

Research Terms of Reference

Humanitarian Situation Overview in Syria (HSOS)

SYR1701a

Syria

May 2025

Version 8

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Syria				
Type of Emergency	<input type="checkbox"/>	Natural disaster	<input checked="" type="checkbox"/>	Conflict	<input type="checkbox"/> Other (<i>specify</i>)
Type of Crisis	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/> Protracted
Mandating Body/ Agency	REACH				
IMPACT Project Code	1701A				
Overall Research Timeframe (<i>from research design to final outputs / M&E</i>)	08/2013 to present				
Research Timeframe <i>Add planned deadlines (for first cycle if more than 1)</i>	1. Pilot/ training: 10/04/2025		6. Preliminary presentation: ad hoc		
	2. Start data collection: 13/04/2025		7. Outputs sent for validation by: 22/05/2025		
	3. Data collected by: 28/04/2025		8. Outputs published: 28/05/2025		
	4. Data cleaned and analysed by: 12/05/2025		9. Final presentation: ad hoc		
	5. Data sent for validation: 12/05/2024				
Number of assessments	<input type="checkbox"/>	Single assessment (one cycle)			
	<input checked="" type="checkbox"/>	One cycle assessment <u>Whole of Syria: 1</u> <i>Data collection period: (starts after JMIMI data collection ends). Data collection runs for 15 working days.</i> <i>Data analysis period: 5-7 working days (with HQ dataset validation)</i> <i>Output creation: 15 working days (with HQ validation and maps validation)</i>			

		Total project cycle period: 9 weeks	
Humanitarian milestones Specify what will the assessment inform and when e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;	Milestone		Deadline
	X	Donor plan/strategy	
	X	Inter-cluster plan/strategy	
	X	Cluster plan/strategy	
	X	NGO platform plan/strategy	
	<input type="checkbox"/>	Other (Specify):	
Audience Type & Dissemination Specify who will the assessment inform and how you will disseminate to inform the audience	Audience type		Dissemination
	X Strategic X Programmatic <input type="checkbox"/> Operational <input type="checkbox"/> [Other, Specify]		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) <input type="checkbox"/> [Other, Specify]
Detailed dissemination plan required	X	Yes	<input type="checkbox"/> No
General Objective	Provide multi-sectoral information on the humanitarian situation and priority needs in Whole of Syria on a regular basis to inform response planning and prioritisation, and enhance key actors' understanding of the humanitarian context in Syria.		
Specific Objective(s)	<ul style="list-style-type: none"> Provide information and analysis on the humanitarian situation by assessing basic needs and access to services in key sectors: general demographics, Shelter and Non-food Items, Electricity and infrastructure, Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods, Healthcare, Education, Protection, Accountability to Affected Populations and Priority Needs. Identify and assess humanitarian sector-specific (priority) needs at the community level in accessible communities. Identify different populations groups in the assessed communities. Estimate the severity of acute humanitarian needs across communities and geographic areas to guide top-level planning and prioritization of response efforts by identifying "hotspots" of acute needs that should be prioritized (or re-prioritize). 		

Research Questions	<ol style="list-style-type: none"> 1. What are the demographics of the community in terms of host community, returnee and IDP population in the assessed area? 2. What is the current humanitarian situation of people residing in the assessed area in terms of shelter, NFIs, electricity and infrastructure, WASH, food security, livelihoods, healthcare, education and protection? 3. What is the situation in assessed communities in regards to access to humanitarian aid and regarding accountability to affected population? 4. What are the priority needs of IDPs and host community populations residing in the assessed areas? 5. What areas are a priority in terms of the severity and acuteness of the situation? 				
Geographic Coverage	Whole of Syria (remotely by phone where not accessible).				
Secondary data sources	Reports from other humanitarian actors and news agencies to triangulate the data and provide relevant contextual information.				
Population(s) <i>Select all that apply</i>	<input type="checkbox"/>	IDPs in camp	<input type="checkbox"/>	IDPs in informal sites	
	X	IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]	
	<input type="checkbox"/>	Refugees in camp	<input type="checkbox"/>	Refugees in informal sites	
	<input type="checkbox"/>	Refugees in host communities	<input type="checkbox"/>	Refugees [Other, Specify]	
	X	Host communities	X	Returnees	
Data collection tool(s)	X	Structured (Quantitative)	<input type="checkbox"/>	Semi-structured (Qualitative)	
	Sampling method		Data collection method		
Structured data collection tool # 1 <i>Select sampling and data collection method and specify target # interviews</i>	X Purposive <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input type="checkbox"/> [Other, Specify]		X Key informant interview (Target #): 1 KI per community. <input type="checkbox"/> Group discussion (Target #):_ _ _ _ _ <input type="checkbox"/> Household interview (Target #):_ _ _ _ _ _ <input type="checkbox"/> Individual interview (Target #):_ _ _ _ _ <input type="checkbox"/> Direct observations (Target #):_ _ _ _ _ <input type="checkbox"/> [Other, Specify] (Target #):_ _ _ _ _		
Data management platform(s)	X	IMPACT	<input type="checkbox"/>	UNHCR	
	<input type="checkbox"/>	[Other, Specify]			
Expected output type(s)	X	Situation overview #: 1	<input type="checkbox"/>	Report #: _ _	<input type="checkbox"/> Profile #: _ _

	<input type="checkbox"/>	Presentation (Preliminary findings) #: _ _	<input type="checkbox"/>	Presentation (Final) #: _ _	<input type="checkbox"/>	Factsheet #: _ _
	X	Interactive dashboard #: 1	<input type="checkbox"/>	Webmap #: _ _	<input type="checkbox"/>	Map #: 1
	<input type="checkbox"/>	[Other, Specify] #: _ _				
Access	X	Public (available on REACH resource center and other humanitarian platforms)				
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility Specify which logos should be on outputs	REACH visibility will be present on all published outputs. Output branding will be in compliance with REACH branding policies. Donor: No donor logos will appear on outputs. Coordination Framework: REACH and partners Partners: No partner logos will appear on outputs.					

2. Rationale

2.1 Background

After fourteen years of conflict in Syria, the overthrow of Bashar al-Assad in late November of 2024, marked the most significant change in the country's political landscape in over two decades. Since then, Syria has entered a period of profound political transformation. Nonetheless, the crisis continues to have major impacts on the lives of civilians across the country, where an estimated 16.7 million Syrians are in need of humanitarian assistance including 7.4 million internally displaced persons (IDP)¹.

The dynamic, multi-faceted, and protracted nature of the Syrian crisis has created significant challenges for humanitarian information management. Accessibility and security issues within Syria have impeded systematic data collection efforts in the past, limiting the effectiveness of humanitarian planning and implementation inside the country. Following the guidelines of IMPACT for Humanitarian Situation Monitoring, this HSOS has been updated to include indicators that allow a severity needs index's calculation. Furthermore, the questionnaire has been revisited to increase efficiency in data collection and improve data quality.

- One important objective is to reduce the time of data collection by shortening the questionnaire by 28%. For that, irrelevant questions were removed, such as questions not applicable to a Key Informant (KI) methodology.
- Several questions were added as they covered information gaps highlighted by sectors' coordinators.
- Questions and options were rephrased to make them shorter and clearer for both enumerators and KIs.

¹ OCHA. (28 January 2025). Syrian Arab Republic: 2024 Syrian Arab Republic: Humanitarian Response Priorities - January to March 2025 (January 2025)

- Questions and options were revisited to make them more relevant to a KI perspective by focusing on the community situation rather than on the households' practices.
- The revised HSOS tool includes more guidance for enumerators during the data collection. Definitions were added when questions include technical terms such as "IDP", "host community", "social cohesion", "protection risks". A consent note was added, as well as a note at the end for the Complaints and Response Mechanism (CRM). Additionally, the preferred KI profiles were highlighted to encourage enumerators to interview the most appropriate KI type.
- Additional constraints and filters were incorporated into the tool to decrease the time dedicated to follow-ups with the field teams during data cleaning. Soft constraints are messages appearing when an unlikely but possible combination of options are selected to detect potential input errors. Hard constraints and filters are used to make the selection of any illogical or irrational options together impossible.

2.2 Intended impact

The Humanitarian Situation Overview of Syria (HSOS) provides regular multi-sectoral information on the humanitarian situation and priority needs in Syria. The overall objective of HSOS is to improve humanitarian access to information on needs and availability of services in the communities for a general humanitarian situation overview across the country. This aims to inform aid planning and prioritisation and enhance key actors' understanding of the humanitarian context in the region.

Access to relevant information will allow humanitarian actors to better target populations in need and help providing the most appropriate support. Additionally, the regularity of HSOS allows users to track the evolution of the humanitarian situation over time, identifying potential trends or changes across multiple sectors for prioritization and pre-prioritization of needs in a volatile context.

3. Methodology

3.1 Methodology overview

Data collection is centrally coordinated from Jordan (Amman) and is collected by enumerators using a Key Informant (KI) methodology at the community (village/neighbourhood) level. REACH enumerators collect data in Northeast Syria and in the Greater Idlib region, while partner enumerators collect data in the rest of the country. Interviews are usually done in person unless security and access restrictions prevent enumerators to reach the community. In such case, the interview will take place remotely via phone.

Enumerators will collect information of one (1) KI per community aiming to interview a knowledgeable person that can provide the best possible inputs. Once primary data is collected and cleaned, it is then triangulated with available secondary data sources.

Population of interest

HSOS seeks to understand the humanitarian situations and needs of different population groups in Syria. While previously aiming for out of camp IDPs and host community populations living in accessible communities, currently, it is expected to assess returnees as well.

As such, KIs are interviewed about the situation of these populations which are defined as the following:

- *Host community households* refers to people who currently reside in their communities of origin, or communities of permanent residence prior to the Syrian conflict.
- *IDPs* refers to "individuals or groups of people who have been forced to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or man-made disasters, and who have not crossed an international border"². In HSOS, questions about IDPs focus only on out-of-camp IDPs living inside the community. Therefore, the situation of IDPs living in camps, collective centres or informal settlements should not be considered in this assessment.
- *Returnee* refers to "people who were displaced from their habitual place of residence and who have returned to that place, whether spontaneously or in an organized manner, but are yet to achieve a durable solution."³

HSOS KI coverage and sampling strategy

Objectives of the HSOS coverage strategy

The HSOS sampling strategy was consolidated in 2024 to provide a credible and logical coverage methodology clearly communicable to users. It consists in a stratified random sampling by communities according to their population size. The logic is to assess less communities with fewer inhabitants, while covering more communities with larger population. Therefore, rural communities will be included in the sampling strategy but more coverage will be given to communities with larger population estimates.

Methodology of HSOS coverage strategy

This strategy relies on two different types of thresholds that will be applied based on the population size of the communities⁴. The advantage of using thresholds is that they can be quickly adaptable in case of potential budget changes or emergency situations, therefore improving HSOS preparedness and flexibility.

² UNHCR. Source: <https://emergency.unhcr.org/protection/legal-framework/idp-definition>

³ Inter-Agency Standing Committee (IASC) and International Organization for Migration (IOM).

⁴ The interpretation of what is considered to be a larger, medium and very small community is determined based on the field capacity and the population profile of each region.

Smaller communities (those with fewer than 1,000 inhabitants) will be included in the sampling strategy, with 10% of these communities being covered per subdistrict. Larger communities (those with more than 1,000 inhabitants) will be sampled more extensively, covering 15% of these communities per subdistrict.

To determine which communities will be assessed or excluded from the coverage, the strategy relies on different conditions:

- 1) **Safe access:** The access to all covered communities must be safe for enumerators and data collection should be approved by security and local authorities. In case a community – or several- are not accessible due to security related matters, a re-sampling will be conducted either before data collection or during data collection if changes in the context require it.
- 2) **Exclude all the communities with “very small population”:** Communities below a certain population size (100 inhabitants) are excluded from the coverage because they require the same if not more field capacity to reach them and conduct data collection⁵. The situation of small/rural communities will still be taken into account but from a minimum population size (more than 100 inhabitants).
- 3) **Accessible communities between 100 and 999 inhabitants will be selected based on a GIS tool measuring the distance between them:** if two communities between 100 and 999 inhabitants are located less than **2km** from each other, only the one with the highest population number will be covered. 10% of these communities within a subdistrict will be selected. To avoid this bias, one option would be to report on each stratum separately (settlements with over 1000; and under 1000 people respectively), presenting results with this stratification clearly stated.
- 4) **Cover some accessible communities with “medium population”:** “Medium size” communities are those whose estimated population is between “larger” and “very small” communities. The selection of “medium size” communities is determined by a criterion of distance separating medium size communities located close from each other using GIS. For example, if several communities are located less than a minimum distance from each other, only half of the communities with higher population will be covered. Such selection avoids collecting data on communities that are likely to rely on similar/shared resources and services.

When applying the thresholds described above and after conducting security checks on accessibility, the total coverage spans over 950 communities across the country.

⁵ In the past, and for the Syrian context there is evidence that this communities with less than 100 inhabitants a either very small farms or are peripheral communities using bigger communities' services.

3.2 Secondary data review

Secondary data is used to triangulate data collected through the HSOS project. Secondary sources include other REACH products such as the Joint Market Monitoring Initiative (JMML), Briefing Notes, potential Rapid Needs Assessments and GIS-specific products. Relevant humanitarian publications by partners and other actors (such as UN OCHA, WHO, UNICEF, CCCM, IFRC, and others) pertaining to the humanitarian situation in Syria are also used as secondary sources, as well as reliable international English and local Arabic news sources (e.g. Al Jazeera, Middle East Monitor, New Arab, North press agency, Syria live map).

3.3 Primary Data Collection

Primary data collection is conducted in coordination with REACH's network of enumerators in NES and the Greater Idleb region, and through partners for the rest of the country. Face-to-face interviews are conducted when possible. However, data is collected remotely (via phone) in communities where it is not possible to access due to security or other constraints. KIs are interviewed about the situation in the community in the 30 days preceding the data collection date.

Enumerators ask KIs a number of questions about shelter, NFI, electricity and infrastructure, food security, livelihoods, water, sanitation and hygiene (WASH), health, education, accountability & humanitarian assistance, protection, and priority needs to gather information at the community level. KI types may include local councils, community leaders, NGO workers, social workers, teachers, health staff and any other profession that is relevant to each section. To help enumerators identifying the most relevant KIs for each section, the list of preferred KI profiles will appear in bold in the KI profile choice list at the start of each section.

3.4 Data Processing & Analysis

- Data entry and cleaning process

REACH enumerators submit data via the online/mobile Kobo platform. Throughout the data collection period, the raw dataset is downloaded by authorised REACH staff for checking and cleaning using specialized R scripts. The data cleaning usually takes place in two batches: A first batch in the middle of data collection, and a second final batch when data collection is completed. Submissions are checked and automated follow ups are generated for any data flagged as possibly containing errors or inconsistencies. Follow-ups are conducted with enumerators and KIs for all communities where discrepancies or issues were discovered. Submitted raw data is cleaned based on follow-up responses and all changes to the data are compiled in cleaning log files stored in the Sharepoint.

- Data analysis process

Once cleaned, HSOS data is aggregated⁶ and analysed at the appropriate geographic levels (e.g. regional and governorate level for regional situation overviews) to produce an output that provides actors with an update on the humanitarian situation as it relates to the assessed sectors, providing the generalised perspectives of KIs. To help readers understand the specific context of numbers presented, the dataset displays the exact count of assessed communities in the area selected per indicator.

- Severity index (SI)

An additional component of the analysis is the Severity Index. In order to process the Area of Knowledge (AoK) information in a standardized and efficient approach, an Index is calculated to summarise and interpret AoK data into meaningful & actionable analysis of the multisectoral severity of humanitarian needs⁷.

For this purpose, the AoK SI can be calculated based on two different aggregation methodologies:

- **Flag Index:** to inform prioritisation based on relative estimates of need based on reported problems at community level that cross a single predefined severity threshold (and are thus “flagged”)
- **Score Index:** to inform prioritisation based on absolute estimates of need based on the aggregation of severity scores attributed to each indicator based on multiple predefined severity thresholds (1 to 4+). For more details about the technical steps, refer to Annex 4.

- Outputs

There will be two main outputs for this assessment. The first one is a situation overview that contains a coverage map displaying the percentage of assessed communities per sub-district and a map of the severity index. The second output will be a dashboard with the purpose of tracking other rounds of this assessment. In both cases, the following are the types of variables/responses analysed:

1. Continuous variables (e.g. #, %): average across all entries, sum across all entries.
2. Categorical variables (select multiple, select one): most commonly reported responses at the assessed area level.

3.5 Limitations

A first limitation is linked to the changes in accessibility due to the volatility of the country. As the new government transitions fully into administration, certain areas are facing attacks from groups that supported the previous administration. To mitigate this, the sampling includes a buffer to allow

⁶ Since this assessment is only considering 1 KI per community, the aggregation at community level to triangulate the answers given by different KIs within a community is not a step that applies in this case.

⁷ It is designed for use in any Research Cycles making use of the AoK methodology, including single Rapid Needs Assessments (RNAs) and multi-cycle Humanitarian Situation Monitoring (HSM).

the threshold to be met. Additionally, re-sampling will be conducted whenever a high number of communities is no longer accessible due to changes in the context.

The second limitation identified is related to the representativity of this type of assessment. The non-probabilistic (non-random) nature of sampling for AoK induces potential bias in results, and hence there will be no known level of statistical confidence in the results, and results will not be generalisable to the entire population of interest. This is why the AoK will specify that is 'indicative', rather than statistically representative of the population of interest and the community assessed.

4. Key ethical considerations and related risks

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

<i>The proposed research design...</i>	<i>Yes/ No</i>	<i>Details if no (including mitigation)</i>
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
... Respects respondents, their rights and dignity (specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided)?	Yes	
... Does not expose data collectors to any risks as a direct result of participation in data collection?	No	The country remains volatile in which unexpected violence escalation is likely to take place. Enumerators are familiar with the security context and ACTED regularly assess the security situation in each assessed community. If the security situation changes in a location, it can either be decided to conduct the interview remotely or to remove these locations from the HSOS coverage.
... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	

... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatising for research participants (both respondents and data collectors)?	Yes	
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	KIs are chosen only based on their knowledge of expertise and their awareness of the contextual situation of their community. To make sure that the KIs are willing to answer the questions, a consent question will be asked at the start of each interview.
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

5. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	HSOS FP and AO	HSOS FP	HSM RM, HQ, Clusters & Working groups	Syria Management, Clusters & Working groups
Supervising data collection	REACH Field Officers, AO	HSOS FP	HSM RM, Data Officer	Syria Management
Data processing (checking, cleaning)	Data Officer, HSOS FP, AO, REACH Field Officers	HSOS FP	HSM RM, REACH HQ	Syria Management
Data analysis	Data Officer, HSOS FP	HSOS FP	HSM RM, REACH HQ	Syria Management
Output production	HSOS FP, AO, Data Officer, GIS	HSOS FP	HSM RM, REACH HQ	Donors and partners
Dissemination	HSOS FP, AO, Data Officer	HSOS FP	Syria Management	Donors and partners

Monitoring & Evaluation	HSOS FP, AO	HSOS FP	Syria Management	REACH HQ
Lessons learned	HSOS FP, AO, Data Officer, GIS	HSOS FP	Syria Management	REACH HQ

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

5. Data Analysis Plan

RESEARCH QUESTIONS ADDRESSED WITH STRUCTURED TOOL(S)

Find Data Analysis Plan (DAP) in separated excel document

6. Data Management Plan

Data Management Plan (DMP) available upon request

7. Monitoring & Evaluation Plan

- Please complete the M&E Plan column in the table and use the corresponding Tools in the Monitoring & Evaluation matrix to implement the plan during the research cycle.

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	# of downloads of product from Resource Center	Country request to HQ	User_log	X Yes
		# of downloads of product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		<input type="checkbox"/> Yes
	Number of individuals accessing IMPACT services/products	# of page clicks on product from REACH global newsletter	Country request to HQ		X Yes
		# of page clicks on product from country newsletter, friendly, bit.ly	Country team		X Yes
		# of visits to dashboard	Country request to HQ		X Yes
IMPACT activities contribute to better program implementation and coordination of the	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	Cluster strategy
		# references in single agency documents			

humanitarian response					
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	<i>A usage survey was conducted in November 2023. Additional usage surveys will be carried out in the future.</i>
		Perceived usefulness and influence of IMPACT outputs			
	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			
		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 (<i>providing resources, participating to presentations, etc.</i>)	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	<input type="checkbox"/> Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes

ANNEX 1: EVOLUTION OF HSOS

Phase I of the HSOS project (August 2013 – March 2015) was undertaken in partnership with UNOCHA and UNHCR, with data collection conducted in Jordan alone until activities could begin in Lebanon in June 2014 and in KRI in July 2014. Data collection was undertaken at the sub district level, with up to 70% of sub districts covered across all 14 governorates of Syria. HSOS data was used for the 2014 Humanitarian Needs Overview (HNO) and Syria Response Plan (SRP).

Phase II of the HSOS project, which began in April 2015, aimed to both strengthen the methodology and provide a more detailed view of the humanitarian situation inside Syria, by moving from sub district to community level data collection. Results continued to be aggregated to the sub district and governorate levels to enable a humanitarian overview – but community level data was also made available, to better inform the operational implementation of the humanitarian response. To expand coverage and increase possibilities for triangulation during Phase II, data collection was rolled out in Turkey, with a methodology adapted to the local context.

Phase III of the HSOS project, which began in August 2016, aimed to increase the reliability of data by expanding, wherever possible, the use of direct data collection. A network of enumerators was hired in-country to shift towards more direct data collection.

Phase IV of HSOS began in October 2017. Due to shifts in the conflict dynamics in Syria, there was growing interest within the humanitarian community on the situation of returnees (i.e. IDPs or refugees returning to their area of origin). In light of this, REACH amended the HSOS tool in order to collect robust data on the displacement patterns of returnees, as well as on their humanitarian situation. To develop a more user-friendly output and incorporate the new questions into the HSOS factsheets, REACH redesigned the HSOS governorate factsheets in January 2018 to enhance clarity and provide analysis. REACH also expanded the HSOS enumerator network in northern Syria in early 2018 to increase coverage and the project's impact. A fifth data collection hub, located inside Syria, was brought on board to facilitate the coverage expansion into Deir ez-Zor and Ar-Raqqa governorates.

Phase V of HSOS began in August 2018, when the tool was pared down and all market monitoring related indicators were removed. This was done for two reasons 1) there were other REACH Syria projects that were collecting this information 2) shortening the tool allowed for data collection to be run in less working days and allowed for outputs to be disseminated earlier. In addition, the governorate-level factsheets were aggregated up to regional factsheets (northwest and northeast), which more appropriately mirror the Whole of Syria (WoS) coordination structure. In 2018, data collection in south Syria ended, and in June 2019 data collection from the Lebanon hub stopped. Lastly, phase V saw the largest expansion in HSOS history. Coverage expanded from approximately 550 communities in mid-2018 to the current coverage mid-2019 of over 2,000 communities. HSOS was run from three hubs; in Jordan, KRI and northeast Syria. From March 2019 onwards, 5 sectoral factsheets were published monthly in addition to the 2 regional factsheets. Phase V utilized a R "outliers" script to flag potential errors in the submitted data for follow-up with enumerators. This

script was run once monthly, after all surveys had been received and any necessary changes were made and logged.

Phase VI of the HSOS project began in November 2019, where the process and tools were revised to 1) adapt to the changing Syrian context 2) reach maximum coverage of communities in NWS and 3) increase its operational use to meet current information needs. Additionally, it reflects lessons learned and best practices from working with sector partners in other assessments. A new questionnaire was developed in coordination from cluster/sector coordinators, and independent consultants to ensure that the resulting data and analytical outputs fit users' informational needs. Further, displacement data was no longer collected under Phase VI as there are other REACH projects collecting this information. The unit of analysis itself remains the same from Phase V (regional and sectoral levels). Data cleaning process were also updated in order to further improve the quality and reliability of data. Where Phase V utilized the R outliers script, the new cleaning process for Phase VI utilizes a specialized Excel cleaning sheet and Python script to flag outliers or possible errors and generate follow-ups for enumerators. Where Phase V ran checks once all data was submitted, in Phase VI, data was downloaded and flagged for follow-up on a bi-weekly basis and cleaning occurs daily as follow-up responses are received.

Phase VII of the HSOS project includes a revision of the tool that will be implemented in March 2024 to re-adapt to the changing Syrian context and to the KI methodology. The objective of these changes also was to reduce the time of data collection by shortening the questionnaire and including more checks and constraints inside the Kobo form to reduce the time allocated to follow-ups. The tool changes incorporated feedback from different Clusters and Working Groups, field teams and HQ specialists. The new tool includes components aiming at guaranteeing the protection of KIs, as it includes consent notes at the beginning of each section, as well as a note to inform respondents of Complaints and Response Mechanisms (CRM). Additional definitions and clarifications appear in the questionnaire to guide enumerators through the questionnaire. Since March 2023, two partners organisations collect data in Northern Aleppo. Another development was the production of three different dashboards based on HSOS data: The Sectoral dashboard provides a monthly thematic overview of key indicators, the Humanitarian trends analysis dashboard allows users to visualise how the humanitarian situation in northern Syria has been changing over time, and the NES Water and electricity dashboard shows trends of access to water, access to electricity and problems with drinking water indicators in NES.

Phase VIII of the HSOS in includes a revision of the tool that will be implemented in April 2025 to re-adapt to the changing Syrian context and to the KI methodology. It combines indicators that were collected in a Joint Needs Assessment in December 2024 to January 2025 and indicators from IMPACT's indicator bank of 2025 to monitor changes in the context after the fall of the previous administration and before the funding cuts from the US in January.

ANNEX 2: EVOLUTION OF HSOS METHODOLOGY

To produce the multi-sectoral, monthly updates, a key informant (KI) 'Area of Origin' (AoO) methodology was originally developed in August 2013, in which participants were selected among Syrian refugees residing in neighbouring countries. During **Phase I** of the project (August 2013 – March 2015), participants collected data through their networks of key informants who were still residing in their sub-district of origin in Syria and had relevant, sector-specific knowledge.

At the launch of HSOS **Phase II** in April 2015, data started to be collected at the community/neighbourhood level, rather than the sub-district level, to increase data reliability by ensuring that the area for which key informants provide information corresponds to their actual area of knowledge. The proportion of communities assessed out of the total communities in a given sub-district or governorate was declared for each variable when results are presented. Additionally, a confidence rating system was applied to each individual variable when triangulating data from several key informants (KI) reporting on the same community, based on the level of expertise that each key informant type was expected to hold within the area of investigation where they have provided information. The average confidence level of KIs reporting on each individual variable was declared in the dataset.

From **Phase III** onward, community/neighbourhood-level data continued to be collected from outside Syria, while also being collected through a network of enumerators inside Syria in order to enable further triangulation and, thus, increase the reliability of findings.

In **Phase IV**, data collection and analysis continued to take place on a monthly basis, with questionnaires distributed to all participants and enumerators at the beginning of each month. Questionnaires were completed over the course of three weeks by contacting KIs to gather information about the communities/neighbourhoods they cover. Once data collection was completed, the regional data analysis team cleaned and prepared the data for analysis and aggregated community/neighbourhood level data from Jordan, Lebanon, Syria, the KRI and Turkey, identifying averages for continuous variables and modes for categorical variables, weighted by corresponding confidence level where multiple records were submitted for the same community or neighbourhood. Before preparing any narrative outlining findings, primary data was triangulated with secondary data from multiple sources.

In **Phase V**, data collection, cleaning, analysis and drafting of HSOS continued, with the main difference compared to Phase IV being the amount of hubs (three instead of five: Jordan, the KRI, Northeast Syria), and the increase in coverage of communities (over 2,000 as of mid-2019).

Phase VI of HSOS aimed to achieve maximum coverage of all accessible communities. Given the continuously changing context of October 2019-January 2020, the status of the expansion and assessed communities from each round are tracked continuously. Hubs send their planned coverage before the start of data collection and, after enumerators upload their forms on the Kobo server, the planned and actual coverage is checked. As described above, along with the revised questionnaire,

Phase VI utilized new cleaning tools and processes to ensure the highest quality data, including Excel cleaning sheets and Python scripts for automated follow-ups.

HSOS project continued on **phase VII** with a clarification of its coverage methodology in both NES and NWS. From spring 2024, covered communities are selected based on a coverage strategy relying on population size and distance separating communities. This coverage strategy allows to increase HSOS representativity of the population profile of each region by focusing on communities with larger population size instead of small communities. In the meantime, it improves HSOS preparedness in case of potential budget changes or emergency situations. Indeed, coverage can be quickly increased or reduced by changing the population thresholds. Before each round, the coverage is confirmed with the different hubs and partners.

Phase VIII a lower threshold is implemented (15% and 10%) to achieve the coverage of the entire country – that was previously inaccessible- through this assessment.

ANNEX 3: EVOLUTION OF PRIMARY DATA COLLECTION

During **Phase I** (August 2013 – March 2015) of the HSOS project, participants were identified amongst recent arrivals in formal camps in Jordan and the Kurdistan Region of Iraq (KRI); and in host community settings in Lebanon, through consultation with leaders in their communities.

New arrivals were selected for participation where they:

1. Could confirm that they had left Syria within one month of the first interview date;
2. Were in daily contact with relatives that remained in their area of origin; and
3. Demonstrated a community level understanding, such as that found amongst teachers, doctors and engineers.

The reduced rate of new arrivals witnessed in Jordan in 2013, prompted a change to the Phase I methodology in October 2013, when the requirement of arrival within one month of the interview was abandoned to ensure that participants who maintained regular contact with key informants in their area of origin could be retained. Currently, participants in Lebanon and KRI are provided phone cards on a monthly basis, which serve to facilitate continued communication with key informants in their area of origin. The area of knowledge of each participant is mapped in the initial stages, to identify all villages within the area of knowledge that could potentially be covered by a participant. Participants collect information during a two- to three-week period before submitting the completed questionnaire(s) to the REACH team for data entry.⁸ A secured key informant and participant database is managed by the regional office to map and monitor the extent of coverage inside Syria. The objective of the **Phase II** methodology was to achieve full coverage of as many villages/neighbourhoods as possible in Syria. New participants were engaged wherever possible to increase the number of village/neighbourhoods that could be included in the monthly monitoring rounds. Selection of neighbourhoods/villages was based on whether refugees originating from

⁸ In Jordan and Turkey data was collected using ODK on Android based smartphones, hence no additional data entry step was required.

villages/neighbourhoods that had arrived in neighbouring countries could be included as participants.

Similar to Phase II, the objective of **Phase III** was to achieve full coverage of as many villages/neighbourhoods as possible in Syria, while increasing the reliability of collected data by expanding direct data collection through in-country enumerators. As such, it is important to note that until full coverage is reached, selection of village/neighbourhoods is in no way based on representative sampling of villages/neighbourhoods. Inclusion is therefore limited by 1) available resources and 2) access to participants or enumerators.

In **Phase IV**, REACH continued to expand the HSOS enumerator network across the hubs, and in the northwest of Syria to include a total of 49 enumerators, as well as 17 enumerators in Northeast Syria. In KRI, remote data collection has been expanded to additional camps to enable inclusion of participants from other areas of Syria.

One multi-sectoral, village/neighbourhood level tool is used for all data collection by participants and enumerators across all hubs. The tool is based on indicators that were tailored to community (village/neighbourhood) level data collection in consultation with sector-leads – household level indicators have been avoided to ensure reliable information can feasibly be provided by a key informant. Each participant/enumerator completes one questionnaire per village/neighbourhood, following clear guidelines that stipulate what type of KI is most likely to have reliable information for each specific section of the questionnaire. Participants/enumerators are encouraged to submit questionnaires for additional village/neighbourhoods only in instances within their area of knowledge. The participant/enumerator records the type of key informant for each question in each questionnaire, information that is converted into a score of 1-3 in the analysis stage with the assistance of a confidence matrix that outlines the level of reliability associated with each type of KI in relation to each individual variable.

In **Phase V**, REACH continued to expand the amount of communities, to over 2,000 assessed communities.

In **Phase VI**, HSOS data collection in NES (from Amuda, Ar-Raqqa and Kurdistan) was paused for three months, pending the security situation. However, coverage of communities in NWS reached maximum capacity, namely 1,056 communities. The amount of enumerators remained stable, at 52, and the amount of team leaders (4) did not change either. The questionnaire/tool was revised as per the feedback of the clusters, and the new questionnaire was used for data collection for the first time on 2 November. It was decided that the confidence matrix/levels would no longer be of use, as the different sections of the tool are no longer asked to multiple KIs. However, each section of the questionnaire is asked to the most relevant KI (e.g. the health section is asked to a health professional), therefore triangulation through confidence levels is no longer necessary. Data collection restarted in NES in January 2020 with coverage of 257 communities, and a planned expansion of coverage in NES moving forward.

In **Phase VII**, HSOS data collection was conducted by REACH enumerators from three hubs (Hasakeh, Raqqa and Greater Idlib). Two partners organisations, Violet and Hand in Hand are collecting HSOS data in Northern Aleppo since January 2023. The total number of assessed communities in Northern Syria remains at 2,000 communities (about 660 in NWS and about 1,330 in NES). The questionnaire/tool was revised as per the feedback of the clusters, field teams and HQ specialists, and the new questionnaire is planned to be used for the first time in March 2024.

In **Phase VIII** 1 KI will be interviewed per community to provide information about many communities in a general area.

ANNEX 4: METHODOLOGY TO CALCULATE THE AOK SEVERITY INDEX

For constructing the AOK Severity Index, the following steps are implemented:

Step 1: Selecting the indicators

The list of indicators (and associated thresholds) used in the standard AoK SI which is based on core indicators from the AoK Indicator Bank. However, if relevant this list of indicators can be contextualized by adding or modifying indicators to ensure that key drivers of the severity of needs in each context are included.

Step 2: Setting severity thresholds

For each selected indicator, severity thresholds are defined based on the analytical frameworks of reference and associated severity classification methodologies. However, relevant thresholds can be contextualized to ensure that the severity of needs is accurately reflected in each context to best inform response actions.

These thresholds indicate the level of severity that an indicator reflects based on its value. For individual indicators, 'severity' signifies the 'intensity' of needs measured by that indicator at the community (e.g. settlement) level, using the following scale:

1. None/minimal: Essential basic sectoral needs are met in the community,
2. Stress: Borderline inability to meet basic sectoral needs in the community,
3. Crisis/Severe: Moderate inability to meet basic sectoral needs in the community, (and moderate risk of preventable loss of life)
4. Emergency/Extreme: Extreme inability to meet basic sectoral needs in the community (and high risk of preventable loss of life),
- 4+. Extreme Emergency/Catastrophic/Sectoral Collapse: Collapse of basic services and/or total inability to meet basic sectoral needs in the community (and very high risk of preventable loss of life).

The primary guiding principle for setting the thresholds is to assign the highest severity levels (e.g., 4 or 4+) only to indicators with a known link to the risk of preventable loss of life (the risk of excess mortality) – based on the IMPACT Acute Needs Analytical Framework (ANF). A score of 4+ should only apply to indicators with a direct link to mortality. This includes for example access to critical health

services, clean water and food. Lower severity levels (1 to 3) are assigned based on proportional declines in access, availability, or quality of services and to indicators that have no direct link to mortality.

Step 3: Selecting the Severity Index aggregation methodology at settlement level

The AoK SI can be calculated based on two different aggregation methodologies:

- **Flag Index:** to inform prioritisation based on relative estimates of need based on reported problems at community level that cross a single predefined severity threshold (and are thus “flagged”)

The basic Flag Index is calculated as the number of indicators that surpass predefined severity thresholds in an assessed community (e.g. settlement). In simple terms, the index sums up the number of indicators which reflect severe needs in an assessed community (as reported by KIs). This method provides a simple and transparent indication of the overall multisectoral severity of needs in assessed communities. When presented as a proportion, it also allows to some degree an understanding of the severity of needs in absolute (rather than just relative) terms (i.e. how many indicators of severe need are in fact being reported out of all the severe needs that could potentially be reported). However, it provides only a limited understanding of needs in absolute terms as it is based on a simple binary assessment of severity (i.e. whether an indicator crosses the defined severity threshold e.g. 4 or not – without accounting for more nuance in whether an indicator is at severity 1, 2, 3, 4 or 4+).

- **Score Index:** to inform prioritisation based on absolute estimates of need based on the aggregation of severity scores attributed to each indicator based on multiple predefined severity thresholds (1 to 4+)

The Score Index is calculated as the severity score (1 to 4+) achieved or surpassed by all the top 25% most severe indicator scores across all indicators (based on their values in reference to the defined severity thresholds). This method ranks all assessed indicators by severity (on a 1 to 4+ scale) and determines the severity score at which at least 25% of indicators in that unit have an equal or higher severity.

Both aggregation approaches allow for the calculation of a severity index at the following levels:

- **Community level:** in most cases this means at settlement level, but in some cases this can be based on another unit of analysis (e.g. in some cases KIs can be asked to report on an admin 4 or 3, rather than a settlement)
- **Area level:** in most cases this means at admin 2 or admin 3 levels (the level of analysis should be determined by how the information will be used, e.g. admin 2 to inform prioritization between admin 2s).