration with the partners. Following the analysis, key findings will be presented through a Joint Analysis Workshop (JAW) with operational partner organisations. At the JAW, REACH/ACTED will present key findings, with partners providing their interpretations of findings, based on their sectoral and contextual knowledge. At the end of the presentation, REACH/ACTED and partners will have a wrap-up discussion in which conclusions regarding the overall research objectives are agreed upon, along with the recommendations for partners arising from these conclusions. The conclusions from the JAW will also be used to inform partners and stake-holders at the national and international level.

4. Key ethical considerations and related risks

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

<i>The proposed research design...</i>	<i>Yes/ No</i>	<i>Details if no (including mitigation)</i>
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	

... Respects respondents, their rights and dignity (specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided)?	Yes	
... Does not expose data collectors to any risks as a direct result of participation in data collection?	Yes	
... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	
... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatising for research participants (both respondents and data collectors)?	Yes	
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	Yes/No	Given that we do not know the profile of participants beforehand; we will not be able to ascertain whether they belong to vulnerable groups. That being said, enumerators will receive training on ensuring questions are asked in a non-intrusive, sensitive manner in order to mitigate any unintended harm.
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

5. Roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Senior Assessment Officer	Assessment Coordinator	OCHA, Research Design & Data (RDD) Unit at REACH/ACTED HQ	ICCG
Supervising data collection	Senior Assessment Officer	Assessment Coordinator	Senior Field Manager	HQ/AWG/ICCG
Data processing (checking, cleaning)	Field Team (8)	Senior Field Manager	Country Focal Point	RDD Unit at HQ/GIS Manager
Data analysis	Senior Data Officer/Data Officer	Senior Assessment Officer	Assessment Coordinator/RDD Unit at HQ/GIS Manager	AWG

Output production	Senior Officer (2)	Assessment Coordinator	Assessment Coordinator	Research Unit Manager	Reporting at REACH/ACTED HQ/GIS	AWG
Dissemination	Senior Officer (2)	Assessment Coordinator	Assessment Coordinator	AWG		ICG/HCT
Monitoring & Evaluation	Senior Officer (2)	Assessment Coordinator	Assessment Coordinator	Research Data (RDD) REACH/ACTED HQ	Design & Unit at	Regional Coordinator
Lessons learned	Senior Officer (2)	Assessment Coordinator	Assessment Coordinator	All involved in assessment	staff/partners in the	ICCG/HQ

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

6. Data Analysis Plan

Refer to Annex 5 for the Data Analysis Plan.

7. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products	# of downloads of Final Report from Resource Centre # of downloads of Sectoral Factsheets from Resource Centre # of downloads of Regional Factsheets from Resource Centre	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		X Yes
	Number of individuals accessing IMPACT services/products	# of page clicks on x product from REACH/ACTED global newsletter	Country request to HQ		X Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		X Yes
		# of visits to x webmap/x dashboard	Country request to HQ		X Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, sectoral strategies)	Country team	Reference_log	Somaliland section of the HNO/HRP 2022;
		# references in single agency documents			All sectoral Response Plans (Protection, Shelter, Health, Food Security and Livelihoods, Nutrition, WASH, and Education)
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	Survey monkey to be conducted in December 2021 following Joint Analysis Workshops and release of all products targeting at least 30 partners (including all partners involved in data collection)
		Perceived usefulness and influence of IMPACT outputs			
	Number of humanitarian documents (HNO, HRP, sectoral/agency strategic plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			Feedback mechanism link will be included in all products and mentioned through

					the dissemination email body so that partners can provide feedback in the online survey.
		Perceived capacity of IMPACT staff			
		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 (<i>providing resources, participating to presentations, etc.</i>)	# of organisations providing resources (i.e. staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	X Yes
		# of organisations/partners inputting in research design and joint analysis			X Yes
		# of organisations/partners attending briefings on findings;			X Yes

ANNEX 1: PROPOSED SAMPLE FRAME (DRAFT)

Note: The sample frame is a live document and is subject to change during the data collection process due to the nature of the context, notably, the changing accessibility of certain areas due to security concerns, limited contact numbers of KIs in assessment locations, inclusion of Hard-to-REACH/ACTED Areas in the data collection, and the migration of households from settlements. The sample will be based on a quota sampling approach to collect referral contact numbers aimed to expand collection in assessment locations which have limited contact numbers.

#	District	Non-IDP Settlement (including 15% buffer)	IDP Settlement (including 15% buffer)	Total
1	Baki	79	74	153
2	Berbera	79	78	157
3	Borama	79	76	155
4	Burco	79	79	158
5	Buuhoodle	79	78	157
6	Caynabo	79	78	157
7	Ceel_afweyn	79	76	155
8	Ceerigaabo	79	78	157
9	Gebiley	79	78	157
10	Hargeysa	79	79	158
11	Laasqoray	79	76	155
12	Lughaye	70	78	157
13	Owdweyne	79	78	157
14	Sheikh	79	76	155
15	Taleex	79	0	79
16	Xudun	78	74	152
17	Zeylac	79	71	150
	Total	1342	1227	2569

ANNEX 2: DATA CLEANING SOP (DRAFT)

Introduction

As part of the REACH/ACTED data management procedure, the data cleaning Standard Operating Procedures (SOP) is based on the tool designed for the JMCNA 2021, and builds on the requirements outlined in the [IMPACT Data Cleaning Minimum Standards Checklist](#). It complements the Data Management SOP, which details roles and responsibilities of members during the data collection and processing. The following procedure will be implemented to prepare the raw data for analysis.

This document will illustrate the process of data checks and cleaning for the JMCNA exercise. The data checks and cleaning will be carried out at multiple stages of the data management cycle, mainly during the data collection, and after data collection.

The main purpose of the data cleaning SOP is to ensure the teams are conducting the necessary checks. During the data cleaning process, the members will record all issues and solutions in a cleaning log template.

Post-data Collection

We have basic Dropbox account for managing the data workflow for the JMCNA so please use the bellow credentials and access the files from there. This will be temporarily solution for setting up Synology for field staff.

Username: XXXXXXXX

Password: XXXXXXXX

Survey Tracker Dashboard

This JMCNA has an online survey tracker – aka dashboard; is built to provide a live snapshot of the collection against the target sample on each of the assessment locations. The dashboard is directly linked to KoBo and it provides the numbers of instances uploaded to the server in a timely manner.

The dashboard consists of three main pages, mainly the **Home tab** and it is supposed to show the coverage of IDP and non-IDP coverage at regional level. The second tab is the **Survey Tracker** and it is showing the district level coverage. When you want to understand the progress of the coverage in certain location, you need to select one region and see the coverage of all the districts under that region. The third page of the dashboard is **Coverage Map** and currently not showing any instances of the collection since we're not collecting GPS data from the field.

Data Checks

NOTE: The daily dataset received will contain a running log of all data until the point of download. Which means the data field officers receive today contains entries from yesterday as well.

Below are couple of key things to check when conducting the data checks:

1. **Contradiction checks:** Instances in the dataset where reported answers contradict other reported answers.
2. **Outlier checks:** Instances in the dataset where continuous values deviate significantly from the average.
3. **Other responses** in many instances there are 'other' answers reported while a similar answer was already included in the tool as a pre-defined answer.

Check	Description	Action
Survey time check	Sort the time taken from Lowest to Highest or A to Z to check which surveys are filled in a short time and which surveys are filled in more extended periods. Minimum survey time = 20 minutes Maximum survey time = 60 minutes	Ask the enumerators for clarification, and if there is no clear-cut answer, please delete it. Inform enumerators to collect data calmly.
CHECK_duplicates_codes	Since these phone-based interviews, enumerators may use the same codes	
total_hh	=IF((INT(AU2))>(INT(12)), "please check, household total above 10","good")	
other_income_specify	Please check the translation or the value entered here.	If translation, please do translate to English. If the value looks invalid ask

		the enumerators for clarification,
other_job_type_adult_specify	Please check the translation or the value entered here	If translation, please do translate to English. If the value looks invalid ask the enumerators for clarification,
other_job_type_child_specify	Please check the translation or the value entered here.	If translation, please do translate to English. If the value looks invalid ask the enumerators for clarification,
preferred_means_info_other_internet	Please check the translation or the value entered here.	If translation, please do translate to English. If the value looks invalid ask the enumerators for clarification,
other_shelt	Please check the translation or the value entered here.	If translation, please do translate to English. If the value looks invalid ask the enumerators for clarification,
CHECK_no_shelter	"Check the number of shelter - it is (0) or greater than (4)	
check_debt	"please check, household total above "400", that is the higher threshold and the lower thresholds would be could be any number bellow 100	Check the upper and lower threshold of debt reported

ANNEX 3: FIELD OFFICER, TEAM LEADER, AND ENUMERATOR TRAINING

Purpose of the Training

- Conduct a training of trainers and enumerators
- Understand the assessment so you can explain it to others
- Gain the necessary skills to carry out a household-level survey through a remote format
- Familiarize yourself with the sampling procedure for selecting numbers
- Familiarize yourself with the survey questions, definitions, and response options, skip-logic, constraints, etc.
- Gain understanding of the ethics and principles guiding this assessment

Introduction to REACH/ACTED

- Created in 2010, REACH/ACTED is a joint initiative of **IMPACT Initiatives**, **ACTED** and **UNOSAT**.
- Established with the goal of improve understanding of conflict and/or crisis-affected countries and bolster the information available for **evidence-based humanitarian response**.
- REACH/ACTED activities are conducted in support and **within the framework of inter-agency coordination mechanisms** at field and global levels to enabling more **efficient aid planning and response**.
- REACH/ACTED's teams consist of **400 assessments**, **data analysis**, **GIS** and **field coordination experts**, **based across the 20+ countries** we work in.



REACH/ACTED is a leading humanitarian initiative providing granular data, timely information and in-depth analysis from contexts of crisis, disaster and displacement. The work of REACH/ACTED directly feeds into aid response and decision-making by providing accessible and precise information on the humanitarian situation of crisis-affected populations. Created in 2010, REACH/ACTED is a joint initiative of [IMPACT Initiatives](#), [ACTED](#) and the United Nations Operational Satellite Applications Programme ([UNOSAT](#)). REACH/ACTED activities are conducted in support and within the framework of inter-agency coordination mechanisms at field and global levels to enabling more efficient aid planning and response.

Our Mission

Humanitarian actors effectively respond to the needs of crisis-affected communities.

Our Vision

To strengthen evidence based decision-making by humanitarian actors through efficient data collection, management and analysis in contexts of crisis.

Our Team

REACH/ACTED's teams consist of 400 assessments, data analysis, geographic information system and field coordination experts, based across the 20+ countries we work in. Furthermore, our large-scale assessments made possible by the contribution of over 800 short-term staff that join REACH/ACTED on a yearly basis to support with data collection and field implementation.

The global programme team of REACH/ACTED is hosted by IMPACT Initiatives in Geneva, which provides strategic oversight and technical support for country teams. In addition to our presence in protracted crisis, REACH/ACTED regularly deploys to sudden onset humanitarian crises, supporting evidence-based aid planning and delivery from the very beginning of new emergencies.

For more information, please visit <https://www.REACH/ACTED-initiative.org/who-we-are/>

Training Agenda

- Introduction, purpose of training, brief about JMCNA data collection timeline
- Roles and responsibilities of the REACH/ACTED team
- Working with REACH/ACTED
 - Enumerator's Code of Conduct (CoC)
 - Must adhere rules and commitments during, before and after the field data collection
 - Intro to JMCNA 2021
 - Changes to the JMCNA 2021
- Interview skills
- Probes and probing questions
- Phone Interviews
 - General tips for phone interviews
 - Interviewing over the phone
 - Pre-data collection checklist
 - Preliminary: Defining a household
 - Steps to take when you call a household
 - Ways to deal with Unavailable households
 - Potential problems during interview (real life examples)
- After calling a household
- KOBO

Proposed Data Collection Timeline

24.05: FO and AO teams workshop

30.05: Training of Enumerators; test of enumerators

31.05: Follow-up training of enumerators; Bug-fixes

01.06: Pilot test; bug-fixes

01.06: Start data-collection

10.06: End data-collection (tentative)

31.07: Preliminary clean data-set ready to be shared for validation

Roles and Responsibilities

Team structure

- Assessment Coordinator
- Technical focal points

- GIS/DB team support
- Field focal point: Field Coordinator
- FLATs: FLATs Focal Point - Field Officers for based in Hargeisa.

01 Working with REACH/ACTED

Enumerator code of conduct (CoC)

All staff and enumerators must abide by the following principles

- **Do no harm.**
- **Must obtain consent and assent.**
- **Respect the rights** of respondents at all times.
- **Always create a conducive environment** in all interactions.
- **Always ensure confidentiality and sensitivity.**
- **Maintain personal and professional standards** during all engagements.

Note:

Ensure all enumerators are capable of repeating the code of conduct

Ensure all enumerators understand why the code of conduct is important

All staff and enumerators must:

- **Never raise their voice** or shout at respondents
- **Never discriminate.**
- **Never attempt to create relationships** (sexual)
- **Never intimidate/humiliate**
- **Never place a respondent at risk of abuse, or expose them to insecurity**
- **No brokering/Aiding relationship.**
- **Never film or take selfies/videos/pictures.**
- **Never use language that is inappropriate.**
- **Never make promises.**
- **Never get contact numbers from respondents for personal benefits.**

Note:

Explain importance of principles, especially in terms of the work REACH/ACTED does in informing humanitarian action, and given the remote data collection modalities

02 The Joint Multi-Cluster Needs Assessment (JMCNA)

The JMCNA is:

- A national assessment covering the entire country, that seeks to..
- Capture the severity of needs at the district level, while focusing on..
- Displaced (IDP, refugees, returnees) and non-displaced persons (host- and non-host resident communities)..
- **With the aim of asking the following questions:**
 - What are the needs of the different population groups?
 - What do their survival, emergency, and livelihood problems consist?
 - What is the level of access to basic services?
 - Which groups are the most vulnerable?
 - How do these needs compare across geographical areas?

Note:

Enumerators should be able to explain the assessment to anyone who approaches them; in case someone needs clarification as to why they are being interviewed; the importance/usefulness of the JMCNA, and ultimately, why their input is valuable and so should stay on the line and contribute to the survey

Changes to the JMCNA 2020

The switch from face-to-face to remote data collection

Why again this year?

- There are indications that the Covid-19 situation in Somaliland remains precarious and there are varying levels of restrictions across the entire country.
- It is preferable to arrange remote data collection rather than face-to-face interview in order to ensure we do no harm

How will this affect the work of enumerators?

- Enumerators will work from the REACH/ACTED call center to limit having people travel and come in contact with others
- Enumerators will report directly to their team leaders and FO
- Enumerator productivity and data quality will be closely monitored on a daily basis by FO (e.g. call-backs, confirmation, call-logs, screen-shots, etc.)
- Facilitate ease of work and data collection efficiency

Note:

Emphasise do no harm principle and risk of Covid-19

For enumerators who may have worked previously with REACH/ACTED but also enumerators who are new – explain that remote data collection is inherently different from Face-to-face and that it requires additional skill and competence – and requires practice to be familiar with tool and managing a call

Finally, stress that because it is remote work; there will be enhanced control procedures in place and that their work productivity and efficiency will be closely monitored

03 Interviewing skills

Make a good first impression

- When first approaching the respondent, do your best to make him/her feel at ease. With a few well-chosen words you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting and then proceed with your introduction.

Always have a positive approach

- Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

Stress confidentiality of responses when necessary

- If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and that all information will be grouped together to write a report.

Note:

Summarise repeatedly why this is important for enumerators

Answer any questions from the respondent

- Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how she was selected to be interviewed. Be direct and pleasant when you answer.

Show respect during data collection

Do not make any promises to respondents.

Probing questions

Examples of probes

FOR CLARITY/SPECIFICITY:

- Can you be more specific?

- Can you tell me more about that?
- What is your best estimate?
- What do you think?
- Which would be closer?
- Which answer comes closest to how you feel/ think?
- If you had to pick one answer, what would you choose?

FOR COMPLETENESS:

- Anything else?
- Tell me more.

OTHER PROBING TECHNIQUES:

- Repeat the question
- Echo their response
- Pause a second

Which option would you choose?

You: Did you visit hospital in the last one year?

They: Ohh I don't know

You: Okay.

You: Did you visit hospital in the last one year?

They: Ohh I don't know

You: From the rest of your answers, it doesn't look like you have so I'll fill in no.

You: Did you visit the hospital in the last year?

They: I don

You: I understand 1 year is a long time, but try to think if you were ever sick and needed medicine?

They: No I wasn't sick ever.

You: Okay, do you think now you can remember if you went to the hospital in the last year?

They: Yes, I think I never went to the hospital in the last year now.

Note:

- *Why the first option? What is the advantage? What is the disadvantage?*
- *Why not the second option?*
- *Why the third option? Why is it ok to pursue this?*

04 Phone interviews

General tips for phone surveys

- **SPEAKING:** Speak slowly and calmly into the microphone in order to be understood, speak clearly and do not chew gum or eat.
- **LISTENING:** Always turnoff all the background noise. Listen carefully to what is being said.
- **COURTESY:** Maintain a calm attitude throughout the conversation, end the calls with a polite comment such as "Good bye" or "Thank you".
- **CULTURAL:** Try to start your interview with the common Islamic greeting and introduce yourself in a brief way.
- **TIME:** Make sure you brief the time that you will need to conduct the interview.

Interviewing over the phone

How to...

- Since in phone surveys, you cannot see the respondent it is important to understand that they are different from in-person surveys. In order for phone surveys to be successful, you have to explain carefully about yourself and create a rapport.
- Always be very polite and **explain to them the purpose of your call.**
- Make sure that the **connection is stable so that no information is lost or misheard.**

- Understand their language and try to respond to them in a language that is **comfortable** for them to create that rapport.
- Do not give them any extra information regarding any policy or anything else. **Always stick to your scripts and make sure you are not saying anything other than what has been told to you.**
- **You will need to hold the respondent's attention while managing the tablet and phone. This means that you need to familiarize yourself with the instrument as well as the hardware used for surveying to avoid unnecessary gaps between questions or modules.**
So, practice!

Pre-data collection checklist

Before beginning data collection make sure of the following:

- You have a fully charged phone/tablet with the pre-installed correct version of the survey. If you are unsure about which version of the survey you should be using, please ask your team leader to clarify this
- You have a fully charged phone, loaded with enough airtime, and subscribed minutes to be able to REACH/ACTED all the participants you have to call in one day.
- Your headphones are working.
- You have a printed tracking sheet with the list of respondents you need to call that day. This list should have the Household ID and phone numbers
- You have the survey manual and protocol somewhere close to you, in case you need to refer to it for questions
- You have a notebook and pen
- You have a charging facility near you, i.e. an extension cable and charger
- Your tablet/phone has the correct date and time set
- You are in a quiet environment
- You have a water dispenser near you

Note:

Ensure enumerators are well prepared at the start of each day

Ensure that enumerators are aware of C-19 risk mitigation measures when visiting the office

Preliminary: Defining a household

What is a household?

- A group of persons who normally live and eat together
- A household is often a family living in the same house or compound and eating together, but can include extended relatives or non-related people
- One person who lives and eats on his or her own
- Several persons who are not related to each other. What matters is that they live together in the same house or compound and eat together.
- If a man has two or more wives and they and their children live and eat together, they form one household.
- If the wives and their children live and eat separately, they will form more than one household.
- If two or more groups of persons, each of which has its own separate eating and housekeeping arrangements, live in the same dwelling, treat them as separate households.
- If a household has a visitor staying with them for 3 months or longer, they are considered part of the household

Note

Definition and examples of a household – Emphasize why this definition is important

Distinguish a household from a family as an example

Ensure enumerators know to communicate the shared understanding of the definition

When you call a household

- First start with Islamic greeting and proceed to introduce yourself
- Be clear and use simple language when explaining why you are calling them

- Inform the respondent how the organisation acquired their number; i.e. “your household was previously surveyed for the JMCNA 2018/2019/2020, and we would like to...”
- Ask them if they have enough for the interview – it will take probably 20-35 minutes.
- Ensure that you get verbal consent in the form of some response such as “Yes, I agree”.
- Ask household head or someone who is in charge or anyone who can speak on behalf of their household. Respondents should include men *and* women
- Ensure you are speaking with the correct person (not a child, not someone unable to speak on behalf of the household)
- The respondent must be someone 18 years or older
- Explain the objectives of the survey and the assessment clearly, precisely, and ensure all questions are answered before beginning

Note

Test the consent note section

If the number by any chance is for a different person, then the enumerator needs to inquire whose is the owner of the phone number. Enumerators should enquire for another phone number where they can REACH/ACTED the respondent on the tracking sheet. If the person who responded does not know the respondent, then politely hang up the call and immediately inform your supervisor of this case.

When you call a household

- Informal introduction: You need to introduce yourself before you can start asking to speak to the respondent. This is just a brief informal introduction. There will be a complete, formal explanation later – i.e. the consent form. BUT it is VERY important that you put whoever picks up the phone (or the respondent) at ease so that they are happy to cooperate further. The introduction will depend on the call attempt number you are making.
- Be respectful, patient, clear and answer all their questions confidently.
- Why were we chosen for survey?
- How did you get my number?
- What is the purpose/use of the survey?
- Will I receive any benefits?
- How will you use our information?
- What kind of questions will you ask me?
- How long will this take?
- Do you work for the government?

Note

Prepare standard responses for the questions above for enumerator training

Unavailable households

If you cannot REACH/ACTED a household

- Every attempt to REACH/ACTED the respondent will be captured in the enumerator tracking sheet
- This makes it easier to keep track of how many attempts have been made to REACH/ACTED each ID
- If the respondent can't be REACH/ACTED due to a number of reasons, e.g. the phone number is off, out of service, temporarily out of service, record that as the first attempt
- Subsequent attempts should be made after every 3 hour interval. Phone not REACH/ACTED should have at least 2 or 3 attempts in a day
- If you do not REACH/ACTED somebody in the morning, but do REACH/ACTED them in the afternoon the same day, then you should only submit one completed survey
- You must make in total 9 attempts when you cannot REACH/ACTED a phone number across several days. However, you must only submit attempts at the end of the day. So, if you make 3 attempts to call somebody on Day 1, 3 attempts on Day 3, and 3 attempts on Day 6, then you have completed 9 attempts.

- You must leave one day in between after every 3 attempts. This means if you call the participant on Monday 3 times, you should try that participant again on Wednesday and then Friday
- This means **each enumerator should maintain a dedicated call-back sheet which each FO must track daily**
- **If you make appointments/reschedule calls, ensure that you honour your commitment and be available at the scheduled time**

Note

This will be revised and communicated

Potential problems

- Continuous distractions which interrupt the interview
- Attrition during the interview
- Unavailability of people
- Numbers switched off...
- Numbers available at different times of the day...
- Etc....

If you encounter one of the aforementioned problems (or any other), please ensure that it is communicated immediately to the FO in charge

Examples

How would you respond...

- Suppose you dial a number and a young woman answers. You read the introduction to the survey and begin asking questions. After completing the first two questions of the survey, you hear a child crying in the background and the woman says she needs to go. How should you respond?
- If there are continuous distractions coming from the respondents side, such as side-conversations, back-ground noise, interruption of network?
- What do you do when you call a respondent and the phone is turned off, the respondent is not picking, or the telephone has no network?
 - Protocol of attempts: You MUST attempt every phone number 9 times over the course of the week.
- The respondent says they are too busy to participate in the survey...
 - Ask the respondent for a time and day they will be less busy and make an appointment to conduct the survey at the time when they will be available.
- There is poor network connection during a call
 - Kindly request the respondent to provide an alternative number on a different network or ask very nicely for the respondent to move to a place with better network connection

How would you respond...

- Not the right respondents
 - Ask for the head of the household or anybody able to speak on their behalf
 - Use alternative phone numbers provided on the tracking sheet to REACH/ACTED the respondent. If using the alternative number can REACH/ACTED the respondent, go ahead and complete the survey. Care must be taken not to complete the survey with the wrong respondent. If the alternative contact provided goes through and they know the respondent but they're not near him/her, make arrangements for them to send you the best number through which we can REACH/ACTED the respondent (this number does not even need to be the respondent's number in the case that the person picking up the phone does not know - it can even be the number of somebody that they think will know the number of the respondent).
- Phone hangs in the middle of the survey
 - Make follow-up attempts after reasonable intervals and try to complete the survey

- The Phone number is temporarily/completely out of Service
 - Follow call-back protocol

After calling households

At the end of interviews enumerators need to...

- Ensure all your tracking sheets are correctly filled for all attempted calls
- Ensure all your completed surveys are uploaded.
- Ensure to provide a summary to your supervisor of any issues that you faced that day. If you have any incomplete surveys, you should also provide an explanation of why this is.
- Ensure you have passed on the necessary information to your supervisor for any appointments that you made after working hours, so she can take appropriate action
- Return tablet/charger/phone/headset to the storage point for charging
- Your work place is clean for the following day (sanitize hands and devices frequently)

05 KOBO

KOBO Survey Tool

Types of responses

- Integer: a number response will be required
- Text: a free text entry, it will appear on the phone as a blank space for text input
- Multiple Choice: will display a list of multiple choices (**squares**), of which you can select more than one option
- Single Choice: will display a list of multiple choices (**circles**), of which you can select just one option
- Date: YYYY-MM (year-month)
- GPS: Gives you and records the exact location

Question parameters

- Constraints: Makes sure that the response is logical and not conflicting. For e.g. if you ask how many days in the last week it was raining, the response cannot be 8 days.
- Relevance: Makes sure only questions relevant to the respondent are asked
- Skip Logic: Sometimes you will only want a question to be asked of those people who meet certain conditions - i.e. you want to ask questions only if certain answers have been given to earlier questions. For e.g. questions on school-aged children attendance will only be shown if there are 1. school-aged children, and 2. school-aged children enrolled in school
- Required: Forces you to respond to the question to prevent blank answers

ANNEX 4: DISSEMINATION PLAN

Products	Message	Stakeholder(s)	Means of dissemination	Purpose	Responsible	Timeframe
(2) Presentations of findings	Severity of needs Coping mechanisms used Level of access to basic services Distribution by population group and geographical area	Partner agencies and decision makers	Presentation of findings at Assessment Working Group Meetings and at sectoral and inter-sectoral meetings	Validate and establish consensus around main findings and conclusions	Assessment Coordinator/ Senior Assessment Officer	By 29/08/21
(7) Sectoral factsheets at national level	Severity of needs for each sector Distribution of needs by population group and area	Partner agencies and decision makers	Mailing and presentation of findings at sectoral and inter-sectoral meetings	Inform Action: Inform humanitarian community to influence the response	Senior Assessment Officer (x2)	By 15/09/21
(17) Inter-sectoral factsheets at regional level	Severity of needs for all sectors by region Distribution of needs by population group and area	Partner agencies and decision makers Regional government authorities	Mailing and presentation of findings sectoral and inter-sectoral meetings Product mailing to government authorities	Inform Action: Inform humanitarian community to influence the response	Senior Assessment Officer (x2)	By 15/09/21
(1) JMCNA Assessment Report (+Executive Summary; +Factsheets and Maps in annexes)	Narrative outlining the main survival, emergency, and livelihood problems of households. Proportion of vulnerable households with moderate to severe needs within and across sectors. Proportion of households with access to basic services. Proportion of households resorting to negative coping mechanisms. Likely evolution of needs over the next year.	Somaliland humanitarian community	General Product Mailing Presentation of findings at Assessment Working Group meeting REACH/ACTED Resource Centre	Inform Action: Inform humanitarian community to influence the response	Assessment Coordinator/ Senior Assessment Officer	By 31/12/21
		Partner agencies and decision makers	Mailing and presentation of findings sectoral and inter-sectoral meetings REACH/ACTED Resource Centre	Inform Action: Inform partners to influence the response	Assessment Coordinator/ Senior Assessment Officer	By 31/12/21

ANNEX 5 : DATA ANALYSIS PLAN

Indicator/Variable	Question	Response	Data Collection Level
Respondent Information & Household Demographics			
Disaggregation	In which district does your household reside?	Select one: List of districts	District
Disaggregation	Does your household reside in an IDP settlement?	Select one: 1. Yes 2. No	Settlement
Disaggregation	What is the name of the village/settlement/IDP site?	Enter text (with autofill)	Village/Settlement
Disaggregation	What is the gender of the respondent?	Select one: 1. Male 2. Female	Household
Disaggregation	What is the age of the respondent?	Select one: 1. 0-14; 2. 15-17 3. 18-40 4. 41-59 5. 60+	Household
% of HHs with a vulnerable head of household	What is the age and gender of the main income-earner of the household?	Select one: 6. M: 0-14; 7. M: 15-17 8. M: 18-40 9. M: 41-59 10. M: 60+ 11. F: 0-14 12. F: 15-17 13. F: 18-40 14. F: 41-59 F: 60+	Household
% of HHs with a vulnerable head of household	What is the age and gender of the person who decides on household expenditure?	Select one: 15. M: 0-14; 16. M: 15-17 17. M: 18-40 18. M: 41-59 19. M: 60+ 20. F: 0-14 21. F: 15-17 22. F: 18-40 23. F: 41-59 F: 60+	Household
Disaggregation	How many people currently live in your household?	Enter integer	Household

Disaggregation	Among those who currently live in your household, how many people are in the following age and gender categories:	Read categories	Household
Disaggregation	"Males (0-2,3-5; 6-11; 12-17)	Enter integer for each gender/age bracket	Household
Disaggregation	Females (0-2,3-5; 6-11; 12-17)"	Enter integer	Household
Disaggregation	Males 18-40 years	Enter integer	Household
Disaggregation	Females 18-40 years	Enter integer	Household
Disaggregation	Males 41-59 years	Enter integer	Household
Disaggregation	Females 41-59 years	Enter integer	Household
Disaggregation	Males 60 or older	Enter integer	Household
Disaggregation	Females 60 or older	Select one	Household
% of HHs with a pregnant or lactating member	Did you include yourself in the household count?	Select one: 1. Yes 2. No	Household
Disaggregation	Are there any female household members who have given birth in the past 6 months or who are pregnant?	Select one: 1. Yes 2. No 3. Prefer not to answer	Household
% of HHs with a chronically-ill member	If yes, could you give the age of the female members who have given birth in the past 6 months or who are currently pregnant?	Integer	Household
Disaggregation	Are there any members in the household suffering from chronic disease (any illness which lasts 3 months or longer)?	Select multiple: 24. M: 0-14; 25. M: 15-17 26. M: 18-40 27. M: 41-59 28. M: 60+ 29. F: 0-14 30. F: 15-17 31. F: 18-40 32. F: 41-59 33. F: 60+	Household
Washington Group of Questions			
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	Is there anyone in your household having difficulty with any of the following? 1. Seeing, even if wearing glasses 2. Hearing, even if using a hearing aid 3. Walking or climbing steps 4. Remembering or concentrating	Select Multiple: 0. No issues 1. Seeing, even if wearing glasses 2. Hearing, even if using a hearing aid 3. Walking or climbing steps 4. Remembering or concentrating 5. Self-care, such as washing all over or dressing 6. Communicating, such as understanding or being understood using usual language	Household

	5. Self-care, such as washing all over or dressing 6. Communicating, such as understanding or being understood using usual language		
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	How many people in your household are having ANY of these difficulties?	Enter Integer	Household
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	What is the sex of the person?	Select one: 1. Male 2. Female	Household
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	What is the age (years) of the person?	Enter Integer	Household
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you say...	Select one: 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 9. Don't know	Household
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Do/Does] [you/he/she] have difficulty hearing even if using a hearing aid? Would you say...	Select one: 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 9. Don't know	Household

% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say...	Select one: 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 9. Don't know	Household
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Do/Does] [you/he/she] have difficulty remembering or concentrating? Would you say...	Select one: 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 9. Don't know	Household
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	[Do/Does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say...	Select one: 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 9. Don't know	Household
% of individuals in all households with at least one domain reportedly with A LOT OF DIFFICULTY or CANNOT DO AT ALL (disability level 3)	Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say...	Select one: 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 9. Don't know	Household
Other Household Questions			
% of HH with at least one HH member without an ID document	Does every person in your household have an ID document (national ID and/or passport)? This means you have it, it is valid, and it is stored in a secure place.	Select one: 1. Yes: every person in the household has valid ID document 2. No: at least one person in the household does not have a valid ID 3. No household member has a valid ID document 4. Do not know 5. Decline to answer	Household
% of men, women, boys and girls without a valid Passport and/or valid national ID, at the time of data collection (2)	How many men, women, boys and girls are missing this ID?	Integer	Household

Disaggregation	What is the most common type of ID document in your household?	Select multiple: 1. Passport 2. National ID 3. Birth certificate (for children)	Household
% of HH with at least one HH member able to access their ID document	Are most HH members able to access their ID document now?	Select one: 1. Yes 2. No 3. Don't Know	Household
% of HHs by most common reasons for not having an ID document	For HH members who do not have an ID document, what are the reasons HH members do not have an ID document?	Select one: 1. Yes 2. No 3. Don't Know	Household
% of HH with at least one HH member without an ID document able to access one	For HH members who do not have an ID document, are they able to obtain one should they wish to do so?	Select one: 1. Yes 2. No 3. Don't Know	Household
% of HHs reporting time spent on care-giving tasks per capita	How many hours per day on average did household members spend on care-giving tasks (e.g. fetching water, preparing food, child-rearing) in the past 3 months/90 days?	Select one: 1. Less than 1 hour/day 2. less than 2 hour/day 3. less than 3 hour/day 4. less than 4 hour/day 5. 4 hours and more/day 6. Don't know	Household
% of HHs by main sources of income/financial support in the past 12 months	What were your household's main sources of income/household financial support in the past 12 months/1 year?	Select multiple: 1. Livestock Sales (CAMEL and CATTLE) 2. Livestock Sales (SHEEP/GOAT) 3. Poultry / Livestock Product (MILK, MEAT, EGG, GHEE) 4. Cash Crop Farming 5. Cash Fishing 6. Casual Labour Wage (PORTAGE, CONSTRUCTION, etc.) 7. Casual Labour Wage (Farm Labour) 8. business 9. subsistence farming or fishing 10. contracted job 11. Remittances 12. humanitarian assistance 13. sale of humanitarian assistance 14. Rent of land 15. None	Household
HH income over the last 30 days, by amount and % from each source % of HHs that rely on humanitarian aid as	Can you estimate your household's income (in local currency) over the last 30 days from each of the following sources?	Integer	Household

their primary source of income			
Total HH debt	What is your household's current total amount of debt in local currency?	Integer	Household
% of HH reporting decline in HH income as a result of Covid-19	In the last 30 days, has there been an overall decline in your household income?	Select one: 1. Yes 2. No 3. Don't Know	Household
Average reduction in monthly HH income due to Covid-19	If yes, approximately how much lower is your MONTHLY total household income currently? Enter the amount in local currency	Integer	Household
% of adults (18+) in HH with permanent, temporary and daily jobs	How many adults (aged 18 and over) in your household have worked in the following types of jobs in the past 30 days?	Integer	Household
% of children (17 and under) in HH with permanent, temporary and daily jobs % of households reporting the presence of children engaged in child labor outside of the home in the past 30 days	How many children (aged 17 and under) in your household have worked in the following types of jobs in the past 30 days?	Integer	Household
% of HH who lost their employment in the past 3 months	How many members of the household lost their employment in the past 3 months/90 days?	Integer	Household
% of HHs by main reason for loss of employment	What was the main reason for the loss of employment?	Select multiple: 1. Flooding 2. Drought 3. Conflict 4. Displacement 5. Locusts 6. Covid-19 7. Termination of contract 8. Ill-health	Household
% of HHs reporting challenges in obtaining enough money to meet its	Did your household face any challenges obtaining enough money to meet its needs over the last 30 days?	Select one: 1. Yes 2. No 3. Don't Know 4. Prefer not to answer	Household

needs over the last 30 days			
% of HHs that are able to access basic food and non-food items	For how long do members of your household have to travel to REACH/ACTED the nearest operational marketplace or grocery store by your usual mode of transport?	Select one: 1. Less than 15 minutes 2. 15-29 minutes 3. 30-59 minutes 4. 1-2 hours 5. More than 2 hours 6. Don't know 7. Prefer not to answer	Household
Disaggregation	Which mode of transport do members of your household usually use to REACH/ACTED the nearest operational marketplace or grocery store?	Select one: 1. By foot 2. By Bus/Minibus 3. Taxi/Shared Taxi 4. Private vehicle 5. Tuktuk/Bajaj	Household
Displacement			
% of HH who have always lived in current location	Have you always lived in this village/settlement? (NOT moved from another location in Somaliland due to events such as flood, drought or conflict)?	Select one: 1. Yes 2. No	Household
Disaggregation	How long (years and months) has your household has been living in this district/village?	Integer	Household
% of HH who are hosting people outside of the HH and sharing resources	Are you currently hosting any people who are not usually members of this household and who share resources, such as food and water, with you?	Select One: 3. Yes 4. No	Household
Disaggregation	How many people, NOT from your household, are you hosting?	Integer	Household
% of HH with intentions to return to area of origin	Does your household have any intentions of returning to your area of origin?	Select one: 5. Yes 6. No	Household
Disaggregation	If yes, when?	Select one: 1. 0 to less than 3 months; 2. 3 to less than 6 months; 3. 6 to less than 12 months; 4. More than 12 months; 5. Other (please specify) 6. Don't know	Household
% of Somali individuals who have moved from another	Are you a Somali who has moved from another location in Somaliland?	Select one: Yes/No	Individual

location in Somaliland			
% of Somali individuals who have returned from another country	Are you a Somali returning to Somaliland from another country?	Select one: Yes/No	Individual
Disaggregation	If yes, from which country is the household returning?	Select one: list of countries	Household
% of individuals by district of origin	What is your district of origin?	Select one: list of districts	Individual
% of individuals who have travelled to Somaliland from another country	Are you a person of another nationality (non-Somali) who has travelled from another country?	Select one: Yes/No	Individual
Disaggregation	If yes, from which country did this household travel? _(Should not be from Somaliland)_	Select one: list of countries	Household
Disaggregation	When did you leave your area of origin?	Enter Date	Individual
Disaggregation	When did you arrive at the current location? (answer cannot be longer than previous answer)	Enter Date	Individual
Number of locations lived since leaving area of origin	In total, how many locations have you lived in since leaving your area of origin?	Integer	Individual
Most reported reasons for leaving area of origin (push factors)	Which are the two main reasons for why most people in your HH left your previous location?:	1. Actual conflict in community; 2. Conflict in surrounding area, but not in my community; 3. Fear of conflict in community; 4. Arrival of armed groups; 5. Withdrawal of armed groups/ security forces; 6. Personal threats; 7. Flooding; 8. Lack of livelihood opportunities/job; 9. Lack of health services; 10. Lack of education services; 11. Drought; 12. Lack of water (not drought related); 13. Lack of food (not drought related); 14. Livestock disease outbreak/livestock death; 15. Pressure from authorities; 16. Pressure from host communities; 17. Eviction; 18. None; 19. I don't know or don't want to answer	Household
Most reported reasons for leaving	First reason	Select One	Household

area of origin (push factors)			
Most reported reasons for leaving area of origin (push factors)	Second reason	Select One	Household
Most reported reasons for arriving at current location (pull factors)	Which are the two main reasons for why most people in your HH chose to come to this location?	Select multiple: 1. No conflict; 2. Availability of work/ income opportunities; 3. Presence of health services; Presence of education services; 4. Presence of food distribution/food aid; Availability of local food (market/cultivation); 5. Presence of shelter; 6. Presence of water; 7. Presence of cash distribution; 8. Presence of physical protection actors; 9. Withdrawal of armed groups/ security forces; 10. To join family/community; 11. None; 12. I don't know or don't want to answer	Household
Most reported reasons for arriving at current location (pull factors)	First reason		Household
Most reported reasons for arriving at current location (pull factors)	Second reason		Household
Education			
% of school-aged children enrolled in school for the 2020-2021 school year. NOTE: This includes any enrolment in education that is institutionalized and planned through public schools and recognised private schools.	For the 2020-2021 school year, how many school-aged children in the household were enrolled (registered) in formal school? NOTE: this does not mean going physically to school (as schools were partially closed), but that the child was registered/affiliated/'signed-up' with a school. NOTE: This includes enrolment in either full-time public schools or recognised private schools.	Enter integer for each or select Not sure / Prefer not to answer Girls 3-5 ____ Boys 3-5 ____ Girls 6-11 ____ Boys 6-11 ____ Girls 12-17 ____ Boys 12-17 ____	Household
% of school-aged children attending school regularly (at least 4 days a week) in the 2020-2021	While schools were open in the current school year (2020-2021), how many school-aged children in the household were attending regularly (at least 4	Enter integer for each or select Not sure / Prefer not to answer Girls 3-5 ____ Boys 3-5 ____ Girls 6-11 ____	Household

school year while schools were open, per age and sex group. NOTE: This includes any attendance of public schools and recognised private schools.	days per week)? NOTE: Formal schools are defined as schools within a system of full-time education developed by public organisations and recognised private bodies.	Boys 6-11 ____ Girls 12-17 ____ Boys 12-17 ____	
% of school-aged children accessing distance education regularly (at least 4 days a week) while schools were closed, per age and sex group	While schools were closed in the current school year (2020-2021), how many school-aged children in the household were accessing distance learning regularly? This means they were doing some distance learning activities at least 4 days per week, for at least 3 hours per day e.g. listening to radio/TV broadcasts, textbook learning, online learning	Enter integer for each or select Not sure / Prefer not to answer Girls 3-5 ____ Boys 3-5 ____ Girls 6-11 ____ Boys 6-11 ____ Girls 12-17 ____ Boys 12-17 ____	Household
% of households with school-aged children enrolled in schools that were open at some point throughout the 2020-2021 school year	Were any of the schools in which children in the HH were enrolled in open at any point throughout the 2020-2021 school year? Open: providing lessons in-person that children could physically attend.	Select one: 1. Yes 2. No 3. Not sure / Prefer not to answer	Household
% of school-aged children not accessing any distance education at all while schools were closed, per age and sex group	While schools were closed in the current school year (2020-2021), how many school-aged children in the household did not access any distance learning at all?	Enter integer for each or select Not sure / Prefer not to answer Girls 3-5 ____ Boys 3-5 ____ Girls 6-11 ____ Boys 6-11 ____ Girls 12-17 ____ Boys 12-17 ____	Household
% of HH by most common modalities used for remote / home-based learning	[If some children were participating in distance learning] What modalities were children using for distance learning?	Select multiple 1. Online live classes with teachers (video / audio) 2. Home visits by teachers 3. Phone / whatsapp communication with teachers 4. Radio classes 5. Television classes 6. Audio/Mp3 classes 7. Learning app on phone/tablet 8. Online materials 9. School textbooks	Household

		10. Reading books 11. Other paper-based learning materials 12. Other (specify) Not sure / prefer not to answer	
% of adults by highest education level (primary, secondary and tertiary) achieved	How many of the adults in your household (18+) have completed the following education levels? Note: Enter the number of adults by highest level of education completed.	Integer; Kobo field-list so all options appear on one screen; Constraint- total number entered = total number of adults in HH 1. Tertiary degree (university degree, for e.g. bachelor, master, or PhD) ____ 2. Vocational degree (training on specific craft or job, for e.g. IT, electrician, carpenter, mechanic, cooking, sewing, etc.) ____ 3. Secondary high school ____ 4. Secondary middle school ____ 5. Primary school ____ 6. Quranic/Religious School None ____ 7. Don't know / prefer not to answer ____	Household
% of children dropping out of school in the previous year	During the 2020-2021 school year, how many school-aged children in the household dropped out of school? Enter 0 if none. Dropped out = child was enrolled in school at the beginning of the year (or end of the previous school year), but stopped attending (or participating in distance learning) at some point since then, and does not plan to return to school.	Integer, can be disaggregated by age / sex Girls 3-5 ____ Boys 3-5 ____ Girls 6-11 ____ Boys 6-11 ____ Girls 12-17 ____ Boys 12-17 ____	Household
% of school-aged children by travel time to get to school	How long does it usually take the children to get to school?	Select one 1. Less than 15 minutes 2. 15-29 minutes 3. 30-59 minutes 4. 1-2 hours 5. More than 2 hours 6. Don't know 7. Prefer not to answer	Household
% of school-aged children by mode of transport to school	How do the children usually get to school?	Select one: 1. Walking 2. Car 3. Bus 4. Moto 5. Cart 6. Other	Household

% of HHs by most common barriers to accessing education faced by boys	What are the top five barriers, if any, that boys in the household face to accessing education?	Select up to 5: <ol style="list-style-type: none"> 1. No barriers (cannot select with any other option) 2. Schools closed due to COVID-19 3. Schools closed due to other reasons 4. Schools overcrowded 5. Security concerns of child travelling or being at school 6. Distance to school too far / lack transportation 7. Financial issues (fees or other school-related costs too expensive) 8. Child helping at home / farm 9. Child working outside home 10. Parents unaware of education opportunities available 11. Parents don't value education 12. Parents don't approve of curriculum 13. Children psychologically distressed 14. Displacement 15. Children lack documentation needed to register 16. Flooding / weather events 17. Children join/recruited by armed groups 18. Marriage and/or pregnancy 19. Language issues 20. Poor school infrastructure/facilities 21. Lack of qualified teaching staff 22. Insufficient WASH facilities in schools 23. Lack of male / female separation 24. Other (specify) 25. Not sure / Prefer not to answer 	Household
% of HHs by most common barriers to accessing education faced by girls	What are the top five barriers, if any, that girls in the household face to accessing education?	Select up to 5: as previous question	Household
% of HHs by preferred education support modality	If available, what type of support would help your child with attending school or participating in regular learning activities? [Do not read options to respondent]	Select up to 3 <ol style="list-style-type: none"> 1. No support needed / wanted 2. Exemption from school fees 3. Cash for school supplies/equipment (bags, pencils, books, uniforms) 4. Cash for transportation to school 5. Cash for children's food 6. Cash to offset opportunity cost of child working 	Household

		7. Direct provision of school supplies/equipment (bags, pencils, books, uniforms) 8. Direct provision of transportation 9. Direct provision of water and food for children 10. Livelihood support for parents 11. Healthcare at school 12. Provision of alternative learning curriculum 13. Assistance for children with disabilities 14. Assistance for children of minority groups 15. Other (specify) 16. Don't know	
% of HHs by preferred education support modality for home-based / distance learning	If available, what types of support would most help your children with home-based learning?	Select up to 3: as question above	Household
WASH			
% of HHs by type of primary source of drinking water	What is the main source of water used by your household for drinking?	Select one: 1. Water kiosk 2. Vendors or shop 3. Piped system 4. Protected well with hand pump 5. Protected well w/o hand pump 6. Unprotected well 7. River / pond / earth water pan 8. Water tank and tap 9. Water trucking 10. Borehole with submersible pump 12. Other (please specify) 13. Don't know	Household
% of HHs using a sanitation facility - by type of sanitation facility used	What kind of sanitation facility (latrine/toilet) does your household usually use?	Select one: 1. Flush or pour/flush toilet 2. Pit latrine without a slab or platform 3. Pit latrine with a slab and platform 4. Open hole 5. Pit VIP toilet 6. Bucket toilet 7. Plastic bag 8. Hanging toilet/latrine 9. None of the above, open defecation 10. Other (specify) 11. Don't know	Household
% of HHs with access to soap	Do you have any soap in your household?	Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.	Household

		Select one: 1. Yes 2. No	
% of HHs by time (minutes) taken to fetch water (round trip by walking, queuing and time needed to fetch water)	How long does it take to go to your main water source, fetch water, and return (including queuing at the water source)?	Select one 1. Water on premises 2. Less than 5 min to fetch and return 3. Between 5 and 15 min to fetch and return 4. Between 16 and 30 min to fetch and return 5. More than 31min to fetch and return 6. Don't know"	Household
% of HHs reporting having enough water for drinking, cooking, bathing and washing	Does your household currently have enough water to meet the following needs?	Select One (for each need) 1. Drinking (Yes/No/Don't Know) 2. Cooking (Yes/No/Don't Know) 3. Personal hygiene (washing or bathing) (Yes/No/Don't Know) 4. Other domestic purposes (cleaning house, floor, etc.) (Yes/No/Don't Know) 5. Don't know (can't select with other options) (Yes/No/Don't Know)	Household
"% of HHs with access to a sanitation facility safe for all members to use"	Does your household have access to a sanitation facility with the following features	Select multiple 1. Door 2. Walls that protect privacy 3. Lock to close door 4. Inside light 5. Outside light 6. Marked separated facilities between women and men (for shared or communal facilities) 7. Close to dwelling (less than 50m) 8. Accessible to persons with disabilities 9. Do not know	Household
% of HHs sharing sanitation facility - by number of HH per sanitation facility	(If applicable) Do you share this sanitation facility with other households? If yes, how many households use this sanitation facility (latrine/toilet)?	Select one and integer 1. Yes 2. No 3. Don't know If yes: integer # of HHs	Household
% of HHs with access to functioning handwashing facilities with water available	"What kind of handwashing facility do your household members usually use to wash their hands? A handwashing facility refers to a fixed or mobile device designed to contain, transport or	Select one 1. No specific handwashing device (no device at all or only pouring device or simple basin/bucket, with no taps, or device but no water available) 2. Sink with tap water 3. Buckets with taps	Household

	regulate the flow of water to facilitate handwashing. They include sinks with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing"	4. Tippy tap 5. Other (specify) 6. Don't know	
% of HHs by increased hand washing habits	Do people in your household wash their hands more often than before they heard about COVID-19?	Select one 1. No 2. Yes, some of them do 3. Yes, many of them do 4. Yes, all of them do 5. Don't know	Household
% of HHs having problems related to sanitation facilities access - by type of problem	Does your household have problems related to sanitation facilities (latrines/toilets)? If yes, which ones?	Select multiple 1. No problem 2. Lack of sanitation facilities (latrines/toilets) / facilities too crowded 3. Sanitation facilities (latrines/toilets) are not functioning or full 4. Sanitation facilities (latrines/toilets) are unclean/unhygienic 5. Sanitation facilities (latrines/toilets) are not private (no locks/door/walls/lighting etc.) 6. Sanitation facilities (latrines/toilets) are not segregated between men and women 7. Sanitation facilities (latrines/toilets) are too far 8. Sanitation facilities (latrines/toilets) are difficult to REACH/ACTED (especially for people with disabilities) 9. Going to the sanitation facilities (latrines/toilets) is dangerous 10. Some groups (children, women, elderly, ethnic minorities, etc.) do not have access to sanitation facilities (latrines/toilets) 11. Persons with physical and/or sensory disabilities do not have access to sanitation facilities (latrines/toilets) 12. Other (specify) 13. Don't know	Household
% of HHs engaging in coping mechanisms for hygiene NFI access issues- by type of coping mechanism	How does your household adapt to issues related to hygiene items?	Select multiple 1. The HH does not have any issue; 2. Rely on less preferred (unimproved/untreated) water sources for drinking water;	Household

		<ol style="list-style-type: none"> 3. Rely on surface water for drinking water; 4. Rely on less preferred (unimproved/untreated) water sources for other purposes such as cooking and washing; 5. Rely on surface water for other purposes such as cooking and washing; 6. Fetch water at a source further than the usual one; 7. Send children to fetch water; 8. Fetch water at a source that could be dangerous; 9. Spend money (or credit) on water that should otherwise be used for other purposes; 10. Reduce drinking water consumption (drink less); 11. Reduce water consumption for other purposes (bathe less, etc.); 12. Other (please list); 13. Don't know 	
% of HHs engaging in coping mechanisms for water insufficiency - by types of coping mechanism	How does your household adapt to lack of water?	<p>Select multiple</p> <ol style="list-style-type: none"> 1. The HH does not have any issue; 2. Rely on less preferred (unimproved/untreated) water sources for drinking water; 3. Rely on surface water for drinking water; 4. Rely on less preferred (unimproved/untreated) water sources for other purposes such as cooking and washing; 5. Rely on surface water for other purposes such as cooking and washing; 6. Fetch water at a source further than the usual one; 7. Send children to fetch water; 8. Fetch water at a source that could be dangerous; 9. Spend money (or credit) on water that should otherwise be used for other purposes; 10. Reduce drinking water consumption (drink less); 	Household

		11. Reduce water consumption for other purposes (bathe less, etc.); 12. Other (please list); 13. Don't know	
% of HHs engaging in coping mechanisms for sanitation access issues- by type of coping mechanism	How do you adapt to issues related to sanitation facilities (latrines/toilets)?	Select multiple Same as question above	Household
% of HHs having problems related to access to water - by type of problems	Does your household have problems related to access to water? If yes, which ones?	Select multiple 1. Water points are too far 2. People with disabilities cannot REACH/ACTED/access water points 3. Safety concerns at main water points 4. Safety concerns traveling to main water points 5. Some groups (children, women, elderly, ethnic minorities, etc.) do not have access to the water points 6. Insufficient number of water points / long waiting time at water points; 7. Water points are not functioning or closed 8. Water is not available at the market 9. Water is too expensive 10. Not enough containers to store the water 11. Don't like taste / quality of water 12. Other (please list) 13. Don't know	Household
Food Security			
% of HH by main sources of food	What are the main sources of food for the household?	Select multiple 1. Purchased at market 2. Own cultivation 3. Own livestock 4. Fishing 5. Foraging 6. Hunting 7. Bartering 8. Reliant on family or friends 9. Reliant on humanitarian/NGO assistance 10. Reliant on government assistance 11. Other - specify	Household
Household Hunger Scale: % of HHs by	J01. In the past 4 weeks (30 days), was there ever no food to eat of any kind in your house	Select one: 1. Yes 2. No	Household

lack of resources for food	because of lack of resources to get food?		
Household Hunger Scale: Disaggregation	J01.1 How often did this happen in the past [4 weeks/30 days]?	Select one 1. rarely (1-2); 2. sometimes (3-10); often (10+ times)	Household
Household Hunger Scale: % of HHs sleeping at night hungry because there was not enough food	J02. In the past 4 weeks (30 days), did you or any household member go to sleep at night hungry because there was not enough food?	Select one 3. Yes 4. No	Household
Household Hunger Scale: Disaggregation	J02.1 How often did this happen in the past [4 weeks/30 days]?	Select one 3. rarely (1-2); 4. sometimes (3-10); 5. often (10+ times)	Household
Household Hunger Scale: % of HHs spending whole day and night without eating due to not enough food	J03. In the past 4 weeks (30 days), did you or any household member go a whole day and night without eating anything at all because there was not enough food?	Select one: 5. Yes 6. No	Household
Household Hunger Scale: Disaggregation	J03.1 How often did this happen in the past [4 weeks/30 days]?	Select one 1. rarely (1-2); 2. sometimes (3-10); 3. often (10+ times)	Household
Reduced Coping Strategies Index: % of HHs relying on less preferred and less expensive food	In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to rely on less preferred and less expensive food?	Enter integer: 0-7	Household
Reduced Coping Strategies Index: % HHs limiting portion sizes at meals	In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to limit portion sizes at meals?	Enter integer: 0-7	Household
Reduced Coping Strategies Index: % of HHs by restricted food consumption by adults in order for small children to eat	In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to restrict consumption by adults in order for small children to eat?	Enter integer: 0-7	Household
Reduced Coping Strategies Index: %	In the past 7 days, if there have been times when you did not	Enter integer: 0-7	Household

of HHs by reducing number of meals eaten in a day	have enough food or money to buy food, how often has your household had to reduce number of meals eaten in a day?		
Reduced Coping Strategies Index: % of HHs borrowing food or relying on help from friends or relatives	In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to borrow food or rely on help from friends or relatives?	Enter integer: 0-7	Household
Food Consumption Score	I04.a. In the last 7 days, on how many days did your household eat cereals, grains, roots and tubers, including wild roots?	Enter integer: 0-7	Household
Food Consumption Score	I05.a In the last 7 days, on how many days did your household eat any beans or nuts?	Enter integer: 0-7	Household
Food Consumption Score	I06.a In the last 7 days, on how many days did your household drink milk or eat other dairy products?	Enter integer: 0-7	Household
Food Consumption Score	I07.a In the last 7 days, on how many days did your household eat meat fish, or eggs?	Enter integer: 0-7	Household
Food Consumption Score	I08.a In the last 7 days, on how many days did your household eat vegetables or leaves, including all wild vegetables and leaves?	Enter integer: 0-7	Household
Food Consumption Score	I09.a In the last 7 days, on how many days did your household eat fruit, including all wild fruits?	Enter integer: 0-7	Household
Food Consumption Score	I010.a In the last 7 days, on how many days did your household eat oil, fat, or butter?	Enter integer: 0-7	Household
Food Consumption Score	I011.a In the last 7 days, on how many days did your household eat sugar or sugary foods?	Enter integer: 0-7	Household
AAP			
% of HHs by main language spoken at home	What is the main language your household speaks at home?	Select one: 1. Standard / Northern Somali 2. Benaadir Somali 3. Maay Somali 4. Arabic 5. English	Household

		6. Italian 7. Bravanese (Chimwiini/ Chimbalaizi) 8. Kibajuni 9. Mushunguli 10. Somali Sign Language 11. Don't know 12. Prefer not to answer 13. Other	
Information types needed, % households per information type	What type of information would your household like to receive from aid providers? Please specify your top 3 priorities.	Select top 3 1. None 2. News on what is happening here 3. News on what is happening at home 4. Finding missing people 5. The security situation here 6. How to register for aid 7. How to get water 8. How to get food 9. How to get shelter/accommodation/shelter materials 10. Information about nutrition 11. Food prices 12. Local crop/livestock prices 13. How to get cooking fuel/firewood 14. The weather 15. How to get healthcare/medical attention 16. How to get help after attack or harassment 17. How to stay safe to prevent attack/harassment 18. How to replace personal documentation (e.g. birth certificate, ID) 19. How to get access to education 20. How to find work 21. How to get transport 22. How to get more money/financial support 23. Info about possible return to place of origin 24. Info about relocation 25. Info about the aid agencies they are receiving aid from 26. How to complain about the aid you are receiving 27. How to complain about bad behaviour of aid workers	Household

		28. What behaviour you should expect from aid workers 29. Legal rights to housing, land and property 30. Other (specify)	
Preferred source of information to receive, % households per source	Who or where would your household prefer to receive this information from?	Select multiple 1. TV channel (specify) 2. Radio station (specify) 3. Printed newspapers, magazines (specify) 4. Online newspapers and news websites (specify) 5. Government representative or other authorities 6. Community leader 7. Religious leader 8. Neighbor or friend 9. National aid agency 10. International aid agency 11. Other (specify) 12. Don't know	Household
Preferred means (channels) of receiving information, % households per means (channel)	What is your household's preferred means (channel) of receiving this information?	Select multiple 1. Phone call 2. SMS 3. Twitter 4. Facebook 5. WhatsApp 6. Face to face 7. Other Internet platforms (specify) 8. TV 9. Newspapers, magazines 10. Billboards, posters 11. Leaflets 12. Loudspeakers 13. Face to face (specify from whom) 14. Other (specify)	Household
Households' preferred means (channel) for providing feedback, % households by means (channel)	How would your household prefer to give feedback to aid agencies about the aid you are receiving and bad behaviour/misconduct of aid workers	Select multiple: 1. Face to face (at home) with aid worker 2. Face to face (in office/other venue) with aid worker 3. Face to face with member of the community 4. Complaints and suggestions box 5. Phone call 6. SMS 7. WhatsApp 8. Facebook 9. Facebook Messenger	Household

		10. Letter 11. Tweet 12. Other (specify) 13. Do not want to provide feedback	
% of the site population able to name services providers (an organization operating within the site)	Are you able to name humanitarian services partners (NGOs) providing assistance within the site?	Enter text	Individual
% of HHs who received aid in the past 30 days	Has your household received aid in the past 30 days?	Select one: 7. Yes 8. No	Household
[Of those who received aid] % of site population who are satisfied with overall levels of service % of HHs who were satisfied with the aid they received	If you have received aid in the last 30 days, was your household satisfied with the aid you received?	Select one: 9. Yes 10. No	Household
[Of those who received aid and were dissatisfied with aid received] Most commonly reported reasons for dissatisfaction with the aid received	If you were not satisfied why were you not satisfied with the aid received?	Select multiple 1. Quality was not good enough 2. Quantity was not good enough 3. Did not receive the aid on time/ Delays in delivery of aid 4. Other	Household
% of HHs that know how to make a suggestion or complaint about humanitarian assistance	Do you or other household members know how to make a suggestion or complaint about the humanitarian assistance you receive?	Select one: 11. Yes 12. No	Household
"% of HHs previously made a suggestion or complaint about humanitarian assistance received Levels of satisfaction of outcome of suggestion/complaint made"	Have you or other HH members previously made a suggestion or complaint about the humanitarian assistance you/your HH has received? If yes, how satisfied were you about the outcome of the suggestion or complaint you/your HH member made?	Select one: 13. Yes 14. No If Yes: 1. Not at all 2. not really comfortable 3. neutral 4. mostly 5. completely	Household

	[read response options: select one]		
% of HHs by most common barriers to humanitarian aid	Did your household face any barriers in accessing humanitarian aid in the past 30 days? What barriers did you face?	Select multiple 1. No problems faced 2. Lack of Information 3. Physically Unable to Access Points of aid distribution 4. Insecurity on route to points of Aid Distribution 5. Insecurity at site of aid distribution 6. Exclusion by Camp Managers/Gatekeepers 7. Don't know 8. Prefer not to answer 9. Other	Household
% of HHs reporting discrimination when accessing humanitarian assistance in the last 3 months	In the last 30 days have you or anyone in your HH experienced denial of or unequal access to humanitarian assistance in your settlement or home? (If yes, why was this the case)	Select Multiple 1. Age: Being elderly (60+) 2. Age: Being young (<30) 3. Disability: Person living with a disability 4. Minority Clan Affiliation (i.e. any group that falls within the 0.5 in the 4.5 formula is explicitly mentioned). These would include: Awer, Boni, Bantu (and variants sub-clans e.g. Makane), Bajuni, Banadiri, Eyle, Gabooye, Mahdiban, Tumaal and Yibir.) 5. Other Clan Affiliation: reasons associated with inter-clan dynamics not captured by previous option (e.g. a member of a major clan, one of the 4 in the 4.5 formula resident in an area controlled by a different clan) 6. Discrimination based on gender 7. Request for bribes or other favors by the gatekeeper, community leaders, or NGO workers. 8. Other (please specify) 9. Prefers not to answer	Household
Top three most commonly reported priority needs, by % of HHs per type of priority need reported	What are the top three priority needs of your household?	Select top 3 1. Shelter / housing 2. Food or cash to buy food 3. Healthcare 4. Seeds or other agricultural inputs 5. Livelihoods support / employment 6. Drinking water	Household

		7. Hygiene NFIs (e.g. soap, sanitary pads) and sanitation services (e.g. latrines) 8. Need to repay debt 9. Education for children under 18 10. Psychosocial support 11. Nutrition 12. None 13. Other	
% of HHs satisfied with aid workers' behavior in the area	Are you and other members of your household satisfied with the way aid workers generally behave in your area?	Select one: 1. Yes 2. No	Household
Most commonly reported modalities of assistance that HHs would prefer to receive in the future	If your household were to receive humanitarian assistance in the future, what type of assistance would you prefer to receive?	Select multiple 1. Do not want to receive humanitarian assistance 2. In-kind (food) 3. In-kind (NFIs) 4. Physical cash 5. Cash via bank transfer 6. Cash via prepaid cards 7. Cash via mobile money 8. Vouchers 9. Services (e.g. healthcare, education, etc.) 10. Other (please specify) 11. Don't know 12. Prefer not to answer	Household
% of the site population who feel they are represented by and through the site governance structure	Do you believe that the site governance structure established in your community represents your interests?	Select one: 1. Yes 2. No 3. Prefer not to answer	Individual
% of the site population who are satisfied with the opportunities they have to influence site decisions	Do you believe that you are able to influence site-level decisions?	Select one: 4. Yes 5. No 6. Prefer not to answer	Individual
% of the site population indicating that the site reflects their needs, safety and priorities	Do you feel that your security and safety is made a priority within your community?	Select one: 7. Yes 8. No 9. Prefer not to answer	Individual
Shelter			
% of HH by number of shelters occupied	How many shelters does the household occupy in this location (0 if open air)?	Integer	Household

% of HHs living in vulnerable shelter types (1)	What is the type of shelter the household lives in?	Select one 1. Buul, Timber and plastic sheet with CGI roof, 2. CGI sheet wall and CGI roof 3. Mud and stick wall and CGI roof 4. Stone/brick wall and CGI roof 5. Brick and concrete house (solid, finished house or apartment) 6. Unfinished / non-enclosed building 7. Stick wall and thatch roof 8. Collective shelter 9. Tent 10. Makeshift shelter 11. None (sleeping in open) 12. Other (specify) 13. Not sure	Household
% of HHs living in vulnerable shelter types (1a)	Does your HH live in any other shelter types (if more than 1 shelter reported)? If yes, what shelter type?	Select Multiple 1. Buul, Timber and plastic sheet with CGI roof, CGI sheet wall and CGI roof 2. Mud and stick wall and CGI roof, 3. Stone/brick wall and CGI roof, 4. Brick and concrete house (solid, finished house or apartment) 5. Unfinished / non-enclosed building 6. Stick wall and thatch roof 7. Collective shelter 8. Tent 9. Makeshift shelter 10. None (sleeping in open) 11. Other (specify) 12. Not sure	Household
% of HHs reporting at least one enclosure issue	Does the shelter have any of the following enclosure issues?	Select multiple 1. Lack of insulation from cold 2. Leaks during rain 3. Limited ventilation (no air circulation unless main entrance is open) 4. Presence of dirt or debris 5. None of the above 6. Don't know	Household
Average number of household members per room	In total, how many rooms are there in use in all the shelters the household occupies	Integer	Household
% of HHs by type of reported damage or defect to the shelter	Do the shelters currently have any damage or defects	Select multiple 1. Damage to roof (cracks, openings, partial collapse) 2. Damage to windows and/or doors (missing, broken, unable to shut properly)	Household

		3. Damage to floors 4. Damage to walls 5. Damage to gas or electric supply 6. Damage to water and / or sewage system 7. Total collapse or shelter too damaged and unsafe for living 8. None of the above 9. Don't know / prefer not to say	
% of HHs with access to a functional domestic living space	Do you have any of the following issues in your shelter?	Select multiple 1. Lack of bathing facilities 2. Bathing facilities are unsafe 3. Lack of access to cooking facilities 4. Cooking facilities are unsafe 5. Lack of lighting inside the shelter 6. Lack of lighting around the shelter 7. Lack of privacy inside the shelter (no partitions, doors) 8. Lack of space inside shelter (min 21m2 per hh) 9. Unable to lock home securely 10. Other (specify) 11. None of the above 12. Don't know / prefer not to say 13. Theft, Other security incidents, Fire, Poor construction or materials (risk of collapse)	Household
% of HHs by occupancy status	What is the occupancy arrangement in your current dwelling?	Select one 1. Ownership with official documentation/non official documentation 2. Rented with contract/without contract 3. Hosted without rent (by family, friends, institution) 4. No occupancy agreement / squatting 5. Other (specify) 6. Don't know / prefer not to say	Household
% of HHs with documentation proving occupancy status	Does your household have formal written documentation to prove your occupancy arrangement (e.g. written rental agreement, ownership papers)?	Select one: 1. Yes 2. No 3. Don't Know	Household
% of HHs reporting HLP disputes	If you had a dispute on your occupancy arrangement, do you think it can be resolved by [read options]	Select one 1. No disputes reported 2. Or dispute reported, but they are confident that they will be able to resolve directly with other party without intervention	Household

% of HHs accessing their housing/shelter with security of tenure	Do you think you are at risk of being evicted now or within six months?	Select one: 1. Yes 2. No 3. Don't Know	Household
% of HHs preferred type of support for shelter	If available, what would be the main type of support you would require for your shelter?	Select one: 1. Cash provision (For rent, For construction materials, For internal separation materials, For internal light source, For locks) 2. Direct provision (Shelter construction, Shelter construction materials, Shelter safety materials (internal separation, light source, locks)), 3. Service provision (Shelter repairs, Increased security around shelters)	Household
% of HHs preferred type of support for NFI	If available, what would be the main type of support you would require for non-food items?	Select one 1. Cash provision (Cash to buy NFI items (list by type)) 2. Direct provision (NFI items (list by type)) 3. Service provision (Transport to markets)	Household
% of HHs reporting access to shelter during rainy season	Do you believe that you will have access to your shelter during the rainy season?	Select one: 1. Yes 2. No 3. Don't Know	
% of HHs with housing, land and property issues	Do you currently have any of the following problems related to housing, land and property?	Select multiple 1. Disputed ownership 2. Property unlawfully occupied by others (secondary occupation) 3. Disputes about rent (including payment) between landlord and tenant 4. Rules and processes on housing and land not clear 5. Inheritance issues 6. Lack or loss of housing land tenancy or ownership documents 7. Looting of private property 8. Threat of eviction/harassment by landlord or others 9. Other (specify) 10. None of the above 11. Don't know / prefer not to say	Household
Most commonly reported non-food items needed in the household	What are your top three top priority NFI needs?	Select multiple 1. Plastic sheet 2. Blanket 3. Sleeping mat	Household

		4. Kitchen set 5. Mosquito net 6. Solar lamp 7. Jerry cans, Other (please specify)	
% of HHs with access to vital Household NFIs	Does the household currently have access to the following NFIs?	Select multiple 1. Plastic sheet (1 pc) 2. Blanket (3 pcs) 3. Sleeping mat (2 pcs) 4. Kitchen set (1 set) 5. Mosquito net (1 pc) 6. Solar lamp (1 pc) 7. Jerry cans (2 pcs)	Household
% of HHs with access to construction materials or NFI in nearest market	How far (minutes walking one way) is the nearest market where construction materials or non-food items are available?	Select one 1. Less than 5 min 2. Between 5 and 15 min 3. Between 16 and 30 min 4. More than 31min 5. Don't know	Household
Health			
% of HHs where all children have been vaccinated	Has/Have your child/children received any vaccinations?	Select one: 1. Yes 2. No	Household
Disaggregation	How many of your child/ren received vaccines?	Enter Integer	Household
% of HHs by self-reported barriers to getting children vaccinated	If yes, did you face any barriers in getting your child vaccinated?	Select one: 1. Yes 2. No 3. Don't Know	Household
% of HHs by self-reported barriers to getting children vaccinated - by type of barrier	If yes, what barriers did you face when getting the vaccination for your child/ren?	Select multiple 1. Availability: No functional health facility nearby to get vaccines 2. Availability: Long waiting time for the service 3. Fin. Accessibility: Could not afford cost of vaccinations 4. Fin. Accessibility: Could not afford transportation to health facility 5. Physical accessibility: Health facility is too far away 6. Physical accessibility: Disability prevents access to health facility 7. Physical accessibility: No means of transport 8. Physical accessibility: Not safe/insecurity at health facility 9. Physical accessibility: Not safe/insecurity while travelling to health facility	Household

		10. Cultural: Fear or distrust of health workers, examination or treatment 11. Cultural: Could not take time off work / from caring for children 12. Cultural: Language barriers or issues 13. Fear/Mistrust of Vaccines	
% of individuals an unmet health care need	During the last 3 months, did anyone in your household have a health problem and needed to access health care?	Select one: 1. Yes 2. No	Household
% of HHs sought health care, by location	If anyone had a health problem in the last 3 months, where did they go to seek health care?	Select multiple "1. Did not seek health care 2. Government hospital 3. Government health center 4. Government health post 5. Private hospital 6. Private clinic 7. Other private medical facility 8. NGO hospital 9. NGO clinic 10. Traditional healer or practitioner 11. Pharmacy 12. Specify other 13. Don't know"	Household
% of individuals an unmet health care need	If yes, please tell me how many people in your household in the last 3 months were NOT able to obtain health care when they felt they needed it?	Integer	Household
% of HHs by travel time to access primary healthcare facility	How long (in minutes) does it take anyone from your household to get to the nearest, functional health facility by your normal mode of transportation?	Integer	Household
% of HHs by mode of transport to nearest health facility	What is the main way you travel to get to the nearest health facility?	Select one 1. By foot 2. By Bus/Minibus 3. Taxi/Shared Taxi 4. Private vehicle 5. Other (Please specify)	Household
% of HHs by self-reported barriers to accessing health care	"[If there was any unmet health care need] In the last 3 months, what barriers if any did your household experience to prevent you from accessing the health care you needed? [choose up to 3 most important]"	Multiple select; Choose maximum of 3 options; Read answers choices out loud. 1. None: No barriers experienced 2. Availability: No functional health facility nearby	Household

	<p>[If no unmet health care needs reported], In the last 3 months, what barriers if any has your household experienced when accessing health care? [choose up to 3 most important]</p> <p>[if no health care needs in the last recall period] What barriers if any do you think your household would experience if you needed to access health care?"</p>	<p>3. Availability: Specific medicine, treatment or service needed unavailable</p> <p>4. Availability: Long waiting time for the service</p> <p>5. Fin. Accessibility: Could not afford cost of consultation</p> <p>6. Fin. Accessibility: Could not afford cost of treatment</p> <p>7. Fin. Accessibility: Could not afford transportation to health facility</p> <p>8. Physical accessibility: Health facility is too far away</p> <p>9. Physical accessibility: Disability prevents access to health facility</p> <p>10. Physical accessibility: No means of transport</p> <p>11. Physical accessibility: Not safe/insecurity at health facility</p> <p>12. Physical accessibility: Not safe/insecurity while travelling to health facility</p> <p>13. Quality: Did not receive correct medications</p> <p>14. Quality: Not trained staff at health facility</p> <p>15. Quality: Not enough staff at health facility</p> <p>16. Cultural: Wanted to wait and see if problem got better on its own</p> <p>17. Cultural: Fear or distrust of health workers, examination or treatment</p> <p>18. Cultural: Could not take time off work / from caring for children</p> <p>19. Cultural: Language barriers or issues</p> <p>Other (please specify)</p>	
% of HHs with access to mobile health team	Have you or anyone in your household had access to a mobile health team (doctors, nurses, NGO) in the past 6 months?	<p>Select one:</p> <p>1. Yes</p> <p>2. No</p> <p>3. Don't Know</p>	Household

% of HHs preferred type of support for healthcare or accessing healthcare facilities	If available, what would be the main type of support you would require for healthcare or accessing healthcare facilities?	Select one 1. Don't want support 2. Cash for doctor's fees 3. Cash for medicines 4. Direct provision (Medicines) 5. Transport to facilities 6. More qualified healthcare workers at facilities 7. More qualified healthcare workers for home-visits 8. Increased access for physically disabled persons 9. Increased services for mentally disabled persons 10. Increased services for addictions and consumption of khat 11. Other – specify 12. Infrastructure provision (More healthcare facilities, Near healthcare facilities) 13. Increased access for minority groups/clans 14. Increased services for pregnant or lactating women	Household
Protection			
% of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living.	What do you think are the main safety and security concerns for boys/girls/women/men in this area? (Note to enumerator: do not read list)	Select Multiple 1. Being robbed 2. Being threatened with violence 3. Being kidnapped 4. Suffering from physical harassment or violence (not sexual) 5. Suffering from verbal harassment 6. Suffering from sexual harassment or violence 7. Discrimination or persecution (because of ethnicity, status, etc.) 8. Being killed 9. Mine/UXOs 10. Being detained 11. Being exploited (i.e. being engaged in harmful forms of labor for economic gain of the exploiter) 12. Being recruited by armed groups 13. Being forcibly married 14. Being injured/killed by an explosive hazard 15. Being sent abroad to find work 16. Female Genital Mutilation (FGM)	Household

		17. Other (please specify) 18. Don't know 19. Prefer not to answer	
% of HHs without access to official law enforcement authorities and/or judiciary system	In the last 30 days, have you or anyone in your HHs/settlement been denied access to justice or fair compensation?	Select one 1. Yes – [no formal access to justice or compensation in my location] 2. Yes and No – [no formal access to justice or compensation in my location, but traditional/informal justice mechanisms available to resolve issues]. 3. No and Yes – [no access to traditional or informal justice mechanisms but access to formal justice or compensation mechanisms in my location] 4. No – [no issue linked to access to any justice mechanism arose] 5. No – [full access to formal justice mechanisms and fair compensation]	Household
% of HHs that have experienced movement restrictions in the last 3 months	In the last 3 months, has anyone in your HH experienced any safety or security restrictions in their ability to move freely in your area?	Select one 1. Yes 2. No 3. Don't know 4. Haven't tried to move around	Household
% of HHs that have experienced movement restrictions in the last 30 days	If yes, what members of your household have faced restrictions to move freely in your area?	Select multiple 1. Men 2. Women 3. Boys 4. Girls	Household
% of HHs reporting HLP disputes	Have you had a dispute on your occupancy arrangement in the past six months? If yes, why was this the case?	Select One 1. Yes 2. No Select Multiple "Which of the following disputes did you face (Read responses; select all that apply) 1. encroachment dispute 2. boundary dispute 3. Illegal occupation 4. Land grabbing 5. Multiple claims 6. Others (please specify)	Household
% of HHs accessing their housing/shelter with security of tenure	Do you think you are at risk of being evicted now or within six months?	Select One: 1. Yes 2. No 3. Don't Know	Household
% of HHs with access to medical, legal and	Are there any 1) mental health and psychosocial support services, 2) Rape treatment and	Select one: 1. Yes 2. No	Household

social services for women and girls	treatment of physical injuries due to GBV, 3) legal services and protection and 4) livelihoods services for women and girls in your community?	3. Don't Know	
% of HHs by most common barriers to accessing GBV services faced by women and girls	What are the barriers to access to access the 1) mental health and psychosocial support services, 2) Rape treatment and treatment for other physical injuries due to to GBV; 3) Legal services and protection and 4) livelihood services for women and girls in your community?	Select Multiple: 1. Fear of being harassed; 2. long distance to services; 3. Lack of transportation; 4. Cost of services; 5. Sex of service provider; 6. lack of time to seek services; 7. Shame and fear of stigmatization; 8. Have no knowledge of the availability of services; 9. \Lack of services; 10. Lack of trust/confidence in service provider 11. Previous negative personal experience 12. Previous negative reports bu others of similar services 13. Service not provided equally to all in my community 14. Others (please specify)	Household
% of HHs with women and girls reporting lack of freedom to attend go about their duties/businesses	Can women and girls move freely inside your community to attend distributions, gather firewood, go to women/girl-friendly spaces, go to markets etc. If no, why are women and girls unable to freely access these places	Select one: 3. Yes 4. No If No, Select Multiple: 1. Fear of harassment, 2. long distance, 3. fear of violence, 4. lack of women and girl friendly spaces	Household
% of HHs in which women and girls/men and boys avoid areas because they feel unsafe there	Are there any areas in your location that women and girls/men and boys avoid because they feel unsafe? If yes, what areas (or places) do women and girls/men and boys in your community avoid or feel unsafe about?	Select Multiple 1. There are no areas that women and girls/men and boys avoid because they feel unsafe 2. Latrines and bathing facilities 3. Markets 4. Distribution areas 5. Water points 6. Social/community areas 7. On their way to school 8. On their way to women community centers/health centers 9. In their homes 10. In public transportation 11. In the way to collect firewood 12. Don't know 13. Decline to answer	Household

% of HHs being affected by explosive ordnance in the last 12 months	Has your household been affected by explosive ordnance (e.g. landmines, bombs, missiles, IEDs, bullets or other explosive weapons from conflict) in the last 12 months? If yes, how?	<p>Select one</p> <ol style="list-style-type: none"> No, the household has not been affected by the presence of explosive ordnance Yes, the presence of explosive ordnance has affected livelihoods opportunities Yes, the presence of explosive ordnance has affected the ability of children to go to school Yes, the presence of explosive ordnance has affected access to markets Yes, the presence of explosive ordnance has affected access to health centers Yes, the presence of explosive ordnance has affected freedom of movement Yes, at least one household member has been injured or killed by an explosive ordnance Other (please specify) Don't know 	Household
% of HHs with access to medical, legal and social services for children	Are there any 1) mental health and psychosocial support services, 2) social services, and 3) supportive group activities (e.g., play, MHPSS, etc.) for girls and boys in your community?	<p>Select One:</p> <ol style="list-style-type: none"> Yes No Don't Know 	Household
% of HHs by most common barriers to accessing child protection services faced by boys and girls	What are the barriers to access to access the 1) mental health and psychosocial support services, 2) social services, and 3) supportive group activities (e.g., play, MHPSS, etc.) for girls and boys in your community?	<p>Select Multiple:</p> <ol style="list-style-type: none"> They don't know that services are available Parents do not allow them They are busy with HH chore, shame/stigma Difficulties to REACH/ACTED Always too many people/too long to wait the quality of services is not good Services are not accessible to children with disabilities/ UASCs Feel discriminated against Safety and security concerns (on the road) Safety and security concerns (fear of reprisals) Safety and privacy concern (do not trust the staff or trust that my information will be kept private) Other concerns (risks of Covid-19 transmission for children in CFS) Distance (lack of transportation/ cannot afford transportation) 	Household

		14. Services are not always functional (opened half of the day or some days a week) 15. Lack of information on CP services (uncertain of what type of help is available and offered)	
% of HHs with at least one child (<18) not residing in the HH (1)	Does your HH have any child, son or daughter (<18 years) not currently living in the HH?	Select one: 1. Yes 2. No 3. Don't Know	Household
% of HHs with at least one child (<18) not residing in the HH (2)	If yes, how many?	Integer	Household
% of HHs with at least one child (<18) not residing in the HH (3)	What is the reason for why your children/child are/is not living in the household?	Select one 1. Married and left the house 2. Left the house to seek employment 3. Left the house to study 4. Left the house to engage with the army or armed groups 5. Kidnapped/abducted 6. Missing (left and no news) 7. Arbitrarily detained 8. Do not know 9. Prefer not to answer	Household
% of boys/girls in early marriage, at the time of data collection	What is the civil status of [child_name] (children aged 6-17 inclusive)?	Select One: 1. Single 2. Married 3. Divorced 4. Widowed 5. Don't know 6. Decline to answer	Household
Nutrition			
% of HHs who received visit from mobile nutrition team	Have you or anyone in your household received a visit from a mobile health team to assess for malnutrition in the past 6 months? If yes, what services have they received?	Select One/Select Multiple: 1. Yes 2. No 3. if yes: Nutrition treatment, Vaccinations, vitamin A supplements, or deworming medication; Other (Please specify)	Household
% of HHs with children (subset) with children enrolled nutritional centre or therapeutic feeding centre since the past 6 months	Are there any children enrolled in a nutritional centre or therapeutic feeding centre since the past 6 months?	Select One: 1. Yes 2. No	Household
Disaggregation	Which type of nutrition service are children enrolled in?	Select Multiple: 1. Stabilization Center (SC)	Household

		2. Out-patient Therapeutic Care Programme (OTP) 3. Targeted Supplementary Feeding Programme (TSFP) 4. Blanket Supplementary Feed Programme (BSFP) 5. Wet Feeding 6. Infant and young Child feeding (IYCF) 7. Micronutrient supplementation 8. Do not know	
% of HHs by travel time to access nearest nutritional centre or therapeutic feeding centre	How long does it take you to REACH/ACTED the nearest nutritional centre or therapeutic feeding centre?	Select one: 1. Less than 15 mins 2. Less than 30 mins 3. Less than 1h 4. Less than 3h 5. More than 3h	Household
% of HHs with access to nearest nutritional centre or therapeutic feeding centre when needed	Have you been able to access the nearest nutritional centre or therapeutic feeding centre when needed?	Select One: 1. Yes 2. No 3. Not Needed	Household
% of HHs with barriers to accessing nutrition services or treatment	What difficulties, if any, are encountered when attempting to access nutrition services or treatment?	Select up to 3: 1. No issues 2. Unaware that services are available, 3. Unaware that supplements are available, 4. Difficulty in enrolling children in programs, 5. Facilities too far to travel to, 6. Prohibitive costs, 7. Insecurity in travelling to and from centers, 8. Inaccessible to disabled persons, 9. Inaccessible to minority groups/clans, 10. Facilities not staffed or staff not present, 11. Not enough female/male service providers for female/male claimants, 12. None, 13. If other specify (enter text)	Household
Covid			
% of HHs by preferred source of information on COVID-19	Which source/channel does your HH trust the most to give you reliable information COVID-19? Do not read options to respondent, select all that apply	Select multiple: 1. None 2. Word of mouth (family, friends, neighbours, colleagues) 3. SMS / messaging application (Whatsapp, Telegram, Signal etc) 4. Social media (facebook, instagram etc) 5. Internet sites 6. Radio / television 7. Newspapers 8. settlement centre / settlement leaders	Household

		9. Place of worship / religious leaders 10. Health worker at health facility 11. Traditional / local healer 12. Door-to-door campaign 13. Information campaign in public place 14. Megaphone public announcements 15. Posters 16. Other (specify) 17. Not sure	
% of HHs reporting needing more information on COVID-19	Do people in your household currently need more information about COVID-19?	Select One: 1. Yes 2. No 3. Not Sure	Household
% of HHs by type of information needed	If yes, what type of information do you need?	Select Multiple: Causes 1. Signs and symptoms 2. Prevention measures 3. Treatment options 4. Consequences of having COVID-19 5. Other (specify) 6. Not sure	Household
% of HHs adapting behaviors to try to prevent COVID-19 spreading	Since you heard about COVID-19, have you and your household members taken any action to prevent yourselves from getting COVID-19?	Select Multiple: 1. No, no action taken (cannot select with any other option) 2. Not leaving the house at all 3. Reducing movement outside the house 4. Stopping handshakes or physical contact 5. Keeping distance from people 6. Avoiding public places and gatherings 7. Avoiding public transport 8. Wearing a face mask 9. Wearing gloves 10. Washing hands more regularly 11. Keeping surfaces clean 12. Praying to god 13. Staying away from animals 14. Other (specify) 15. Not sure	Household
% of HHs by reason for not taking action on COVID-19	If no, do you mind telling us why you have not taken action to prevent yourselves from getting COVID-19? Select all that apply	Select Multiple: 1. COVID-19 is not prevalent in the area 2. Not at high-risk of getting COVID-19 3. Don't mind getting COVID-19 4. Don't think it is possible to prevent COVID-19 5. Don't know how to prevent COVID-19 6. Lack of financial resources 7. Preventative measures not practical 8. Other people are already taking measures	Household

		9. Not the household responsibility to prevent COVID-19 10. Other (specify) 11. Not sure	
% of HHs able to correctly identify COVID-19 symptoms	What are the signs and symptoms of someone with COVID-19? Select all that apply, do not read options to respondent.	Select Multiple: 1. Fever 2. Tiredness 3. Coughing 4. Sore throat 5. Difficulty breathing 6. Sneezing / runny nose 7. Loss of taste / smell 8. Headache 9. Diarrhea 10. Rash 11. Joint / muscle pain 12. Vomiting 13. Conjunctivitis (red eyes) 14. Hemorrhage / bleeding 15. Other (specify) 16. Not sure	Household
% of HHs by type of action taken if suffering from COVID-19	What would you do if you think you or someone in your household has COVID-19? Select all that apply, do not read options to respondent.	Select Multiple: 1. Nothing, continue daily life as normal 2. Stay home and do nothing / take no medicine 3. Stay home and self-medicate 4. Call emergency services 5. Call dedicated COVID-19 number 6. Speak to a religious leader 7. Speak to a settlement leader 8. Go to a pharmacy 9. Go to a doctor's office or health centre 10. Go to a hospital 11. Go to a traditional / local healer 12. Other (specify) 13. Not sure	Household
% of HHs reporting concerns on impact of Covid-19 - Health	How concerned are people in your household about the health implications of Covid-19	Select One: 1. Not concerned 2. Somewhat concerned 3. Very concerned	Household
% of HHs reporting concerns on impact of Covid-19 - Economic	How concerned are people in your household about the economic impact of Covid-19 (ability to make a living etc.)	Select One: 1. Not concerned 2. Somewhat concerned 3. Very concerned	Household
% of HHs reporting concerns on impact of Covid-19 - Social Relationships	How concerned are people in your household about the impact of Covid-19 on social relationships	Select One: 1. Not concerned 2. Somewhat concerned 3. Very concerned	Household

% of HHs reporting concerns on impact of Covid-19 - Education	How concerned are people in your household about the impact of Covid-19 on education	Select One: 1. Not concerned 2. Somewhat concerned 3. Very concerned	Household
% of HHs taking Covid-19 vaccine	Would people in your household get a Covid-19 vaccine, if it is available and/or recommended to you?	Select One: 1. Yes 2. No 3. Don't Know	Household
% of HHs by concerns of not taking Covid-19 vaccine	If no, what are the main concerns from the people in your household for not taking a Covid-19 vaccine?	Select Multiple: 1. Lack of trust in the vaccine 2. Availability of vaccines 3. Access to vaccine services 4. Vaccine may be dangerous/vaccine side effects 5. Vaccine may be ineffective 6. Preference of home remedies 7. Covid-19 is not real 8. Covid-19 is not a risk for me 9. Vaccines may be ineffective against new COVID-19 variants 10. Other (please specify) 11. Don't know 12. Don't want to answer	Household