Concept note: Situational Updates on Frontline Areas (SUFAs)

Background and rationale

In the autumn of 2022, OCHA and the Humanitarian Country Team (HCT) developed its Rapid Response Plan (RRP). The RRP lays out how, when areas become more accessible to humanitarian partners, a transition can be accomplished from an initial emergency response with blanket distributions to a more targeted approach, eventually leading to regular programming. Assessment and information gathering was identified as a crucial element in facilitating this transition.

However, due to the lack of actors operating in newly accessible and near-to-frontline areas, and the fact these areas are often highly insecure, resulting from ongoing ground hostilities, artillery and missile fire, and land-mine/ UXO contamination, much information partners need to set up a more targeted, programmatic, and cluster-led response is often lacking.

The current context provides several modalities for gaining access to and conduct primary data collection with frontline communities.

Firstly, OCHA and the Access Working Group, through its Humanitarian Operations and Planning Cell (HOPC), organises Inter-Agency Convoys (IACs). The IACs allow UN agencies and INGOs to pool resources such as warehousing, trucks, armoured vehicles and security personnel to ensure continued access and response in hard-to-reach areas, usually within 20 kms of the frontline.

Secondly, the ACTED Emergency Response Team (ERT) provides additional opportunity to gain access to frontline communities living in L03 areas (within 20 km from the frontline). The REACH Emergency Team will partner with the ACTED ERT wherever possible to gain access and conduct assessments in these communities.

Thirdly, the REACH ET can partner with local volunteer groups and civil-society organisations (CSOs) who either have a permanent presence or work in frontline communities regularly. In these cases, REACH ET conducts joint visits with the partner, and provides training and equipment enabling the partner to conduct further data collection autonomously as needed.

Objective

The REACH ET will utilise any of the three modalities to gain access to hard-to-reach areas and provide Situational Updates on Frontline Areas (SUFAs). The objective of SUFAs is to inform future emergency assistance deliveries, by emergency partners such as the HOPC, ICRC or INGO Rapid Response Mechanisms (RRMs), ICRC. As a baseline, SUFA reports should provide up to date information on 1) the number of people in need and specific vulnerable groups, 2) critical service and market functionality in the target area, 3) primary humanitarian needs and local response capacity that is already in place. SUFA reports will be based on semi-structured key informant interviews (KIIs) with local authorities, and individual in-depth-interviews (IDIs) or focus group discussions (FGDs) with local residents.

As a result of the security situation, the modality of emergency assistance delivery by international actors is often untargeted and indirect. Items are delivered to a warehouse and Last Mile Delivery (LMD) is arranged through local authorities or a local partner. International partners therefore have little control over the distribution of assistance. Fairness of

distribution, behaviour by LMD partners, feedback on quality and quantity, usefulness of the assistance provided are thus included in the scope of information-gathering. Direct engagement with frontline communities is a rare opportunity for international organisations. Therefore, accountability to affected populations (AAP) related themes such as access to information and feedback on assistance provided is mainstreamed throughout REACH ET activities.

Relatedly, little information is available to response partners regarding possible protection concerns in frontline areas. In consultation with the Protection cluster, REACH includes questions related to access to documentation, freedom of movement, and mine/UXO contamination.

Finally, all findings shared through the SUFA should be operationally relevant. This means reports are shared within a few days of data collection, with findings presented at the micro-level, often pertaining to a specific settlement or hromada. Reports should be translated in Russian and/or Ukrainian and disseminated among local partners, who are often in the best position to respond in high-risk (L03) areas.

Methodology

SUFA reports will draw on a combination Secondary Data Review (SDR), direct observation, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) with local residents, depending on levels of access and availability of respondents. Due to the security situation, and REACH's collaboration with ACTED ERT, local partners and the HOPC, REACH is not always in full control of components such as time spent on the ground, and key informants available for interviews. While it is common for a local authority, such as the Head of Hromada, to be present during deliveries of assistance, their time and availability for a KII cannot be guaranteed. Local NGOs or medical professionals are sometimes on-site and could also serve as KIs. Naturally, questions directed at medical professionals should be relevant to their field of knowledge and different from those asked to other KIIs.

For this reason, the REACH ET developed a comprehensive toolkit (Annex I - IV) that allows assessment and field staff to select the tools based on the KI they are able to speak to. The toolkit includes:

1. General Key Informant Interview Tool (for hromada heads and local response actors)
2. Community-level Focus Group Discussion tool (local residents)
3. Medical professional Key Informant Interview Tool (medical professionals)
4. Medical community level assessment tool (local residents)

In this toolkit, interview guides 1 and 2 should be prioritised, while 3 and 4 can be utilised in situations where health concerns have been flagged, or when a specific KI is available.

Due to the sensitivity of information and the limited timeframe for reporting, participating officers are encouraged to use handwritten notes instead of voice recordings. The handwritten notes should be typed up as a rudimentary transcripts during the car-travel back to base. They can then be used by the participating member, or another member of the Emergency Team to draft the report the following day.

Process and scope

The first draft of a SUFA report will pass through in-country review within 2 working day of the mission. Following this, the draft report is sent to other participants on the mission (ACTED

or HOPC) for additional inputs. Mission participants should be given a one day deadline to provide their inputs. After 3 working days, the draft report should be sent to IMPACT HQ for review.

The final report should be disseminated to HOPC, ICRC, INGO East Area Managers, and other emergency partners within 5 workdays of the mission (chart 1).

Chart 1: timeline visualisation of SUFA report
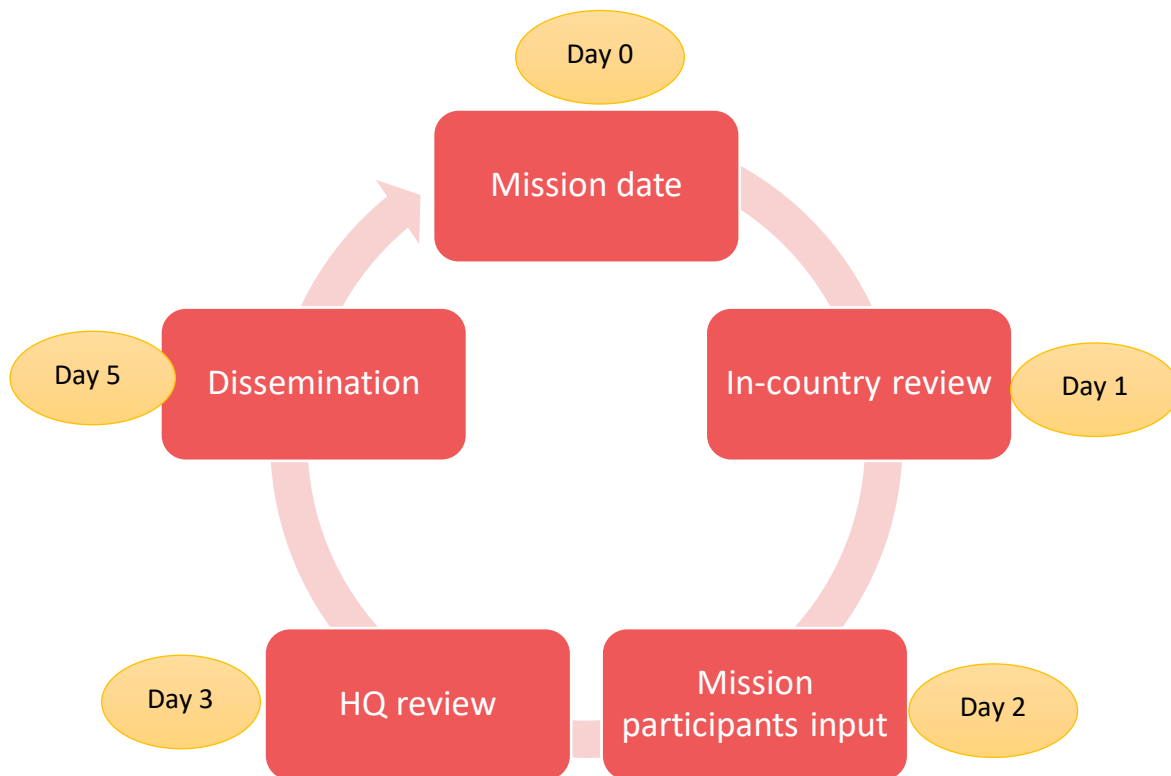
Access to frontline communities remains complex and high risk. The REACH ET will on occasion seek to conduct autonomous SUFA missions in areas where there is a) a deterioration in needs, b) high estimated population, c) previously inaccessible areas. However, access constraints, and the need for significant ACTED support, mean that SUFA missions will also be subject to opportunities provided by key partners (ACTED / HOPC).

Finally, the Emergency Team will also produce ad-hoc outputs in response to (anticipated) shifts in the frontline. These outputs can involve new primary data collection, or be based on a synthesis of previous reports to develop a broader situational overview.

Key audience and critical relations

The key actors SUFA reports are trying to inform are:

1) HOPC partners; OCHA and UN agency Emergency Coordinators
2) INGO area coordinators
3) ICRC
4) Sub-national Cluster Coordinators
5) Local NGOs

SUFA Question Guide: Key Informant Interviews

Date _____   **Location** _____

KI Name/Role/Organisation _____

KI Contact (for follow-up) _____   **Interviewer** _____

Objective

REACH wants to increase its understanding of the challenges faced by communities living in frontline areas, or those that are otherwise hard-to-reach due to security concerns. REACH seeks to inform international humanitarian partners on where and how to deliver assistance most effectively. Additionally, REACH wants to provide a space for communities that are receiving assistance to provide feedback so that humanitarian help can be improved.

To this end, REACH developed this question guide for interviews with community representatives in conflict affected areas. The aim of this interview is to better understand the demographics in this area, including vulnerable or marginalised groups, the overall humanitarian situation in terms of market and service functionality, critical needs of the community and the type of assistance received so far.

Please note that your participation today is voluntary. You may choose not to answer any questions at any time.

Observation

Take notes and observe surroundings while on the mission and arriving to the settlement.

1. Level of destruction and activity in the area	High	Medium	Limited	None
Homes				
Markets				
Government infrastructure				
Schools				
Health facilities				
Commerce				
Civilian activity (pedestrians/ traffic, etc.)				
Explosions / artillery				

Key Informant Questionnaire

Settlement demographics
(specify target area)

	Location 1:	**Location 2 (optional):**
# persons		
# households		
Est. % older persons (60+)		
# older men		
# older women		
# children (0–17)		
# newborns (0 – 2)		
# children (3 – 5)		
# children (5 – 11)		
# children (12 – 17)		
# boys (12 – 17)		
# girls (12 – 17)		
Presence of PwD?	□ yes □ no Est. #:	□ yes □ no Est. #:
Presence of pregnant women?	□ yes □ no Est. #:	□ yes □ no Est. #:
Presence of specific minority groups that may have challenges accessing services? Ethnic, religious, identity (**specify**)	□ yes □ no Est. #:	□ yes □ no Est. #:
Presence of IDPs Displacement trends? IDP accommodation?	□ yes □ no Est. #:	□ yes □ no Est. #:

Service/market functionality

1. Are basic utilities in this [hromada / settlement] functioning?

Electricity:

Water:

Gas:
Fuel:
Sewage:
Solid waste management:

Heating/ cooking:

Phone network / land lines:
Internet:

2. Are basic services in this [hromada / settlement] functioning?

Ukrposhta:
Access to pensions:

Banks:
ATMs:

Access to Documentation:
(ID, death/birth certificates):

Public transport:

3. Health services

3.1. What are the three most urgent needs related to health in your community (for example: medical supplies, maternal/child health services, primary health care services such as family doctor)? Rank them from 1 to 3, with 1 being the highest priority.

3.2. What three health conditions are currently of the most concern in your community (for example: diarrhea, chronic conditions, mental health, skin/hair conditions, high blood pressure)?

3.3. Where do people in this community go if they need medicines? Do they face any challenges accessing medicines (for example: high prices, shortages, low quality substitutes)?

3.4. Are mobile medical teams currently supporting your community?
      If yes:
      - What kind of support are they providing?
      - How frequently?
      - Who is providing this support?

4. Are shops and markets open and stocked? Are supplies functioning?

Local market / small shops:

Supermarkets:

 Prices?

Availability of items:

Petrol/gas availability:

Access to livelihood / income-generating activities:
How reliant are people on assistance?

Local response

1. Are other actors providing assistance in this [hromada / settlement]?

Who:

What:

When:

Where:

2. Organisations contact details

Name	Organisation	Contact details

Accountability to Affected Populations

1. What would you say are the most urgent needs for assistance that should be delivered in the next two months?

Food:

Shelter/NFI:

WASH:

Education:

Health:

Nutrition:

Protection / documentation / HLP:

Information needs:
(current situation/ access to assistance)

Miscellaneous:

Cash vs. in-kind:

2. Are there any types of support the community does NOT need more of for the moment?

3. Would you say the quality of assistance provided thus far is good, or are there things that could be improved? Can you think of any specific feedback on shelter/ food/ hygiene/ health assistance that partners should keep in mind? Note this feedback can be provided anonymously

Type

Modality

Quality

Quantity

Access to all groups:

4. In your view, are there any other pressing issues affecting the community that we have not covered yet?

SUFA Question Guide: FGD

Date _____   **Location** _____

Facilitator _____   **Note taker** _____

Total participants _____   Male: _____ Female: _____

Discussion objective

REACH wants to increase its understanding of the challenges faced by communities living in frontline areas, or those that are otherwise hard-to-reach due to security concerns. REACH seeks to inform international humanitarian partners on where and how to deliver assistance most effectively. Additionally, REACH wants to provide a space for communities that are receiving assistance to provide feedback so that humanitarian help can be improved.

To this end, REACH developed a short question guide to facilitate focus group discussions with beneficiaries in conflict affected areas. The aim is to discuss the needs of the community, the type of assistance received so far, possible points for improvement, and how international partners may effectively communicate with your community. Additionally, we will ask some questions related to other concerns that may be affecting your community.

Please note that your participation today is completely anonymous and voluntary. You may choose not to answer any questions at any time.

Introduction

Welcome everyone. The objective of the discussion is to better understand the needs of the population in the (hromada/village) as well as the adequacy of the delivery of humanitarian aid, with the aim to improve assistance in the future. The focus group will last about 1 hour and we will discuss the situation and the needs of your (village/hromada), the assistance you've received so far, and any other issues that your (village/hromada) may be facing.

[introduction of facilitator and possibly translator/notetaker]. We will ask you some questions about how assistance is being delivered to your area, and some challenges you may be facing. **Please note that any answers you provide will be anonymous and will not affect the level of support to your community**. At the end, there will also be time to share any additional concerns that you may have. Do you have any questions for me at this stage?

Needs and AAP

1. What are your basic needs, and do you currently face challenges in meeting them? Ex*: water, food, hygiene, health, shelter, as well as education, safety and security*

2. Has your community been receiving any assistance? If so, what kind? (food, water, health, etc)

> **2a.** Has the assistance provided been effective in helping you to meet any of your basic needs? If not, why not?

> **2b.** How would you describe the quality of assistance provided?

3. In your view, who is best positioned to communicate with international actors regarding humanitarian needs in your community?

> **3a.** Do you feel represented in the way authorities or community leaders are able to speak on behalf of the community regarding their needs?

> **3b.** Does everyone who needs assistance in this community receive it?

> **3b2.** How are vulnerable groups such as elderly of persons with disabilities able to access assistance or aid items?

4. How are people finding out about how to access assistance when there is a distribution?

4a. Are there any ways we can improve in informing more people about assistance or reaching more people?

Protection Concerns

Documentation

1. Does anyone in your community currently face challenges in obtaining important official documents, such as ID cards, birth and death certificates? If so, who and why?

Freedom of movement

2. Does anyone in your community currently face challenges in visiting or being visited by friends and relatives from outside [the hromada]?
   a. What is the challenge?
   b. Who are most affected by this, and how?

Mines / UXO (awareness, incidents)

3. Tell me about the presence of mines/ UXOs in your community. Have you ever received any mine/UXO training on what to do if you come across one?
   a. How effective would you say this was, and why?

Social cohesion: dynamics with returnees

4. How would you describe the relationship between those who stayed and those returning to the community?

PSEA

5. Have you ever heard of people having to pay, or provide some sort of service in return for assistance?

Access to information

6. Do you know how to request assistance from international partners? *E.g. through help-lines*

7. How would you like to be contacted by international organisations regarding assistance?

8. What type of information would you like to receive, and how? *E.g. security, political developments, available services and assistance*

Closing

9. Is there anything else we have not asked about, but which you'd like to share?

IA Convoy Question Guide: Communities

Date _____   **Location** _____

KI Name/Role/Organisation _____

KI Contact (for follow-up) _____   **Interviewer** _____

Objective

OCHA, through its Humanitarian Operations and Planning Cell (HOPC), coordinates Inter-Agency Convoys (IACs) to deliver emergency humanitarian assistance to conflict affected areas where access for humanitarian partners is often severely constrained. As access constraints lessen, and the need for information on local populations and their humanitarian needs increases, the aim is for partners to transition from an initial emergency "no regrets" approach to a more targeted rapid response, eventually leading into regular programming. The gathering of information and sharing this with other partners in the response is key in facilitating this transition.

To this end, REACH developed a tool designed for key informant interviews with community members in order to gather information regarding access to healthcare in settlements reached by the IACs in frontline areas. This tool seeks to assess access to healthcare in the community and reported needs.

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1. **What health services are you and your family most in need of that are currently unavailable or difficult to access in your community?**

Probes:

- *Do you have specific medical needs such as limited mobility, mental health support? Are they all fulfilled?*
- *Do you or someone you know need surgery? Can you get access to facilities providing higher levels of care than family doctors?*

2. **How has your access to necessary medication or medical supplies been within this community? What were the biggest barriers?**

Probes:

- *Do you have access to pharmacies to buy medicine?*
- *Are pharmacies stocked with enough medicines or is there shortages?*
- *What are the five medications and medical supplies you are in most in needs of?*

3. **Can you describe any challenges or obstacles you've encountered when trying to access health care services in your community?**

Probes:

- *Do you need to pay to receive healthcare? Have you decided not to seek healthcare because it was too expensive?*
- *Are healthcare facilities easily accessible by all member of your community? Do you need a vehicle or full mobility to access them?*
- *Do you feel safe accessing healthcare facilities? Are they actively being targeted, and what mitigation measures are in place at the facility to reduce the impact of the conflict on accessing healthcare (shelter, specific working hours, reduced staff)?*

4. **Which health conditions are you most worried about for yourself and your family members in this community?**

Probes:

- *What are the three most commonly reported health conditions in your community (for example: flu, diarrhoea, mental health issues, high blood pressure)? Do you think you are at risk of suffering from them?*
- *Are you aware of an increase in reports of a specific health condition in recent months? Can this affect your family?*

5. **Have you or any of your family members received help from mobile medical teams?**
   5.1. If yes: when was the last time you received help from mobile teams, and who provided this support?

6. **If you could improve one thing about health care in your community, what would it be? And why?**

Probes:

- *What kind of support would you need to access existing healthcare facilities (transport, cash assistance)?*
- *What is missing for you to address all your health needs (more doctors/nurses, medicines supplies, specific equipment such as medical beds)?*

IA Convoy Question Guide: Medical Professionals

Date _____   **Location** _____

KI Name/Role/Organisation _____

KI Contact (for follow-up) _____   **Interviewer** _____

Objective

OCHA, through its Humanitarian Operations and Planning Cell (HOPC), coordinates Inter-Agency Convoys (IACs) to deliver emergency humanitarian assistance to conflict affected areas where access for humanitarian partners is often severely constrained. As access constraints lessen, and the need for information on local populations and their humanitarian needs increases, the aim is for partners to transition from an initial emergency "no regrets" approach to a more targeted rapid response, eventually leading into regular programming. The gathering of information and sharing this with other partners in the response is key in facilitating this transition.

To this end, REACH developed a tool designed for key informant interviews with medical professional in order to gather information regarding health facilities in settlements reached by the IACs in frontline areas. This tool seeks to assess access to health facilities in the community, level of functionality of accessible health facilities, and reported needs.

Health Facility assessment

1. Access

1.1 Is there a functioning pharmacy in [settlement/hromada]? If no, what is the distance from [settlement/hromada] to the nearest functioning pharmacy?

1.2 Is this pharmacy included in the Affordable Medicine Program (AMP)? What have been the three most sought-after medications at the pharmacy in the past three months?

1.3 Are all basic medicines (such as medicines for hypertension, diabetes, asthma and over-the-counter medications for treating colds/influenza/ARVI, gastrointestinal disorders) typically available at this pharmacy? What are the main needs in terms of basic medicines?

1.4 Have there been any major changes in the services your facility is able to provide over the last three months? If yes, what is the reason?

1.5 What are the most common health services urgently needed from your facility, which are currently not available?

1.6 What are the top needs (medical and non-medical) for your health facility to ensure patients' access to health services?

1.7 What is the estimated population covered by this health facility?

- Of which:
    - How many children (>18 years old)?
    - How many older persons (<60 years old)?

1.8 On average, what has been the number of monthly consultations at this health facility in the past three months? Has this number increased compared to the average monthly number of consultations before February 2022?

1.9 Is the health facility open 24/7?

1.10 Where do people go in case of medical emergency?

1.11 Are ambulances available for transport? (yes/no)

- **If yes:**
    - Where does the ambulance come from?

Is the ambulance available 24/7?

1.12 What is the estimated number of patients with non-communicable diseases (cardiovascular diseases, diabetes mellitus, COPD and asthma) in the community?

1.13 What is the estimated number of non-mobile patients in the community?

1.14 What is the estimated number of pregnant women in this community? Where do women give birth in the community? Do they come to the facility in case of any complication?

2. Utilities

2.1 Does the facility have sufficient water and of good quality?

2.2 Does the facility have heating?

2.3 Is the facility's power supply reliable and sufficient for daily demand?

2.4 Is there a generator at the facility? Does the facility have fuel supplies?

2.5 How many generators does the facility need in order to meet its daily demand for power?

2.6 Is there a functioning phone at the health facility?

2.7 Is the facility able to manage its waste?

2.8 Are there any infrastructural concerns at your facility?

3. Staffing
3.1 What are some urgent staffing needs at this facility?

3.2 Are there any specific trainings that you would like to have at this health facility?

4. Referrals and support
4.1 Where do people go if they need higher level care? Please clarify what kind of higher level care they can get in each facilities mentioned.

4.2 Is telemedicine available for higher level care mentioned in the question above?

4.3 Is this facility currently receiving any kind of support by external partners (for example, NGOs or the UN)? If so, what kind of support was provided? By whom?

4.4 Do patients have to pay to access health care? What does the patient have to pay for?