

Research Terms of Reference

[Unified Cash Transfers in Frontline Areas – Longitudinal Learning Assessment]

[UKR2610]

[Ukraine]

06/07/2026

V1

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Ukraine					
Type of Emergency	☐	Natural hazard	☒	Conflict	☐	Other (specify)
Type of Crisis	☐	Sudden onset	☐	Slow onset	☒	Protracted
Mandating Body/ Agency	Cash Working Group Ukraine (CWG)					
IMPACT Project Code	64GKI					
Overall Research Timeframe (from research design to final outputs / M&E)	01/06/2026 to 30/04/2027					
Research Timeframe Add planned deadlines Baseline timelines	1. Research Design Finalize – 10 July 2026		4. Data sent for validation: 20/01/2027			
	2. Baseline data collected: 10/08/2026		5. Outputs sent for validation (report): 15/03/2027			
	3. Midline data collected: 10/09/2026		6. Outputs published: 30/04/2027			
	3. Endline data collected: 10/11/2026					
Number of assessments	☐	Single assessment (one cycle)				
	☒	Multi assessment (more than one cycle) Three cycles: Baseline, Midline and Endline. The baseline data collection will take place after households have been selected as beneficiaries and end their eligibility for Unified Cash Transfer 1 (UCT1) has been confirmed but before the disbursement of cash transfer. Midline data collection will take place one month after UCT1 has been disbursed. Endline data collection will take place three months after UCT1 has been disbursed.				
Humanitarian milestones Specify what will the assessment inform and when e.g. The shelter cluster will use this data to	Milestone		Deadline (can be tentative)			
	☐	Donor plan/strategy	__/__/____			
	☐	Inter-cluster plan/strategy	__/__/____			
	☒	Cluster plan/strategy	30/06/2027.			
	☐	NGO platform plan/strategy	__/__/____			
	☐	Other (Specify):	__/__/____			

draft its Revised Flash Appeal;			
Audience Type & Dissemination Specify who will the assessment inform and how you will disseminate to inform the audience	Audience type x Strategic x Programmatic ☐ Operational ☐ [Other, Specify]		Dissemination 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 next cluster meeting x Presentation of findings (e.g. at HCT meeting; Cluster meeting) x Website Dissemination (Relief Web & REACH Resource Centre) ☐ [Other, Specify]
Stakeholder mapping Has a detailed stakeholder mapping been conducted during research design to identify all actors that could contribute to and/or benefit from the research?	☐	Yes	X No
General Objective	To provide an evidence base on the extent and ways in which Unified Cash Transfer (UCT) 1 influences the well-being, including food security, health-seeking behaviour, coping capacity, and ability to meet essential needs, of beneficiary households in frontline areas of Ukraine.		
Specific Objective(s)	- To describe the demographic profile of UCT1 recipient households and examine differences in household well-being, expectations regarding cash assistance, and use of assistance by gender, age, and disability status. - To examine the impact of shocks on beneficiary households' behaviour related to meeting basic needs, including the utilisation of cash assistance? - To identify and describe household expenditure patterns prior to and after receiving UCT1 assistance, including spending priorities and financial pressures faced by beneficiary households. - To assess the unmet needs of beneficiary households before and after receiving UCT1 assistance across key sectors, such as health, food security and livelihoods. - To evaluate changes in the use of livelihood coping strategies among beneficiary households between the pre-transfer baseline and up to three months after receiving UCT1 and assess the extent to which UCT1 influences reliance on such strategies. - To measure changes in food security outcomes and reliance on food-based coping strategies between the pre-transfer baseline and up to three months after receiving UCT1, and assess the contribution of UCT1 to improving household food security. - To examine the influence of UCT1 on household health-seeking behaviour, including access to healthcare services, medicines, and health-related expenditures.		

	- To identify the mental health and psychosocial support (MHPSS) needs of beneficiary households and assess their self-reported psychosocial well-being throughout the assistance period. - To assess beneficiary expectations, perceptions, and experiences related to UCT1 assistance, including perceived usefulness, adequacy, accessibility, and overall satisfaction with the assistance received.			
Research Questions	- How do household well-being, expectations regarding cash assistance, and the use of assistance differ by the demographic characteristics of UCT1 recipient households? - To what extent do shocks and sudden experiences influence beneficiary behaviour related to meeting basic needs, including the utilisation of cash assistance? - What are the expenditure patterns of households prior to and after receiving UCT1? - What unmet needs do households who receive cash assistance have prior to and after receiving the cash assistance? - How does households` reliance on livelihood coping strategies change between the baseline and up to three months after receiving UCT1? - Does UCT1 decrease, increase or not impact the reliance on food coping mechanisms over time? Does it improve food security outcomes? - How does cash assistance impact the health-seeking behavior of cash recipient households? - What are the MHPSS needs of recipients of cash assistance? - What are the expectations and perceptions regarding cash assistance? What is the household's experience thus far with cash assistance?			
Geographic Coverage	The data collection to be conducted in areas targeted for UCT1 provision, specifically in locations situated within 0-50 km of the frontline across Chernihivska, Dnipropetrovska, Donetsk, Kharkivska, Khersonska Mykolaivska, Sumska, and Zaporizka Oblasts.			
Secondary data sources	- CALP, Multipurpose cash outcome indicators and guidance. The grand bargain cash workstream, 2022; - REACH Ukraine, Multi-Purpose Cash Assistance and Sectoral Outcomes, 2025, - REACH Ukraine, Factsheet Calibration Round 4 – Key Findings on Prioritized frontline Oblasts, May 2026 - REACH Ukraine, MSNA 2025 – Overview of Humanitarian Needs in Ukraine Brief, 2025 - UNHCR Comprehensive Baseline, Midline, and Endline Assessment of UNHCR Monthly Multi-Purpose Cash Assistance (MPCA) to Out of Camp Refugees in Iraq, 2022; - OCHA, Ukraine Humanitarian Needs and Response Plan, 2026; - Ukraine CWG, Unified Cash Transfers Methodology Overview - version 3, 2026 - Ukraine CWG, Unified Cash Transfers Targeting Framework, 2026.			
Population(s) Select all that apply	☐	IDPs in camp	☐	IDPs in informal sites
	☐	IDPs in host communities	☐	IDPs
	☐	Refugees in camp	☐	Refugees in informal sites
	☐	Refugees in host communities	☐	Refugees [Other, Specify]
	☐	Host communities	x	Conflict-affected households eligible and selected for UCT1

Stratification Select type(s) and enter number of strata	☐	Geographical #: __ __ Population size per strata is known? ☐ Yes ☐ No	x	Group #: 2 __ Population size per strata is known? x Yes ☐ No	☐	[Other Specify] #: __ __ Population size per strata is known? ☐ Yes ☐ No
Data collection tool(s)	X	Structured (Quantitative)		☐	Semi-structured (Qualitative)	
		Sampling method			Data collection method	
Structured data collection tool # 1 Select sampling and data collection method and specify target # interviews		x Purposive ☐ Probability / Simple random ☐ Probability / Stratified simple random ☐ Probability / Cluster sampling ☐ Probability / Stratified cluster sampling			☐ Key informant interview (Target #):_____ ☐ Group discussion (Target #):_____ x Household interview (Target #): 552 (including 10% buffer) ☐ Individual interview (Target #):_____ ☐ Direct observations (Target #):_____ ☐ [Other, Specify] (Target #):_____ 	
Structured data collection tool # 2 Select sampling and data collection method and specify target # interviews ***If more than 2 structured tools please duplicate this row and complete for each tool.		x Purposive ☐ Probability / Simple random ☐ Probability / Stratified simple random ☐ Probability / Cluster sampling ☐ Probability / Stratified cluster sampling			☐ Key informant interview (Target #):_____ ☐ Group discussion (Target #):_____ x Household interview (Target #): 330 including (10% buffer) ☐ Individual interview (Target #):_____ ☐ Direct observations (Target #):_____ ☐ [Other, Specify] (Target #):_____ 	
Structured data collection tool # 3 Select sampling and data collection method and specify target # interviews ***If more than 2 structured tools please duplicate this row and complete for each tool.		x Purposive ☐ Probability / Simple random ☐ Probability / Stratified simple random ☐ Probability / Cluster sampling ☐ Probability / Stratified cluster sampling			☐ Key informant interview (Target #):_____ ☐ Group discussion (Target #):_____ x Household interview (Target #): 198 including (10% buffer) ☐ Individual interview (Target #):_____ ☐ Direct observations (Target #):_____ ☐ [Other, Specify] (Target #):_____ 	
Target level of precision if probability sampling		-			-	
Disaggregation by gender and age Are you planning to conduct sex/age disaggregated analysis?		Gender			Age	
	X	Yes		X	Yes	
	☐	No		☐	No	
Data management platform(s)	x	IMPACT Kobo Sever Ukraine		☐	UNHCR	
	☐	[Other, Specify]				
	☐	Situation overview #: 1	☐	Report #: __	☐	Profile #: __

Expected output type(s)		The situation overview focuses on analyzing the impact of cash assistance on the achievement of humanitarian goals			
	☐	Presentation (Preliminary findings) #: _ _	☐	Presentation (Final) #: 1	☐
	☐	Interactive dashboard #: _	☐	Webmap #: _ _	☐
	☐	[Other, Specify] #: 1 Clean and anonymized dataset and analysis.			
Access	☒	Public (available on REACH resource center and other humanitarian platforms)			
	☐	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)			
Visibility Specify which logos should be on outputs	IMPACT, REACH				
	Donor: UHF				
	Coordination Framework: -				
	Partners: Kyiv International Institute of Sociology (KIIS), CWG				

2. Rationale

2.1 Background

Since 2022, Multi-Purpose Cash Assistance (MPCA) has taken a leading role in the humanitarian response system in Ukraine.¹ However, in the context of the 2025 Humanitarian Reset², the Humanitarian Country Team (HCT) reprioritised humanitarian assistance through four strategic priorities³. In line with this shift, the Cash Working Group (CWG) updated MPCA into issue-based Unified Cash Transfers (UCTs)⁴, adapting unrestricted and unconditional, multi-sectoral cash assistance to the priority-based 2026 Humanitarian Needs and Response Plan (HNRP).⁵

Within this reprioritised framework, Strategic Priority 1 (SP1) focuses on supporting vulnerable households living within 0 to 50 kilometres from the front line in selected oblasts, where households face protracted humanitarian needs linked to ongoing hostilities, disrupted livelihoods, and elevated costs of living⁶. In turn, the Unified Cash Transfer for Frontline Response (UCT1) aims to provide predictable, harmonised cash to help vulnerable households manage these pressures, while remaining complementary to other forms of humanitarian assistance and emerging government social protection mechanisms⁷. Given the approaching transition from the previous MPCA modality to the issue-based UCTs in Q1 2026, there is no evidence yet on the effectiveness of the UCTs in practice. Such evidence is essential for implementing partners in making data-driven and timely adaptations to the operationalisation and subsequent impact of the UCTs.

To address this gap, the assessment seeks to generate evidence on how UCT1 contributes to household-level outcomes in frontline areas. Specifically, it will assess how recipient households utilise UCT1 to meet their essential needs, to what extent UCT1 helps to avoid reliance on negative coping strategies, how sectoral risks are mitigated through UCT1 receipt, as well

¹ Mansour-Ille, D., Merttens, F., & Thompson, N. (2024). [Humanitarian Cash and Voucher Assistance in Ukraine: Recommendations for a Better Cash Response](#). CALP Network.

² Fletcher, T. (2025, January 10) [Message from Emergency Relief Coordinator Tom Fletcher to the humanitarian community](#). United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

³ United Nations Office for the Coordination of Humanitarian Affairs. (2025, April). [Addendum: Re-Prioritization of the Ukraine 2025 Humanitarian Needs and Response Plan](#).

⁴ Ukraine CWG, (2026). [Unified Cash Transfers Methodology Overview - version 3](#).

⁵ United Nations Office for the Coordination of Humanitarian Affairs. (2026, January). [Ukraine Humanitarian Needs and Response Plan 2026](#).

⁶ United Nations Office for the Coordination of Humanitarian Affairs. (2025, April 30). [Addendum: Re-Prioritization of the Ukraine 2025 Humanitarian Needs and Response Plan](#).

⁷ Ukraine CWG, (2026) [Unified Cash Transfers Targeting Framework](#).

as how the transfer interacts with other forms of humanitarian assistance (including other UCTs) and relevant social protection programs.

Within this study, IMPACT will assess results of the provision of the UCT1 under Strategic Priority 1 (SP1). This transfer supports humanitarian response aimed at covering the protracted needs of vulnerable individuals in frontline oblasts (i.e., Chernihivska, Dnipropetrovska, Donetska, Kharkivska, Khersonska, Mykolaivska, Sumska, and Zaporizka) located between 0 and 50 kilometres from the frontline, with prioritization of areas within 20 kilometres from the frontline. The CWG estimates that approximately 850,000 people are eligible for UCT1 assistance⁸.

2.2 Intended impact

The assessment will provide evidence on the appropriateness and effectiveness of UCT1 as a modality of assistance in areas located within 0 to 50 kilometres from the front line. The findings will inform the design, implementation, and refinement of UCT1 programming for conflict-affected households, supporting their ability to meet immediate and essential needs in frontline areas. It will also provide evidence relevant to humanitarian clusters and technical working groups whose objectives are supported through cash assistance. Understanding the contribution of UCT1 to well-being and resilience will support more effective, coordinated, and evidence-based humanitarian programming in frontline areas of Ukraine.

3. Methodology

Key Definitions:

UCTs (Unified Cash Transfers) are a harmonized, issue-based form of humanitarian cash assistance designed under the Ukraine 2026 HNRP to provide predictable, timebound transfers to war-affected individuals and households. UCTs are structured around specific Strategic Priorities, i.e. frontline response, support to new displacement and evacuations, emergency response after strikes, and support to IDPs and severely vulnerable groups, to ensure consistent, transparent, and vulnerability-driven support while allowing for contextual adaptation in implementation; the transfers are intended to address, fully or partially, generic needs of a household that is impacted by one of the Strategic Priorities. UCTs might be designed as multiple transfers provided periodically, or as one-off payments.⁹

UCT1: Unified Cash Transfer for the most vulnerable population living in frontline areas. This UCT targets all residents living in 0 to 50 kilometres from the front line, including IDPs and non-displaced vulnerable war-affected populations.¹⁰

3.1 Methodology overview.

In order to explore the contribution of UCT1 on households' wellbeing, IMPACT will conduct a longitudinal assessment with UCT1 recipients in frontline oblasts, with a focus on areas within 0 to 50 kilometres from the front line. Computer-Assisted Telephone Interviews (CATIs) will be conducted in three rounds—baseline, midline, and endline—using a roster of households confirmed to receive UCT1 and who consented to potentially participate in the research. The overall objective of this assessment is to provide evidence that will directly inform cash programming design and implementation, as well as the role UCT plays with respect to other assistance modalities across the response.

Each of the three data collection stages, namely baseline, midline and endline data collection stages, has distinct sampling requirements. Since the study aims to assess the contribution of UCT1 to the coverage of essential needs for beneficiary households in frontline areas, it is necessary to collect data from the same households at all three stages.

⁸ Ukraine CWG, (2026). [Unified Cash Transfers Methodology Overview - version 3](#)

⁹ Ukraine CWG, [Unified Cash Transfers Targeting Framework](#), 2026

¹⁰ Ibid.

Accordingly, in the baseline data collection stage, a list of selected households who were confirmed eligible for UCT1 will be gathered. The overall list of households will be obtained from the lists received from participating organizations, namely: ACTED, Danish Refugee Council, Estonian Refugee Council, LAMPA, Plan International and its implementing partner Equilibrium. REACH will share the overall list of beneficiaries with the third-party data collector, Kyiv International Institute for Sociology (KIIS), who will then call households until 552 households are reached. The baseline will be conducted as quickly as possible in order to not delay the disbursement of cash assistance to vulnerability households and thus reduce the risk of harm and respect the Do No Harm principle.

Data collection in the baseline phase will be conducted just before the cash transfer is received. The objective of baseline stage is to establish the demographic and needs profiles, collect baseline information on household expenditures and use of negative coping strategies; assess UCT1 expectations; survey market limitations; and identify other forms of humanitarian and social protection assistance households receive. Further, the baseline for all partners is envisioned to occur in July, thus a comparable pre-transfer periods. This will reduce the impact of seasonality and other contextual factors when assessing household well-being differences between the baseline, midline and endline and thus strengthen the assessment's ability to compare across all households.

In the midline data collection stage, all households sampled and called in the first round will be called again. Data collection in the midline phase will be conducted 30 days after the delivery of the UCT1 transfer with a buffer of +/- 5 days. The objective of midline stage is to analyse utilization of UCT1 to meet households' needs; track purchasing patterns and use negative coping strategies and assess recipients' experience against their initial expectations.

In the endline data collection stage, all households successfully called in the baseline and midline will be called again. Depending on the attrition between rounds, it may be allowed for households called in the baseline, but not the midline, to also be additionally contacted. Data collection in the endline phase will be conducted 90 days after the delivery of the UCT1 transfer with a buffer of +/- 5 days. The objective of endline stage is to analyse utilisation of UCT1 to meet households' needs, track household expenditures and use of negative coping strategies; and assess recipients' experience against initial expectations, including feedback and preferences on UCT1 program design and implementation and perceived quality of cash assistance.

For all stages, namely baseline, midline and endline, KIIS will call each household three times before registering a non-response. The calls will be staggered to occur throughout the day at different times to increase response rates. Further, KIIS allows for recording of a rejection, as well as scheduling a call to occur later, thus respecting both the principle consent while also reducing non-response.

Finally, before proceeding with the baseline, KIIS confirms the identity of the household through a series of identification checks. Only the individual who registered the household will be interviewed. Similarly, for the midline and endline, another series of identification checks occurs.

3.2 Population of interest

Population Assessed: The baseline, midline and endline data collection rounds will be conducted among households living within 0 to 50 kilometres from the front line who were confirmed to be receiving UCT1 assistance through six implementing partners of the assessment: ACTED, Danish Refugee Council, Estonian Refugee Council, LAMPA, Plan International and its implementing partner Equilibrium.

Geographical Area Assessed: The data collection to be conducted in areas targeted for UCT1 provision, specifically in locations situated within 0 to 50 kilometres from the front line across Chernihivska, Dnipropetrovska, Donetska, Kharkivska, Khersonska, Mykolaivska, Sumyska, and Zaporizka Oblasts.

3.3 Secondary data review

- CALP, [Multipurpose cash outcome indicators and guidance. The grand bargain cash workstream](#), 2022;
- REACH Ukraine, [Multi-Purpose Cash Assistance and Sectoral Outcomes](#), 2025,
- REACH Ukraine, [Factsheet Calibration Round 4 – Key Findings on Prioritized frontline Oblasts](#), May 2026
- REACH Ukraine, [MSNA 2025 – Overview of Humanitarian Needs in Ukraine Brief](#), 2025
- UNHCR Comprehensive Baseline, Midline , and Endline Assessment of UNHCR Monthly Multi Purpose Cash Assistance (MPCA) to Out of Camp Refugees in Iraq, 2022;
- OCHA, [Ukraine Humanitarian Needs and Response Plan](#), 2026;
- Ukraine CWG, [Unified Cash Transfers Methodology Overview - version 3](#), 2026
- Ukraine CWG, [Unified Cash Transfers Targeting Framework](#), 2026
- Ground Truth Solutions, [Distribute aid to the poor, not those in power](#), 2026;

3.4 Primary Data Collection

The baseline assessment will be conducted among a convenience sample of households benefiting from the UCT1 program implemented by ACTED, Danish Refugee Council, Estonian Refugee Council, LAMPA, Plan International and its implementing partner Equilibrium and who consented to be called for the REACH assessment and thus potentially participate in the study.

REACH will follow a rigorous consent process when implementing the research. REACH will provide all participating organizations with an additional consent question to include in their digital registration form. An additional consent question is asked during KIIS phone calls to confirm households' willingness to participate in the research. The consent specifically states that their participation has no impact on their receiving of cash assistance. Another consent is included when asking specific MHPSS questions, given the sensitivity of the questions posed. Finally, the questionnaire closes with consent to call again in 30 days for households to potentially participate in the midline. Given the vulnerability of the population assessed, this multi-stage consent process is critical for the ethical implementation of the assessment.

REACH follows a rigorous data sharing procedure given the sensitivity of the data. For those who consent to potentially participate in the study, and then are later confirmed eligible for UCT1, the participating organizations will share the contact details of these beneficiaries with REACH. Additionally, demographic information will also be shared by participating organizations, to later reduce questions but still allow for demographic disaggregations, as well as facilitate identity checks. Such information will be shared weekly or twice per week prior to data collection and during the baseline. Each participating organization has a signed Data Sharing Agreement (DSA). The DSA stipulates specifically how the data will be shared with REACH and then onwards to KIIS. KIIS and REACH also signed a DSA for this specific project. The DSA stipulates the terms and conditions for handling the data, as well as the specific method of data sharing with REACH. Each organization was provided two options for sharing the data with REACH, namely; 1) sharing via a password protected SharePoint folder with access limited to the Data Officer on the project and the specific data focal point of the partner organization, or 2) sharing a password-protected Excel sheet and the sharing the password via a separate email/message. At the completion of the endline, all contact data is deleted.

More specifically regarding the data sharing with KIIS - REACH will share the data with KIIS via a password-protected SharePoint folder with access restricted to the REACH Data Officer and the project leads at KIIS. During the data sharing process with KIIS, REACH will not share any personally identifiable information (PII). Instead, KIIS will receive only household IDs generated by the REACH Data Officer. Enumerators will retrieve the contact information (i.e., the phone number) only after entering the respondent's unique identifier into the data collection Kobo form hosted by REACH immediately before the interview begins whereby the Kobo then pulls the data. The Kobo form also will pull data, such as gender and location, to then facilitate identity checks.

Given the complicated nature of calling recipients, in that REACH should not delay disbursement of cash assistance, the assessment uses convenience sampling whereby all those who consent to potentially be contacted, are forwarded to KIIS,

and if they consent, they are included in the study. Efforts are made to have partners refer potential respondents from a geographically diverse region, however, to ensure that a diversity of oblasts (admin-1) are included. Further, the diversity of partners will facilitate, potentially, a greater diversity of demographics, as well. During the surveys, households will be asked about their overall income and expenditure patterns, as well as the expected and actual contribution of UCT1 assistance to meeting their essential needs. Data will be collected through telephone interviews.

To prepare the KIIS data collection team for conducting interviews, the REACH team will deliver data collection training covering interview procedures, best practices for data collection, and troubleshooting during interviewing. The training will include guidance on addressing technical issues (including connectivity problems), unsuccessful contact attempts with respondents, and security-related constraints that may affect the interview process. In addition, pilot interviews will be conducted during the training to familiarize interviewers with the questionnaire and the interview process. A test is also proctored to enumerators which must be successfully completed to participate in the interview. Further, given the vulnerable nature of the population assessed, REACH has an established reporting and referral mechanism created in 2024 with Acted whereby enumerators follow established protocols when interacting with respondents in need of referrals or conducting interviews during which a mandatory reporting should be made (e.g., suicidal intention).

For all stages, namely baseline, midline and endline, KIIS will call each household three times before registering a non-response. The calls will be staggered to occur throughout the day at different times to increase response rates. Further, KIIS allows for recording of a rejection, as well as scheduling a call to occur later, thus respecting both the principle consent while also reducing non-response. The midline and endline will occur 30 days and 90 days, respectively, after the baseline per household with a +/-5-day window.

The baseline survey will include 552 interviews selected via convenience sampling. The midline survey will include 330 interviews conducted with respondents who participated in the baseline survey. The endline survey will include 198 interviews conducted with respondents who participated in the midline survey. Thus, the planned sample reduction rate for each subsequent stage of the assessment is 40%.

This longitudinal design will enable the assessment of changes in household circumstances and the contribution of UCT1 assistance over time.

3.5 Data Processing & Analysis

The assessment will comprise a household survey designed in partnership with the CWG Ukraine, in close coordination with its temporary MEAL workstream, and relevant clusters involved in the UCT1 response, specifically Health Cluster and the MHPSS TWG, as well as the World Food Programme (WFP) and the Food Security and Livelihoods Cluster. The tool will be coded using Kobo and all data will be collected via phone calls using Kobo. Collected data will be subjected to data checks to identify any issues with data quality and divergence from the sample frame, in line with IMPACT's Minimum Standards Checklist for Data Cleaning and Processing for Structured Quantitative Data¹¹. In addition to the data checks, the final datasets will undergo thorough cleaning, with any outstanding issues reported to the KIIS for feedback. Following data cleaning, the data will be analysed using R. Data analysis will be conducted by producing frequency tables in Excel. The frequency tables produced after the data collection/cleaning phase will be used by IMPACT to generate a report and presentation, which we will then publish on the IMPACT resource centre website and share the results with the CWG and humanitarian clusters.

In line with the longitudinal panel survey design, the primary analytical focus will be on tracking changes among the same households across all rounds of data collection. At the same time, descriptive results will also be presented for each survey round, including all respondents interviewed during that round. These findings will be treated as separate cross-sectional

¹¹ [IMPACT Minimum Standards Checklist for Data Cleaning and Processing for Structured \(Quantitative\) Data](#)

snapshots and will not be used to infer changes over time. Differences across the baseline, midline and endline cohorts will be clearly specified when reporting on any changes among the rounds.

To assess the potential impact of respondent attrition, baseline characteristics of households successfully followed up will be compared with those of households lost to follow-up in subsequent survey rounds. Where meaningful differences are identified, these will be explicitly reported and taken into account when interpreting the longitudinal findings. Accordingly, the final analytical outputs will clearly distinguish between results derived from the balanced panel of households and the cross-sectional findings for each survey round. The potential impact of attrition bias will also be acknowledged as a limitation of the study.

3.6 Limitations

During the data collection, REACH envisions that connectivity issues will be challenging for respondents in frontline areas. However, given security constraints, respondents must continue to be contacted via phone. Nonetheless, KIIS will contact respondents three times at different times during the day to attempt to catch respondents in moments of improved connectivity. Further, respondents may feel forced to participate in the study in order to receive cash assistance. Thus, throughout the consent processes, respondents are reminded that their decision to participate has not impact on their receiving of cash assistance. Due to convenience sampling, the assessment cannot control for confounding factors, such as gender and age. However, a diversity of partners was recruited to support the assessment in order to facilitate a diversity of respondents and thus gather information on a diversity of experiences. The sensitivity of the assessed population also poses ethical concerns. To respond to this, the assessment team deployed a reporting and referral mechanism, a robust consent process, and established a rigor data sharing protocol (e.g., via DSAs) to ensure that the assessment remains ethical and respects the Do No Harm principle.

Data collection will be conducted in frontline areas, within the 0 to 50 kilometres distance, many of which are directly affected by active military hostilities. As military attacks may occur irregularly and given the relatively short data collection periods within each survey round, respondents' perceptions of the extent to which UCT1 contributes to meeting essential needs may vary depending on the security situation at the time of data collection.

In addition, due to the limited number of respondents, analyses of specific vulnerability categories, such as households with multiple children, single-headed households, older-person households, and other vulnerable groups, may not be possible if the sample size is less than 30. Thus, the vulnerability analysis will potentially group households according to particular vulnerability characteristics in the instance many groups have too small of sample sizes to report.

As the study covers a relatively short period of time (less than one year), seasonal factors may influence how households prioritize and utilize UCT1 assistance. Further, geographic particularities may also impact UCT1 reporting, depending on the trajectory of active hostilities. Consequently, the findings should be interpreted within the context of the data collection period, prevailing seasonal conditions and geographic area.

4. Key ethical considerations and related risks

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

The proposed research design...	Yes/ No	Details if no (including mitigation)
... 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/	Yes	

discussion while being considerate of participants' time, ensuring accurate reporting of information provided)?		
... 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?	No	There is the potential that some respondents may feel triggered by particular questions, such as those relating to MHPSS. However, a reporting and referral protocol was implemented for this research cycle to ensure that any respondent which requires assistance is offered the opportunity to access it. The training also touches on proper interviewing protocols. Finally, KIIS is a well-established research organization that has experience implementing multiple REACH assessments, as well as other research projects, and ensures independently that enumerators are well-trained on ethical protocols when interviews.
... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatizing for research participants (both respondents and data collectors)?	No	As described above, we do ask about the mental health concerns and experiences of respondents. However, per IMPACT/MHPSS IASC guidance document, a reporting and referral mechanism is implemented and the MHPSS TWG was consulted in-country.
... 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 focus of the UCT1, all those we interview are considered vulnerable. That being said, enumerators will receive training on ensuring questions are asked in a non-intrusive, sensitive manner in order to mitigate any unintended harm. Additionally, respondents always have the option to not answer any question (prefer not to answer) or withdraw consent for the interview at any stage.

... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	
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5. Roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	REACH Senior Assessment Officer (SAO)	REACH Research Manager (RM)	REACH Senior Cash and Markets Specialist Country CWG REACH HQ RDD Unit	IMPACT DCC Country CWG
Supervising data collection	REACH SAO	REACH SAO	REACH RM	Country CWG
Data processing (checking, cleaning)	REACH Data Officer (DO)	REACH SAO	REACH RM	REACH HQ RDD Unit
Data analysis	REACH DO	REACH SAO	REACH RM REACH HQ RDD Unit	IMPACT DCC
Output production	REACH SAO REACH GISO	REACH RM	REACH Deputy Country Coordinator (DCC), REACH HQ, RDD Unit	IMPACT DCC Country CWG
Dissemination	REACH SAO, Country CWG	Country CWG	REACH RM, Country CWG, REACH Reporting & Communications Manager	IMPACT DCC REACH HQ
Monitoring & Evaluation	REACH SAO, REACH RM	REACH DCC	REACH Senior MEL Officer	REACH HQ
Lessons learned	REACH SAO	REACH RM	REACH DCC	REACH HQ Country CWG

Responsible: the person(s) who executes the task

Accountable: the person who validates the completion of the task and is accountable of the final output or milestone

Consulted: the person(s) who must be consulted when the task is implemented

Informed: the person(s) who need to be informed when the task is completed

6. Data Analysis Plan

Baseline

The Baseline Data Analysis Plan is available at IMPACT Resource Centre at the following [link](#).

Midline

Endline

7. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Centre	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		☐ Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		☐ Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		X Yes
		# of visits to x webmap/x dashboard	Country request to HQ		☐ Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	Humanitarian assistance Strategies of INGOs and NGOs. Publications by Cash Working Group,
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian	Perceived relevance of IMPACT country-programs	Country team	Usage_Feed back and Usage_Survey template	Usage survey to be sent out to CWG members and humanitarian cluster members after 2 months of endline data collection
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			

	documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived capacity of IMPACT staff Perceived quality of outputs/programs Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs (providing resources, participating to presentations, etc.)	# of organisations providing resources (i.e. staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	X Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes

