Research Terms of Reference
CAR1701
Rapid Response Mechanism Support (RRM), Central African Republic

29.10.2018
v.2

REACH Informing
more effective
humanitarian action

1. Summary

Country of intervention	*Central African Republic*					
Type of Emergency	Natural disaster	x	Conflict			Emergency
Type of Crisis	Sudden onset		Slow onset	x		Protracted
Mandating Body/ Agency	*UNICEF*					
Project Code	*26RCA*					
REACH Pillar	Planning in Emergencies	x	Displacement			Building Community Resilience
Research Timeframe	Ongoing (since 2015)					
General Objective	To inform RRM humanitarian partners and the wider humanitarian community on scale and scope of people's needs/severity of needs following humanitarian shocks[1] in RRM areas of intervention (see map in annex). RRM teams are deployed following a humanitarian shock, i.e on an ad-hoc basis. Assessments are conducted in order to ensure evidence-based prioritization of response.					
Specific Objective(s)	• Support the conduct of rapid data collection (Mission EXploratoire and/or Multi-Sector Assessment) to ensure appropriate Non-Food Items (NFI), Water, Sanitation and Hygiene (WASH) and food response (nutrition, health, protection, and education situations are assessed to inform the humanitarian community) • Support the conduct of Post-Distribution Monitoring (PDM) surveys to ensure NFI and WASH response efficiency • Technical support to RRM partners conducting MEX, MSA, MSA-Reference, SMART-Rapide and PDM (by reviewing data collection process (methodology, questionnaires, etc.) and conducting data management to ensure reporting on key indicators					
Research Questions	• MEX: (At community level) What is the extent of the humanitarian shock (i.e refine information collected in the alert[2]): demographic information of affected population? what is the humanitarian access to the affected areas? Information on ressources and needs per sector for the affected population. • MSA: (At households level) :					

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[1] Either caused by violence or natural disaster

[2] An alert is a document that informs the humanitarian community on a humanitarian shock caused either by violence or natural disaster and leading to a displacement of population. Information is collected by first and second-hand humanitarian sources. Information shared on an alert cannot be 100% confirmed, this is the reason why it may have to be confirmed through a MEX if necessary.

- To what degree, the affected population has access to non-food items (jerry-cans, cooking ustensils, bed sheets, mosquito nets, kid clothes, sleeping support, buckets) ?
- What is the level of access to clean water, sanitation and hygiene (WASH) services, and to what degree are they utilized; what is the water-borne disease casesload?
- What is the reduced Coping Strategy Index (rCSI) SI score, what is the Household Dietary Diversity Score (HDDS) average, do households have access to a market ?
- What is the humanitarian situation regarding nutrition, health, protection, education reported needs ?
- What are households main needs and prefered assistance modality between in-kind, voucher and cash ?

- MSA-R: (at households level) Same as for MSA, except for prefered assistance modalities which are not included.[3]
- PDM: (At households level): To what extent NFI distributions and WASH interventions have resulted in an improvement of living conditions of people affected by shocks.
- SMART Rapide: What are the rates of malnourished children (Severe Acute Malanutrition and Moderate Acute Malnutrition) among 6-59 months old children.

Research Type		Quantitative		Qualitative	x	Mixed methods

Geographic Coverage	As of January 2018: Humanitarian monitoring and subsequent activities are implemented in Nana-Manbéré, Ouham Pendé, Ouham, Nana-Gribizi, Ombella M'Poko, Kémo, Ouaka, Basse-Kotto, Haute-Kotto, Mbomou, Haut-Mbomou prefectures (See attached map) – Should humanitarian situation deteriorate in non-included areas, coverage will change.
Target Population(s)	IDPs, residents (host communities and vulnerable non-host communities), returnees, refugees, repatriated,affected by conflict and natural disasters
Data Sources	**Secondary Data:** *Secondaty Data review of existing humanitarian information in CAR.* **Primary Data:** *MEX: direct observation, focus groups[4] and/or key informants interviews[5]* *MSA: Multi-sector quantitative suvey assessments, focus group discussions and/or key informants interviews, direct observation, MUAC Screening* *MSA-R: same as for MSA* *PDM: household satisfaction survey, direct observation, and focus group discussions and/or key informants interviews* *SMART Rapide: nutrition screening*
Expected Outputs	Multi-sector assessment reports, MEX reports, post-distrubution monitoring, and SMART Rapide reports, maps
Key Resources	Partners staff (RRM team, M&E team)

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[3] MSA – R are conducted on an ad-hoc basis, in areas with limited humanitarian presence or recently accessible. They aim at informing the community on blind needs and do no trigger any form of direct intervention. However, outside RRM other partners may use this information for response planning purposes.

[4] Focus groups are conducted (depending of the context) with any local authorities, should this be government representatives, head of IDPs sites, neighborhood leaders, head of schools and health structures, and any other relevant stakeholders. Focus groups may also gather beneficiaries when PDM are conducted. FG might be gender restricted.

[5] Key informants: same as above.

Humanitarian milestones	*The assessment will inform RRM partners, clusters, donor and NGO on humanitarian situation and further help planning their response.*		
	Milestone		**Timeframe**
	X	Cluster plan/strategy	*ongoing*
	X	Inter-cluster plan/strategy	*ongoing*
	X	Donor plan/strategy	*ongoing*
	X	NGO plan/strategy	*ongoing*
		Other	
Audience	*Specify **who** will the assessment inform at different levels?*		
	Audience type		**Specific actors**
	X	Operational	*RRM partners (ACF, ACTED and Solidarite International)*
	X	Programmatic	*Clusters: health, NFI, WASH, SecAl, nutrition*
	X	Strategic	*HNO, HRP*
		Other	
Access	X	Public (available on REACH resource center and other humanitarian platforms): monthly factsheets, MSA (humanitarianresponse.org only) and PDM (idem)	
		Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)	
		Other (please specify):	
Visibility	*REACH and funding partners logo on the monthly factsheet*		
Dissemination	*Key activities:* - *REACH RRM monthly Dashboard – monthly email to RRM mailing list (NGO, UN members)* - *REACH RRM annual Dashboard – yearly email (early January) to RRM mailing list (NGO, UN members)*		
Monitoring and Evaluation	*Key activities* - *Usage_Feedback and Usage_Survey* - *Number of humanitarian organisations accessing IMPACT services/products* - *Number of individuals accessing IMPACT services/products*		

2. Background & Rationale

The Central African Republic has been affected by a violent crisis since 2012, with reccuring shocks. Several armed groups are competing for the control of transhumance corridor, roads and mines – all source of incomes. State authority is contested outside Bangui. Fighting between armed groups results in massive displacemens of population. As of July 2018, due to the resumption of the violence between armed groups after a lull, 614,700 people are IDPs, compared to 402,400 people in January 2017.

The humanitarian community has constanty reported the lack of data and integrated analysis. Displacement-related information is scarce, with limited data on needs due to the reccurence of chocs, resulting in small and large scale displacements, the lack of access to affected areas and the lack of funding to conduct assessment.

UNICEF-led Rapid Response Mechanism project aims at monitoring the humanitarian situation, conducting rapid needs assessment and providing NFI, WASH and food response, as well as informing the humanitarian community on affected people's needs.

REACH has provided support to the RRM team since March 2015, reviewing questionaries and methodologies, providing training to the assessment teams, ensuring data management, as well as mapping conflict-affected areas.

3. Research Objectives

RRM overall objective is to inform RRM humanitarian partners and the wider humanitarian community on the scale and scope of people's needs/severity of needs following shocks in RRM areas of intervention. Collected information aims at ensuring evidence-based decisions by partners/clusters to conduct humanitarian response. Following response, satisfaction assessments are carried out.

MEX: To verify the accuracy of information collected at the alert period; refine the location of affected people, get figures on affected people, information on humanitarian access (security and physics) constraints, level of existing resources and needs in 6 sectors sectors (protection, shelter/nfi, wash, education, health / nutrition and food security) ;and any existing response.

MSA: To gather quantitative data on needs at household levels in order to ascertain an NFI and/or WASH and/or food security intervention based on predefined emergency thresholds. Collected data focus on six sectors (protection, shelter/nfi, wash, education, health / nutrition and food security) along with questions related to preferred assistance modalities

MSA-Reference: To gather quantitative data on needs at household levels in areas recently accessible and/or with limited humanitarian presence during the last month. Collected data focus on sectors (protection, shelter/nfi, wash, education, health / nutrition and food security)

SMART Rapide: To gather quantitative data on nutrition situation and needs among children aged from 6 – 59 months.

PDM: To monitor the level of satisfaction following RRM WASH intervention and/or NFI distribution and the improvement of the WASH and/or NFI situation.

4. Research Questions

- **During MEX:** At community level, what type of water source is available and used by the affected population? Have any diarrhoea cases been reported during the last two weeks? Are there functioning latrines? What is the shelter situation of affected population? Has any NFI losses, destructions, looting been reported among the affected population? What is the resources and vulnerabilities of the affected population regarding other sectors?
- **During MSA:** At household level, to what degree, the affected population has access to non-food items (jerry-cans, cooking utensils, bed sheets, mosquito nets, kid clothes, sleeping support, buckets? What is the level of

access to clean water, sanitation and hygiene (WASH) services, and to what degree are they utilized? What is the rSCI score, what are the main barriers in accessing market, what is the average HDSS? What is the preferred assistance modality ?; What is the humanitarian situation regarding health, protection, education reported needs?

- **During MSA – R:** Same as for MSA. Assistance modality are not included, as a MSA-R do not aim at triggering a response by RRM partners.

- **During PDM:** At household level, what is the overall degree of satisfaction of beneficiaries regarding the quality and the quantify of NFIs distributed? What is degree of satisfaction of the beneficiaries regarding each items? How many litre of water is available and used by each household on average? What are hygiene practices beneficiaries reportedly resorted to?

- **During SMART Rapide:** What is the nutrition situation among the targeted population? What are the main drivers of malnutrition?

5. Methodology

5.1. Methodology overview

- A mixed methodology is used while conducting MEX, MSA, MSA-R, PDM and SMART Rapide assessments collecting both qualitative and quantitative data. MEX aims at gathering more qualitative data on affected areas/population, MSA assessment aims at identifying quantitative data on NFI, WASH and food security needs situation, along with other sectors: PDM assessment aims at assessing intervention efficiency and beneficiaries' satisfaction. SMART Rapide aim at determining the number of children age from 6 – 59 months suffering from MAS and MAM.

- Data collection is delegated to RRM partners who conduct the assessments. REACH's role is limited to designing and reviewing questionnaires and methodology. SMART Rapide methodology and questionnaires are fully designed by RRM partner's ACF, the sole NGO conducting this assessment among RRM partners. MSA-R is so far only conducted by ACTED and ACF, but questionnaires and methodology have been designed par REACH.

- RRM is a rapid response program. It aims an intervene as quick as possible following a humanitarian shock. As per its methodology, the following time line should be respected as much as possible:
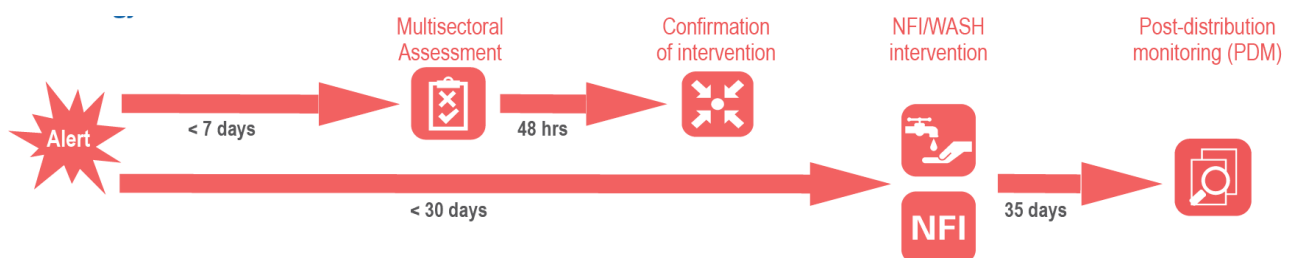
Note: MEX are conducted as soon as possible following an alert in order to validate alerts' information and to further launch an MSA and/or an intervention/distribution. SMART and MSA-R are conducted on an ad-hoc basis and do not trigger any form of direct intervention by RRM partners.

5.2. Population of interest

RRM provides assistance to all vulnerable population, i.e. IDP, returnees, repatriated, refugees, hosting communities and vulnerable residents. At least 100 households must have been affected by a humanitarian shock for an assessment to be conducted. Based on available information, all RRM-led assessments aim at covering all locations where affected population has been reported to live in. However, no demographic breakdown of surveys based on affected vulnerable population is expected. Most of the time, if both residents and IDPs are reported living in a given location, MSA will target only IDPs.

5.3. Secondary data review (outline key bibliography if relevant).

Prior to conducting any assessments in a given affected area, RRM partners will do a review of existing secondary data, including any assessments carried out in the same affected areas and on similar demographic population during the past months.

5.4. Primary Data Collection

Once information raised at the alert time is confirmed through triangulation with local sources, NGOs operating in affected areas, secondary sources (i.e. exact location of affected population, number of affected population) and if at least 100 households are affected by a humanitarian shock[6], an assessment can be conducted.

	Type of assessments	Collection method	Quantitative or Qualitative	Level of data collection	#
Mission EXploratoire	Needs assessment	FGD	Qualitative	Community	As many as necessary
		KI	Qualitative	Community	As many as necessary
		Direct observation	Qualitative	Community	NA
Multi-Sector Assessment / Multi-Sector Assessment - Reference	Needs assessment	FGD	Qualitative	Community	As many as necessary
		KI	Qualitative	Community	As many as necessary
		Direct Observation	Qualitative	Community	NA
		Household survey	Quantitative	Household	110, random

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[6] As per RRM mandate, RRM activities cannot be implemented if less than 100 households have been affected. A MEX can be conducted in order to confirm this figures.

Post-Distribution Monitoring	Satisfaction assessment	FGD	Qualitative	Community	As many as necessary
		KI	Qualitative	Community	As many as necessary
		Direct observation	Qualitative	Community	NA
		Household survey	Quantitative	Household	110, random
SMART Rapide	Needs assessment	Household screening	Quantitative	Household	As many as necessary, clusters, random

Focus groups are conducted (depending of the context) with any local authorities and representatives, should this be state representatives, heads of IDPs sites, neighbourhood leaders, heads of schools and health structures, and any other relevant stakeholders. During PDM, focus groups also gather beneficiaries. FG might be segregated by gender, i.e. conducted separately with men and female, when it comes to Hygiene Kit satisfaction monitoring.

Key informants' interviews follow a similar approach than FG.

Direct observation in areas welcoming affected population includes the collection of GPS information of water points, schools, health structures along with damage status, and humanitarian access (presence of armed groups, status of roads and bridges, etc.).

Sampling: In areas, where affected population lives in/has moved to, 110 household surveys will be conducted randomly. However, accurate population data is not always available. According to available figures of affected population and their location, if enough data is available, the 110 interviews will be breakdown based on the weight of each location (how many affected people per location). In order to avoid clusters, enumerators must target households each X meters, or 1 out of X houses (depending of the context) in order to cover the whole area. This methodology cannot provide any form of confidence, nor say it is representative of the whole affected area. **5.5. Data Analysis Plan**

Once data are collected, they are cleaned by the RRM partner in charge of the data collection. Then, they are processed by the RRM partner, using an analysis tools designed by REACH (and currently under review by REACH HQ). All analysis tools are available in annexe.

6. Product Typology

Table 1: Type and number of products required

Type of Product	Number of Product(s)	Additional information
Report	Undetermined.	As many as MSA, MEX, PDM, MSA-R, SMART Rapide carried out.

Situation Overview	0	
Profile	0	
Factsheet	13	# of people benefitting from NFI and WASH assistance, One per month + one annual factsheet
Presentation	0	
Map	52	4 maps per factsheets: locations of RRM activities and alerts
Interactive Dashboard	1	
Web Map	0	
Other(s)	0	

7. Management arrangements and work plan

7.1. Roles and Responsibilities, Organigram

Task Description	Responsible	Accountable	Consulted	Informed
Research design	RRM Partners, REACH Assessment officer	RRM partners, UNICEF	REACH HQ, Clusters	
Supervising data collection	RRM Partners	RRM Partners	REACH Assessment officer	
Data processing (checking, cleaning)	RRM Partners	RRM partners	REACH Assessment officer	
Data analysis	RRM Partners	RRM partners	REACH Assessment officer	
Output production	RRM Partners	RRM partners	REACH Assessment officer	
Dissemination	RRM Partners	RRM Partners	REACH Assessment officer	Cluster Coordinator, UN Agencies, NGOs, (all in RRM mailing list)
Monitoring & Evaluation	RRM Partners	RRM Partners	REACH Assessment officer	
Lessons learned	RRM Partners	RRM Partners	REACH Assessment officer	

7.2. Work plan

- MEX reports are available no later than 48 hours after completion of the data collection (including trip to go back to RRM Partner base) + submission of key indicators on Activity Info

- MSA reports are available no later than 48 hours after completion of the data collection (including trip to go back to RRM Partner base) + submission of key indicators on Activity Info

- MSA – R reports are available once other priority activities (MSA, Intervention, PDM) conducted by RRM partners are completed.

- PDM are conducted not earlier than 35 days after the completion of the intervention/distribution + submission of key indicators on Activity Info

- SMART are conducted on an ad-hoc basis, and preliminary results are available once data has been cleaned and validated by ACF.

Both MSA/MSA-R and PDM require the collection of around 110 surveys each. RRM teams comprises between 5 to 10 staff, including enumerators, team leader. Depending to the location of the population, it usually takes between 2 to 5 days to complete the whole MSA (including transportation).

SMART surveys last around 3 weeks (including training of local staff).

Once every month, a dashboard is made and released by REACH RCA, summarizing all RRM activities (including "alert" and "intervention"):

- Data is collected on a weekly basis; all partners have to publish key indicators of their activity on the Activity Info platform.

- Data from the past month is cleaned, compiled and incorporated in the dashboard during the first week of the month by REACH RCA

- Dashboard is validated by REACH HQ and published by the second week of each month at the latest.

8. Risks & Assumptions

Table 3: List of risks and mitigating action

Risk	Mitigation Measure
Data is not shared by partners due to technical issues (internet access)	Setting up of a system to share info with limited data connection.

9. Monitoring and Evaluation

See annexe 4

10. Documentation Plan

All tools are available at: https://www.humanitarianresponse.info/en/operations/central-african-republic/document/package-doutils-rrm-ciblagemsapdm

Following activities, data and analysis tools are available at:

MSA analysis tools – Dropbox, findings on Activity Info

MSA primary data – Dropbox

PDM analysis tool – Dropbox, Findings on Activity info

PDM primary data - Dropbox

11. Annexes

1. Data Management Plan
2. Dissemination Matrix (not yet available)
3. M&E Matrix
4. RRM areas of intervention

Annex 1 : Data Management Plan

Administrative Data				
Research Cycle name	*CAR1701 Rapid Response Mechanism support*			
Project Code	*26RCA*			
Donor	*UNICEF*			
Project partners	*UNICEF, ACTED, ACF, Solidarité International*			
Research Contacts				
Data Management Plan Version	*Date: 01.09.2018*		*Version: 1*	
Related Policies				
Documentation and Metadata				
What documentation and metadata will accompany the data? *Select all that apply*	X	Data analysis plan	□	Data Cleaning Log, including: □ Deletion Log □ Value Change Log
	□	Code book	□	Data Dictionary
	□	Metadata based on HDX Standards	□	[Other, Specify]
Ethics and Legal Compliance				
Which ethical and legal measures will be taken?	X	Consent of participants to participate	□	Consent of participants to share personal information with other agencies
	X	No collection of personally identifiable data will take place	X	Gender, child protection and other protection issues are taken into account
	X	All participants reached age of majority		[Other, Specify]
Who will own the copyright and Intellectual Property Rights for the data that is collected?	*[Specify]*			
Storage and Backup				
Where will data be stored and backed up	□	IMPACT/REACH Kobo Server	□	Other Kobo Server: *[specify]*

during the research?	☐	IMPACT Global Physical / Cloud Server	☐	Country/Internal Server
	X	On devices held by REACH staff	☐	Physical location *[specify]*
	☐	[Other, Specify]		
Which data access and security measures have been taken?	☐	Password protection on devices/servers	☐	Data access is limited to *[specify, e.g. REACH staff]*
	☐	Form and data encryption on data collection server		
	☐	[Other, Specify]		

Preservation				
Where will data be stored for long-term preservation?	☐	IMPACT / REACH Global Cloud / Physical Server	☐	OCHA HDX
	☐	REACH Country Server	X	Dropbox server

Data Sharing				
Will the data be shared publically?	☐	Yes	X	No, only with mandating agency / body
Will all data be shared?	☐	Yes	x	No, only data cleaned by partners will be shared
	☐	No, [Other, Specify]		
Where will you share the data?	☐	REACH Resource Centre	☐	OCHA HDX
	☐	Humanitarian Response	X	Dropbox

Responsibilities	
Data collection	*RRM partners*
Data cleaning	*RRM partners*
Data analysis	*RRM partners*
Data sharing/uploading	*RRM partners/REACH staff*

Adapted from:

DCC. (2013). Checklist for a Data Management Plan. v.4.0. Edinburgh: Digital Curation Centre. Available online: http://www.dcc.ac.uk/resources/data-management-plans

Annex 2 : Dissemination Matrix

Annex 3 : M&E Matrix

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing	Number of humanitarian organisations 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

IMPACT products	Number of individuals accessing IMPACT services/products	# 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, sending Blue, bit.ly	Country team		□ Yes
		# of visits to x webmap/x dashboard	Country request to HQ		X 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	*HNO, HRP, WASH cluster strategy (if any), NFI/Shelter cluster strategy (if any), Food Sec Cluster strategy (if any), IPC*
		# 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 documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived relevance of IMPACT country-programs	Country team	Usage_ Feedback *and* Usage_ Survey template	*Clusters will be asked about the usefulness of MSA.*
		Perceived usefulness and influence of IMPACT outputs			
		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 *(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	□ Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			□ Yes

Annexe 4. RRM areas of intervention

République Centrafricaine - Zones de couverture RRM 2018