Research Terms of Reference

Informing Area-based humanitarian action in out-of-camp refugee contexts
Pilot study #1: Jordan

October 2016
Version 1

IMPACT Shaping practices
Influencing policies
Impacting lives

1. Summary

Country of intervention	Jordan				
Type of Emergency	Natural disaster	X	Conflict		Emergency
Type of Crisis	Sudden onset		Slow onset	X	Protracted
Mandating Body/ Agency	BPRM				
Project Code	AGORA (tbc)				
Research Timeframe	15 December 2016 to 15 May 2017				
General Objective	The project goal is to promote a more predictable, effective and relevant out-of-camp refugee response through an area-based approach to informing humanitarian action.				
Specific Objective(s)	Objective 1: Set-up and management of program governance mechanisms at country level Objective 2: Develop and pilot the "area-based approach toolbox"				
Research Questions	- How can area-based approaches to data gathering and analysis better inform humanitarian response? - How should participatory mapping be used to identify a community area? - What key informant and key informant network characteristics can be used to identify key informants that are able to provide the most reliable data on sector indicators?				
Research Type		Quantitative		Qualitative	X	Mixed methods
Geographic Coverage	The entire Mafraq municipality, with a particular focus on the following neighbourhoods for specific components of the research: 1) Al Husban, 2) Alhussain, 3) Al Zohoor				
Target Population(s)	Syrian refugees and host communities				
Data Sources	Secondary data: ➢ Ongoing data initiatives collecting comparable indicators to be used for triangulation with KI collected data where feasible Primary data on municipality level: ➢ Planning area for health and education services identified through Municipality key informants ➢ Municipality level data on health and education collected through Service Key informants ➢ Household level data aggregated and analysed at municipality level Primary data on neighbourhood level: ➢ Community area identified through participatory mapping ➢ Community Key informants shortlisted through FGDs ➢ Community level data collected through Community Key informants ➢ Household level data aggregated and analysed at community level				
Expected Outputs	- Toolbox on area-based approaches to be tested				

	- Jordan level steering committee established - Jordan field pilot conducted - Outputs produced (report / maps completed) - Lesson learned workshop conducted - Presentation of findings - Reviewed toolbox based on pilot results	
Key Resources	See section below	
Audience	Local authorities, CSO, local and international humanitarian actors, UN agencies and the donor	
	Audience type	Specific actors
	X Operational	UNHCR, IRC, DRC, ACTED, Mafraq Municipality
	X Programmatic	WB, UNHCR, ACTED, IRC, DRC, other partners
	Strategic	
	Other	
Access	X Public (available on IMPACT/AGORA website and other humanitarian platforms)	
	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH, AGORA or other platforms)	
	Other	
Visibility	IMPACT, UNHCR, State representatives, BPRM. Mention of Jordan Steering Committee members: ACTED, IRC, DRC, World Bank, relevant authorities	
Dissemination	Findings and lessons learned will be shared/discussed through workshop at Jordan level. After the duration of the pilot (2018), IMPACT will conduct ToT at regional level and conferences at Global level incorporating findings from the Jordan pilot.	

2. Background & Rationale

Humanitarian action in refugee contexts has traditionally evolved in camp settings. As a key player in humanitarian response to displacement crises, UNHCR has historically relied on camps, as an essential part of its operational response to protect and support refugees around the world. Recent displacement trends, however, show that a majority of refugees do not reside in camps or designated areas, but within local host communities. Furthermore, refugees are increasingly settling in urban areas: by the end of 2015, UNHCR estimated that six out of 10 refugees were found in urban locations.[1] Along with these changing displacement realities came the realization that camp settings can have significant negative long-term impacts on both refugees and hosting communities, including aid dependency, isolation and distortion of local economies. Consequently, there has been a shift away from giving primary attention to refugees living in camps. More so, since its 2009 urban refugee policy, UNHCR has set out to promoting alternatives to camps, while avoiding the establishment of new refugee camps, wherever possible.[2]

This shift in UNHCR's policy orientation does not come without new challenges in operationalizing out-of-camp responses. While camps constitute clearly demarcated areas of intervention with a well-defined target population and direct channels of interaction, out-of-camp settings are characterized by dispersed populations across a variety of settings and different degrees of coexistence between host communities and refugees. This complicates the interaction with refugees, which in turn impacts on the understanding of and responding to their needs, while it raises the question to which degree host communities need to be included in the humanitarian response in displacement contexts. In the light of these challenges, new ways of directing and implementing humanitarian interventions need to be found. At the same time, UNHCR acknowledges that a closer and more direct interaction with both refugees and host communities is necessary to ensure

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[1] UNHCR (2016) Global Trends 2015, http://www.unhcr.org/576408cd7.pdf (last accessed on 11 November 2016)
[2] UNHCR (2009) Policy on Refugee Protection and Solutions in Urban Areas

effective humanitarian assistance, including community level consultations and participatory assessments to identify conditions, needs and concerns of affected populations.[3]

Within this framework, area-based approaches to informing humanitarian action promise a new and efficient way to identify the range of needs of displacement affected populations in out-of-camp settings, allowing for more relevant and effective out-of-camp refugee response. The original aspect of area-based approaches to informing humanitarian interventions lies in establishing reliable channels of communication between target communities and humanitarian actors. Little evidence currently exists on how to implement effective area-based approaches on the ground and how to identify most reliable sources of information in a crisis setting.[4] It is however clear that for the success of an area-based approach to informing out-of-camp programming, two components are key:

- **The effective identification of target communities and the delineation of the territory they inhabit** (their area or settlement). Community areas do often not correspond to existing administrative and service-catchment boundaries, instead reflecting informal community-based relationship and decision-making networks.
- **The identification of effective community counterparts to most reliably inform and support humanitarian action in out-of-camp settings**.

This pilot study is designed to test a draft toolbox which aims to provide both the theoretical framework and the tools that are needed to achieve both components.

3. Research Objectives

To pilot the draft Toolbox and test the participatory mapping methodology identifiying community areas along with the reliability of the subsequent community area level data collected with community key informants identified through Social Network Analysis.

4. Research Questions

➢ How can area-based approaches to data gathering and analysis better inform humanitarian response?
➢ How should participatory mapping be used to identify a community area?
➢ What key informant and key informant network characteristics can be used to identify key informants that are able to provide the most reliable data on sector indicators?

5. Methodology

5.1. Methodology overview

The methodology outlined in the draft Toolbox (See Annex 1) will be implemented in full in Mafraq Municipality with a key addition – a representative household level sample will be collected on municipality level and in three specific neighbourhoods. The reliability of key informants predicted through the Social Network Analysis (SNA) conducted using the methodology outlined in the toolbox, will be tested by comparing the data collected from each shortlisted KI with a corresponding household level representative sample. The overall objective here is to:

➢ Assess to what extent it is possible to predict the ability to provide the most accurate information through SNA of key informant networks, and if so;
  o Which specific factors assessed through SNA can act as proxies for this ability, when identifying KIs for community based data collection.

This will be done both on the municipal level, with sector specific information (health and education), as well as on neighbourhood level with neighbourhood specific information on community access to services, community demographics,

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[3] UNHCR (2016) Global Trends 2015, http://www.unhcr.org/576408cd7.pdf (last accessed on 11 November 2016)
[4] IRC (2015) Humanitarian Crises in Urban Areas: Are Area-Based Approaches to Programming and Coordination the Way Forward?

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needs and vulnerabilities. A multi-sector household level survey will be conducted on municipal and neighbourhood level at the same time as the collection of comparable municipality-level sector indicators using a key informant tool. It is essential that the two data collection tools refer to the same reference period and the same geographical area (municipality/neighbourhood), to enable direct comparison of aggregated household level data and community level data.

5.2. Population of interest

The population of interest here consists of Syrian refugees and surrounding host communities, in the Mafraq municipality. It should be noted that the results from this study will to some extent only be possible to generalise to this particular context, further pilot studies are required to test the validity of the Toolbox in other settings, and in particular in non-urban settings.

5.3. Secondary data review

An extensive literature review will be conducted covering to main aspects of this assessments: area-based approaches and the theory of Social Network Analysis. The objectives of this literature review are:

1) to gain a comprehensive understanding of the current policy debates on humanitarian assistance in out-of-camp settings;
2) to map implemented programs employing an area-based approach to humanitarian aid;
3) to comprehend the theory of Social Network Analysis (SNA) as far as necessary to adapt it to our context;
4) to identify relevant applications of SNA that could inform our methodology.

Sources will include policy papers from key international organisations in the humanitarian assistance, briefing papers and program reports of implementing organisations as well as relevant academic publications.

5.3. Sampling framework

The sampling exercise for this assessment comprises two components:

1. A sample of sector and neighbourhood specific key informants comprising both Jordanian host community members and Syrian refugees; and
2. A survey sample including both Jordanian and Syrian refugee households on both municipality and neighbourhood level.

To identify key informants for the sectors of interest, namely health and education, as well as on the community level, the methodology outlined in the toolbox will be employed. In total, 15-20 key informants per sector/neighbourhood and nationality will be identified and shortlisted (see Table 1).

Table 1: Sampling overview, Syrian refugees and Jordanian hosts

Location	Population group	# Key informant interviews (community level)*	# Key informant interviews (education)*	# Key informant interviews (health)*	# Household Interviews**
Mafraq municipality	**Syrian**	--	15-20	15-20	400
	Jordanian	--	15-20	15-20	400
Neighbourhood 1	**Syrian**	15-20	--	--	100
	Jordanian	15-20	--	--	100
Neighbourhood 2	**Syrian**	15-20	--	--	100
	Jordanian	15-20	--	--	100
Neighbourhood 3	**Syrian**	15-20	--	--	100
	Jordanian	15-20	--	--	100
TOTAL		**120**	**40**	**40**	**1400**

	anticipated number of key informants (exact number will depend on the results from focus group discussions) *number of HH interviews on neighbourhood level will depend on the size of identified community areas*

The **household survey sampling framework** has been designed to ensure the pilot objectives can be met; i.e. that findings from the household level samples are generalizable to the municipal level, and on community level for three selected neighbourhoods, hence enabling the accuracy of the information collected through key informants on the same population, to be tested. A sample of households ensuring a 95% level of confidence and no more than 5% margin of error, disaggregated by nationality (Syrian/ Non-Syrian), will be interviewed across Mafraq municipality. Similarly, samples in three neighbourhoods will he interviewed to enable the same statistical generalisability on community level (see Table 1).

Given that there is a near equal amount of Syrian HHs as there are Jordanian HHs in Mafraq Municipality, random GIS sampling can be employed to sample both Syrian and Jordanian HHs. The availability of land scan data which can be triangulated with data obtained by the municipality, allows for implementation of random sampling based on population density. To obtain a geographically more evenly distributed sample of HHs across Mafraq Municipality, a cluster sampling approach will be conducted. To this end, the Mafraq municipality will be divided into at least eight evenly divided geographic clusters, based on information obtained by the municipality. From each cluster, a sample will be drawn through random GIS sampling: A random GPS point will be generated, at which location an enumerator will approach the nearest household, where the first adult member identified (aged at least 18 years) will be requested to participate in the interview. If the approached household member does not agree to be interviewed, a neighbouring household will be selected or a new random GIS point generated. In case the sample size for one group (Jordanian/Syrian) is attained before the other, further GPS points will be randomly generated, however only HHs from the other group will be interviewed. This sampling method will be employed until the required sample size has been reached for each of the two groups.

On neighbourhood level, the same methodology will be employed to sample Syrian and Jordanian HHs. As the HH survey tool employed on municipality level is the same as the tool for neighbourhood surveys, those HHs within the three neighbourhoods that have already been interviewed in the course of the municipality survey can be distracted from the neighbourhood sample size.

5.4. Primary Data Collection

Once all community areas within the Mafraq municipality and corresponding key informants for the two sectors (health and education) as well as for the three selected neighbourhoods have been identified using the methodology outlined in the Toolbox, a sector/community questionnaire will be used for the key informant component, where one form is filled for each key informant. While key informant level data collection is conducted, a simultaneous household level data collection exercise will be undertaken on both municipal and neighbourhood level, to enable comparison with KI data. This will help to test if KIs that provide data that most closely reflect reality on the ground could be identified through SNA. The household level questions will correspond to the KI questionnaire to enable comparison between results from the two data collection tools.

Example

KI questionnaire: What proportion of school aged children (7-17) attended school at least one day per week during the month prior to data collection (May 2016)?

Household questionnaire: How many school aged children in this household (7-17) attended school at least one day per week during the month prior to data collection (May 2016)?

*** PLEASE FIND HH AND KI SURVEY TOOLS IN ANNEX 2 ***

For the municipality component of this assessment, results from the household level data collection will be aggregated to municipality level (e.g. % of school-aged children in the sample attending school) and compared with the results from each of the municipality-level KI that reported on a given question (e.g. % of school-aged children in the municipality attending school). The same will be done on neighbourhood level to assess community KI information. The assumptions being tested here are:

1. That key informants with the widest social network and community or sector knowledge (that score highest in the SNA) will provide information that most closely reflects what is found in the representative sample.
2. That the accuracy of information provided by the selected key informants is "good enough" to inform target-area-wide planning.

5.5. Data Analysis Plan

Data collected through household level interviews need to be aggregated to municipal level to enable comparison with the municipality level data collected through key informants interviews.

6. Product Typology

Table 1: Type and number of products required

Type of Product	Number of Product(s)	Additional information
Report	1	
Situation Overview		
Profile	1 per area	
Factsheet		
Presentation	1	
Map		
Interactive Dashboard		
Web Map		
Other(s)		

7. Management arrangements and work plan

7.1. Roles and Responsibilities, Organogram

Table 2: Description of roles and responsibilities

TASK DESCRIPTION	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
RECRUITMENT	ACTED HR Jordan	REACH Jordan Assessment Officer	REACH Jordan Field Coordinator	ACTED/ IMPACT HQ
PROCUREMENT OF EQUIPMENT	ACTED LOGS Jordan	REACH Jordan Assessment Officer	REACH Jordan Field Coordinator	ACTED/ IMPACT HQ
TOR/ANALYSIS PLAN DEVELOPMENT/SAMPLING	REACH Jordan Assessment Officer	REACH Country Focal Point	Vincent, Gaia/Luca	IMPACT HQ
PROJECT GOVERNANCE SET-UP, ENDORSEMENT OF TOR, STEERING COMMITTEE MEETINGS	REACH Country Focal Point	Luana	Gaia, Luca	IMPACT HQ

SECONDARY DATA COLLECTION	Luana, REACH Jordan Assessment Officer	Luana	Gaia, Luca	IMPACT HQ
PRIMARY DATA COLLECTION & ANALYSIS	REACH Jordan Assessment Officer	REACH Country Focal Point	Luana, Gaia, Luca	IMPACT HQ
OUTPUT PRODUCTION & ENDORSEMENT	REACH Jordan Assessment Officer	REACH Country Focal Point	Luana, Gaia, Luca	IMPACT HQ
DISSEMINATION & WORKSHOP	REACH Jordan Assessment Officer REACH Country Focal Point	Luana	Gaia, Luca	

Responsible: *the person(s) who execute the task*

Accountable: *the person who validate 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*

7.2. Resources: HR, Logistic and Financial

The following outlines a breakdown of project requirements:

Staff Requirements

International Program Staff Requirements (11,799.29 JOD)

- 1 Assessment Officer (15 dedicated weeks)
- 1 Assessment Manager (12 dedicated weeks)
- 1 Assessment Intern (12 dedicated weeks)
- 1 GIS Officer (12 dedicated weeks)

National Program Staff Requirements (39,880.00 JOD)

- 1 Project Coordinator – REACH (6 dedicated weeks)
- 1 Senior Field Coordinator (4 dedicated weeks)
- 4 MFGD Field Coordinator – REACH (2 dedicated weeks)
- 4 MFGD Community Mobilizer – REACH (2 dedicated weeks)
- 1 KI Field Coordinator – REACH (2 dedicated weeks)
- 10 KI Enumerators (2 dedicated weeks)
- 2 HH Field Coordinator – REACH (4 dedicated weeks)
- 20 HH Enumerators (4 dedicated weeks)
- 4 drivers for FGD data collection (2 weeks)
- 4 drivers for KI data collection (1 week)
- 7 drivers for HH survey data collection (4 weeks)

Support Staff Requirements to be further defined

Programme and Activity Requirements (5,130.00 JOD)

FGD data collection

- 4 cars for FGD data collection (2 weeks)

KI data collection

- 4 cars for KI data collection (1 week)

HH survey data collection

- 7 cars for HH survey data collection (4 weeks)

Operational Requirements (tbd)

FGD data collection

- 4 Flip charts
- 40 markers
- 20 blue pens
- 20 A3 notebooks
- 8Vests
- 8 badges
- 4 Smart phones
- 20 JOD phone credit

. KI data collection

- 12 A3 notebooks
- 11 Vests
- 11 badges
- 30 JOD phone credit

HH survey data collection

- 15 Vests
- 15 badges
- 22 smart phones
- 22 ACTED phones
- 100 JOD phone credit

7.3. Work plan

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20
Tool development	█	█																		
Steering Committee Setup	█	█																		
Qualitative data collection:																				
Mapping Focus group discussions																				
Preparation			█																	
Training and Data collection				█	█															
Analysis						█														
Key informant interviews																				
Preparation						█	█													
Data collection								█												
Analysis									█											
Quantitative data collection:																				
Preparation									█	█										
Pilot and training										█	█									
Data collection											█	█	█	█						
Data Analysis and report writing														█	█	█	█			
Findings dissemination:																				
Dissemination & workshops																		█	█	█

8. Risks & Assumptions

Table 3: List of risks and mitigating action

Risk	Mitigation Measure
Key (i.e. UNHCR, relevant governance actors, etc.) stakeholders are not on board in the Pilot phase	Meetings and discussions will be held beforehand to ensure full cooperation and transparent communciation with all key actors involved in the Pilot. Should this not lead to a positive outcome, the pilot will be implemented and information will be provided directly to UNHCR at global level.
HHs are unwilling to participate in assessment	Clear communication about the objectives of the assessment to help relay the value of the data collected; replacement sample strategy in case of refusal to particiate

9. Monitoring and Evaluation

Table 4 : Monitoring and evaluation targets

Indicator	Target	Indicator type	Baseline	How measured/documented/collected
Country-level steering committees established	1	Input	No committee existing	Member lists of steering committees, minutes of meetings, meetings attendance sheets.
Humanitarian and governance actors per country participating to program governance and strategy	5	Output	No actor currently involved	Member lists of steering committees, minutes of meetings, meetings attendance sheets.
Draft toolbox developed	1	Input	No toolbox exists	Toolbox documents
Field pilot study conducted	1	Input	0 case studies conducted	Field study final report
Humanitarian actors participating in piloting the toolbox per country	5	Output	No actor currently involved	Meeting minutes, tracking of in kind contributions for toolbox piloting, users survey

10. Documentation Plan

A "mapping" of existing key documents (policies, reports and ongoing practices) can be found in the annex.

11. Annexes

1. Data Management Plan
2. Questionnaire(s) / Tool(s)
3. M&E Matrix

Annex 1 : Data management tool

Administrative Data	
Project Name	Informing Area-based humanitarian action in out-of-camp refugee contexts
Project Code	99iACQ0B1
Donor	BPRM
Project partners	ACTED, IMPACT
Project Description	The project goal is to promote a more predictable, effective and relevant out-of-camp refugee response through an area-based approach to informing humanitarian action. • **The effective identification of target communities and the delineation of the territory they inhabit** (their area or settlement). Community areas do often not correspond to existing administrative and service-catchment boundaries, instead reflecting informal community-based relationship and decision-making networks. • **The identification of effective community counterparts to most reliably inform and support humanitarian action in out-of-camp settings**. To pilot the draft Toolbox and test the participatory mapping methodology identifiying community areas along with the reliability of the subsequent community area level data collected with community key informants identified through Social Network Analysis.
Project Data Contacts	olivier.cecchi@reach-initiative.org; christian.keller@reach-initiative.org luana.desouza@impact-initiatives.org
DMP Version	26 June 2017 V4
Related Policies	
Data Collection	
What data will you collect or create?	Primary data collection: Primary data will be collected by REACH data collectors through key Informant interviews (320) and household interviews (1400) in Mafraq city, Jordan. Creation of data Community areas factsheets, Mafraq area-based city profile, methodology documents: lessons learned and best practices from SNA approach and participatory mapping exercises.
How will the data be collected or created?	**Key Informant Interviews** Community-level focus group discussions as well as official registers will be used to pre-identify community key informants and service-level key informants respectively. Thereafter a preliminary telephone interview with identified persons will be held via a call centre put in place by REACH to ask for consent for participation in the further research and to obtain basic information on the key informant. Thematic (education, health or neighborhood related) key informant interviews will then be led by REACH enumerators in the filed on Mafraq city and neighborhood level. **Household interviews** The data collected at household level aims to give representative findings at

neighborhood level in 3 chosen neighborhoods of Mafraq municipality with 95% confidence and 5% error margin, and at municipality level with 95% confidence and 5% error margin. The sampling frame is based on official 2016 census data obtained from the Jordan Department of Statistics.

REACH enumerators will collect data through mobile devices offline and data will be sent on a day-today basis to an ODK (Open Data Kit) server (REACH Jordan Kobo account). The REACH Jordan database officer will review incoming data for potential errors; check and verify any possible corrections with the data collection teams.

Once data collection is completed, the REACH Jordan database officer will export the final dataset and check for errors, recording any corrections and modifications made in a data cleaning log. Raw and master databases are saved on the Jordan REACH server using REACH file name & document title standards.

Electronic File Name:
REACH_Countrycode_typeofdocument_Crisisname_mandatingbody_MonthYear
Document Title:
Countrycode_producttype_crisisname_monthYear

Documentation and Metadata	
What documentation and metadata will accompany the data?	For better understanding and reuse of this assessment result as secondary data by stakeholders, REACH will produce a package of data, which contains cleaned anonymized database, factsheet, analysis, and maps. • TORs: specifying data collection methodology, scope, etc… • Tools: that have been developed to collect the data as outlined here (HH survey, KI SNA surveys, KI health/education/neighborhood surveys) • Data Cleaning log: specifying all modifications that have been made to the raw data set eliminating data collection and data entry errors. REACH will also add meta-data in the data-set of this assessment which contain: 1. Methodology of the assessment 2. Limitations of the methodology 3. Period of the survey 4. Geographical coverage of the survey 5. Tag of sectors/thematic covered by the assessment 6. Description of any composite variables created 7. Data cleaning log
Ethics and Legal Compliance	
How will you manage any ethical issues?	REACH will ensure that every person from whom data is gathered for the purposes of research consents freely to the process on the basis of adequate information. They will also be able, during the data gathering phase, to withdraw freely or modify their consent and to ask for the destruction of all or part of the data that they have contributed.

	Throughout training of assessment teams, it will be emphasized that participants are not obliged to provide information they feel poses a risk to their well-being or if they feel this may cause a threat to their personal safety. Through constant feedback, such instances are reported to inform continuous improvements to training. Personal identifiable information will not be publicly disseminated to minimize/eliminate protection concerns for the assessed population. All data will be aggregated to a location and no household identifiers will be publicly visible from the reports and maps. If agencies request the raw data, any sensitive information potentially leading to household identification will be removed carefully. REACH will not share personally identifiable data. Whenever possible and relevant, questionnaires and assessments will be designed in coordination and collaboration with relevant cluster leads, including Protection, Food security, WASH, Education, Health and displacement, with close coordination with OCHA. Specific protection assessments will be defined in close liaison with the protection cluster at a later stage.
Storage and Backup	

How will the data be stored and backed up during the research?	REACH will be responsible for data storage, back up, and data recovery. Multiple data storages will be used to maximize data security, as outlined below:
	
	1. ODK-based server: The ODK server (REACH Jordan Kobo account) will be administrated by REACH Jordan database team in Amman, to which a limited number of REACH staff will have access (the device setting will only contain the URL of the forms and no password) and whenever any data is requested as per guidelines, it will be extracted from ODK-based server. The following staff will have access to the server during the data collection and analysis phase:
	 - Ayman Yousef, database manager
	 - Sam Brett, assessment manager
	 - Olivier Cecchi, senior data analyst
	
	2. REACH country server:
	  a. Pre Assessment: Before starting any assessment, specific separate folders will be made for each assessment (considering REACH documentation system) and will be protected by passwords
	  b. During Assessment: A daily backup will be extracted from ODK server into and saved as a spreadsheet file in the specific assessment folder.
	  c. Post Assessment: After completion of data collection REACH database officer will clean the data according to data cleaning guidelines and stop accepting submissions into ODK server for the specific assessment. Raw and cleaned data sets will be stored on the REACH country server as a spreadsheet, as well as maintained online on the KOBO server.
	3. REACH: The final cleaned database of the assessment will stored by REACH HQ Geneva on the REACH Global Server in the CERN.

How will you manage access and security?	The access policy to the data will differ by the time of assessment (during assessment and after assessment).

1. During assessment: only the REACH database officer in Jordan reporting to the REACH Global Database Manager will have access to ODK-based server. The following staff will have access to the ODK-based server:
   a. Ayman Yousef, database manager
   b. Sam Brett, assessment manager
   c. Olivier Cecchi, senior data analyst
2. After assessment: when data collection process is completed the cleaned anonymized data will – on request – be shared with global and Jordan-level Steering Committee members, including UNHCR.

Selection and Preservation	
Which data should be retained, shared, and/or preserved?	REACH will delete all personally identifiable data relating to the respondent (name and phone number) from the households dataset. The GPS records will be trimmed to ensure that household locations are protected. REACH will keep the personal information relating to key informants, such as name and phone numbers, during the project implementation for REACH internal data verification purpose. These sensitives information will not be shared with any other parties. After completion of the project, the dataset will be anonymized and as the sensitive information will be deleted.
What is the long-term preservation plan for the dataset?	Due to data security REACH will not keep any paper form (hard filling) from this assessment's dataset. The dataset of this assessment will be archived virtually on the REACH country server, and global cloud as REACH primary data. REACH or other stakeholders can benefit from this information in future assessments, reports, and proposals.
Data Sharing	
How will you share the data?	The processed anonymized data (completed, cleaned, analyzed, and validated data) will be shared with Steering Committee members only and based upon their request.
Are any restrictions on data sharing required?	REACH will apply an anonymization policy, deleting all sensitive information from the dataset. No data will be disseminated before completing the data process (data cleaning and data validation). Data will be shared with humanitarian actors, specifically those taking part in the governance of the pilot (Steering Committee Members) and working groups at Mafraq and Jordan level.
Responsibilities	
Who will be responsible for data management?	REACH will be responsible for the assessment's data-flow. Each step of data collection and data process will be managed by a REACH database officer on Jordan level reporting to the REACH Global Database Manager. Once data collection and cleaning are finalized, the full data set will be sent to REACH HQ Geneva where the REACH Global senior data analyst (Olivier Cecchi) will be responsible for data management.

Annex 2: Questionnaire(s) / Tool(s)

TOOL: Indicators for area-based service access data collection

Sector	Topic	Indicator
EDUCATION	**Education needs**	% of children of school-going age i.e. 6-18 years enrolled in formal education (by gender, nationality and age)
		% of enrolled children regularly attending formal education (by gender, nationality and age)
		% of children aged 6-18 that have been out of school for over one year (by gender, nationality, age and reason)
		Average time in months spent out of school for children aged 6-18 over the past five years (by gender, nationality and age)
		Top 3 priority needs to enhance access to and quality of education in BSU
	Access to education	% of children attending schools outside BSU, by reason
		Average distance in meters to school of attendance from HHs
	Quality of education	% of children with access to adequate learning materials, from any source
		Average class size by number of students (per primary/secondary schools)
	Impact	% of HHs reporting changes to the availability, access and quality of educational services within the last five years

Sector	Topic	Indicator
HEALTH	**Healthcare needs**	% of HHs with a member who suffered from health issues in the past 6 months, by type of health issue
		% of HHs with at least one member with a disability
		% of HHs with at least one member with a chronic illness, by type of illness
	Access to healthcare	% of HHs with a member who suffered from health issues in the past 6 months able to access required healthcare, by type of facility accessed
		Average distance in meters to nearest healthcare facility from HHs
		% of HHs reporting challenges in accessing healthcare in the past 6 months, by type of challenge
		Top 3 priority needs to enhance access to and quality of healthcare services in BSU
	Health expenditure	% of HHs covered by type of health insurance
		Top 3 alternative means to cover healthcare costs if not insured

	Topic	Indicator
COMMUNITY LEVEL	**Household demographics**	Average household size
		Average dependency ratio per household
		% of households headed by males/females
	Household arrival	% of families who have lived in neighbourhood for less than 6 months
		% of families who have lived in neighbourhood for 6 months to 1 year
		% of families who have lived in neighbourhood for 1 year to 3 years
		% of families who have lived in the neighbourhood for 3 years to 5 years
		% of families who have lived in neighbourhood for more than 5 years
	Main sources of income	Top 3 sources of household income in past month
	External assistance	% of HHs receiving humanitarian aid in past month, by type of assistance received
	Livelihoods challenges	% of HHs facing challenges in maintaining livelihoods in past month, by type of challenge
	Coping strategies	% of HHs adopting strategies to cope with challenges faced in maintaining livelihoods in past month, by strategy type
	Access to education	Top 3 challenges in accessing education
	Access to healthcare	Top 3 challenges in accessing healthcare in the last month
	Shelter issues	% of HHs with inadequate housing conditions, by type of inadequacy

BPRM: Neighbourhood level household survey	Related KI questions
Houehold Demographics	

What nationality is the head of your household?						
Jordanian	|—|	Syrian	|—|	Other	|__|	
If other, please specify: _____						

What is the sex of head of household?	Are households in the neighbourhood primarily headed by males or females? Is there a difference between Syrian and Jordanian households?
Female |—| Male |__|	
What is the age of head of houehold? (Years) |__|	
How many people live in you household? |__|	What is the typical family size in your neighbourhood? Is there a difference between Syrian and Jordanian families?

LOOPED QUESTIONS PER HOUSEHOLD MEMBER
The following questions are to be asked about each member of the household (until question XXXX)

	HH member 1	HH member 2	HH member 3	HH member 4
Age in years (If under 2 years, age in months)	|__|	|__|	|__|	|__|
Sex (1 = Female, 2 = Male)	|__|	|__|	|__|	|__|

END LOOP

When did the first member of your household arrive in this neighbourhood? (month, year)	|__|	What percentage of families have lived in the neighbourhood for less than 6 months? For 6 months to 1 year? For 1 year to 3 years? For 3 years to 5 years? For more than 5 years?
When did the last member of your household arrive in this neighbourhood? (month, year)	|__|	

Has you household encountered any of the following shelter related issues in the past month? Select all that apply			
1) Current accommodation is adequate	|—|	6) Lack of furniture	|__|
2) Overcrowding	|—|	7) Presence of damp/rot	|__|
3) Lack of electricity	|—|	8) Broken doors and windows	|__|
4) Lack of water supply	|—|	9) Presence of rodents or insects	|__|

What are the main shelter related issues faced by households in your neighbourhood?

5) Weak physical infrastructure	|—|	10) Other	|__|

If other, please specify: _____

Incomes and livelihoods

What were your household's 3 main sources of income in the past month?	
1) Employed in regular work	6) Remittances
2) Work (daily)	7) Borrowing from family/friends
3) Self employed (e.g. business/shop owner)	8) Loans (from shops, banks etc.)
4) Farm owner	9) Humanitarian assistance
5) Savings	10) Other

What are the main sources of income for households in this neighbourhood?

If other, please specify: _____

First main source	|__|	Second main source	|__|	Third main source	|__|

What amount of money (in JDs) was generated from the first main source?	|__|
What amount of money (in JDS) was generated from the second main source?	|__|
What amount of money (in JDS) was generated from the third main source?	|__|

<p style="text-align:center; color:red">For Syrian households only:</p>

Has your household received any of the following types of humanitarian assistance in the past month? Select all that apply					
1) Food	|__|	3) NFI	|__|	5) None	|__|
2) Cash	|__|	4) Education / vocational training	|__|	6) Other	|__|

What percentage of Syrian families in your neighbourhood receive humanitarian assistance? What percentage receive assistance for food? What percentage receive cash assistance? What percentage receive NFIs? What percentage receive shelter assistance?

If other, please specify: _____

<p style="text-align:center; color:red">End of Syrian households only</p>

Has your household faced any of the following challenges in maintaining livelihoods in the past month? Select all that apply			
1) No challenges faced	|—|	8) Production inputs not available	|__|
2) Lack of employment opportunities	|—|	9) Environmental challenges (e.g. drought, pollution)	|__|

3) Physical access to employment opportunities	|_|	10) Livestock / crop diseases	|__|
4) Low wages / salaries	|_|	11) Banking system not functional	|__|
5) Salary / wages not paid or delayed	|_|	12) High cost of food and other goods	|__|
6) Decreased sales / loss of customers	|_|	13) Other	|__|
7) High cost of production inputs	|_|	If other, please specify: _____	

What are the main challeges faced by families in your neighbourhood regarding access to livelihoods?

In the past month, which of the following coping strategies has your household used to cope with a lack of resources?
(0 = No, 1 = Yes, 2 = No because I have exhausted this strategy and cannot use it any more)

1) Sharing costs with host family	|_|	8) Withdrawing children from school	|__|
2) Borrowing from family members	|_|	9) Sending children under 16 to work	|__|
3) Support from neighbours/host community	|_|	10) Begging	|__|
4) Selling household assets	|_|	11) Taking on additional or undesired work	|__|
5) Selling productive assets	|_|	12) Not paying rent	|__|
6) Selling food vouchers	|_|	13) Other	|__|
7) Buying against credit	|_|	If other, please specify: _____	

What are the main coping strategies used by households when faced with a lack of resources to meet their basic needs?

Access to education			

LOOPED QUESTIONS FOR EACH HOUSEHOLD MEMBER AGED 6 TO 18

		HH member 1	HH member 2	HH member 3	HH member 4

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	Is the household member currently attending formal education? (0 = No, 1 = Yes)		|__|	|__|	|__|	|__|
	How many days of school has the household member missed in the past month?		|__|	|__|	|__|	|__|
	How long does it take for the houseold member to travel to school (in minutes)?		|__|	|__|	|__|	|__|
	How many children are in the household member's class (including the household member)?		|__|	|__|	|__|	|__|
If yes:	Does the household member attend a school in this BSU? (0 = No, 1 = Yes)		|__|	|__|	|__|	|__|
	If no, why not? (Select all that apply) (0 = No, 1 = Yes)	Distance to school	|__|	|__|	|__|	|__|
		Costs (tuition fees and other education related expenditure)	|__|	|__|	|__|	|__|
		Attend school in area of former residence	|__|	|__|	|__|	|__|

		Cultural / religious reasons	|＿|	|＿|	|＿|	|＿|
		Quality of school	|＿|	|＿|	|＿|	|＿|
		Parents work in the same area as school they are attending	|＿|	|＿|	|＿|	|＿|
		Other (please specify)	|＿|	|＿|	|＿|	|＿|
	Has the household member been out of school for more than 1 year? (0 = No, 1 = Yes)		|＿|	|＿|	|＿|	|＿|
If no:	Why is the HH member not in school? (0 = No, 1 = Yes)	Did not know school registration was possible	|＿|	|＿|	|＿|	|＿|
		Arrived in the middle of the academic year	|＿|	|＿|	|＿|	|＿|
		Marriage / engagement	|＿|	|＿|	|＿|	|＿|
		Disabiliy / serious health condition	|＿|	|＿|	|＿|	|＿|

In the past 5 years, how many months of school has the household member missed in total?	|__|	|__|	|__|	|__|

END LOOP

Which of the following challenges have members of your household faced in terms of accessing education services in the past year? (Select all that apply)

1) No challenges faced	—	10) Child needed at home to work	|__|
2) Distance to school	—	11) Physical or mental illness	|__|
3) Financial constraints	—	12) Curriculum not relevant / useful	|__|
4) Overcrowding at school	—	13) Arrived in the middle of academic year	|__|
5) Turned away from school	—	14) Gap between grade level in home country compared with grade level in Jordan (Syrian only)	|__|
6) Not happy with quality of teachers	—	15) School registration issues	|__|
7) Verbal abuse at school	—	16) No MoI card / MoI card registered in a different place (Syrian only)	|__|
8) Physical abuse at school	—	17) Other	|__|
9) Safety fears for movement outside the home	—	If other, please specify: _____	

What are the main challenges faced by households in your neighbourhood in terms of accessing education services?

Do children in your household have limited access to any of the following learning materials?
Select all that apply

1) None - have access to all required learning materials	—	4) Stationery (writing materials, calculators, etc.)	|__|
2) Textbooks	—	5) Don't know	|__|
3) Exercise books	—	6) Other	|__|

If other, please specify: _____

What are the top 3 ways that healthcare services could be improved for children in your neighbourhood?
Select in order of priority

1) Access to more / better quality learning materials	|_|	6) Better equipped learning spaces	|__|
2) Better qualified teachers	|_|	7) Increased provision of transportation to schools	|__|
3) Increased number of teachers	|_|	8) Increased financial support to cover education-related expenditures	|__|
4) Smaller class sizes	|_|	9) Better adapted curricula to match education background (Syrian only)	|__|
5) More learning spaces (classrooms, buildings, learning sites etc.)	|_|	10) Other	|__|

If other, please specify: _____

First priorty	|_|	Second priority	|_|	Third priority	|__|

For Jordanian households only:

Which of the following educational services issues do children in your neighbourhood face?
(select all that apply)

1) Overcrowding	|_|	5) Limited access to learning materials	|__|
2) Lack of teachers	|_|	6) Tensions between students at school	|__|
3) Low quality of educational facilities	|_|	7) Other	|__|
4) Low quality of teaching	|_|	If other, please specify: _____	

How have these changed in the past 5 years? (0 = No change, 1 = Decreased, 2 = Increased)

1) Overcrowding	|_|	5) Limited access to learning materials	|__|
2) Lack of teachers	|_|	6)Tensions between students at school	|__|

3) Low quality of educational facilities		7) Other		|__|
4) Low quality of teaching		If other, please specify: _____		

<div align="center" style="color:red">End of Jordanian households only</div>

Access to healthcare

LOOPED QUESTIONS FOR EACH HOUSEHOLD MEMBER

	HH member 1	HH member 2	HH member 3	HH member 4
Does the household member have difficulty seeing, even if wearing glases? (1 = No - no difficulty, 2 = Yes, some difficulty, 3 = Yes, a lot of difficulty, 4 = Cannot do at all)	|__|	|__|	|__|	|__|
Does the household member have difficulty hearing, even if using a hearing aid? (1 = No - no difficulty, 2 = Yes, some difficulty, 3 = Yes, a lot of difficulty, 4 = Cannot do at all)	|__|	|__|	|__|	|__|
Does the household member have difficulty walking or climbing steps? (1 = No - no difficulty, 2 = Yes, some difficulty, 3 = Yes, a lot of difficulty, 4 = Cannot do at all)	|__|	|__|	|__|	|__|
Does the household member have difficulty remembering or concentrating? (1 = No - no difficulty, 2 = Yes, some difficulty, 3 = Yes, a lot of difficulty, 4 = Cannot do at all)	|__|	|__|	|__|	|__|

Does the household member have difficulty with self-care, such as washing all over or dressing? (1 = No - no difficulty, 2 = Yes, some difficulty, 3 = Yes, a lot of difficulty, 4 = Cannot do at all)	|__|	|__|	|__|	|__|
Does the household member have difficulty communicating using his or her usual language (understandng or being understood)? (1 = No - no difficulty, 2 = Yes, some difficulty, 3 = Yes, a lot of difficulty, 4 = Cannot do at all)	|__|	|__|	|__|	|__|

END LOOP

Have any household members suffered from the following healthcare issues in the past 6 months? (Select all that apply)

1) Sore throat / cough	|__|	8) Constipation	|__|
2) Skin infections	|__|	9) Eye discomfort/vision issues	|__|
3) Diarrhoea	|__|	10) Chest pain	|__|
4) Nausea or vomiting	|__|	11) Heart palputations	|__|
5) Joint pain	|__|	12) Hearing problems	|__|
6) Headaches	|__|	13) Other	|__|
7) Abdominal pain	|__|	If other, please specify: _____	

Have any household members been formally diagnosed with any of the following conditions? (Select all that apply)

1) Cardiovascular diseases (heart attacks, stroke)	|__|	4) Diabetes	|__|

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2) Cancer		5) Other		|__|
3) Chronic respiratory diseases (asthma, breathing problems)		If other, please specify: _____		

Have any members of your household needed to access medical facilities in the past 6 months? (0 = No, 1 = Yes)				|__|
If yes, where? (Select all that apply)	1) Public hospital / clinic	|__|	4) Jordanian military / civil defence hospital	|__|
	2) Private hospital / clinic	|__|	5) Pharmacy	|__|
	3) NGO / UN health clinic	|__|	6) Other	|__|
	If other, please specify: _____			

How long does it take to travel to the nearest faciliy where you are able to receive medical attention (in minutes)? (By most commonly used transport method for making this journey)		|__|

Which of the following challenges have members of your household faced in terms of accessing healthcare services in the past month? (select all that apply)

1) No challenges faced		7) Distance to health facility		|__|	
2) High costs of treatment		8) Overcrowding / long waiting time		|__|	
3) High costs of medication		9) Required equipment not available		|__|	What are the main challneges faced by households in your neighbourhood in terms of accessing healthcare services?
4) Lack of staff at medical facility		10) Documentation challenges (Invalid / No MoI card)		|__|	
5) Lack of qualified medical staff		11) Other		|__|	
Do not feel comforatble attending / service is not appropriate		If other, please specify: _____			

What are the top 3 ways that healthcare services could be improved in your service area? Select in order or priority	
1) Reduced cost of treatment	7) Increased availability of medicines, medical equipment and supplies
2) Reduced cost of medicine	8) Increased capactiy to redcue waiting in existing facilities

3) Increased availability of healthcare facilities	9) More male healthcare personnel	
4) Improved transportation to access healthcare facilities	10) More female healthcare personnel	
5) More medical staff	11) Other	
6) Increased number of specialised healthcare personnel	If other, please specify: _____	

First priorty	|__|	Second priority	|__|	Third priority	|__|

Do members of your household currently have health insurance? (0 = None, 1 = Some, 2 = All)	|__|

How does your household cover its healthcare expenses? (select all that apply)			
1) Readily available money (short term cash holdings)	|__|	5) Health insurance	|__|
2) Savings (longer-term holdings of money that have been set aside for specific purposes)	|__|	6) Humanitarian assistance	|__|
3) Sale of assets	|__|	7) Remittances	|__|
4) Loans	|__|	8) Other	|__|

If other, please specify: _____

For Jordanian households only:

Which of the following issues are present at healthcare facilities in your service area? (Select all that apply)			
1) Overcrowding in facilities	|__|	5) Decreased access to medicines and supplies	|__|
2) Lack of sufficient doctors and medical stafff	|__|	6) Don't know	|__|
3) Deterioration of facilities because of overcrowding	|__|	7) Other	|__|
4) Deterioration of quality of healthcare services because of overcrowding	|__|	If other, please specify: _____	

At healthcare facilities in your service area, how have the following issues changed in the past 5 years? (0 = No change, 1 = Decreased, 2 = Increased)			
1) Overcrowding in facilities	|__|	5) Deterioration of quality of healthcare services because of overcrowding	|__|

2) Lack of sufficient doctors and medical stafff		6) Decreased access to medicines and supplies	|__|
3) Deterioration of facilities because of overcrowding		7) Other	|__|
4) Deterioration of quality of healthcare services because of overcrowding		If other, please specify: _____	
End of Jordanian households only			

Annex 3: M&E Matrix

Indicator	Target	Indicator type	Baseline	How measured/documented/collected	methodology	timeframe	results	annex/docs
Objective #1: Set-up and management of program governance mechanisms at global and country level								
# of global steering committee established	1	Input	No committee existing	Member lists of steering committees, minutes of meetings, meetings attendance sheets.	n/a	by May 2018		
# of country-level steering committees established	3	Input	No committee existing	Member lists of steering committees, minutes of meetings, meetings attendance sheets.	usage survey to be done with SC members at end of each pilot	May 2017 for Pilot 1		annex
# of humanitarian and governance actors per country participating to program governance and strategy	5	Output	No actor currently involved	Member lists of steering committees, minutes of meetings, meetings attendance sheets.	engagement monitoring document	ongoing		Available on demand
Objective #2: Develop and pilot the "area-based approach toolbox"								
# of toolbox developed	1	Input	No toolbox exists	Toolbox documents	n/a	May 2018		
# of field studies conducted	1	input	0 case studies conducted	Field studies final reports	n/a	April/May 2017		
# of humanitarian actors participating in piloting the toolbox per country	5	Output	No actor currently involved	Meeting minutes, tracking of in kind contributions for toolbox piloting, users survey	usage survey to be done with SC members at end of each pilot and engagement monitoring doc	May 2017		annex