

Research Terms of Reference

Integrated Public Health Rapid Assessment (IPHRA) in Akobo East, Akobo County

SSD2406

South Sudan

June 2025

V1

1. Executive Summary

Country of intervention	South Sudan						
Type of Emergency	<input checked="" type="checkbox"/>	Natural disaster	<input checked="" type="checkbox"/>	Conflict	<input type="checkbox"/>	Other (<i>specify</i>)	
Type of Crisis	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/>	Protracted	
Mandating Body/ Agency	FCDO						
IMPACT Project Code	32BFG						
Overall Research Timeframe	23/06/2025 to 18/08/2025						
Research Timeframe	1. Pilot/ training: 15/07/2025			6. Preliminary presentation: 15/08/2025			
	2. Start collect data: 17/07/2025			7. Outputs sent for validation: 18/08/2025			
	3. Data collected: 28/07/2025			8. Outputs published: 26/08/2025			
	4. Data analysed: 1/08/2025			9. Final presentation: NA			
	5. Data sent for validation: 4/08/2025						
Humanitarian milestones	Milestone			Deadline (can be tentative)			
	<input checked="" type="checkbox"/>	Donor plan/strategy			ASAP		
	<input checked="" type="checkbox"/>	Inter-cluster plan/strategy			ASAP		
	<input checked="" type="checkbox"/>	Cluster plan/strategy			ASAP		
	<input type="checkbox"/>	NGO platform plan/strategy					
Audience Type & Dissemination	Audience type			Dissemination			
	<input checked="" type="checkbox"/>	Strategic			x General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) x Cluster Mailing (Education, Shelter and WASH) and presentation of findings at the next cluster meeting x Presentation of findings (e.g. at HCT meeting; Cluster meeting) x Website Dissemination (Relief Web & REACH Resource Centre)		
<input checked="" type="checkbox"/>	Programmatic						
<input type="checkbox"/>	Operational						
<input checked="" type="checkbox"/>	Advocacy						

Stakeholder mapping	x Yes	<input type="checkbox"/> No
General Objective	<i>To assess the severity of public health outcomes and identify initial public health priorities for humanitarian response to mitigate excess morbidity, malnutrition, and mortality in Akobo East, Akobo County.</i>	
Specific Objective(s)	<p>Population Demographics</p> <ul style="list-style-type: none"> <i>To understand the demographic composition of the target population.</i> <p>Population Movement Dynamics</p> <ul style="list-style-type: none"> <i>To understand the movement dynamics, including movement intentions and of IDPs and returnees in Akobo County.</i> <p>Health</p> <ul style="list-style-type: none"> <i>To estimate the proportion of the population with health care needs in the two weeks prior to data collection (any health care needs, unmet needs, needs by sex/age/symptom)</i> <i>To understand the main barriers for the target population in accessing health and nutrition services.</i> <i>To assess the availability and functionality of health and nutrition facility services.</i> <i>To estimate the coverage of Vitamin A supplementation among children 6-59 months of age</i> <i>To estimate the coverage of measles vaccination among children 9-59 months of age</i> <i>To estimate the coverage of oral cholera vaccinations among people 5+ years of age</i> <p>Food Security & Livelihoods</p> <ul style="list-style-type: none"> <i>To estimate the proportion of the target population experiencing food consumption gaps.</i> <i>To estimate the proxy coverage of emergency food security interventions in the target population.</i> <i>To understand the availability and utilisation of food at the household level.</i> <i>To understand the main barriers for the target population in accessing food.</i> <i>To estimate the proportion of the population using livelihood-based coping strategies to access food or other basic needs, and their severity.</i> <p>Water, Sanitation, and Hygiene</p> <ul style="list-style-type: none"> <i>To estimate the proportion of the population experiencing water consumption gaps, in terms of quantity (main source of drinking water).</i> 	

	<ul style="list-style-type: none"> • To estimate the proportion of the population with access to improved sanitation facilities • To estimate the proportion of the target population with access to handwashing facilities with soap and water in their dwelling/yard/plot • To estimate the proportion of the target population practicing daily hygiene management • To understand the main barriers for the target population in accessing water. • To estimate the proportion of households with access to basic WASH NFIs. <p>Shelter and NFIs</p> <ul style="list-style-type: none"> • To assess the main shelter types being used by the population. • To assess the prevalence of shelter damage among the population. • To estimate the proportion of the population with access to critical non-food items (soap, mosquito nets, water treatment tablets, blankets, tarpaulin, cooking supplies, jerry cans, etc.)
<p>Research Questions</p>	<p>RQ1 - What is the demographic composition of the population?</p> <ul style="list-style-type: none"> • RQ 1.1 – What is the sex and age distribution of the assessed population? <p>RQ2- What are the ongoing population movement dynamics among the IDP population?</p> <ul style="list-style-type: none"> • RQ 2.1 - What is the current population status of the household? • RQ 2.2 – What are the push and pull factors influencing movement dynamics among the IDP and returnee populations? • RQ 2.3 – To assess anticipated or ongoing push/pull factors influencing the secondary population movement? <p>RQ3 – What is the severity of health needs and service gaps in the population?</p> <ul style="list-style-type: none"> • RQ 3.1 - What proportion of the population is experiencing unmet healthcare needs in the two weeks prior to data collection? • RQ 3.2 – How do these unmet needs differ by sex, age, and symptom? • RQ 3.3 – What are the self-reported perceptions of health needs and access to care in the assessed population? • RQ 3.4 – What are the availability of services at health facilities serving the assessed population? • RQ 3.5 – What if any gaps are there with human resources, infrastructure, supplies, equipment, and WASH environment of health facilities serving the assessed population? • RQ 3.6 – What proportion of children 6-59 months have received Vitamin A supplementation in the last 6 months? • RQ 3.7 – What proportion of children 9-59 months have received any measles vaccination? • RQ 3.8 – What proportion of people 5 years and older have received any cholera vaccination?

RQ 4 - What is the severity of food security and livelihood needs and service gaps in the population?

- RQ 4.1 – What is the proportion of households in the assessed population experiencing food consumption gaps ?
- RQ 4.2 – What are the self-reported perceptions of food needs in the assessed population?
- RQ 4.3 – What is the household coverage of emergency food security interventions in the assessed population?
- RQ 4.4 – What are the main sources of food utilized by the assessed population in the last 7 days?
- RQ 4.5 – What are the main sources of water and fuel utilized by households for cooking in the assessed population?
- RQ 4.6 – What are the main sources of income of the assessed population in the last 30 days?
- RQ 4.7 – What proportion of households in the assessed population are utilizing stress-, crisis-, and emergency-level livelihoods coping strategies to access food and other basic needs?
- RQ 4.8 – What is the availability of critical food and non-food items within markets used by the assessed population?
- RQ 4.9 – What are the availability and barriers to provision of FSL emergency services for the assessed population?

RQ 5– What is the severity of Water, Sanitation, and Hygiene needs and service gaps in the population?

- RQ 5.1 – What proportion of households have access to safe, improved drinking water in the assessed population?
- RQ 5.2 – What proportion of households can collect water within 30 minutes, including travel to, from, and queuing time?
- RQ 5.3 – What kinds of water treatment methods are households in the assessed population using?
- RQ 5.4 – What are the self-reported perceptions of water needs and barriers to access in the assessed population?
- RQ 5.5 – What proportion of households in the assessed population have access to improved sanitation facilities?
- RQ 5.6_ What proportion of households in the assessed population have access to handwashing facilities with soap and water in their dwelling/yard/plot?
- RQ 5.7 – What proportion of households in the assessed population have access to basic WASH NFIs, such as water containers, soap, and mosquito nets?

RQ 6 – What are severity of the Shelter and NFIs needs and service gaps in the population?

- RQ 6.1 – What types of shelter are the assessed population living in?

	<ul style="list-style-type: none"> • RQ 6.2 – What are the self-reported perceptions of shelter and NFI needs in the assessed population? <p style="text-align: center;">RQ 7 – What are the community’s self-perceived priority needs and humanitarian assistance?</p> <ul style="list-style-type: none"> • RQ 7.1 – What are the self-reported priority needs for the population? • RQ 7.2 – Are there any perceived safety concerns for the assessed population? 			
Geographic Coverage	The assessment aims to collect data from Markath, Nukta, and Thokwath settlements across three payams (Bilkey, Dengjok and Gakdong) in Akobo East, Akobo County in Jonglei State.			
Secondary data sources	CSRF South Sudan: Akobo County Profile , Jonglei State. Human Rights Watch: South Sudan Army Attacks Displace Thousands in Nasir - Communities at Risk as Crisis Deepens Interagency Conflict-Affected IDPs in Akobo East, Akobo, Jonglei State. On file with REACH UNHCR South Sudan - Border Monitoring Report - April 2025 IOM DTM South Sudan — Mobility Tracking (Round 16) IPC “ Acute Food Insecurity and Malnutrition Analysis APRIL 2025 – JULY 2025 ”, 12 June 2025 South Sudan Cholera Dashboard			
Population(s)	<input type="checkbox"/>	IDPs in camp	<input type="checkbox"/>	IDPs in informal sites
	<input checked="" type="checkbox"/>	IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]
	<input type="checkbox"/>	Refugees in camp	<input type="checkbox"/>	Refugees in informal sites
	<input type="checkbox"/>	Refugees in host communities	<input type="checkbox"/>	Refugees
	<input checked="" type="checkbox"/>	Host communities	<input checked="" type="checkbox"/>	Returnees in host communities
Stratification	<input checked="" type="checkbox"/>	Geographical #: 3 (Markath, Nukta and Thokwath) Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	Population group: 3 groups (1: IDPs from Nasir and Ulang, 2: Returnees and 3: Host community) Population size per strata is known. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	Other #: N/A Population size per strata is known. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Data collection tool(s)	Sampling method		Data collection method	
Tool 1: Household Survey Module	<input type="checkbox"/> Probability / Simple random <input checked="" type="checkbox"/> Probability / Stratified simple random <input checked="" type="checkbox"/> Probability / Random Location Sampling (RLC)		<input checked="" type="checkbox"/> Household interview: 330 HHs (107 per population strata)	
Target level of precision if	95% level of confidence		+/- 10 % margin of error	

probability sampling: at population group level only		
Tool 2: Community Leader Key Informant Interview (2 KIIs male and female with Returnees from Sudan, IDPs and host community)	<input checked="" type="checkbox"/> Purposive <input type="checkbox"/> Random <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]	x Key informant interviews (Target #): 3-6 KIIs with community leaders – at least 1 per population strata.
Tool 3: Health Facility Key Informant Interview	<input checked="" type="checkbox"/> Purposive <input type="checkbox"/> [Other, Specify]	x Key informant interviews (Target #): 2-3 KIIs with healthcare providers
Tool 4: FSL Assistance Provider Key Informant Interview	<input checked="" type="checkbox"/> Purposive <input type="checkbox"/> [Other, Specify]	x Key Informant Interviews (Target #): 2-3 KIIs with FSL service providers
Tool 5: Community Observation	<input checked="" type="checkbox"/> Purposive	x Direct observations (Target #): 3 (1 per neighbourhood)
Tool 6: Water facility observation tool	<input checked="" type="checkbox"/> Purposive	x Water points observations (Target #): _ All water points serving the targeted population.
Tool 7: Nutrition facility staff tool	<input checked="" type="checkbox"/> Purposive	x Key informant interviews (Target #): 2-3 KIIs with nutrition providers
Disaggregation by gender and age	Gender	Age
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No
Data management platform(s)	<input checked="" type="checkbox"/> IMPACT	<input type="checkbox"/> UNHCR

Expected output type(s)	<input type="checkbox"/>	Situation overview #: __	X	Report #: 1	x	Preliminary findings document (as needed)
	X	Presentation (Preliminary findings) #: 1	<input type="checkbox"/>	Presentation (Final) #: (as needed) __	<input type="checkbox"/>	Factsheet #: __
	<input type="checkbox"/>	Interactive dashboard #: _	<input type="checkbox"/>	Webmap #: __	<input type="checkbox"/>	Map #: __
Access	x	Public (available on REACH resource centre and other humanitarian platforms)				
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility	REACH					
	Donor: FCDO					
	Coordination Framework: NA					
	Partners: NA					

2. Rationale

2.1 Background

Akobo County is in the northeastern corner of Jonglei State. It shares borders with Nyirol, Uror, Pibor, and Pochalla counties within Jonglei; Ulang County in Upper Nile State to the north; and Ethiopia to the east.¹

Since the outbreak of conflict in Nasir and Ulang,² Akobo has received a significant number of internally displaced persons (IDPs), particularly in the eastern payams of Bilkey, Dengjok, and Gakdong. An initial assessment conducted in April 2025 reported the arrival of 3,897 individuals, amid worsening food shortages.³ Many IDPs were found to be relying on wild foods and limited support from local communities. Health teams also reported a high number of admissions at the Outpatient Therapeutic Programme (OTP) and the Targeted Supplementary Feeding Programme (TSFP) nutrition sites. At the time, essential nutrition supplies, including Plumpy nut, CB+, and CB++, were unavailable. According to the May report from the Relief and Rehabilitation Commission (RRC), approximately 5,612 people have settled within host communities in different settlements in Akobo East. Markath, a village in Bilkey Payam, is reported to host the majority number of IDPs as of May. As of writing, population movement dynamics in the region remain highly fluid and are expected to continue changing over the next 6 months at least.

Table 1: IDPs from Nasir and Ulang counties disaggregated by Payam.

Payam	Settlement	No of IDPs
Bilkey	Markath	1852
Dengjok	Nukta	1045
Gakdong	Thokwath	1000
Total		3897

In addition to IDPs, Akobo East has also received many returnees from Ethiopia. In April 2025 alone, 11,588 South Sudanese were recorded entering South Sudan through five official border points, including the

¹ CSRF South Sudan: [Akobo County Profile](#), Jonglei State.

² Human Rights Watch: [South Sudan Army Attacks Displace Thousands in Nasir](#) - Communities at Risk as Crisis Deepens

³ Interagency spot check Needs Assessment Report to conflict Affected IDPs in Akobo East, Akobo, Jonglei State. On file with REACH

Matar/Burebiey entry point into Akobo, which saw an average of 3,271 individuals crossing weekly. Key reasons for return included reduced food rations, limited access to basic services, and a lack of livelihood opportunities in Ethiopia.⁴ According to DTM Mobility Tracking Round 16, Akobo is currently hosting approximately 1,124 returnee households, totalling 6,735 individuals who returned from abroad.⁵

Prior to the UNHCR dashboard going offline, UN agencies recorded 84,121 South Sudanese returnees from Ethiopia between August 1 and November 10, 2023. Of these, 12,703 were reported to have settled in Akobo County. Overall, the exact number of returnees in Akobo County is unclear. However, according to the RRC, approximately 1,133 households (6,800 individuals) are registered and settled in Akobo East

Akobo County has faced chronic food insecurity for many years. It has consistently been classified in IPC Phase 4 (Emergency) during the lean season (April to July) since 2022. The most recent IPC analysis update confirms that food security and nutrition conditions will remain extremely poor. Between April and July 2025, both Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) are classified as Phase 4.⁶ Conditions are expected to persist or even deteriorate over the coming months. Humanitarian needs are particularly acute in Eastern Akobo, where logistical challenges have hindered the prepositioning of Humanitarian Food Assistance (HFA). Even if HFA is eventually prepositioned, IDPs and returnees may not receive assistance due to a lack of registration. Eastern Akobo hosts the majority of IDPs and returnees in the area and has a well-documented history of severe food insecurity.

Table 2: IPC AFI and AMN area classifications during the lean season 2025

County	AFI Phase (April to July)	AMN Phase (April to June)
Akobo	4	4

The convergence of displacement, food insecurity, poor sanitation, and limited health resources has severely strained Akobo’s health system. Between 28 September 2024 and 11 June 2025, the county recorded the highest number of cholera cases in Jonglei State, with 3,138 active cases. The case fatality rate (CFR) stands at 1.3%, exceeding the World Health Organisation’s acceptable threshold.⁷

2.2 Intended impact

This assessment aims to determine the humanitarian needs across various public health sectors for the IDPs, returnees from Sudan and Ethiopia and host communities (HC) currently living in Akobo East Akobo County (Jonglei State). It will also assess access to humanitarian services and identify any service gaps. The findings will support evidence-based advocacy for these different population groups, which we consider to have varying vulnerabilities, and will inform national decision-making processes. These processes include the monthly Needs Analysis Working Group (NAWG) meetings, which, in turn, inform the national Inter-Cluster Coordination Group (ICCG). Additionally, ad-hoc bilateral advocacy may be conducted with relevant clusters, working groups, and donors and inform the upcoming IPC in September 2025.

⁴ UNHCR South Sudan - [Border Monitoring Report - April 2025](#)

⁵ IOM DTM South Sudan — [Mobility Tracking \(Round 16\)](#)

⁶ IPC “[Acute Food Insecurity and Malnutrition Analysis APRIL 2025 – JULY 2025](#)”, 12 June 2025

⁷ South Sudan [Cholera Dashboard](#)

3. Methodology

3.1 Methodology overview

The general research design for REACH's Integrated Public Health Rapid Assessment (IPHRA) consists of a mixed-methods approach comprising three main methods: household surveys; key informant interviews (KIIs); and observation checklists, each of these methods having core and supplemental specialized tools, each of which have core and supplemental indicators.

From this IPHRA package, this assessment will employ a **multi-sectoral household survey with IDPs, returnees and the host community households residing in 3 selected settlements** (Markath, Nukta, and Thokwath) across three payams (Bilkey, Dengjok and Gakdong) in Akobo East, **key informant interviews** with humanitarian service providers and community leaders, and a **community observation checklist**.

The household survey **will be conducted using a stratified simple random sampling design**, intended to provide *localised* results which are not generalizable beyond the assessed population. The population of interest are IDPs, returnees and the host community residing in the above-mentioned settlements. This design enables analysis by population group across locations, rather than by location alone. These three strata have been delineated based on the assumption that they are roughly homogenous population groups, i.e. that they have similar access to services such as healthcare and humanitarian food assistance and are subject to similar standards of living conditions, i.e. sanitation and hygiene conditions. Strata were delineated based on input from locally operating humanitarian service providers and local authorities. Across these three strata, 330 household surveys will be conducted (110 per strata).

Within these three strata, households will be randomly selected using the REACH GeoRand GIS tool (more below in the "household selection" section). Community key informants will be purposively selected, and service provider key informants (including healthcare providers), will be identified through standard humanitarian coordination networks. Community observation checklists will be conducted in each of the 3 assessed settlements, and between 9 and 15 key informants will be interviewed.

3.2 Population of interest

The population of interest for this IPHRA consists of three population groups (IDPs, returnees and host community) who are currently residing in three settlements (Markath, Nukta, and Thokwath) across three payams (Bilkey, Dengjok and Gakdong) in Akobo East. These settlements were selected because of the high concentration of IDPs from Nasir and Ulang counties, coupled with the presence of returnees mainly from Ethiopia, as well as the recent/ ongoing cholera outbreak, which has further compounded the situation. This assessment will therefore provide detailed information on the humanitarian needs of a large and highly vulnerable population in an area facing chronic vulnerabilities and high risks.

For this assessment, the following definitions will be used for the different population groups:

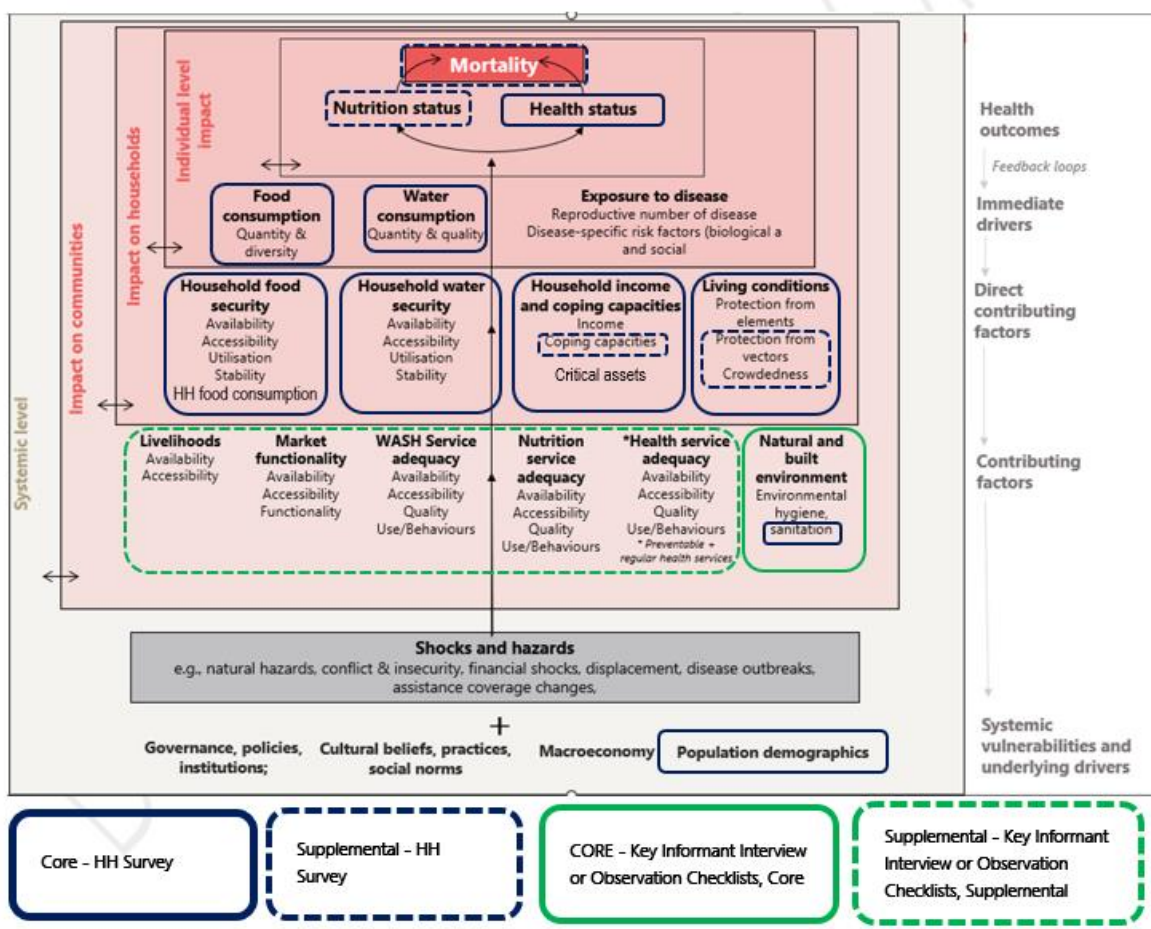
- **Internally displaced persons:** For the purpose of this assessment, IDPs refer to households (HHs) that have been forced or obliged to flee their homes in Nasir and Ulang counties of Upper Nile State due to the conflict in March and are currently living in Akobo County.

- **Returns:** For this assessment, returnees refer to households (HHs) who were temporarily forced to flee South Sudan due to persecution, war, or violence (i.e., refugees), and have since returned to their homes or places of habitual residence. This assessment will specifically focus on returnees from Ethiopia and Sudan who have arrived within the last 12 months.
- **Host Community:** HH who have never been displaced by the crisis and consider the assessed location as their area of origin and places of habitual residence.
- **Household:** A group of people who ate from the same cooking pot and slept under the same roof the previous night

3.3 Secondary data review

The main assessment design is based off guidance documents and tools for REACH’s Integrated Public Health Rapid Assessment (IPHRA). Secondly, the IPHRA toolkit is designed to align with the IMPACT Risk of Excess Mortality Framework utilised by IMPACT’s Global Emergencies Team, in order to inform priority indicators and information to include within acute settings. See below for how the RoEM framework maps against different tools within the IPHRA toolkit.

The sample frame for this assessment was determined using the November 2024 CCCM Cluster IDP site master list, and figures provided by the local authorities on the host community and returnees from Sudan. Various additional sources were used to gain a better understanding of the operational context and underlying vulnerability profile of the target population.



List and summarize any secondary data sources that describe the population at risk and planning for the assessment:

Secondary source	Purpose of source
Interagency Conflict-Affected IDPs in Akobo East, Akobo, Jonglei State. On file with REACH UNHCR South Sudan - Border Monitoring Report - April 2025 IOM DTM South Sudan — Mobility Tracking (Round 16)	<ul style="list-style-type: none"> • Delineation of sampling frame and strata; demographic breakdown of population.
Human Rights Watch: South Sudan Army Attacks Displace Thousands in Nasir - Communities at Risk as Crisis Deepens CSRF South Sudan: Akobo County Profile , Jonglei State. IPC “ Acute Food Insecurity and Malnutrition Analysis APRIL 2025 – JULY 2025 ”, 12 June 2025	<ul style="list-style-type: none"> • Building contextual understanding of humanitarian needs and shock profile.
REACH. Integrated Public Health Rapid Assessment Guidelines. 2024. (On file with REACH). Integrated Phase Classification dashboard . South Sudan Cholera Dashboard	<ul style="list-style-type: none"> • Guidance on methods, including sampling and tools. • Context on state of public health, specifically acute food insecurity and acute malnutrition.

3.4 Primary Data Collection

The following section will provide details on the sampling and data collection methods for the household survey, key informant, and observation tools within the assessment.

Household surveys

Sample Size

As this assessment falls within a basic IPHRA (only FSL, WASH, Health) and no MUAC or mortality data is collected, the sample size can be estimated at roughly 110 households per population group, using the 95% confidence level, 50% estimated proportion for household indicators, 10% margin of error, and a 10% non-response rate for the overall population group. Design effect is not considered as IPHRA does not consider cluster survey designs. Therefore, for this assessment, 330 household surveys will be conducted (110 per population group).

Site Selection Methods

For the selection of settlements, IPHRA guidance suggests between one and three sites per stratum, or group selected, assuming the population of interest exists over multiple sites. IDPs from Nasir and Ulang have settlements in multiple locations across Akobo County. However, for this assessment, REACH has purposefully selected 3 settlements, Markath, Nukta and Thokwath, where an interagency assessment was conducted in April. The main considerations for selecting these sites include easy accessibility, logistical feasibility, and the fact that they host most of the IDPs from Nasir and Ulang including returnees from Sudan and Ethiopia.

Since the population estimate per site is available, the target number of households for IDP, returnees, host community will be distributed proportionally across sites according to their population size. This ensures a

representative sample and balanced coverage across all locations. The sampling breakdown per site can be found below.

Table 3: Population and sample size per stratum. Source: UNCHR and RRC.

Payam	Selected site	Population group	# of household	# of individuals	sample household	Number of clusters needed
Bilkey	Markath	IDP	309	1852	52	18
		Returnee	210	1265	84	28
		Host community	472	2834	71	24
Dengjok	Nukta	IDP	174	1045	29	10
		Returnee	42	251	16	6
		Host community	229	1371	34	12
Gakdong	Thokwath	IDP	167	1000	28	10
		Returnee	24	145	10	4
		Host community	95	570	14	5
Total		IDP	650	3897	109	38
		Returnee	276	1661	110	38
		Host community	734	4775	110	41
		Overall	1660	10333	330	117

Household selection methods

All population groups

Within selected sites, households will be sampled using accepted methods in emergencies to as best as possible give each household within the site an equal probability of selection. The household definition for this assessment is:

“A group of people who ate from the same cooking pot and slept under the same roof the previous night”

Using the REACH GeoRand tool, the boundary of each selected site will be delineated, and random GPS points will be generated within the defined perimeter. The number of random points generated will correspond to the total number of target households divided by three. For instance, to survey a total of 330 households, a minimum of 110 random GPS points will be required across the assessment area, with at least 37 points per stratum applicable.

Survey teams will navigate to each GPS point and identify the three nearest households for interviews. For each identified household, enumerators shall begin by administering a screening question to determine the population group of the household (e.g., *Is this a host community household? Is this a host community household? Is this a returnee household from Ethiopia or Sudan that arrived within the last 12 months? Is this an IDP household from Ulang or Nasir counties that arrived since the onset of the conflict in March?*). Suppose the household does not belong to the targeted population group for that sampling stratum. In that case, enumerators shall proceed to the next adjacent household on the right and repeat the screening process. This process shall continue until a household meeting the eligibility criteria is found and the interview is completed. Enumerators will then proceed to the next GPS point and repeat the selection procedure. During the interview, the GPS coordinates of each household interviewed will be recorded.

- **If the selected household refuses to participate**, they will still be counted as an interview and saved as non-consent and submitted. This counts towards the final sample size as it was considered in the non-response rate or buffer.

- **If the selected household is absent at the time of selection**, the field supervisor will determine whether the household is abandoned (no one lives there anymore) or just absent (the household is just not at home). If time allows, the supervisor may decide to return later in the day and see if the household has returned. If time is not available, the enumerator can be instructed to select immediately to the right of the sampled household instead.
- **If the selected structure has multiple families**, the operationalised definition of a “household” will be used to determine whether there are one or multiple households. If multiple households are involved, then a single household will be randomly selected.

Team Composition and Data Collection

Each household survey team will consist of at least one field supervisor and three enumerators. For this assessment, three teams are required. Teams will receive a two-day training prior to data collection covering the purpose of the survey, good interview practices and ethical conduct during public health assessment, review of the survey tool, and, as needed, sessions on specific technical topics such as water consumption estimation. Data collection will be preceded by a day pilot and a half-day debrief. Additional days of piloting will be carried out as needed to ensure a proper understanding of tools and methods. Data collection will be carried out over the course of 8 days.

Key Informant Interviews

There are several core and supplemental key informant tools within the IPHRA toolkit; however, for this assessment the following key informant interviews are planned:

Core or Supplemental	Key Informant Interview Tool	Information Assessed	Number of KIIs Planned
Core	Community Leader KII	Perceived priority needs, perception of vulnerable groups, main barriers and challenges to accessing basic needs and services	3-community leaders and community members <i>(IDP, host community and returnees)</i>
Supplemental	Health service provider KII	Health Service Adequacy	2 – 3 key informant interviews
	FSL Assistance Provider KII	Emergency FSL Programming Adequacy	1 – 2 key informant interviews
Core	Nutrition Facility Staff KII	Nutrition Service Adequacy	1 – 2 key informant interviews

Key Informant Selection Methods

Community leaders and specialised key informants will be selected purposively based on their leadership roles within the community or their service provider status. Community members can act as informants and may be included to balance out perspectives that may be missed if only community leaders are interviewed. Community members and/or leaders will be mobilised with the assistance of a hired guide, and with input from humanitarian actors that are operational in assessed sites.

Observation Tools

There are several core and supplemental observation checklist tools within the IPHRA toolkit; however, for this assessment, the following tools will be applied:

Core or Supplemental	Key Informant Interview Tool	Information Assessed	Number of Observation Checklists Planned
Supplemental	Health Facility Checklist	Health Service Adequacy	1 per health facility serving the assessed location
	Water Point Observation	WASH Service Adequacy	1x per water point serving the assessed location

One observation checklist lists checklists that will be completed on a rolling basis as the data collection teams move throughout the site

3.5 Data Processing & Analysis

Household Survey

Data will be collected using a contextualised IPHRA ODK tool. Cleaning and analysis will be done using a prepared [IPHRA toolkit](#) package of cleaning and analysis materials coded with R and available through IMPACT's HQ PHU. Survey weights will be used for each random location cluster, equivalent to the inverse of the population density of each cluster. This is intended to correct for any bias due to an uneven population density across the assessment area to make sure households have a more equal representation in the dataset.

Key Informant Interviews

Community key informant interviews and community observation checklists will be analysed using a data analysis and saturation grid, with the objectives of (a) triangulating the self-perceived needs of the population against quantitative data, and (b) attaining a better qualitative understanding of the nature of needs and barriers. Responses will be compared across strata, as well as against household survey results, to triangulate perceived vs. measured needs.

More specialized key informant service providers including health facility staff, and FSL NGO providers will be analysed separately to (a) indicatively assess the adequacy of health facilities and other infrastructure against the severity table in the IPHRA guidance, and (b) within the data and analysis saturation grid, triangulate against reported service issues from community interviews and household survey results.

A pre-prepared data and analysis saturation grid aligned with RDD templates and IPHRA tools will be available to help facilitate the analysis process, with sections to triangulate results against other tools.

Observation Checklists

Community observation checklists will be analysed using a data and analysis saturation grid to triangulate against results from other tools on environmental public health threats and other noteworthy observations.

Integrated Analysis

In order to have a holistic understanding of the severity of public health needs and service gaps, it is suggested to include an integrated analysis table. This table will assign severity to one of the RoEM domains based on the evidence captured within the IPHRA assessment. The analyst can use the recommended thresholds in the standards tables located in the IPHRA Guidance document to help assign severity, however, these are just recommendations based on standards and if needed these thresholds may be contextualized at the country level. A simple tabulation can be done to give a risk score for (a) health outcomes, (b) contributing factors, and (c) overall combined. A high severity contributed a score of '2', a medium severity contributes '1', and low severity contributes '1'.

Table 5: Example Integrated Analysis Table

Category	Domain	Severity		
		Group 1	Group 2	Group 3
Health Outcomes	Mortality* ⁸	Medium	Low	Low
	Malnutrition*	High	Medium	Low
	Morbidity	Medium	High	Low
Immediate Drivers	Food Consumption	Medium	Medium	Medium
	Water Consumption	Low	Low	High
Direct Contributing Factors	Household Food Security	High	Low	Medium
	Household Water Security	Low	Low	Medium
	HH Income and Coping	High	Low	Medium
	Living Conditions	Medium	High	Medium

⁸ For this assessment, the following indicators (mortality, malnutrition, market functionality, and nutrition service adequacy) are not captured.

Indirect Contributing Factors	Natural and built environment (Sanitation)	Medium	Low	Medium
	Market Functionality*	High	High	High
	WASH Service Adequacy	Medium	High	High
	Health Service Adequacy	Low	Not assessed	Not assessed
	Nutrition Service Adequacy*	High	Medium	Low
Integrated Analysis Health Outcomes Score (High =2; Medium = 1; Low = 0)		4 / 6	3 / 6	0 / 6
Integrated Analysis Contributing Factors (High =2; Medium = 1; Low = 0)		12 / 22	8 / 22	12 / 22
Integrated Analysis Score Total (High =2; Medium = 1; Low = 0)		16 / 28	11 / 28	12 / 28

3.6 Limitations

The IPHRA methodology is intended to be a lightweight method to assess the most key public health outcomes and service coverage indicators compared to other more robust methods. Given the suggested IPHRA methods, there several key limitations:

- **Not a causal analysis** – The intent of the IPHRA method is to understand the severity of public health needs and service gaps, however given this focus it may not fully explain the reasons or causes of the results. Some analysis and triangulation with qualitative components may give an indication, but it will likely be limited.
- **Not-generalizable** – Cluster sampling approaches are not recommended for IPHRA assessments. The allowance of purposive sampling means that results shouldn't be generalized to a wider population beyond the sites and facilities assessed. Although this assessment does not aim to obtain representative results at the site level, it focuses on the population group instead.
- **Likely not reaching saturation** – For the qualitative components, sample sizes are likely not adequate to reach a full saturation of responses in the population. The intent of these is to provide some light-touch information to triangulate with household survey results.

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>
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... 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-traumatizing 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.?	No	Given the context of South Sudan, it is likely that the assessed population will include sick or malnourished persons, and/or survivors of serious protection concerns. Team leaders have been trained on PSS First Aid, and informed consent will be obtained from respondents before proceeding with the survey.
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	
... if an anthropometric component is included (MUAC data) will a standardization test be conducted or trained measurers from local nutrition partners be involved?	N/A	
... if a mortality component is included (crude mortality rates) will the assessment team receive any basic Psychosocial First Aid (PFA) training beforehand?	N/A	
... will assessment teams be aware of basic complaints and referral mechanisms in case needed during the course of the assessment?	Yes	

5. Roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	FSL Senior Assessment Officer (FSL SAO)	FSL SAO	HQ Public Health Unit (PHU), HQ Research Department (RD), Research Manager (RM)	South Sudan Country Coordinator (CC)
Supervising data collection	FSL SAO, Field Officer (FO)	FSL SAO	Research Manager (RM)	CC
Data processing (checking, cleaning)	FSL SAO	FSL SAO	RM	CC
Data analysis	Senior Data Officer (SDO), FSL SAO	FSL SAO	RM	PHQ HQ
Output production	FSL SAO,	FSL SAO	RM	CC
Dissemination	FSL SAO	FSL SAO	RM, CC	CC
Monitoring & Evaluation	FSL SAO	FSL SAO	PHU HQ	CC
Lessons learned	FSL SAO	FSL SAO	PHU HQ	PHU RM, CC

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

Drafting tips: Only one person can be Accountable; the only scenario when the same person is listed twice for a task is when the same person is both Responsible and Accountable.

6. Data Analysis Plan

HOUSEHOLD TOOL

TOOL 1: POPULATION MOVEMENT

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
Population Movement						

What is the population status of the household (host, IDP, returnee, refugee returnee)?	A.1.1	HH Interview	Household population group status	What is the current population status of your household?	Host community IDP Returnee Other (specify)	Household
	A.1.2	HH Interview	Previous location	From which location did your household come?	County/Country	Household
	A.1.3	HH Interview	date of arrival	When did your household arrive in this area?	Date (DD/MM/YYYY)	Household
	A.1.4	HH Interview	Push and pull factors	What was the primary reason for your household's departure from the original area?	Conflict/Insecurity/Tensions Flooding Lack of access to food Lack of access to water Seasonal (cattle migration, plant crops, fishing camps) Disease outbreak Business Other	Household
	B.1.5	HH Interview	% of households intending to relocate	Do you and your household members have plans to relocate to another location?	Yes, No, Don't Know	Household
	A.1.6	HH Interview	Push and pull factors	What are the reasons why your household is planning to move to a new location?	Conflict/Insecurity/Tensions Flooding Lack of access to food Lack of access to water Seasonal (cattle migration, plant crops, fishing camps) Disease outbreak Business Other	Household

TOOL 2: DEMOGRAPHIC COMPOSITION

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
<i>What is the sex and age distribution of the assessed population?</i>	B.1.1	HH Interview	Demographics	How many people are in your household?	Enter number	HH
	B.1.2	HH Interview	Demographics	What is the sex of the individual?	Male Female	Individual
	B.1.3	HH Interview	Demographics	What is the age of the individual?	Enter number	Individual
	B.1.4	HH Interview	Demographics	Do you know the day, month, and year **date of birth** of the individual?	Yes No Don't know	Individual
	A.1.5	HH Interview	Demographics	What is the **date of birth** for the individual?	Date (DD/MM/YYYY)	Individual
	A.1.6	HH Interview	Demographics	If not exact date, can you estimate the **month-year of birth** for the individual?	Date (MM/YYYY)	Individual

Core Indicators

TOOL 3: HEALTH

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
<i>What proportion of the population is experiencing unmet healthcare needs in the two weeks prior to data collection</i>	A.4.1	HH interview	Unmet healthcare needs	Has the individual had any illness or health problem in the last two weeks and needed to access health care?	Yes No Don't know	HH
<i>How do these unmet needs differ by sex, age, and symptom?</i>	A.4.2	HH interview	Unmet healthcare needs	What symptoms did the individual have?	Fever; Diarrhoea; Cough; Fast and difficulty breathing; Eye infection or red eyes; Skin infection; Ear infection; Rash with raised bumps on head or	Individual

					neck; Other; Don't know; Prefer not to answer;	
A.4.3	HH interview	Unmet healthcare needs	If the individual had diarrhea in the last two weeks, did they have 3 or more loose stools per day?	Yes No Don't know		Individual
A.4.4	HH interview	Unmet healthcare needs	If yes, was the individual able to obtain health care when he / she felt they needed it?	Yes No Don't know		Individual
A.4.5	HH Interview	Unmet healthcare needs	If yes, where did go to obtain health care?	Govt. hospital; Govt. health center; Govt. health post; Other govt. facility; Private hospital; Private clinic; Other private facility; NGO hospital; NGO clinic; Other NGO facility; Traditional practitioner; Other; Prefer not to respond; Don't know		Individual

					<p>Did not need to access services; No functional health facility nearby; Specific service sought unavailable Could not afford cost of medication Could not afford cost of consultation/service Long waiting time for the service Health facility is too far away Disability prevents access to health facility Not safe/insecurity at health facility Not safe/insecurity while travelling to health facility Not enough staff at health facility Fear or distrust of health workers, examination or treatment Could not take time off work / from caring for children Specify other reason Don't know Prefer not to answer No barriers experienced</p>	
<i>What are the self-reported perceptions of health and nutrition needs and access to care in the assessed population?</i>	A.4.6	HH Interview	Healthcare barriers	In the last 2 weeks, what barriers if any has your household experienced to prevent you from accessing the health care you needed? [choose up to 3 most important]		HH
	A.4.7	HH Interview	Health care barriers	Are you or any member of your household able to access health care providers within one hour by normal means of transportation?	<p>Yes No Don't know</p>	HH
<i>What proportion of people 5 years and older have received any cholera vaccination?</i>	A.4.8	HH Interview	Cholera vaccination Measles vaccination	Has the individual a received oral cholera vaccination with the last 12 months?	<p>Yes, from maternal recall Yes, from vaccination card /record No Don't know</p>	Individual

<i>What proportion of children 9-59 months have received any measles vaccination?</i>	A.4.9	HH Interview	Measles vaccination	Has the child ever received measles vaccination?	Yes, from maternal recall Yes, from vaccination card /record No Don't know	Individual
<i>What proportion of children 6-59 months have received Vitamin A supplementation in the last 6 months?</i>	A.4.10	HH Interview	Vitamin A supplementation	Has the child received Vitamin A supplementation in last 6 months?	Yes No Don't know	Individual

TOOL 4: FOOD SECURITY AND LIVELIHOODS

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
<i>What is the proportion of households in the assessed population experiencing food consumption gaps in terms of quantity and diversity?</i>	E.5.1	HH Interview	Food consumption score	How many days over the last 7 days, did members of your household ate Cereals, grains, roots and tubers (Starch)?	Number 0-7	HH
	E.5.2	HH Interview	Food consumption score	... Pulses, Legumes, nuts?		HH
	E.5.3	HH Interview	Food consumption score	... Milk and other dairy products?		HH
	E.5.4	HH Interview	Food consumption score	... Meat, fish and egg?		HH
	E.5.5	HH Interview	Food consumption score	... Vegetables and leaves?		HH
	E.5.6	HH Interview	Food consumption score	... Fruits?		HH

E.5.7	HH Interview	Food consumption score		... Oil, fat, butter?		HH
E.5.8	HH Interview	Food consumption score		... Sugar, or sweet?		HH
E.5.9	HH Interview	Food consumption score		... condiments and spices?		HH
E.5.10	HH Interview	Household Hunger Scale		In the past 4 weeks (30 days), was there ever no food to eat of any kind in your house because of lack of resources to get food?	Yes; No	HH
E.5.11	HH Interview	Household Hunger Scale		How often did this happen in the past [4 weeks/30 days]?	Rarely (1-2 times); Sometimes (3-7 times); Often (more than 10 times)	HH
E.5.12	HH Interview	Household Hunger Scale		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?	Yes; No	HH
E.5.13	HH Interview	Household Hunger Scale		How often did this happen in the past [4 weeks/30 days]?	Rarely (1-2 times); Sometimes (3-7 times); Often (more than 10 times)	HH
E.5.14	HH Interview	Household Hunger Scale		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?	Yes; No	HH
E.5.15	HH Interview	Household Hunger Scale		How often did this happen in the past [4 weeks/30 days]?	Rarely (1-2 times); Sometimes (3-7 times);	HH

						Often (more than 10 times)	
	E.5.16	HH Interview	rCSI		During the last 7 days, were there days (and, if so, how many) when your household had to rely on less preferred and less expensive food to cope with a lack of food or money to buy it?	Number 0-7	HH
	E.5.17	HH Interview	rCSI		... to borrow food or rely on help from a relative or friend to cope with a lack of food or money to buy it?		HH
	E.5.18	HH Interview	rCSI		... to limit portion size of meals at meal times to cope with a lack of food or money to buy it?		HH
	E.5.19	HH Interview	rCSI		... to restrict consumption by adults in order for small children to eat to cope with a lack of food or money to buy it?		HH
	E.5.20	HH Interview	rCSI		... to reduce number of meals eaten in a day to cope with a lack of food or money to buy it?		HH
	E.5.21	HH Interview	Main Sources of Food		What are the household's most important sources of food in the past 7 days?		Market (Purchase cash or credit); Borrowing/debts; Support from neighbors/relatives; Exchange of food for labor; Bartering; Hunting; Fishing; Gathering; Humanitarian food assistance;
	E.5.22	HH Interview	Main Sources of Food		First source:		

	E.5.23	HH Interview	Main Sources of Food		Second source:	Other; None;	
	E.5.24	HH Interview	Main Sources of Food		Third source:		
<i>What are the main sources of water and fuel utilized by households for cooking in the assessed population?</i>	E.5.25	HH Interview	Food Utilization – Water		What water source does your household use for food preparations in the past 30 days?	Piped into dwelling Piped into compound, yard or plot Piped to neighbour Public tap/standpipe Borehole or tubewell Protected well Unprotected well Protected spring Unprotected spring Rainwater collection Tanker-truck Cart with small tank / drum Water kiosk Bottled water Sachet water Surface water (river, dam, lake, pond, stream, canal, irrigation channel) Other (specify) Don't know Prefer not to answer	HH
	E.5.26	HH Interview	Food Utilization – Fuel		What energy source does your household use for food preparations in the past 30 days?	Firewood Cow, camel (animal) dung Coal (charcoal, mineral charcoal) Electricity Biogas Gas Straw or other feed Other (specify)	HH

					Don't know Prefer not to answer	
	E.5.27	HH Interview	Main income sources	What are your household's first main source of income in the past 30 days?	Salary and wages (professional, religious/spiritual, or service industry, etc.) Selling of own-produced agricultural products (grains, honey, sesame/seeds, vegetables/fruit) Selling of own-produced animal products (dairy, egg, meat, skin&hide) Selling of collected firewood, charcoal, wild foods	HH
	E.5.28	HH Interview	Main income sources	What are your household's second main source of income in the past 30 days?	Shopkeeper or trader Daily labor - agricultural (farm, vegetable gardens, etc.) Daily labor - skilled (carpentry, masonry, hair-dressing, mining, driver, etc.) Daily labor - casual (petty trade, taxi redat, etc.) Savings Pension Remittances or support from family member Gifts or donations from community Loans from community Humanitarian cash assistance	

						Begging Other (specify) None Prefer not to answer	
<p><i>What are the main barriers to accessing food for the assessed population?</i></p> <p><i>What are the self-reported perceptions of food needs in the assessed population</i></p>	E.5.29	HH Interview	Barriers to Food Accessibility		In the last 7 days, did you face any barriers to consistently accessing food sources?	No barrier faced accessing food sources Live too far from food sources/no means of transport. Transportation to food source too expensive. Not enough food is available Damage to main source of food Security issues travelling to and from food sources. Not allowed to access main food sources (cultural, social, etc. reasons) Other (specify) Don't know Prefer not to answer	HH
<p><i>What are the main barriers households face in accessing markets and purchasing essential items</i></p>	E.5.30	HH Interview	Market access		In the past 30 days, has your household faced any challenges or barriers in accessing or visiting marketplaces?	Yes, No, Don't know	
	E.5.31	HH Interview	% of households reporting barriers to market access (by type of barrier)		What were the main barriers your household faced in visiting marketplaces?	Insecurity or conflict Flooded or impassable roads Lack of transportation Long distance to the market Illness or disability in household Restrictions on	

						movement (e.g. checkpoints) High transport costs Other (specify): _____	
	E.5.32	HH Interview	Market access		In the past 30 days, has your household faced any challenges or barriers in purchasing the items you needed from the market?	Yes, No, Don't know	
	E.5.33	HH Interview	% of households reporting barriers to purchasing needed items (by type of barrier)		What were the main barriers your household faced in purchasing needed items?	High prices / Inflation Limited availability of goods Lack of money Market closures or limited opening hours Discrimination in the market Other (specify): _____	
<i>What is the household coverage of emergency food security interventions in the assessed population?</i>	E.5.34	HH Interview	Coverage of Emergency FSL Intervention		Is you or any member of your household registered and received for general food distribution/cash/voucher programming?	Yes, No, Don't know	
	E.5.35	HH Interview	Coverage of Emergency FSL Intervention		If yes, please select what you received in the last 2 weeks?	Food In-Kind Food vouchers Livelihoods (inputs) voucher Multi Purpose Cash Assistance Cash for food Cash for livelihoods (inputs, assets, etc) Other (specify) None Prefer not to answer	HH

<i>What proportion of households in the assessed population are utilizing stress-, crisis-, and emergency-level livelihoods coping strategies to access food and other basic needs?</i>	E.5.36	HH Interview	Livelihoods Coping Strategies Index (LCSI)	In the last 30 days, did your household send household members to eat with another household because of a lack of food or money to buy food?	YES NO, my household did not experience a lack of food that would make us try to do this NO, because I have already engaged in this activity in the last 12 months and cannot continue doing it Not applicable - it is not possible for me to do this, even if I needed to	HH
	E.5.37	HH Interview	Livelihoods Coping Strategies Index (LCSI)	In the last 30 days, did your household sell more animals than usual for this time of year because of a lack of food or money to buy food?		
	E.5.38	HH Interview	Livelihoods Coping Strategies Index (LCSI)	In the last 30 days, did your household borrow money or purchase food on credit because of a lack of food or money to buy food more than usual during this time of year?		
	E.5.39	HH Interview	Livelihoods Coping Strategies Index (LCSI)	In the last 30 days, did your household sell household assets/goods (radio, furniture, cooking utensils, etc.) because of a lack of food or money to buy food more than usual during this time of year?		
	E.5.40	HH Interview	Livelihoods Coping Strategies Index (LCSI)	In the last 30 days, did your household sell productive assets or means of transport (fishing net, hoe, axe, spear, hooks, wheelbarrow, bicycle, plough, etc.) because of a lack of food or money to buy food?		
	E.5.41	HH Interview	Livelihoods Coping Strategies Index (LCSI)	In the last 30 days, did your household harvest immature crops (e.g. green maize) because of		

					a lack of food or money to buy food?		
E.5.42	HH Interview	Livelihoods Coping Strategies Index (LCSI)			In the last 30 days, did your household sell or eat seeds intended for planting this season because of a lack of food or money to buy food?		
E.5.43	HH Interview	Livelihoods Coping Strategies Index (LCSI)			In the last 30 days, did your household sell or slaughter the last of your female cows and goats because of a lack of food or money to buy food?		
E.5.44	HH Interview	Livelihoods Coping Strategies Index (LCSI)			In the last 30 days, did your household travel to another village or cattle camp to look for food because of a lack of food or money to buy food?		
E.5.45	HH Interview	Livelihoods Coping Strategies Index (LCSI)			In the last 30 days, did your household beg other community members for food because of a lack of food or money to buy food?		

TOOL 1: CORE OBJECTIVE 5 – WATER, SANITATION, AND HYGIENE

Research questions	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses	Data collection level
WASH								

<i>What proportion of households have access to safe, improved drinking water in the assessed population?</i>	F.6.1	HH Interview	WASH	Main sources of water	What is your household PRIMARY source of water used for drinking or other household uses?	Select one	Piped into dwelling Piped into compound, yard or plot Piped to neighbour Public tap/standpipe Borehole or tubewell Protected well Unprotected well Protected spring Unprotected spring Rainwater collection Tanker-truck Cart with small tank / drum Water kiosk Bottled water Sachet water Surface water (river, dam, lake, pond, stream, canal, irrigation channel) Other (specify) Don't know	HH
	F.6.2	HH Interview	WASH	Main sources of water	Do you use any other sources of water for drinking or other household uses?	Select one	Yes, No, Don't Know	HH

	F.6.3	HH Interview	WASH	Main sources of water	What are the other sources of water you use for drinking or other household uses?	Select multiple	Piped into dwelling Piped into compound, yard or plot Piped to neighbour Public tap/standpipe Borehole or tubewell Protected well Unprotected well Protected spring Unprotected spring Rainwater collection Tanker-truck Cart with small tank / drum Water kiosk Bottled water Sachet water Surface water (river, dam, lake, pond, stream, canal, irrigation channel) Other (specify) Don't know	HH
<i>What are the self-reported perceptions of water needs and barriers to access in the assessed</i>	F.6.4	HH Interview	WASH	Water usage	What do you use water from $\{\text{wash_water_source}\}$ for each source?	Select all that apply	Drinking Cooking Bathing Laundry Household hygiene Other (specify)	H
	F.6.5	HH Interview	WASH	Water usage	What do you use water from $\{\text{wash_water_source}\}$ for each source?			HH

<i>population?</i>	F.6.6	HH Interview	WASH	Water collection time	How long does it take the household to collect water (including travel to and from and waiting)?	Select one	Water is available on premises Enter the number of minutes: Do not know Prefer not to answer	HH
	F.6.7	HH Interview	WASH	Water collection time	Please enter the number of minutes required to collect water (including travel to and from the water point):	Integer	Number	HH
<i>What proportion of households can collect water within 30 minutes, including travel to, from, and queuing time?</i>	F.6.8	HH Interview	WASH	Water collection time	Can you tell me a range of minutes required to collect water?	select one	No collection / Water on premise" Under 30 minutes 30 minutes to less than 1 hour 1 hour to less than half a day Half a day More than half a day Don't know Prefer not to answer	HH
<i>What of water treatment methods are households in the assessed population using?</i>	F.6.9	HH Interview	WASH	Water treatment	What do you do to treat the water you drink, if anything?	Select one	No treatment Boil water Chlorine tablet / Aquatab Filter cloth Other (specify) Don't know	HH
<i>What is the average and median liters per</i>	F.6.10	HH Interview	WASH	Liters per person per day	Do you have any containers that you use to collect and store drinking water for your house?	Select one	Yes, No, Don't Know	HH

<i>person per day consumed in the assessed population?</i>	F.6.1 1	HH Interview	WASH	Liters per person per day	How many containers did you use to collect water yesterday, or the last time you filled all your storage containers?	Integer	Number	HH
<i>What are the self-reported perceptions of water needs and barriers to access in the assessed population?</i>	F.6.1 2	HH Interview	WASH	HWISE	In the last 4 weeks, how frequently did you or anyone in your household worry you would not have enough water for all of your household needs?	Select one	Never (0 times) Rarely (1-2 times) Sometimes (3-10 times) Often (11-20 times) Always (more than 20 times)	HH
	F.6.1 3	HH Interview	WASH	HWISE	In the last 4 weeks, how frequently have you or anyone in your household had to change schedules or plans due to problems with your water situation? (Activities that may have been interrupted include caring for others, doing household chores, agricultural work, income-generating activities, sleeping, etc.)			HH
	F.6.1 4	HH Interview	WASH	HWISE	In the last 4 weeks, how frequently have you or anyone in your household had to go without washing hands after dirty activities (e.g., defecating or changing diapers, cleaning animal dung) because of problems with water?			HH

	F.6.1 5	HH Interview	WASH	HWISE	In the last 4 weeks, how frequently has there not been as much water to drink as you would like for you or anyone in your household?			HH
<i>What proportion of households in the assessed population have access to improved sanitation facilities?</i>	F.6.1 6	HH Interview	WASH	Soap access	Do you have soap in the home (ask to see soap, to see if it appears in a minute)?	Select one	No soap in the house Yes, AND they brought the soap within 1 minute Yes, but DON'T see soap within 1 minute Don't know Prefer not to answer	Household
	F.6.1 7	HH Interview	WASH	Access to mosquito net	Did any of your children under 5 sleep under the mosquito net last night?	Select one	Yes, Long Lasting Insecticide Treated Net No, Not Long Lasting Insecticide Treated Net Don't Know"	HH
	F.6.1 8	HH Interview	WASH	Latrine type	What kind of toilet facility do members of your household usually use?	Select one	Flush to piped sewer system Flush to septic tank Flush to pit latrine Flush to open drain Flush to elsewhere Flush to don't know where Pit latrine with slab Pit latrine without slab /	HH

							open pit Composting toilet Plastic Bag Bucket Hanging toilet/hanging latrine No facility/bush/field Other Prefer not to answer	
F.6.1 9	HH Interview	WASH	People per latrine	Do you share this facility with others who are not members of your household?	Select one	Yes, No	HH	
F.6.2 0	HH Interview	WASH	People per latrine	If yes, how many households in total use this toilet facility, including your own household?		Number	HH	
F.6.2 1	HH Interview	WASH	Soap access	Do you have soap in the home (ask to see soap, to see if it appears in a minute)?	Select one	No soap in the house Yes, AND they brought the soap within 1 minute Yes, but DON'T see soap within 1 minute Don't know Prefer not to answer	HH	

TOOL 6: SHELTER AND CRITICAL NFIS

Research questions	IN #	Data collectio	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collecti
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		Method				Level
<i>What types of shelter are the assessed population living in?</i>	A.3.0	HH Interview	Shelter type	What type of shelter do you live in?	Solid / finished house Solid / finished apartment Unfinished / non-enclosed building Tent Makeshift shelter None (sleeping in open) Other (specify) Don't know Prefer not to answer	HH
<i>What are the main non-food items needs of the assessed population?</i>	A.3.1	HH Interview	Shelter damage	What damage and/or noticeable issues does your enclosure have?	No damage or noticeable issue Minor damage to roof (cracks, openings) Major damage to roof with risk of collapse Damage to windows and/or doors (missing, broken, unable to shut properly) Damage to floors Damage to walls Lack of privacy inside the shelter (no partitions, doors) Lack of space inside shelter (min 3.5m ² per household member) Shelter is too cold Shelter is too hot Limited ventilation (no air circulation unless main entrance is open) Leaks during rain Unable to lock the shelter Lack of lighting inside or outside the shelter	HH
	A.3.2	HH Interview	NFI needs	Are members of your household able to cook where you live?	Yes, without any issues Yes, with issues No, can't do	HH
	A.3.3	HH Interview	NFI needs	Please explain why you can't cook / the issues you face for cooking?	Insufficient essential household items for cooking (utensils, kitchen sets, eating sets)	HH

					Lack of access to cooking facilities Unsafe cooking facilities Inadequate space for cooking (leaks during rain) Insufficient space Insufficient cooking fuel Other (specify) Prefer not to answer	
	A.3.4	HH Interview	NFI needs	Are members of your household able to sleep where you live?	Yes, without any issues Yes, with issues No, can't do	HH
	A.3.5	HH Interview	NFI needs	Please explain why you can't sleep / the issues you face for sleeping?	Insufficient essential household items for sleeping (bedding, mattresses and mats, bed nets) Insufficient space Unsafe space Inadequate space for sleeping (leaking during rain, noisy space, space not meant for sleeping) Other (specify) Prefer not to answer	HH

TOOL: KEY INFORMANT INTERVIEW TOOL

TOOL 1: COMMUNITY LEADER AND MEMBER INTERVIEW TOOL

Research questions	SUBQ#	Sub-question	Questionnaire QUESTION	Probes	Data collection method	Key disaggregation (Group types)
<i>What is the severity of Water, Sanitation, and Hygiene needs and service gaps in the population?</i>	4.5	What are the self-reported perceptions of water needs and barriers to access in the assessed population?	(Water) Does the community have a serious problem because you do not have enough water that is safe for drinking or cooking?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing the community from accessing enough safe drinking or cooking water?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
<i>What is the severity of food security and livelihoods needs and</i>	3.2	What are the self-reported perceptions of food	(Food) Do people have a serious problem with food? For example, because they do not have enough	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers	Key informant interview	Community leader vs. member; Sex; Assessment Site;

<i>service gaps in the population?</i>		needs in the assessed population?	food, or good enough food, or because you are not able to cook food	preventing the community from accessing enough food, or good enough?		
<i>What are the severity of the Shelter and NFIs needs and service gaps in the population?</i>	5.2	What are the self-reported perceptions of shelter and NFI needs in the assessed population?	(Place to Live In) Do people in the community have a serious problem because they do not have a suitable place to live in?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing the community from having a suitable place to live?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
<i>What is the severity of Water, Sanitation, and Hygiene needs and service gaps in the population?</i>	4.5	What are the self-reported perceptions of water needs and barriers to access in the assessed population?	(Toilets) Do people in the community have a serious problem because they do not have easy and safe access to a clean toilet?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing the community from having a suitable place to live?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
<i>What is the severity of Water, Sanitation, and Hygiene needs and service gaps in the population?</i>	4.5	What are the self-reported perceptions of water needs and barriers to access in the assessed population?	(Keeping Clean) For men: Do people have a serious problem because in your community it is difficult for people to keep clean? For example, because people do not have enough soap, water or a suitable place to wash. For women: Do people have a serious problem because in your community it is difficult to keep clean? For example, because people do not have enough soap, sanitary materials, water or a suitable place to wash	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community from being able to keep clean?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
<i>What are the severity of the Shelter and NFIs</i>	5.2	What are the self-reported perceptions	(Clothes, Shoes, Blankets) Do people in the community have a	If yes, please describe the problem? Who has this problem?	Key informant interview	Community leader vs. member; Sex;

<i>needs and service gaps in the population?</i>		of shelter and NFI needs in the assessed population?	serious problem because they do not have enough, or good enough, clothes, shoes, bedding or blankets?	If yes, what are the main barriers preventing people in the community from having enough, or good enough clothes, shoes, bedding or blankets?		Assessment Site;
<i>What is the severity of food security and livelihoods needs and service gaps in the population?</i>			(Income or Livelihoods) Do people have a serious problem because they do not have enough income, money or resources to live?	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community from having enough income, money or resources to live?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
<i>What is the severity of health and nutrition needs and service gaps in the population?</i>	2.3	What are the self-reported perceptions of health and nutrition needs and access to care in the assessed population?	(Physical Health) Do people have a serious problem with their physical health? For example, because you have a physical illness, injury or disability	If yes, please describe the problem? Who has this problem? If yes, what are the causes of peoples' issues with their physical health?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
<i>What is the severity of health and nutrition needs and service gaps in the population?</i>	2.3	What are the self-reported perceptions of health and nutrition needs and access to care in the assessed population?	(Health care) For men: Do men have a serious problem because they are not able to get adequate health care for themselves? For example, treatment or medicines. For women: Do they have a serious problem because they are not able to get adequate health care for themselves? For example, treatment or medicines, or health care during pregnancy or childbirth.	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community getting adequate health care for themselves?	Key informant interview	Community leader vs. member; Sex; Assessment Site;

<i>What are the community's self-perceived priority needs and humanitarian assistance?</i>	6.2	Are there any perceived safety concerns for the assessed population?	(Safety) Do people have a serious problem because they or their families are not safe or protected where they live now? For example, because of conflict, violence or crime in your community, city or village.	If yes, please describe the problem? Who has this problem? If yes, what are the reasons people are not safe or protected?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.3	Are there any perceived issues with the way aid is delivered for the assessed population?	(The way aid is delivered) Do you have a serious problem because of inadequate aid? For example, because you do not have fair access to the aid that is available, or because aid agencies are working on their own without involvement from people in your community	If yes, please describe the problem? Who has this problem? If yes, what are the main barriers preventing people in the community from having enough income, money or resources to live?	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.1	What are the self-reported priority needs for the population?	Do you have any other serious problems that I have not yet asked you about? Write down the person's answers	Not applicable	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.1	What are the self-reported priority needs for the population?	Out of all these problems we have asked you about, which one is the most serious problem?	Not applicable	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.1	What are the self-reported priority needs for the population?	Which one is the second most serious?	Not applicable	Key informant interview	Community leader vs. member; Sex; Assessment Site;
	6.1	What are the self-reported priority needs for the population?	Which one is the third most serious?	Not applicable	Key informant interview	Community leader vs. member; Sex; Assessment Site;

TOOL 2: HEALTH FACILITY STAFF INTERVIEW TOOL

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
<i>(Supplemental) What if any gaps are there with human resources, infrastructure, supplies, equipment, and WASH environment of health facilities serving the assessed population?</i>		KI	Type facility	Type/level of health facility	0 Hospital 0 Referral Health Centre 0 Health Clinic/Post 0 Mobile 0 Other (specify)	Health Facility
		KI	Facility management	Management of this Facility	Public / Government; Private; NGO; Other	Health Facility
		KI	NGO Support	Is the facility currently supported by any organization (NGOs, UN, etc)?	Yes; No	Health Facility
		KI	Hours operation	On average, how many hours per day is this facility open for non-emergency outpatient services?	Integer [Usual hours of operation] Integer [# of days open]	Health Facility
		KI	Population covered	Population covered by health facility	Integer [Population before crisis] Integer [Population after crisis]	Health Facility
		KI	Distance to facility	Average Distance to health facility (in km) / time mins/hrs)	Integer [kilometers] Integer [In time]	Health Facility
		KI	Financial access	Financial access to the facility	Free of Charge all patients; Free of charge certain patients: User fees all patients; User fees certain patients;	Health Facility
		KI	Health care staffing	# of total staff	Integer [Before crisis] Integer [After crisis]	Health Facility
		KI	Health care staffing	# of Medical Doctor	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Clinical Officer	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Nurse	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Midwife	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Medical Assistant	Integer [male] Integer [female]	Health Facility

		KI	Health care staffing	# of Vaccinator	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Dispenser	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Lab Technician	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Volunteers	Integer [male] Integer [female]	Health Facility
		KI	Health care staffing	# of Other (specify)	Integer [male] Integer [female]	Health Facility
<i>(Supplemental) What are the availability of services at health facilities serving the assessed population?</i>		KI	Service Consultations	How many total daily consultations do you receive?	Integer [Before crisis] Integer [Average last 7 days]	Health Facility
		KI	Service Consultations	Integrated management of childhood illness (IMCI)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Vaccination (EPI services)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Treatment for non-communicable diseases (NCDs)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Treatment for TB	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Treatment for HIV	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Treatment for mental health disorders	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility

		KI	Service Consultations	Deliveries	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Emergency Obstetric Care (BEmONC or CEmONC)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Clinical management of rape (CMR)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Safe abortion care	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Family planning	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Treatment for STIs	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	ANC	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	PNC	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
		KI	Service Consultations	Nutritional Screening (MUAC)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility

	KI	Service Consultations	Outpatient therapeutic programme (OTP)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	Infant and Young Child Feeding (IYCF)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service Consultations	In-patient management of acute malnutrition with medical complications (Stabilization Centre)	Available Before Crisis: Yes; No Available Now: Yes; No Average Weekly Visits: Integer	Health Facility
	KI	Service interruptions	If there are any primary health care services not being provided, or that have stopped recently, please explain what has caused this?	Text	Health Facility
	KI	Vulnerable Groups	Are you aware of any groups of people that have less access to these health services compared to the general population? If so, who?	Text	Health Facility
	KI	Inpatient Services	Does this facility have inpatient services	Yes; No	Health Facility
	KI	Wards and Beds	If yes, what inpatient wards and how many beds are available in this facility?	Ward: _____ Number of beds: _____	Health Facility
	KI	Diagnostic Services	Does this facility have diagnostic services?	Yes, No	Health Facility
	KI	Lab	Are laboratory services available?	Service Before: Yes, No Service Now: Yes, No Average Weekly Visits: Integer	Health Facility
	KI	X-Ray	Are X-ray services available?	Service Before: Yes, No Service Now: Yes, No Average Weekly Visits: Integer	Health Facility
	KI	Other diagnostic	Are any other diagnostic services available?	Service Before: Yes, No Service Now: Yes, No Average Weekly Visits: Integer	Health Facility
	KI	Other diagnostic	Please list the diagnostic services available (including private within the community)	Text	Health Facility

			communi ty			
<i>(Supplemental) What if any gaps are there with human resources, infrastructure, supplies, equipment, and WASH environment of health facilities serving the assessed population?</i>		KI	Essential Drugs and Supplies	Antibiotics	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	IV Fluids	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Mag Sulphate	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Analgesics	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Anticonvulsant	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	PEP	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Anti-hypertensives	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	ORS	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Oxytocin Injection	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Anti-malarials	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Nutrition supplies	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	TB Meds	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	PPE for Staff (Gloves, Masks, etc.)	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility

		KI	Essential Drugs and Supplies	BCG vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Pentavalent vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Tetanus toxoid vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Polio vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Measles vaccine	Currently in Stock: Yes, No Stock out last 6 months: Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Does the facility have a functioning cold chain?	Yes, No	Health Facility
		KI	Essential Drugs and Supplies	Facility has functioning refrigerator or EPI cold box?	Yes, No	Health Facility
		KI	Essential Drugs and Supplies	If not, why not?	Text	Health Facility
		KI	Essential Drugs and Supplies	If any stock outs in the last 6 months, what caused it?	Text	Health Facility
		KI	Essential Drugs and Supplies	What immediate supply needs does this facility have, if any?	Text	Health Facility

TOOL 3: FSL NGO WORKER INTERVIEW TOOL

Research questions	SUBQ#	Sub-question	Questionnaire QUESTION	Probes	Data collection method	Key disaggregations (Group types)
<i>What is the severity of food security and livelihoods needs and service gaps in the population?</i>	3.11	What are the availability and barriers to provision of FSL emergency services for	What type of food security and/or livelihoods programming are currently being provided in Rubkona County?	General in-kind food distributions HH level in-kind food distribution Food vouchers Cash for food Multi-Purpose Cash Assistance	Key Informant Interview	None

		the assessed population?		In-kind inputs distribution Cash for inputs Livelihoods-related services Other, please specify		
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	When did each of these activities begin and when are they expected to end (month/year)?		Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Which locations/sites are covered, and which are not covered?	Bentiu PoC Rubkona IDP sites Rotriak IDP camp Any other IDP sites/collective centers/ informal settlements? Host community?	Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	How is assistance different, if at all, for different areas/sites/population groups?	Different by modality? Quantity? Duration?	Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	What are your targeting and selection criteria for the programs mentioned above?		Key Informant Interview	None

	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Do you know of any groups or specific locations/sites within the community who have difficulties accessing/registering to the program?	Returnees? Host community? IDPs?	Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	If yes, can you tell us about the main barriers?		Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Among the community you're reaching through your programs what are the main food and livelihoods needs you observe?		Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Do you feel that the current level of assistance is sufficient to meet the needs in this area?		Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency	What are the other main challenges you observe in this community?		Key Informant Interview	None

		services for the assessed population?				
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	Are you currently facing any major challenges in delivering your program/assistance to the intended population?	Funding? Access?	Key Informant Interview	None
	3.11	What are the availability and barriers to provision of FSL emergency services for the assessed population?	What is the plan for assistance delivery over the coming 6 months? How are FSL programming expected to change, if at all?		Key Informant Interview	None

TOOL 4: NUTRITION FACILITY STAFF INTERVIEW TOOL

Research Questions	SUBQ#	Sub-research question group	Questionnaire QUESTION	Probes	Data collection method	Key disaggregations
What nutrition services are provided, and are they adequately staffed, equipped, and stocked?		Service Availability and Staffing	Are you involved in the day-to-day operations and management of the nutrition facility? If not, who manages the nutrition facility? (in terms of operations, staffing, supplies & funding?)	International NGO Ministry of Health Local NGO Faith based organization Other, specify:	Key informant interview	None
		Service Availability and Staffing	Do you offer in-patient/stabilization center services at your nutrition facility?	If No, could you explain why?	Key informant interview	None
		Service Availability and Staffing	Do you offer outpatient /therapeutic services at your nutrition facility?	If No, could you explain why?	Key informant interview	None

	Service Availability and Staffing	Do you offer other supplementary therapeutic services at your nutrition facility? (For example, for PLW, targeted services for vulnerable community members or orphans)?	If No, could you explain why?	Key informant interview	None
	Service Availability and Staffing	Are you currently adequately staffed for the nutrition services offered above?	If No, could you explain why?	Key informant interview	None
	Equipment and Supply Sources	What are the key sources of nutrition equipment currently for your facility?	International NGO Ministry of Health Local NGO Faith based organization Other, specify:	Key informant interview	None
	Equipment and Supply Sources	How does this compare pre-crisis?	Text	Key informant interview	None
	Stock-out and Storage Challenges	Are there currently any deficits in equipment for the nutrition facility? If yes, which equipment?	Weighing scales Height boards Child MUAC tapes Maternal MUAC tapes Maternal & Child nutrition registries Other, (specify)	Key informant interview	None
	Stock-out and Storage Challenges	Have there been any deficits in equipment pre-crisis for the nutrition facility? If yes, which equipment?	Weighing scales Height boards Child MUAC tapes Maternal MUAC tapes Maternal & Child nutrition registries	Key informant interview	None

				Other, (specify)		
	Stock-out and Storage Challenges	What are the key sources of nutrition supplies currently for your facility?	International NGO Ministry of Health Local NGO Faith based organization Other, specify:	Key informant interview	None	
	Stock-out and Storage Challenges	How does this compare pre-crisis?	Text	Key informant interview	None	
	Stock-out and Storage Challenges	Does your nutrition facility currently have adequate storage capacity for nutrition supplies?	Text	Key informant interview	None	
	Stock-out and Storage Challenges	How does this compare pre-crisis?	Text	Key informant interview	None	
	Stock-out and Storage Challenges	What are the main nutrition products your facility offers?	Inpatient therapeutic products (F75, F100, Oral rehydration salts etc.) Outpatient therapeutic products (Plumpy Nut, Plumpy Sup) Supplementar y feeding products (fortified flour, food rations e.g. cereals, oil, pulses etc) Vitamin A supplements	Key informant interview	None	

				Deworming tables (mebendazole , albendazole) Iron Folic Acid supplements Zinc tablet supplements Others (specify)		
	Frequency of Re-stocking and Type of Nutrition Products	How frequently is your nutrition facility re-stocked with nutrition products?	Weekly Monthly Quarterly (every 3 months) Biannually (every 6months) Annually Other (specify)	Key informant interview	None	
	Frequency of Re-stocking and Type of Nutrition Products	Have you experienced any stock-outs in the last 3 months? If yes, what have been the main challenges to restocking nutrition products in your facilities in the last 3 months?	Text	Key informant interview	None	
	Community Outreach and Coverage	In your opinion, would you say that the nutrition facility covers all the target population in the catchment area?	If No, explain why?	Key informant interview	None	
	Community Outreach and Coverage	Does the nutrition facility have community health workers (CHWs) who conduct community	If No, explain why?	Key informant interview	None	

			outreach activities and nutrition screenings?			
<i>What are the main challenges affecting access to nutrition services, especially for vulnerable groups?</i>		Barriers to Access (Geographic, Social, Infrastructure)	Do people in the neighborhood/locality currently face any barriers in accessing nutrition services from your facility? If yes, what are the main barriers?	Text	Key informant interview	None
		Vulnerable Groups and Services Most Affected	If yes, which vulnerable groups are most affected? (For example, older persons, children under 5, persons with disabilities, single female headed HHs)	Youth Older persons Persons with a disability Children under 5 Orphans Single female headed HHs Women Minority groups Refugees Migrants Other, specify Don't know	Key informant interview	None
			If yes, which services are most affected? (For example: Chronic illness, diabetes, HIV, infectious disease services, cholera, dysentery, services for children under 5 (acute watery diarrhoea, measles, malaria)	Text	Key informant interview	None
		Access Compared to Pre-crisis	How has access changed compared to pre-crisis.	Text	Key informant interview	None
		Barriers to Access (Geographic, Social,	Do people in the neighborhood/locality currently face any barriers in accessing nutrition services from	Text	Key informant interview	None

		Infrastructure)	your facility due to distance?			
		Barriers to Access (Geographic, Social, Infrastructure)	Do people in the neighborhood/locality currently face any barriers in accessing nutrition services from your facility due to lack of medical facilities?	Text	Key informant interview	None
		Barriers to Access (Geographic, Social, Infrastructure)	Do people in the neighborhood/locality currently face any barriers in accessing nutrition services from your facility due to any other reasons? If yes, what are they?	Text	Key informant interview	None
		Trends in Malnutrition Cases	During the last 3 months, has your facility detected any increase in malnutrition cases reported at your facility or referrals from outreach/mobile clinics or community health workers? If yes, have malnutrition cases doubled, tripled, or more during the last 3 months?	Text	Key informant interview	None
		Causes of Malnutrition Increase	If yes, what is the main cause for the increase in the last 3 months?	Text	Key informant interview	None
<i>How have malnutrition trends and CMAM program performance indicators changed in</i>		CMAM Quality Indicators (Cure, Death, Default Rates)	In the past 3 months, how would you describe the following indicators for CMAM program quality? (If the staff has current updated statistics, update accordingly).	Cure rate Defaulters rate Non-Response rates Death Rates	Key informant interview	None

<i>the last 3 months?</i>		Perceptions of the CMAM Program	What do you think about the quality and relevance of the CMAM programme?	Text	Key informant interview	None
		Perceptions of the CMAM Program	What are its strengths/weaknesses ?	Text	Key informant interview	None
		Perceptions of the CMAM Program	What would you change to improve its quality?	Text	Key informant interview	None
		Perceptions of the CMAM Program	How is it perceived in the community? Why?	Text	Key informant interview	None

OBSERVATION TOOLS

TOOL 1: HEALTH FACILITY OBSERVATION TOOL

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
<i>What if any gaps are there with human resources, infrastructure, supplies, equipment, and WASH environment of health facilities serving the assessed population?</i>		Observation	Health Facility Damage	What is the overall physical state of the health facility structure?	<p>0 Good condition (new facility or facility that has been rehabilitated/undergoing rehabilitation. No damage)</p> <p>0 Functional (light damage/facility not well-maintained, needs more significant rehabilitation support for things such as flooring, doors, windows, etc.)</p> <p>0 Partial destruction/damaged (lack of/unusable/partially damaged doors, windows, flooring, ceiling/roof)</p> <p>0 Significant destruction (no roof but walls still intact, physical structure could be used with</p>	

				significant rehabilitation)	
	Observation / KI	Rooms	Facility has sufficient number of consultation and examination rooms for client volume?	0 Yes 0 No	
	Observation / KI	Privacy	Facility has private areas for consultation?	0 Yes 0 No	
	Observation / KI	Power	Is there electricity available at the facility? If yes, what is the source and availability?	0 Yes 0 No 0 Not functional	
	Observation / KI	Power	Electricity Source:	Text	
	KII	Power	Availability (hours per day / days per week):	Text	
	Observation / KI	Water	Is there a water supply within the health facility compound?	0 Yes 0 No	
	Observation / KI	Water	If no, how far away is the nearest water supply?	Integer (meters)	
	KII	Water	What is the primary water source in the facility?	0 Borehole 0 Protected hand dug well 0 Unprotected hand dug well 0 Other:	
	KII	Water	Is there water storage capacity at this facility?	0 Yes 0 No	
	KII	Water	If yes, what is the water storage capacity (litres)?	Integer (litres)	
	KII	Water	Average number of out-patients per day	Integer (outpatients)	
	Calc.	Water	Estimated litres per day outpatients	Calculation (litres)	
	KII	Water	Are there toilets in the health facility?	0 Yes 0 No	
	KII	Water	Dry or flushing?	0 Dry 0 Flush	
	KII	Water	How many toilets?	Integer (toilets)	
	Calc.	Water	Estimated liters per day for toilet hygiene	Calculation (litres)	
	KII	Water	How many people on average use the toilet per day?	Integer	
	Calc.	Water	Estimated liters per day for toilet flushing	Calculation (litres)	
	Calc.	Water	Total Outpatient Litres Per Day	Calculation (litres)	
	KII	Water	Average number of in-patients per day	Integer (in-patients)	
	KII	Water	Is there a cholera outbreak and patients are being treated here?	0 Yes 0 No	
	KII	Water	Average number of cholera patients per day	Integer (cholera patients)	
	KII	Water	Is there in-patient therapeutic feeding programs?	0 Yes 0 No	

	KII	Water	Avg. number of therapeutic feeding patients daily?	Integer (therapeutic feeding patients)	
	Calc.	Water	Total Inpatient Litres Per Day	Calculation (litres)	
	Calc.	Water	Total Health Facility Water Needed per Day	Calculation (litres)	
	Observation / KI	Latrines	Does the health facility have a toilet or latrine? If so, what kind? Select all that apply	<input type="checkbox"/> None <input type="checkbox"/> Flush or pour / flush toilet <input type="checkbox"/> Pit latrine without slab <input type="checkbox"/> Pit latrine with slab <input type="checkbox"/> Open hole <input type="checkbox"/> Hanging latrine / toilet <input type="checkbox"/> Dedicated open defecation point <input type="checkbox"/> Other (specify)	
	Observation / KI	Latrines	# of toilets/latrines total	Integer	
	Observation / KI	Latrines	Are there toilets / latrines dedicated for specific groups? (sex)	0 Yes 0 No	
	Observation / KI	Latrines	# of female toilets	Integer	
	Observation / KI	Latrines	# of male toilets	Integer	
	Observation / KI	Latrines	Are there toilets / latrines that are disability accessible?	0 Yes 0 No	
	Observation / KI	Latrines	# of disability accessible toilets	Integer	
	Observation / KI	Latrines	Are there toilets / latrines dedicated for staff?	0 Yes 0 No	
	Observation / KI	Latrines	# of staff toilets	Integer	
	Observation / KI	Latrines	Are the latrines functioning?	<input type="checkbox"/> None or functioning, need rehab <input type="checkbox"/> Some are functioning <input type="checkbox"/> All are functioning	
	Observation / KI	Latrines	If any not functional, Please describe the issues with the latrines?	<input type="checkbox"/> Latrines are full <input type="checkbox"/> Latrines are damaged (broken walls or door) <input type="checkbox"/> Insufficient privacy <input type="checkbox"/> Other	
	Observation / KI	Latrines	Are the latrines at least 30 meters away from any water sources?	<input type="checkbox"/> All are within 30 meters <input type="checkbox"/> Some are within 30 meters <input type="checkbox"/> None are within 30 meters	
	Observation / KI	Latrines	How far are the toilets/latrines from the health facility?	Integer (meters)	

	Observation / KI	Hygiene	Are there handwashing facilities with soap and water available at the toilets / latrines?	<input type="checkbox"/> None <input type="checkbox"/> Some, with soap and water <input type="checkbox"/> Some, with water only <input type="checkbox"/> All have, with soap and water <input type="checkbox"/> All have, with water only	
	Observation / KI	Hygiene	Are there handwashing facilities with soap and water available at each point medical care is provided?	<input type="checkbox"/> None <input type="checkbox"/> Some, with soap and water <input type="checkbox"/> Some, with water only <input type="checkbox"/> All have, with soap and water <input type="checkbox"/> All have, with water only	
	Observation / KI	Solid Waste Management	Is there a demarcated, fenced off waste area?	0 Yes 0 No	
	Observation / KI	Solid Waste Management	Is there a pit for organic waste?	0 Yes 0 No	
	Observation / KI	Solid Waste Management	Is there a functioning incinerator?	0 Yes 0 No	
	Observation / KI	Solid Waste Management	Is there a pit for sharps?	0 Yes 0 No	
	Observation / KI	Solid Waste Management	Is refuse separated between ordinary and medical waste?	0 Yes 0 No	
	Observation / KI	Solid Waste Management	Are segregated waste bins available in all areas where patients are treated? *Should be segregated into 3 categories infections, non-infectious and sharps bins	0 Yes 0 No	
	Observation / KI	Solid Waste Management	Are sharps bins available in all areas where patients are treated?	0 Yes 0 No	

TOOL 2: WATER POINT OBSERVATION TOOL

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
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<i>To what extent are water points serving the population and health and nutrition facilities with adequate quantity and quality of water?</i>	Observation	Time observation	Time of Observation	Time	Water point
	Observation	Name Water point	Name of Water Point	Text	Water point
	Observation	Type water point	Type of Water Point	<input type="checkbox"/> Hand dug well <input type="checkbox"/> Borehole <input type="checkbox"/> Spring <input type="checkbox"/> Water trucking <input type="checkbox"/> Other (specify)	Water point
	Observation	Source Water	What is the source for this water point?	<input type="checkbox"/> Surface water <input type="checkbox"/> Rain water <input type="checkbox"/> Underground water <input type="checkbox"/> Water trucking <input type="checkbox"/> Other (specify)	Water point
	Observation	Power Source	What is the primary mover /power source?	<input type="checkbox"/> Solar <input type="checkbox"/> Generator <input type="checkbox"/> Combined (Dual-Source) <input type="checkbox"/> Electricity <input type="checkbox"/> Manual <input type="checkbox"/> Other (specify)	Water point
	Observation	Water Distribution	How is water distributed or collected from this water point? Choose all that apply	<input type="checkbox"/> Piped system to households <input type="checkbox"/> Communal tap stands <input type="checkbox"/> Stored in tank <input type="checkbox"/> Bucket and rope <input type="checkbox"/> Jerry cans or buckets <input type="checkbox"/> Other (specify)	Water point
	Observation	Hours operation	Earliest and latest hours that people access this water point?	Time (start) Time (end)	Water point
	Observation / KI	Market Water Point	Water point serve any market? If so, which one?	Text	Water point
	Observation / KI	Health Facility Water Point	Water point serve a health facility? If so, which one?	Text	Water point
	Observation / KI	Water Management Committee	Any water management committee? If so, who?	Text	Water point
	Observation / KI	NGO Support	Any NGO that support building or maintenance of the water point? If so, who?	Text	Water point
	Observation	Number queued	Estimate how many people are queuing at the time of observation?	Integer (people)	Water point
Observation	Crowding	Any visible crowding, raised tensions, or fighting? If so, please describe.	0 Yes 0 No	Water point	

	Observation	Fence	Is the water point fenced off?	0 Yes 0 No	Water point
	Observation	Stagnant	Is there stagnant water around the water point?	0 Yes 0 No	Water point
	Observation	Animals	Any visible animals staying around the water point?	0 Yes 0 No	Water point
	Observation	Garbage	Any garbage or animal faeces visible around the water point?	0 Yes 0 No	Water point
	Observation	Soil composition	What's the characteristic of the soil around the water point?	<input type="checkbox"/> Rock / Gravel <input type="checkbox"/> Clay <input type="checkbox"/> Silt / Fine Earth <input type="checkbox"/> Sand / Sediment <input type="checkbox"/> Don't Know. <input type="checkbox"/> Other, Please Specify:	Water point
	Observation	Latrine	Any latrine within 30 meters?	0 Yes 0 No	Water point
	Observation	Latrine distance	If yes, how far in meters?	Integer (meters)	Water point
	Observation	Water Color	Any noticeable colour, odour or taste?	0 Yes 0 No	Water point
	Population Estimate, KI or Secondary Data	Population Covered	Estimated population covered by this water point	Integer	Water point
	KI	Water Quality Test	When was the most recent water quality test conducted for this water point, if ever?	Text	Water point
	KI	Water Quality Test	Can you share the results of that test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water point
	KI	Water Quality Test	Conductivity tests Target: between 1,000 – 1,500 μ S/cm	Text	Water point
	KI	Water Quality Test	Turbidity Target: \leq 5 NTU	Text	Water point
	KI	Water Quality Test	pH levels Target: pH 6.5 < pH < 8.5 (not a health based target)	Text	Water point
	KI	Water Quality Test	Faecal coliforms Target: 0 CFU/100 ml (Colony Forming Units)	Text	Water point
	KI	Water Quality Test	Free chlorine Target: Free chlorine (When chlorine is used as a disinfectant agent) after 30 minute contact time at pH	Text	Water point
	KI	Rehabilitation Water point	Is any rehabilitation needed for the water point?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water point

	KI	Type Rehabilitation Water point	If yes, what type of rehabilitation?	<input type="checkbox"/> Cleaning and desludging <input type="checkbox"/> Structural repairs <input type="checkbox"/> Coating and lining <input type="checkbox"/> Replacing tank components <input type="checkbox"/> Other, Please Specify:	Water point
	KI	Rehabilitation Network	Is any rehabilitation needed for the water network?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water point
	KI	Type Rehabilitation Network	If yes, what type of rehabilitation?	<input type="checkbox"/> Well development <input type="checkbox"/> Well head construction <input type="checkbox"/> Pipeline <input type="checkbox"/> Installation Lifting Devices with Power Sources <input type="checkbox"/> Water Tanks <input type="checkbox"/> Water points <input type="checkbox"/> Other, Please Specify:	Water point

7. Data Management Plan

Administrative Data			
Research Cycle name	<i>Integrated Public Health Rapid Assessments</i>		
Project Code	32BFG		
Donor	FCDO		
Project partners	N/A		
Research Contacts	<i>Jada Jacob, jada.jacob@impact-initiatives.org</i>		
Data Management Plan Version	Date: June 2025	Version: 1	
Related Policies	<i>[List any relevant policies/procedures on data management, data sharing and data security that this project will be based on]</i>		
Documentation and Metadata			
What documentation and metadata will accompany the data? <i>Select all that apply</i>	<input type="checkbox"/> Data analysis plan	x	Data Cleaning Log, including: x Deletion Log x Value Change Log
	<input type="checkbox"/> Code book	<input type="checkbox"/>	Data Dictionary
	<input type="checkbox"/> Metadata based on HDX Standards	x	Data saturation grid
Ethics and Legal Compliance			
Which ethical and legal measures will be taken?	x Consent of participants to participate	x	Consent of participants to share personal information with other agencies
	x No collection of personally identifiable data will take place	x	Gender, child protection and other protection issues are taken into account
	x All participants reached age of majority	x	PSS First Aid training of team leaders
Who will own the	IMPACT Initiatives		

copyright and Intellectual Property Rights for the data that is collected?

Storage and Backup

Where will data be stored and backed up during the research?	<input checked="" type="checkbox"/>	IMPACT/REACH Kobo Server	<input type="checkbox"/>	Other Kobo Server: <i>[specify]</i>
	<input type="checkbox"/>	IMPACT Global Physical / Cloud Server	<input type="checkbox"/>	Country/Internal Server
	<input type="checkbox"/>	On devices held by REACH staff	<input type="checkbox"/>	Physical location <i>[specify]</i>
	<input type="checkbox"/>	[Other, Specify]		
Which data access and security measures have been taken?	<input checked="" type="checkbox"/>	Password protection on devices/servers	<input checked="" type="checkbox"/>	Data access is limited to IMPACT HQ, REACH SSD Data Officer, and field team leader.
	<input type="checkbox"/>	Form and data encryption on data collection server	<input type="checkbox"/>	Partners signed an MoU if accessing raw data
	<input type="checkbox"/>	[Other, Specify]		

Kobo Access Rights

Account Name(s)	Person(s)	Type of Kobo access	
jadajacob	<i>Jada Jacob</i>	<input checked="" type="checkbox"/> View <input type="checkbox"/> Edit	<input type="checkbox"/> Submit Data <input type="checkbox"/> Download Data
reach_ssd_nbeg	<i>Enumerator</i>	<input checked="" type="checkbox"/> View <input type="checkbox"/> Edit	<input checked="" type="checkbox"/> Submit Data <input type="checkbox"/> Download Data
kenyi_reach	<i>Kenyi Alison</i>	<input checked="" type="checkbox"/> View <input checked="" type="checkbox"/> Edit	<input type="checkbox"/> Submit Data <input checked="" type="checkbox"/> Download Data

Raw Data Access Rights

Raw Data Access	Reason	Person
Accountable	Accountable – will download data daily and share with field teams for review.	<i>Kenyi Alison</i>
Access	Access – will be supporting with data quality checks.	<i>Saurav Poudel</i>
Access	Access – will be conducting debriefs with enumerators in the field	<i>Jada Jacob,</i>

Preservation

Where will data be stored for long-term preservation?	<input type="checkbox"/>	IMPACT / REACH Global Cloud / Physical Server	<input type="checkbox"/>	OCHA HDX
	<input checked="" type="checkbox"/>	REACH Country Server	<input type="checkbox"/>	[Other, Specify]

Data Sharing

Will the data be shared publically?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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Will all data be shared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, only anonymised/ cleaned/ consolidated will be shared			
	x conducting No				
Where will you share the data?	<input type="checkbox"/> REACH Resource Centre	<input type="checkbox"/> OCHA HDX			
	<input type="checkbox"/> Humanitarian Response	<input type="checkbox"/> [Other, Specify]			
Data protection risk assessment					
Have you completed the Indicators Risk Assessment table below?	x Yes	<input type="checkbox"/> No, no information that potentially allows identification of individuals is to be collected.			
Risk indicator (including direct and indirect identifiers)	Type of identification risk	Disclosure implications	Benefits	Class	Required mitigation
Coordinates of household location	<i>Direct identification of household and whereabouts</i>	<i>Loss of privacy</i>	<i>Data checking</i>	B1	<i>To be permanently deleted after spatial verification and data cleaning.</i>
First name of each household member.	<i>Direct identification of household members</i>	<i>Loss of privacy</i>	<i>Improve data quality for individual level indicators</i>	B1	<i>To be permanently deleted after data cleaning.</i>
Responsibilities					
Data collection	Jada Jacob: jada.jacob@reach-initiative.org				
Data cleaning	Jada Jacob: jada.jacob@reach-initiative.org				
Data analysis	Jada Jacob: jada.jacob@reach-initiative.org				
Data sharing/uploading	Jada Jacob: jada.jacob@reach-initiative.org				