Research Terms of Reference

Informing Area-based humanitarian action in out-of-camp refugee contexts
Pilot study #4: Uganda
Research Cycle ID: UGA1803

May 2018
Version 3

IMPACT Shaping practices Influencing policies Impacting lives

1. Summary

Country of intervention	Uganda					
Type of Emergency		Natural disaster	X	Conflict		Emergency
Type of Crisis		Sudden onset		Slow onset	X	Protracted
Mandating Body/ Agency	BPRM					
Project Code	99iAEX					
Research Timeframe	9 February 2018 – 31 July 2018					
General Objective	**1.** Bolster evidence-based humanitarian programming and service delivery throughout Arua Municipality by providing data on urban refugee populations and humanitarian needs, as well as those of local host communities. **2.** Contribute to the global AGORA area-based toolbox by creating a comparative framework to assess whether information derived from the social network analysis and key informant methodology is sufficiently comparable to results from traditional, more time consuming, household surveys. **3.** Assess the utility of the more agile, less-resource intensive area delineation tools and key informant-based analysis to rapidly assess humanitarian needs in a given area.					
Specific Objective(s)	**Toolbox development:** - Improve the draft toolkit through piloting KI social network identification tools. - Test how to collect the most reliable possible information from key informants (KI) by comparing data gathered from KI with data gathered from a representative household sample. **Area mapping:** - Identify and map current, perceived community boundaries such as neighbourhoods and the approximate locations of each population group within the community. - Identify and map service catchment areas in Arua municipality. **KI network analysis:** - Identify networks and relationships between key informants (KI) within identified communities. - Identify networks and relationships between KI inside service areas. **Needs assessment:** - Identify the primary needs of populations living in Arua. - Identify primary barriers faced by populations regarding accessing services. -					
Research Questions	**Toolbox development:**					

	- How can area-based approaches to data gathering and analysis better inform humanitarian response? - How should participatory mapping be used to identify a community area to obtain the most reliable information? - What key informant and key informant network characteristics can be used to identify key informants who can provide the most reliable data on sector indicators? **Area mapping:** - What are the perceived community boundaries such as neighbourhoods and the approximate number and locations of each population group within the community? - What are the service catchment areas in Arua municipality? **KI network analysis:** - What are the characteristics of the KI informant networks within identified communities? - What are the characteristics of the KI informant networks within identified service areas? **Needs assessment:** - What are the primary needs of populations living in Arua? - What are the main barriers faced by populations regarding accessing services?
Research Type	Quantitative: ; Qualitative: ; Mixed methods: X
Geographic Coverage	Arua Municipality, Arua District, Uganda
Target Population(s)	Refugees (regardless of status determination) and host communities
Data Sources	**Secondary data:** - Ongoing mapping initiatives in out-of-camp settlements (HOTosm) - Administrative boundaries from Uganda Bureau Of Statistics (UBOS) - Existing basemaps of infrastructure (OSM) **Primary data on service area level:** - Planning area for health, education and water services identified through Municipality key informants - Municipality-level data on health, education and water services collected through Service Key informants - Household level data aggregated and analysed at the municipality level **Primary data on community area level:** - Community area identified through participatory mapping - Community KI shortlisted through focus group discussions - Community-level data collected through Community KI - Household survey data aggregated and analysed at the community level **Primary data on the household level:** - Household needs survey data collected by enumerators
Expected Outputs	- Arua advisory board established - Arua field pilot conducted - Outputs produced (report/maps created) - Lesson learned workshop conducted - Presentation of findings - Revised toolbox based on pilot results
Key Resources	See section below
Audience	Local authorities, CSOs, local and international humanitarian actors, UN agencies and donor-audience

	Audience type		Specific actors
	X	Operational	UNHCR, Arua Municipality, IRC, DRC, World Vision, Save the Children, Handicap International, Danida, [others to be added]
	X	Programmatic	Office of the Prime Minister (OPM), UNHCR, WFP
	X	Strategic	Arua Municipality, Office of the Prime Minister (OPM), DOS-PRM
		Other	
Access	X	Public (available on IMPACT/AGORA website and other humanitarian platforms)	
		Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH, AGORA or other platforms)	
		Other	
Visibility	IMPACT, UNHCR, State representatives, DOS-BPRM. Mention of advisory board members: UNHCR, World Vision, Handicap International, Local authorities (to be determined) [others to be included]		
Dissemination	• Findings and lessons learned will be shared via a workshop at the Arua municipality level following the conclusion of the Arua pilot and analysis. • Findings and lessons learned will be shared and discussed through a workshop at Uganda level following the conclusion of the full country pilot. • After the duration of the global pilot (2018), IMPACT will conduct ToT at the regional level and conferences at Global level incorporating findings from the Uganda pilot.		

2. Background & Rationale

Situation in Uganda

UNHCR and IMPACT Initiatives jointly identified Arua municipality in Uganda to roll out the 4th pilot of the AGORA area-based assessment.

Since the 2016 crisis, over an estimated 1.3 million South Sudanese refugees have made their way to Uganda, joined by large refugee populations from the Democratic Republic of the Congo (DRC) and Burundi. Humanitarian needs across Uganda remain accordingly significant. With an anticipated 300,000 more South Sudanese refugees due to arrive this year and rapidly growing numbers of DRC refugees arriving since mid-December 2017, the need for humanitarian aid will only increase throughout 2018.

The crisis has implications on the capacity of the Ugandan government to provide services in settlements areas, as well as in urban locales such as Arua municipality where large numbers of refugees are now residing. According to a study from July 2017, refugees account for 20 to 30% of the current population of Arua town.[1] While there is a general perception of refugees living in the urban area being wealthy, the South Sudanese population in Arua municipality appear to be more vulnerable. Local authorities have limited capacity to identify the needs of refugee population groups and vulnerable host communities when the focus of humanitarian actors lies mainly on refugee settlement areas.

[1] IRC: Arua Municipality and Kampala Urban Context Analyses, July 2017

Also, the recent revelations of overcounting refugee numbers in settlements have cast light on the lack of information on urban refugee populations. It has been suggested that many from the settlements may have relocated to urban peripheries, but a lack of research hampers substantiating such claims at present.

On the primary level, this pilot aims to fill the information gaps on urban refugee populations in Arua municipality; to assess their needs, and to gauge service provision outcomes and perceptions for both host and refugee communities. The latter are critical views to incorporate owing to the need to understand local sentiments towards refugees, as well as to better evaluate perceptions of the Ugandan state policy of distributing 30% of refugee relief-linked funds to local communities. By remaining highly focused on the dense populations inside the chosen city and delivering operationally-useful data chosen in close collaboration with local organizations, this pilot will be fundamentally engineered to be useful to communities in need today.

While on the one hand, the pilot will contribute to local humanitarian & development programming, the research design will also contribute to the global AGORA area-based toolbox by creating a comparative framework to assess whether information derived from the social network analysis and key informant methodology is sufficiently comparable to results from traditional household surveys. The goal therein is to find out if it would be viable to utilize the agiler, less-resource demanding 1) area-based assessment delineation; and, 2) the key informant-based analysis to rapidly assess humanitarian needs in a given area. As secondary goals, the pilot will also serve to validate the global methodology and provide a capstone of reflection to improve the draft AGORA toolkit. By testing the draft toolbox, the aim is to improve both the theoretical framework and the tools necessary to achieve both the assessment and unique methodological components.

3. Research Objectives

1. Bolster evidence-based humanitarian programming and service delivery throughout Arua Municipality by providing data on urban refugee populations and humanitarian needs, as well as those of local host communities.
2. Contribute to the global AGORA area-based toolbox by creating a comparative framework to assess whether information derived from the social network analysis and key informant methodology is sufficiently comparable to results from traditional, more time consuming, household surveys.
3. Assess the utility of the more agile, less-resource intensive area delineation tools and key informant-based analysis to rapidly assess humanitarian needs in a given area.

4. Research Questions

Toolbox development:

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

Area mapping:

- What are the perceived community boundaries such as neighbourhoods and the approximate locations of each population group within the community?
- What are the service catchment areas in Arua municipality?

KI network analysis:

- What are the characteristics of the KI informant networks within identified communities?
- What are the characteristics of the KI informant networks within identified service areas?

Needs assessment:

- What are the primary needs of populations living in Arua?
- What are the main barriers faced by populations regarding accessing services?

5. Methodology

5.1. Methodology overview

The methodologies that will be tested through this project are outlined in the Primary Data Collection Stages section below (5.5) and will be implemented across a set of 12 strategically selected areas within the Arua Municipality. A local advisory board—intended to input on each step and integrate AGORA within local governance, NGO, and civil society structures—will be convened to guide IMPACT in identifying and prioritising specific neighbourhoods with both refugee and host community members in Arua.

The target out-of-camp areas will be chosen among areas where the most significant populations of refugees, the majority of whom are South Sudanese, reside, namely River Oli and Arua Hill Divisions (Admin 5 Level) within Arua Municipality along with the peri-urban sub-counties of Dadamu, Oluko, Pajulu in Ayivu County.[2] In line with results from the community mapping portion of the project, sampling will be done at the ward/parish (Admin 6) level and include all of Arua Municipality, along with the aforementioned peri-urban areas. The wards are the second-smallest administrative unit inside the municipality of Arua, while the Parishes are the second-smallest administrative unit of the district of Arua. Taken together, they comprise the larger urban area of Arua. The areas selected in consultation with the Advisory Board are:

- Awindiri (Ward)
- Bazaar (Ward)
- Kenya (Ward)
- Mvara (Ward)
- Pangisa (Ward)
- Tanganyika (Ward)
- Ariwara (Parish)
- Tanganyika (Parish)
- Pokea (Parish)
- Komite (Parish)
- Bunyo (Parish)

A representative household level sample will be taken at the neighbourhood (ward/parish) level—based on population estimates of host and refugees households from local government (LC1/LC2 leadership). That sample will use indicators and tools aligned with those of the toolbox methodologies. The sample will be stratified by host and displaced households and will include some 2,200 households.

Given the nature of cyclical migration between northern Uganda and neighbouring countries - a reality created by artificial colonial borders - and the multiple identities held by residents that do not always align with legal definitions, for this assessment:

> **Displaced community** refers to self-identified refugees, internally displaced persons (IDPs), and migrants. This includes legally registered and unregistered refugees, as well as a limited number (less than 1%) of Ugandan nationals identifying as being internally displaced. The migrant category, while not self-identifying as forcibly displaced, is comprised almost entirely of South Sudanese who would likely qualify for refugee protection. Removing migrants from the displaced community grouping does not significantly impact any findings in this report.
>
> **Host community** refers to self-identified host community members, along with returned IDPs. This also includes less than 1% (fewer than ten households) who, despite being registered refugees, also identified as host community members.

[2] IRC (2017) Arua Municipality and Kampala Urban Context Analysis

Findings from the random household survey will be representative at the ward or parish-level at a 95% confidence level with a 10% margin of error. In effect, any results showing a discrepancy between host and displaced communities of 10% or less at the ward-level should not be interpreted as showing any difference between the two communities. Results at the city-wide level when disaggregated by host and displaced community are at a 97% confidence level with a 4% margin of error, while results for both communities are at a 97% confidence level and 3% margin of error.

This sample will be used to test the robustness of the data collected through the toolbox KI methodologies. Precisely, the reliability of key informants (KI) predicted through the Social Network Analysis (SNA) conducted using the methodology outlined in the toolbox will be tested by comparing the data collected from each shortlisted KI at the community (ward/parish) level with a corresponding household level representative sample. The overall objective here is to:

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

The experiment will be run on several levels of data collection for robustness (see Table 1 below). Firstly, sector-specific KIs for the chosen priorities of health, education, and WASH, will be asked questions on the municipal level. Secondly, community KIs selected at the ward/parish level will be asked to speak to how communities in their ward access services, as well as community demographics, needs and vulnerabilities. That data will then be aggregated to the ward level, for community KIs, and to the municipality level, for sector KIs, to enable accuracy testing of the information gathered through the KI toolbox process. A multi-sector household level survey will be simultaneously conducted at the ward level that will assess similar indicators as the community KI survey. It is essential that the two data collection tools refer to the same reference period and the same geographical area to enable direct comparison of aggregated household level data and community level data.

Table 1 – Data collection overview

Collection method	**HH Survey**	**KI – Community level**	**KI – Sector level**	**MFGDs**
Level of collection	Households sampled at ward/parish level	Ward/parish level	Arua municipality	Ward/parish level
Aggregation of results	1) Ward/parish level 2) City-level (all Arua including urban & peri-urban)	City-level (all Arua including urban & peri-urban)	N/a	1) Ward/parish level 2) City-level (all Arua including urban & peri-urban)

5.2. Population of interest

The ongoing conflict in South Sudan has resulted in an increase in the influx of South Sudanese refugees to Uganda in the past two years. Arua Municipality currently houses a significant presence of South Sudanese refugees who comprise up to

20-30% of the town's current urban population. The recent refugees are mainly settling in the poorest parts of Arua Municipality.

The population of interest, therefore, consists mainly of refugees originating from South Sudan and DRC, as well as other countries, and surrounding host communities in the Arua Municipality.

As part of this pilot, a network will be derived within each community area, and a single, unifying, network will be identified across all the delineated areas including the following groups:

1. Refugee communities
2. Host communities

5.3. Secondary data review

A literature review will be conducted covering the main aspects of the three workstreams: area-based approaches, the theory of Social Network Analysis and out-of-camp settlements patterns in Arua Municipality. The objectives of this literature review are:

1) To inform the selection of indicators for data collection;
2) To pre-identify out-of-camp settlements in Arua and the main sectors of concern for service delivery; and,
3) To avoid any duplication in the data collection process.

5.4. Advisory board

IMPACT and UNHCR will approach local and international partner organisations as well as relevant local authorities, to form an Advisory Board that will be responsible for providing input on the selected indicators, joint support analysis and the dissemination/utilisation of assessment findings. This is to ensure the data outputs of the project align with realities on the ground and provide the most useful information for informing the local response. Additionally, the Advisory Board will provide a baseline list of key informants that will be added to the KI selection process outlined below. Initial consultations with potential members of the board will culminate in a board meeting session held during the planning process to solicit input and validation of selection indicators. IMPACT will update the Advisory Board on the implementation of the project, during the mid-project meeting in line with the action plan and the specific ToRs. The Advisory Board meeting will provide a platform where members give advice and feedback on the Pilot implementation and review and discuss the next steps. A final meeting/workshop will take place at the end of the Pilot to share key findings, best practices and discuss lessons learned.

5.5. Primary Data Collection Stages

Community area mapping

IMPACT will carry out a Mapping Focus Group Discussion exercise in each of the pre-identified areas to understand better the community area. Each exercise will consist of at least four mapping focus group discussions per ward/parish—separate sessions for male and female members of host and refugee communities, respectively. Each will be composed of a maximum of 8 individuals recognised for his or her community knowledge. Selected individuals must have strong knowledge of specific communities or areas. They differ from service KI in that they do not necessarily have the sector-specific/technical expertise to describe the status or capacity of infrastructure, but can identify the boundaries of a community and describe the characteristics of its inhabitants. They will also be asked to map key service delivery points in their communities: water access points, key public latrines, schools, and the like. The MFGDs will be conducted based on unified questioning routes and a printed map of the area that will serve as support for the discussion about the community area. Should there be discrepancies delineating the border of the community, additional groups of discussions will be held.

Service sector mapping

IMPACT will carry out three sector Mapping Focus Group Discussion exercises covering the entire municipality of Arua: one for each of the chosen priority sectors (health, education, and WASH). The participants will be selected using a purposive sampling method aimed at picking each for her/his sector-specific knowledge through secondary data review and contact with local organisations and administration in Arua. Selected individuals will have technical knowledge of a specific sector across Arua. They must be able to describe the operating status of services & infrastructure, as well as the service catchment areas primary service access points. Potential profiles include neighbourhood subcommittee technical leads, NGO programme managers, village health technicians (VHTs), and school head-teachers. The MFGDs will be conducted based on a questioning route and printed maps of the area that will serve as support for the discussion about the community area.

KI network identification

The same method will be used to identify KI for ward/parish and service area. The MFGDs will be used to identify the first set of KI for both community and service areas. The participants will be asked to identify individuals that are knowledgeable about the community / targeted service area. This first set of KI, complemented with individuals identified by the Advisory Board consultations and profiles given during consultations with local organisations, will be used as the seed base for identifying additional key informants through a snowball method. Each KI interview will include questions for the KI to identify other key individuals who would also be knowledgeable about their community or service area. Once saturation is reached, this newly created list of KI will be used as the base for the key informant network mapping. If a massive number of KI are identified, those that have been referred to multiple times will function as the base for the network mapping.

KI assessment and network mapping:

The KI selected for assessments of community and services will include the KI identified through the above snowball method. Each of the KI will be asked to reply to a two-fold questionnaire. The first will be a multi-sector questionnaire at the community/service delivery level, while the second part will an assessment of the links between the respondent and the KI identified from the list. Each KI will have to: 1) select from the list the people s/he is receiving the most relevant information on her/his ward or sector from; and, 2) characterise these informational exchanges by a) frequency b) reliability c) intensity.

Households level survey

While key informant data collection is underway, a simultaneous household-level data collection exercise will be undertaken on both the service area and community level, to enable comparison with KI data. This will help to test if the KI that provides data most closely reflecting the reality on the ground could be identified through Social Network Analysis. The household level questions will be comparable to the KI questionnaire to enable parity between results from the two data collection tools.

The household survey sampling framework has been designed to ensure the pilot objectives can be met. Namely that findings from the household level samples are generalizable to the service area level, and on the community level for selected areas. This will enable the accuracy of the information collected through key informants on the same population to be tested. A sample of households ensuring a 95% level of confidence and 10% margin of error, disaggregated by status (Refugees / Ugandans), will be interviewed in each targeted community and service delivery area (see Table 2).

A random sampling technique with stratification will be employed for refugees and host communities within the target areas. In the absence of reliable data on host community/refugee household locations, a random GPS sampling method adjusted for population estimates at the ward level will be used. Random GPS points for both refugee and host households will be generated, and at each point an enumerator will approach the nearest household. The household head will then be identified and invited to participate in the interview. Should the head of household not be available, the interview will be conducted with an adult member able to answer the questionnaire on the household's behalf. Only respondents over age 18 will be interviewed. If the approached household member does not agree to be interviewed, a new random GIS point will be generated.

Table 2—Sampling by Ward

Location (Ward/Parish)	Population group	Community Mapping Focus Group Discussions (MFGDs)	# Key informant interviews (community level)*	# Key informant interviews (sectors)*	# Household Interviews**
Arua Municipality	KI Sector - Health	1	--	40	--
	KI Sector - Education	1	--	40	--
	KI Sector - WASH	1	--	40	--
Awindiri	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Bazaar	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Kenya	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Mvara	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Pangisa	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Tanganyika (ward)	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Tanganyika (peri-urban parish)	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Pokea (peri-urban parish)	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Komite (peri-urban parish)	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Bunyo (peri-urban parish)	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
Ariwara (peri-urban parish)	Refugees	2	20-30	--	100
	Hosts	2	20-30	--	100
TOTAL		47	440-660	120	2200
		**anticipated number of key informants (exact number will depend on the results from focus group discussions)*			
		*** number of HH interviews by ward/parish level will depend on the population estimates for the given areas.*			

5.5. Data Analysis Plan

Data collected through household-level interviews need to be aggregated to the municipal level to enable comparison with the municipality level data collected through service sector and community key informant interviews conducted at the ward/parish level. Population data has been sourced at the ward level from the district statisticians office, while local estimates for hosts and refugees have been acquired through KI at the LC1/LC2 and village health team (VHT) levels.

6. Product Typology

Table 1: Type and number of products required

Type of Product	Number of Product(s)	Additional information
Report	1	One overall report on key findings including needs across refugee and host communities in Arua, sector analysis, and variations among communities. SNA analysis and toolkit methodology assessment will also be included
Profile	1	One short profile of Arua including ward-by-ward findings
Presentation	1	A preliminary presentation of findings locally to Advisory Board and key administration officials
Map	1	Map of community areas identified during the exercise
Workshop	1	Joint Uganda AGORA workshop to be held in tandem with partner organisations (KCCA/UNHCR/etc) in Kampala

7. Management arrangements and work plan

7.1. Roles and Responsibilities, Organogram

Table 2: Description of roles and responsibilities

TASK DESCRIPTION	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
RECRUITMENT	ACTED HR Uganda	AGORA Uganda Assessment Officer	REACH Regional Coordinator	ACTED/ IMPACT HQ
PROCUREMENT OF EQUIPMENT	REACH LOGS Uganda	AGORA Uganda Assessment Officer	REACH Regional Coordinator	ACTED/ IMPACT HQ
TOR/ANALYSIS PLAN DEVELOPMENT/SAMPLING	AGORA ECHO Program Officer Uganda	REACH Country Focal Point, Global project Focal point	IMPACT HQ Research Design Unit	IMPACT HQ
PROJECT GOVERNANCE SET-UP, ENDORSEMENT OF TOR, ADVISORY BOARD MEETINGS	REACH Country Focal Point	Global project Focal point	IMPACT DED	IMPACT HQ
SECONDARY DATA COLLECTION	AGORA BPRM Program Officer Uganda	REACH Country Focal Point, Global project Focal point	IMPACT DED	IMPACT HQ
PRIMARY DATA COLLECTION & ANALYSIS	AGORA BPRM Program Officer Uganda	REACH Country Focal Point, Global project Focal point	HQ Data Unit	IMPACT HQ
OUTPUT PRODUCTION & ENDORSEMENT	AGORA BPRM Program Officer Uganda	REACH Country Focal Point, Global project Focal point	HQ Reporting Unit	IMPACT HQ

DISSEMINATION & WORKSHOP	AGORA BPRM Program Officer Uganda REACH Country Focal Point	Global project Focal point, REACH Regional Coordinator	IMPACT DED

Responsible: *the person(s) who execute the task*
Accountable: *the person who validate the completion of the task and is accountable for the final output or milestone*
Consulted: *the person(s) who must be consulted when the task is implemented*
Informed: *the person(s) who need to be informed when the task is completed*

7.3. Work plan – Updated 5 May 2018

Project / Activity / Task	In charge	Support	status	deadline	W 6	W 12	W13	W14	W15	W16	W17	W18	W19	W20	W21	W22	W23	W24	W25	W26
Pliot Uganda																				
Preparation																				
Scope definition	Olivier		done	13-02-18																
ToR	Olivier		done	21-02-18																
Hire local staff	Olivier		done	23-02-18																
Find guest house + Workspace	Olivier		ongoing	06-04-18																
Engagement / Governance	Olivier		done	02-03-18																
Indicator list	Olivier		done	19-03-18																
1st Advisory meeting	Olivier		done	20-03-18																
2nd Advisory meeting	Galen	Olivier	done	19-04-18																
Enumerator recruitment	Olivier		done	19-03-18																
Enumerator recruitment (2nd Round)	Galen		done	19-03-18																
MFGDs																				
Questioning route MFGDs	Olivier		done	19-03-18																
Training	Olivier		done	22-03-18																
Pilot	Olivier		done	23-03-18																
Data collection 6 wards + suburb	Buyuki / Gloria	Olivier	done	06-04-18																
Map digitization	Olivier		ongoing	08-05-18																
Data cleaning	Olivier		ongoing	09-04-18																
KI identification																				
ODK Questionnaire	Olivier	Olivier	done	19-03-18																
Training	Olivier	Olivier	done	22-03-18																
Pilot	Olivier	Olivier	done	23-03-18																
Data collection 6 wards + suburb	Galen		done	20-04-18																
Data cleaning	Galen		done	27-04-18																
KI assessment																				
ODK Questionnaire	Olivier	Olivier	done	04-05-18																
Training	Galen	Olivier	done	08-05-18																
Data collection	Gloria / Buyuki	Galen	ongoing	01-06-18																
Data cleaning	Galen	Olivier	ongoing	01-06-18																
HH assessment																				

ODK Questionnaire	Olivier		done	20-04-18																
Training	Galen	Olivier	done	24-04-18																
Data collection	Gloria / Buyuki	Galen	ongoing	01-06-18																
Data cleaning	Galen	Olivier	ongoing	01-06-18																
SNA analysis																				
Analysis comparaison KI / HH	Olivier		to do	08-06-18																
Output																				
Data analysis	Olivier		to do	29-06-18																
Output creation and analysis	Galen	Olivier	to do	29-06-18																

8. Risks & Assumptions

Table 3: List of risks and mitigating action – ADAPTED FROM UNICEF, MICS SURVEY PLAN PROTECTION PROTOCOL, 2017

Risk	Mitigation Strategy	Responsibility
Key (i.e. relevant governance actors, and humanitarian partners) stakeholders are not on board in the Pilot phase	Meetings and discussions will be held beforehand to ensure full cooperation and transparent communication with all key actors involved in the Pilot. Providing clear communication channels through the advisory board to guarantee that key findings and underlying data will be disseminated to the public and local organizations.	Local advisory board, AO, FO
HHs are unwilling to participate in the assessment	Clear communication about the objectives of the assessment to help relay the value of the data collected; replacement sample strategy in case of refusal to participate	AO, FO, TL
Participant has grave and obvious health concerns	Enumerators will provide details of relevant local health facilities and offer contact of local VHT to participants voicing concerns.	Enumerators, TLs
Participants have concerns or voice complaints about the survey	Concerns will be addressed initially by enumerators and team leads, then the FOs. Should no resolution be reached, the AO will assist in finding a resolution.	Enumerators, TLs, FOs, AO
Respondent becomes visibly distressed by certain questions	If necessary, the enumerator will ask the participant if they want to stop for a few minutes and return to the question later. If the respondent continues to be distressed, the enumerator may stop the interview and make plans for a return visit if the respondent agrees. Do no harm principle takes precedent.	Interviewers
Data on respondents are shared (breach of confidentiality)	AO to train teams on data ethnics and importance of confidentiality. All data to be sent at end of collection day to password-protected Kobo Server and phones wiped. No personally identifying information to be collected.	AO

Interviewers know respondents	Team leaders will assign a different enumerator to the particular household or KI.	TL

9. Annexes

Annex 1. Data Management Tool

Administrative Data				
Research Cycle name	Informing Area-based humanitarian action in out-of-camp refugee contexts			
Project Code	*99DDB*			
Donor	*BPRM*			
Project partners	*UNHCR*			
Research Contacts	*Olivier Cecchi <Olivier.cecchi@impact-initiatives.org>* *Galen Englund <galen.englund@impact-initiatives.org>*			
Data Management Plan Version	*Date: 01/05/2018*		*Version: 1*	
Documentation and Metadata				
What documentation and metadata will accompany the data? *Select all that apply*	X	Data analysis plan	X	Data Cleaning Log, including: X Deletion Log X Value Change Log
	□	Code book	□	Data Dictionary
	□	Metadata based on HDX Standards	□	[Other, Specify]
Ethics and Legal Compliance				
Which ethical and legal measures will be taken?	X	Consent of participants to participate	□	Consent of participants to share personal information with other agencies
	□	No collection of personally identifiable data will take place	□	Gender, child protection and other protection issues are taken into account
	X	All participants reached age of majority	X	No PII is shared, only aggregated information
Who will own the copyright and Intellectual Property Rights for the data that is collected?	IMPACT Initiatives			
Storage and Backup				
Where will data be stored and backed up during the research?	□	IMPACT/REACH Kobo Server	X	Other Kobo Server: UNHCR
	□	IMPACT Global Physical / Cloud Server	□	Country/Internal Server
	X	On devices held by REACH staff	□	Physical location *[specify]*
	□	[Other, Specify]		
Which data access and security measures have been taken?	X	Password protection on devices/servers	X	Data access is limited to field officer and higher IMPACT Staff
	X	Form and data encryption on		

		data collection server		
	X	All data erased from phones at COB		
Preservation				
Where will data be stored for long-term preservation?	X	IMPACT / REACH Global Cloud / Physical Server	□	OCHA HDX
	□	REACH Country Server	□	[Other, Specify]
Data Sharing				
Will the data be shared publically?	X	Yes	□	No, only with mandating agency / body
Will all data be shared?	□	Yes	X	No, only anonymized, consolidated data will be shared
	□	No, [Other, Specify]		
Where will you share the data?	X	REACH Resource Centre	□	OCHA HDX
	□	HumanitarianResponse	X	Aggregate ward/municipality level data to be shared with Advisory Board Partners & local administration
Responsibilities				
Data collection	Galen Englund, Assessment Officer, Agora, galen.englund@impact.initiatives.org			
Data cleaning	Galen Englund, Assessment Officer, Agora, galen.englund@impact.initiatives.org			
Data analysis	Galen Englund, Assessment Officer, Agora, galen.englund@impact.initiatives.org; Olivier Cecchi, Senior Data Officer, IMPACT Initiatives, Olivier.cecchi@impact-initiatives.org			
Data sharing/uploading	*TBC*			

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

TOOL: Indicators for area-based service access data collection

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

	Impact	% of HHs reporting changes to the availability, access and quality of educational services within the last five years

Sector	Topic	Indicator
HEALTH	Healthcare needs	% of HHs with a member who suffered from health issues in the past 6 months, by type of health issue
		% of HHs with at least one member with a disability
		% of HHs reporting using traditional healers
		% of HHs with at least one member with a chronic illness, by type of illness
	Access to healthcare	% of HHs with a member who suffered from health issues in the past 6 months able to access required healthcare, by type of facility accessed
		Top 3 barriers reported by HH during the last 6 months to access health care
		Top 3 alternative of HH not able to access formal health care system in the past 6 months
		Average waiting time to be seen in the formal health care system
		% of HHs reporting challenges in accessing healthcare in the past 6 months, by type of challenge
		Top 3 priority needs to enhance access to and quality of healthcare services in Arua
		Top 3 alternative means to cover healthcare costs if not insured or if asked to pay

Sector	Topic	Indicator
WASH	Water	% of HHs accessing an improved water source
		% of HHs accessing a sufficient quantity of water each day
		% of HHs which practice household water treatment
		Average distance in meters travelled to fetch water for each HH
	Hygiene	% of HH that have access to soap for handwashing
		% of HHs where members easily access handwashing facilities
	Sanitation	% of HHs with access to functioning latrines
		% of HHs disposing of solid waste in a safe way
		% of HHs that experience drainage issues
		Top 3 priority needs to enhance access to and quality of WASH provisioning of HHs

	Topic	Indicator
COMMUNITY LEVEL	Household demographics	Average household size
		Average dependency ratio per household
		% of households headed by males/females
		% of households headed by unaccompanied minors
		% of households by registration status, including disaggregation for those registered in settlements
	Household arrival	% of families who have lived in the neighbourhood for less than 6 months
		% of families who have lived in the neighbourhood for 6 months to 1 year
		% of families who have lived in the neighbourhood for 1 year to 3 years

	% of families who have lived in the neighbourhood for 3 years to 5 years
	% of families who have lived in the neighbourhood for more than 5 years
Main sources of income	Top 3 sources of household income in past month
External assistance	% of HHs receiving humanitarian aid in past month, by type of assistance, received
Livelihoods challenges	% of HHs facing challenges in maintaining livelihoods in past month, by type of challenge
	% of HHs with members facing challenges in accessing employment, by type of challenge
Movement	% of HHs planning to return to the settlement in the next month, by reason, mode of transportation, and amount of time planning to spend
Coping strategies	% of HHs adopting strategies to cope with challenges faced in maintaining livelihoods in past month, by strategy type
Access to education	Top 3 challenges in accessing education
Access to healthcare	Top 3 challenges in accessing healthcare in the last month
Access to WASH	Top 3 challenges in accessing WASH infrastructure & practices
Shelter	% of HHs with inadequate housing conditions, by type of inadequacy
Shelter	% of HHs by type of tenure
Shelter	% of HH holding official documentation for their shelter

Annex 3: M&E Matrix – Attached

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Methodology
Humanitarian stakeholders are accessing IMPACT products	Number and/or percentage of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	User monitoring
		# of downloads of x product from Relief Web	User monitoring
		# of downloads of x product from Country level platforms	User monitoring
		# of page clicks on x product from the global newsletter	User monitoring
Humanitarian stakeholders are using IMPACT products	Number and/or percentage of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Reference monitoring
		# references in single agency documents	Reference monitoring
		# references (verbal/written) explicitly stating that IMPACT information informed decision-making process	Reference monitoring
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived relevance and contribution of IMPACTcountry-programs to the coordination of humanitarian response	Usage M&E
		Perceived manner of interaction between IMPACTstaff and stakeholders	Usage M&E
		Perceived capacity of IMPACT staff to build ownership and influence aid practices	Usage M&E

		Perceived usefulness and influence of IMPACT outputs	Usage M&E
		Recommendations to strengthen IMPACT strategic direction	Usage M&E
		Expectations (ex. Filling information gaps, trainings, etc.) met through IMPACT outputs	Usage M&E
		Usefulness of IMPACT outputs for planning/delivery of aid	Usage M&E
		Perceived quality of outputs	Usage M&E
		Perceived timeliness of outputs	Usage M&E
		Perceived technical capacity of IMPACT team	Usage M&E
		Recommendations to strengthen IMPACT program implementation	Usage M&E
		# of organisations/clusters inputting in indicators development;	Engagement Monitoring
		# of organisations/clusters attending briefings on x report;	Engagement Monitoring
		# of organisations/clusters requesting bilateral briefings on x report;	Engagement Monitoring
		# of organisations/clusters requesting raw data from x assessment.	Engagement Monitoring
Contractual requirements are met	Number and type of products made available by IMPACT	# and type of outputs produced vs. expected	Output tracking