

Research Methodology Note
Knowledge, Attitude and Practice Assessment: Health, WASH and Information for
COVID-19 Response
UKR2004
Ukraine

May, 2020
V1

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Ukraine					
Type of Emergency	<input type="checkbox"/>	Natural disaster	<input checked="" type="checkbox"/>	Conflict		
Type of Crisis	<input checked="" type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/>	Protracted
Mandating Body/ Agency	Health and WASH Clusters					
Project Code	64ECF					
Overall Research Timeframe (from research design to final outputs / M&E)	01/06/2020 to 01/12/2020					
Research Timeframe	1a. Start R1 GCA collection: ¹ 01/07/2020			5a. R1 GCA preliminary presentation: 1/08/2020		
	2a. R1 GCA complete: 19/07/2020			6a. R1 GCA draft for validation: 8/08/2020		
	3a. R1 GCA Data analysed: 24/07/2020			7a. R1 GCA overview published: 15/08/2020		
	4a. R1 GCA data for validation: 26/07/2020			8. GCA Final presentation: TBC		
Number of assessments	<input type="checkbox"/>			Single assessment (one cycle)		
	<input checked="" type="checkbox"/>			Multi assessment (more than one cycle) 2 assessments, 1 in GCA with 2 rounds of DC (commencing 01/07 and 07/09), 1 in NGCA with a single round of DC (commencing 22/07)		
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		
	<input type="checkbox"/>	Donor plan/strategy		--/--/----		
	<input type="checkbox"/>	Inter-cluster plan/strategy		--/--/----		
	<input checked="" type="checkbox"/>	Cluster plan/strategy		01/10/2020		
	<input checked="" type="checkbox"/>	NGO platform plan/strategy		01/10/2020		
<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		
	<input type="checkbox"/>	Strategic		<input checked="" type="checkbox"/> General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)		
	<input checked="" type="checkbox"/>	Programmatic		<input checked="" type="checkbox"/> Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting		
	<input type="checkbox"/>	Operational				
	<input type="checkbox"/>	[Other, Specify]				

¹ Round 1 data collection in Government Controlled Areas

		<input type="checkbox"/> Presentation of findings (e.g. at HCT meeting; Cluster meeting) <input checked="" type="checkbox"/> Website Dissemination (Relief Web & REACH Resource Centre) <input type="checkbox"/> [Other, Specify]
Detailed dissemination plan required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
General Objective	<i>In order to inform humanitarian and local government response planning to the COVID-19 outbreak, the Knowledge, Attitudes and Practices Assessment (KAPA) will assess knowledge, attitudes and practices of residents in Donetsk and Luhansk Oblasts around health, hygiene and COVID-19 related public health messaging, and community response to the challenges presented by COVID-19.</i>	
Specific Objective(s)	<ol style="list-style-type: none"> 1. To estimate the degree of change over time in individual and perceived community attitudes relating to COVID-19 outbreak in the assessment area, with a focus on: <ol style="list-style-type: none"> a) Concerns, b) Risks and fears, and c) Community response, ie. increased tensions or community action. 2. To estimate the degree of change in household knowledge, attitudes, practices, and barriers to uptake of the following COVID response measures: <ol style="list-style-type: none"> a) national response measures to COVID-19 (self-isolation, use of masks in public places, school closures, closure of non-essential business), b) hygiene practices for infection prevention and control, c) other preventative practices for infection prevention and control, and d) actions recommended to be taken by individuals in case of suspected infection. 1.1 To identify whether elderly household members, households with children and household members with a disability face specific barriers to responding to COVID. 3. To estimate the degree of change in household knowledge, attitudes, practices, and barriers to uptake relating to public health information about COVID-19. <ol style="list-style-type: none"> a) To identify whether information needs vary for elderly household members, households with children and household members with a disability. 4. To assess household ability to access essential healthcare facilities, utilities and resources relating to the COVID-19 outbreak, identifying access barriers <ol style="list-style-type: none"> a) To assess community trust and confidence in the healthcare system to manage the COVID-19 outbreak 	
Research Questions	<ol style="list-style-type: none"> 1. What is the general attitude of residents towards COVID-19 and their perception of neighborhood response to the outbreak? <ol style="list-style-type: none"> a) What are the main concerns, perceived risks and fears among households in relation to COVID-19? b) What has been the community response to COVID-19 (e.g. mobilisation of community support or increased tensions among the community)? 2. What is the depth of household knowledge on COVID-19? <ol style="list-style-type: none"> a) Means of transmission, b) Symptoms, and c) Preventative practices. 3. What is the knowledge, attitude and practice of households on recommendations to prevent the spread of COVID-19? <ol style="list-style-type: none"> a) To what extent are households informed about national response measures to COVID-19, such as the quarantine? b) How do communities feel about national response measures and restrictions in place in response to COVID-19? c) To what extent are households adhering to quarantine measures and restrictions? d) To what extent are households knowledgeable of the individual health and hygiene practices needed to prevent the spread of COVID-19? 	

	<p>e) How do communities feel about health and hygiene measures being encouraged to prevent the spread of COVID-19?</p> <p>f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?</p> <p>g) To what extent are communities aware of the protocols and procedures recommended in case of suspected COVID-19 infection?</p> <p>4. What are the main sources of information through which households receive news and official recommendations on COVID-19?</p> <p>a) What is the frequency, source and preferred modes for receiving information on COVID-19 amongst HH representatives?</p> <p>b) Have households seen COVID related health (including mental health) and hygiene campaign materials? Which key messages are retained by the HH representative?</p> <p>c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?</p> <p>5. To what extent do communities have access to healthcare services (including mental health and psychosocial support), water and hygiene materials?</p> <p>a) What are the main barriers to accessing essential healthcare (including mental health and psychosocial support), water and hygiene?</p> <p>b) What, if any, strategies for psychosocial wellbeing are known by households?</p>			
Geographic Coverage	Rural and urban areas in GCA (Donetsk and Luhansk oblasts); NGCA (LPR, DPR)			
Secondary data sources	WHO REACH RaHFA Ukraine State Service for Procurement RCCE OCHA			
Population(s) Select all that apply	<input type="checkbox"/>	IDPs in camp	<input type="checkbox"/>	IDPs in informal sites
	<input type="checkbox"/>	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]
	<input type="checkbox"/>	Host communities	<input checked="" type="checkbox"/>	General population of conflict affected areas in eastern Ukraine.
Stratification Select type(s) and enter number of strata	X	Geographical 1: 6 (urban / rural strata in both Donetsk & Luhansk Oblasts in GCA; Donetsk & Luhansk Oblasts in NGCA) Population size per strata is known? X Yes <input type="checkbox"/> No	<input type="checkbox"/>	Group 2 : Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	[Other Specify] #: __ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data collection tool(s)	X	Structured (Quantitative)	<input type="checkbox"/>	Semi-structured (Qualitative)
		Sampling method		Data collection method
Structured data collection tool # 1	X	Probability / Stratified simple random	X	Household interview (Target #): 3,830 ²
Target level of precision if probability sampling		95% level of confidence		5+/- % margin of error
Data management platform(s)	X	IMPACT	<input type="checkbox"/>	UNHCR
	<input type="checkbox"/>	[Other, Specify]		
Expected output type(s)	X	Situation overview #: In total 3 overviews will be	<input type="checkbox"/>	Report #: __
			<input type="checkbox"/>	Profile #: __

² In total, 3,064 interviews will be completed across 4 strata in GCA in 2 rounds of data collection and 766 will be complete in NGCA across 2 strata and 1 round of data collection.

		produced - 2 for GCA Assessment, 1 for NGCA Assessment				
	<input type="checkbox"/>	Presentation (Preliminary findings) #: __	<input type="checkbox"/>	Presentation (Final) #: __	<input type="checkbox"/>	Factsheet #: In total 3 overviews will be produced - 2 for GCA Assessment; 1 NGCA Assessment
	<input type="checkbox"/>	Interactive dashboard #:_	<input type="checkbox"/>	Webmap #: __	<input type="checkbox"/>	Map #: __
	<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					
	Donor: OFDA					
	Coordination Framework: WASH and Health Clusters					
	Partners: KIIS					

2. Rationale

1. Rationale

As the number of confirmed cases and death toll from COVID-19 keep mounting globally, so they do in Ukraine. As of 8 May there were 14,195 confirmed cases in the country, these include 133 confirmed cases in the Eastern Conflict Area (ECA), 91 in Donetsk Oblast and 42 in Luhansk Oblast. Actors including WHO and oblast administrations expect that this is an underrepresentation of the situation. While there are plans to increase laboratory capacities and ramp up testing over the coming months,³ test coverage continues to be relatively low with 151,569 tests completed as of May 7, equivalent to 10.6 tests per confirmed case which places Ukraine at the lower end of testing.⁴ To date, 361 people are known to have died as a result of the disease.

It has been noted that the population in Ukraine is particularly vulnerable to the COVID-19 outbreak, due to both an aging population and high rates of chronic illness, such as multidrug resistant tuberculosis, heart disease, diabetes and HIV.⁵ Populations in the ECA, who are already vulnerable as a result of the ongoing effects of hostilities in the region, will likely face further challenges during the COVID-19 outbreak. Between the GCA and NGCA, the elderly account for almost one third (32%) of people in need – the highest proportion among humanitarian crises worldwide.⁶ High levels of anxiety among elderly populations concerning COVID-19 have been reported,⁷ pointing to a potential need to consider healthcare needs beyond those directly linked to the outbreak.

With the number of COVID cases continuing to increase nationally, it is essential to encourage community engagement in infection prevention and control (IPC) practices. Successful curbing of the infection rate will protect the most vulnerable members of society, as well as prevent the healthcare system from becoming overwhelmed, in turn saving many lives. The KAPA will seek to fill information gaps around the degree to which populations in the ECA have access to and use information on COVID-19 and the recommended actions for reducing the risk of infection and transmission, their attitudes towards key messaging around COVID-19, the degree to which the household practices recommended actions and access to the essential healthcare services, water and hygiene materials required to observe infection prevention measures at the individual level, and to respond to suspected COVID-19 infection.

Further, there is a clear information gap in understanding the knowledge, attitudes and practices relating to COVID-19 of populations residing in the NGCA, where household data has not been collected since the start of the outbreak. The KAPA will therefore contribute to a vital information gap that will inform humanitarian programming and planning of the Health and WASH clusters and other response actors to curb the spread of COVID-19 in Eastern Ukraine. In parallel, the KAPA will also lightly touch on the community reaction, individual wellbeing and knowledge of, attitudes towards and access to mental health during the COVID-19 outbreak. The findings of the Assessment will be made available to humanitarian actors and local government to inform the delivery of essential work on community outreach to affected populations.

3. Methodology

2.1. Methodology overview

³ <https://112.international/society/ministry-of-health-intends-to-conduct-daily-up-to-20000-pcr-tests-for-coronavirus-in-june-51196.html>

⁴ <https://ourworldindata.org/grapher/number-of-covid-19-tests-per-confirmed-case>

⁵ <https://www.msf.org/responding-covid-19-conflict-affected-eastern-ukraine>

⁶ OCHA, Humanitarian Needs Overview for Ukraine 2020 (Available [here](#))

⁷ UNICEF Ukraine/RATING GROUP, National assessment on public opinion, knowledge and behaviours relating to COVID-19, March 2020

The KAPA will comprise of two independent assessments, involving a household survey conducted via a Computer Assisted Telephone Interviews (CATI). The first assessment will be undertaken, in the GCA, using a successive-independent-samples methodology whereby an initial round of 1,600 household surveys (R1) will be completed in May/June 2020 and a second round of 1,600 household surveys (R2) will be completed in August/September 2020, thus the assessment includes a total of 3,830 HH surveys. This GCA assessment will seek to measure change in the degree to which key messaging around COVID-19 and national response measures are reaching households, changes in attitudes towards COVID-19 and national response measures, and the uptake/retention of recommended IPC behaviours. The second assessment under the KAPA will use a cross-sectional methodology to gain a snapshot of the knowledge, attitudes and practices of residents in NGCA, relating to COVID-19, the current outbreak, and actions aimed at reducing community transmission. Both assessments will additionally collect data on household ability to access healthcare facilities and barriers to enacting infection prevention and control measures.

Findings of R1 GCA, R2 GCA and NGCA will be made available to national and local government and humanitarian actors in the form of rapidly produced factsheets followed by longer 6-page situation overviews.

2.2. Population of interest

The population of interest for these assessments are residents of the Eastern Conflict Areas (ECA) of Donetsk and Luhansk Oblasts, with one assessment focusing on residents of GCA and the other on residents of NGCA. Given proximity to the LoC and prolonged exposure to the effect of the conflict, these populations appear likely to face specific challenges relating to accessing, absorbing and actualising information, and recommendations to prevent the spread of COVID-19, as 3.4 million people are already in need of humanitarian assistance.

2.3. Secondary data review

The following resources will be reviewed as part of the secondary review phase:

Table 1. List of secondary data sources

Source	Document
WHO	Coronavirus Overview, Prevention and Symptoms (Link)
REACH	Rapid Health Facility Assessment, April 2020 (Link)
UNICEF Ukraine/ RATING GROUP	National assessment on public opinion, knowledge and behaviours relating to COVID-19, March 2020
Ukraine State Service for Procurement	Datasets on Coronavirus/COVID-19 in Ukraine (Link)
OCHA	Ukraine 2020 Emergency Response Plan for the COVID-19 Pandemic (Link)
Ukraine WASH Cluster	COVID-19 Ukraine WASH Cluster Response Strategy (Link)
Health Cluster	National Monitoring System (Link)
INSO	Acute Crisis Impact Report (ACIR) – Covid-19, April 2020 (Link)
WHO	Knowledge, Attitude and Practice to the novel coronavirus (Covid-19) outbreak in Iran (Link)
UNICEF	KAP Survey on COVID-19 Response (Link)
REACH	Syria: COVID-19 Knowledge, Attitudes and Practices (KAP) Survey, April 2020 (Link)
IASC	Addressing Mental Health and Psychosocial Aspects of COVID-19 outbreak, February 2020 (Link)
RCCE Working Group	COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement (Link)
UNICEF	U-Poll: Young respondents on encountering coronavirus (Link)

2.4. Primary Data Collection

Household Surveys

A single household survey will be developed to address the research questions for both the GCA and NGCA Assessments. As enumerators are unable to collect face-to-face surveys owing to movement restrictions and social distancing measures imposed as part of the national response to COVID-19 in Ukraine, data collection will be conducted remotely. The household survey, conducted with a

total of 3,830 individuals via Computer Assisted Telephone Interviewing (CATI)⁸ (1,532 R1 GCA; 1,532 R2 GCA and 766 NGCA), will seek to gather data on knowledge, attitudes and practices of both GCA and NGCA residents around the COVID-19 disease and IPC action that can be taken to prevent spread of the disease, community reaction and access to health and hygiene related services. GCA residents will also be directed through questions on national response measures. To understand the challenges faced by vulnerable households, the questionnaire will seek to identify households with at least one member over the age of 65 years, households with at least one member with disability, chronic illness or an underlying health condition and households with children – these subsets will be used to generate indicative findings on the barriers and challenges faced by specific vulnerable groups in acquiring COVID-19 related knowledge and taking up recommended IPC behaviours. The data collection tool for this household survey will be designed in collaboration with the Health and WASH clusters, as well as with IMPACT's partner, ACTED and the Ukrainian Red Cross, who are undertaking COVID-19 humanitarian response activities in the ECA.

The GCA Assessment will use a stratified simple random sampling approach within a successive independent samples methodology⁹ to gain an understanding of the differing knowledge, attitude and practices in rural and urban areas with the GCA and how these change over time. In the unlikely event that a respondent to Round 1 data collection is encountered in Round 2, the enumerator will attempt to reinterview this individual and the survey will be flagged for further inspection during analysis. In order to minimize the likelihood of respondent fatigue and a high interview refusal rate, the interview length will be kept to a minimum (ideally 20 minutes maximum), enumerators will undertake refusal aversion training and coaching, and enumerator performance will be monitored.

The NGCA Assessment will use a stratified simple random sampling approach to explore differences in knowledge, attitude and practice between residents of Donetsk Oblast and Luhansk Oblast in the NGCA.

Data collection will be carried out by a partner organisation, the Kyiv International Institute for Sociology (KIIS), who will be responsible for coding the questionnaire developed by REACH and partners, drawing the random sample based on REACH's sampling plan, completing data collection as per agreed protocols and providing both raw and clean data sets and weighted frequency tables.

In both assessments the sample will be randomly selected from lists of geographically coded mobile phone numbers that are maintained by KIIS based on samples collected during previous random digit dial (RDD) CATI projects, face-to-face interviews with randomly selected HHs and online surveys. The respondents to these previous assessments gave permission to KIIS to store their phone number and contact them for future research. Participation in these surveys is not incentivised. While a known limitation of this list-based approach is the limited number of mobile phone numbers available (28,000 in GCA; 12,000 in NGCA) and potential for some selection bias (for example, HHs without a mobile), this approach will allow for more timely and efficient completion of data collection as opposed to an RDD approach. To mitigate against sampling bias, the age and gender of the household head will be monitored throughout data collection, and data will be weighted by age and gender in the final output. The sample will be representative of urban and rural households of Donetsk and Luhansk Oblasts in GCA, with a 95% confidence level and a 5% margin of error. The sample of NGCA residents will be representative with a 95% confidence level and a 5% margin of error, at the Oblast level.¹⁰

The qualifying respondent to the survey will be the owner of the contacted mobile and will answer on behalf of their household, providing that they are over the age of 18 years and residing within the assessment areas. Since the contact database will include only mobile phone numbers, and not landlines, respondents to the survey are considered to be randomly selected which will allow for individual information to be captured and reported at a 95% confidence level and 5% margin of error alongside household level data.

Prior to data collection KIIS will translate and program the questionnaire, it is also expected that they will perform testing and quality assurance checks to ensure the questionnaire has been programmed as per the specifications in the data analysis plan and is functioning as intended. The coded questionnaire will be made available to REACH at least 3 days prior to the start of data collection, in order for quality assurance checks to be undertaken. REACH will check against the agreed data analysis plan and for skip logic errors.

The training of enumerators will be conducted remotely via the Zoom web-application prior to each round of data collection. R1 of data collection, of households in GCA will be conducted in late May/early June, with the follow-up R2 survey scheduled to begin at the end of July. The household survey in NGCA will be conducted in early June to late June.

Throughout the data collection phase, KIIS will perform data quality checks to ensure their staff are following agreed survey protocols, that the questionnaire is functioning as intended and to investigate any extreme outliers or problematic data. These will be performed after Day 1, Day 2 and Day 3 of data collection, and at least 3 times per week thereafter.

KIIS is expected to monitor the performance of their enumerators, provide feedback in instances where protocol is not being followed, advise REACH on suggested modifications required in the questionnaire (by Day 2 of data collection) and provide REACH with evidence of data quality assurance checks (report on % of surveys monitored). This approach is well-tested, as REACH has partnered with KIIS on a number of previous MSNA assessments in NGCA on multiple rounds of data collection. As such, a common understanding of division of responsibilities and work flows is established, and both organisations will draw upon experience from data collections in NGCA to trial this approach in GCA for the first time. Established working protocols from previous assessments, require that KIIS monitor each

⁸ A telephone surveying technique in which the interviewer follows a script provided by a software application.

⁹ We will be drawing more than one random sample from the same population group during the data collection exercise, in which the probability of being selected in each sample does not change.

¹⁰ Findings are representative at 95/5 among all members of the population that have a listed mobile phone number.

enumerator at least once, and check enumerator performance, ensuring the quality of interviews. While REACH will complete spot checking of collected data, KIIS will hold the primary responsibility for ensuring robust and clean data.

As enumerators will be working from home due to quarantine measures in Ukraine, KIIS have a remote system set up so that calls can be listened in on and monitored; a minimum of 5% of all calls will be monitored in line with CATI standards. Where enumerators are not following established procedures as outlined in questionnaire instructions, or set out in the training, KIIS should provide feedback to the enumerators and undertake coaching were required. REACH will be provided evidence of follow up on unsatisfactory monitoring sessions (% of unsatisfactory validations for which follow up was undertaken).

KIIS will provide reports on the ongoing data collection on a weekly basis and raw frequency tables (including counts and %) on Day 2 of data collection. KIIS will conduct enumerator monitoring and data checks to ensure data quality, REACH will attend 3 remote monitoring sessions during data collection. Interim data will be made available to REACH 1 week prior to completion of data collection, to facilitate timely analysis and output planning. In the event of unclear data, answers will be clarified with the respondent by phone by KIIS enumerators.

Table 1: Household survey details by round of data collection

Assessment round	Data collection	# interviews	Strata	Target Response rate	Anticipated interview length
GCA R1	May/June	1,536	384 Donetsk large urban	65%	25 minutes
			384 Donetsk other		
			384 Luhansk urban		
			384 Luhansk rural		
GCA R2	August/September	1,536	384 Donetsk urban	65%	25 minutes
			384 Donetsk rural		
			384 Luhansk urban		
			384 Luhansk rural		
NGCA	June/July	768	384 Donetsk	60%	20 minutes
			384 Luhansk		

2.5. Data Processing & Analysis

IMPACT Assessment Officers will review data after Day 2 of data collection to ensure the collection methodology is being followed and the questionnaire is error-free, including ensuring locations are in fact in scope, checking enumerator interviewing speed, logic errors and signs of data falsification, in accordance with the [Data Cleaning Minimum Standards Checklist](#).

As agreed with KIIS, the data cleaning phase will commence while data collection is ongoing to facilitate expedient production of data outputs. This will involve KIIS submitting interim raw data; the interim cleaned and translated data set and interim frequency tables for REACH's review 10 days prior to the end of data collection. REACH will commit to providing comprehensive feedback on the data outputs 5 days prior to the end of data collection. KIIS will submit a corrected interim file (incorporating all feedback) 2 days prior to the end of data collection. REACH will approve the corrected files by the final day of data collection. Final data outputs incorporating all feedback will be submitted 3 days after the end of data collection.

Data cleaning of the household interviews, including checking for inexplicable outliers, coherence of responses and recoding of "other" responses will be performed by KIIS in Microsoft Excel, including weighting based on age and gender, cleaned datasets and disaggregated frequency tables (including disaggregation by Oblast, by urban/rural strata for GCA, and by HH vulnerability indicators) will be shared with REACH. REACH will conduct final checks on data and frequency tables prior to these deliverables being approved.

Table 2: Timetable for deliverables for data collection partner

Lot	Data collection tool	Type	1st deliverable	2nd deliverable	3rd deliverable	4th deliverable	5th deliverable	6th deliverable	REACH quality check
1	GCA Household survey by mobile phones (2,400 interviews in two rounds in Donetsk/Luhansk, large urban/ other)	Structured HH Survey	Scripts for programmed R1 questionnaire scripts (delivered 3 business days after signature of contract) and initial raw dataset (delivered 7 business days after signature of contract), also taking into account enumerator training and questionnaire testing.	Interim raw data (containing 75% of required interviews), clean translated R1 data and R1 frequency tables delivered 15 business days after signature of contract, also taking into account Weekly progress updates, daily data quality checks, validation of enumerator performance.	Final script of programmed R1 questionnaire; final raw R1 data (containing 100% of required interviews); final clean, weighted and translated R1 data; R1 frequency tables and data collection report delivered 23 business days after signature of contract.	Scripts for programmed R2 questionnaire scripts (delivered 56 business days after signature of contract) and initial raw dataset (delivered 60 business days after signature of contract), also taking into account enumerator training and questionnaire testing.	Interim raw data (containing 75% of required interviews), clean translated R2 data and R2 frequency tables delivered 67 business days after signature of contract, also taking into account Weekly progress updates, daily data quality checks, validation of enumerator performance.	Final script of programmed R2 questionnaire; final raw R2 data (containing 100% of required interviews); final clean, weighted and translated R2 data; R2 frequency tables and data collection report delivered 75 business days after signature of contract.	Direct observation of interview process; spot-check of audio recordings
2	NGCA Household survey by mobile phones (800 interviews in Donetsk/Luhansk)	Structured HH Survey	Scripts for programmed NGCA questionnaire scripts (delivered 25 days after signature of contract) and initial raw dataset (delivered 33 business days after signature of contract), also taking into account enumerator training and questionnaire testing.	Interim raw data (containing 75% of required interviews), clean translated NGCA data and NGCA frequency tables delivered 40 business days after signature of contract, also taking into account Weekly progress updates, daily data quality checks, validation of enumerator performance.	Final script of programmed NGCA questionnaire; final raw NGCA data (containing 100% of required interviews); final clean, weighted and translated NGCA data; NGCA frequency tables and data collection report delivered 48 business days after signature of contract.				Direct observation of interview process; spot-check of audio recordings

4. Roles and responsibilities

Table 2: Description of roles and responsibilities

<i>Task Description</i>	<i>Responsible</i>	<i>Accountable</i>	<i>Consulted</i>	<i>Informed</i>
<i>Research design</i>	Assessment officer	Senior Assessment officer	Data unit; Health and WASH cluster; ACTED; Red Cross; IMPACT Research design unit	Country coordinator
<i>Supervising data collection</i>	KIIS	KIIS	Database Officer; Assessment Officer; IMPACT Data unit	Senior Assessment Officer; Country Coordinator
<i>Data processing (checking, cleaning)</i>	KIIS / Database assistant	Database Officer;	Assessment Officer; IMPACT Data Unit	Senior Assessment Officer; Country Coordinator
<i>Data analysis</i>	KIIS / Database Assistant / Assessment Officer	Data unit manager; Senior Assessment Officer	Health and WASH cluster; ACTED; Red Cross; IMPACT data unit	Country Coordinator
<i>Output production</i>	Assessment Officer	Senior Assessment Officer	Health and WASH cluster; ACTED; Red Cross; IMPACT Reporting unit	Country Coordinator
<i>Dissemination</i>	Assessment Officer; Senior Assessment Officer; Country Coordinator		Health and WASH cluster; ACTED; Red Cross; IMPACT Reporting Unit	IMPACT HQ
<i>Monitoring & Evaluation</i>	Assessment Officer	Senior Assessment Officer	IMPACT RDD Unit	Country Coordinator
<i>Lessons learned</i>	Assessment Officer	Senior Assessment Officer	IMPACT RDD Unit	Country Coordinator

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

NB: Only one person can be Accountable; the only scenario when the same person is listed twice for a task is when the same person is both Responsible and Accountable.

5. Data Analysis Plan

Research question	Q#	Questionnaire Question	Questionnaire Responses	Data collection level
Metadata		Choose enumerator ID		Individual
Intro	A.1	Hello, my name is <name>. I'm calling on behalf of REACH Initiative, from the Kyiv International Institute of Sociology. We are conducting a study, funded by USAid, on the health and hygiene practices of households in Eastern Ukraine. Do you agree to answer a few questions? Depending on your situation the survey will take about 30 minutes to complete. You're assistance will help to improve health-related planning in the eastern Ukraine region. * Participation in the survey does not guarantee the receipt of humanitarian assistance. ** NOTE for enumerator: Please do not reveal that this is a COVID related survey.	Yes; No	Individual
Screening	A.2	To your knowledge, has anyone in your household spoken to anyone in my organization within the last week?	Yes; No	Individual
Demographics	A.3	In which settlement do you currently reside?		Individual
Demographics	A.4	Just to confirm, you are male / female?	Male; Female	Individual
Demographics	A.5	And what is your age?		Individual
Demographics	A.6	Are you the person who usually makes decisions for the HH, that is would you usually have the final say on important issues affecting the HH?	Yes; No; Don't Know/ Prefer not to answer	Individual
Demographics	A.7	What is your highest completed level of education?	No education; Elementary school; Secondary school (base); Secondary school (last); Vocational training; College; University; Don't know / Prefer not to answer	Individual
Demographics	A.8	Are you an currently or previously an internally displaced person (with or without status)?	Returned IDP with status; Returned IDP without status; Currently IDP with status; Currently IDP without status; Never displaced	Individual
Demographics	A.9	How many additional members live in the HH at least 75% of the time (excluding those who have moved for school or work)?		HH
Individual Loop				
Demographics	B.1	For each household member, not including yourself, and starting with the oldest: What is the gender of the HH member?	Male; Female	Individual
Demographics	B.2	What is the age of this HH member?		Individual
Demographics	C.1	Are any members of your household internally displaced persons (with or without status)?	IDP with status; IDP without status; Returned IDP with status; Returned IDP without status; No	HH

Demographics	C.2	Does any member of your household, have any of the following difficulties to the extent that it interferes with their daily life?	Seeing even when wearing glasses; Hearing even if using a hearing aid; Walking or climbing stairs; Self-care (washing or dressing); Memorisation or concentration; Using usual language (understanding or being understood); None	HH
Demographics	C.3	Is this you?	Yes; No	HH
Demographics	C.4	How many other members of your household have at least one of these difficulties?		HH
Demographics	C.5	Does any member of your household have any of the following underlying health conditions?	Chronic lung disease; Moderate to severe asthma; Serious heart conditions; Immune deficiencies; Overweight to a degree that affects health; Diabetes; Chronic kidney disease undergoing dialysis; Liver disease; Other ongoing chronic illness; None; Other	HH
Demographics	C.6	Is this you?	Yes; No	Individual
Demographics	C.7	How many other members of your household have an underlying health condition?		HH
3.c) To what extent are households adhering to quarantine measures and restrictions?	D.1	I have a couple of questions about the activities that you have undertaken recently. If any, what kind of social events have you attended in the last two weeks?	Weddings; Birthdays; Work events; Visiting family or friends house; Going to parks, squares or recreational areas with friends or family; No social events; Other	Individual
3.c) To what extent are households adhering to quarantine measures and restrictions?	D.2	Other, please specify		Individual
3.c) To what extent are households adhering to quarantine measures and restrictions?	D.3	Within the last two months, would you say that the number of social events that you have attended has increased, decreased, or stayed the same?	Increased; Decreased, Stayed the same	Individual
3.c) To what extent are households adhering to quarantine measures and restrictions?	D.4	Have you travelled to another location, such as another village, town, or city in the last two weeks, for work, social events or any other reason?	Yes; No; Prefer not to answer	Individual
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	D.5	In the past two weeks, how have you usually greeted friends and acquaintances from outside of your household, for example shaking hands or hugging?	Shake hands; Hug; Kiss; Verbally, staying 1.5 metres apart; Verbally, staying less than 1.5 metres apart; Not applicable; Other; Prefer not to answer	Individual
3.g) To what extent are communities aware of the protocols and procedures recommended in case of suspected COVID-19 infection?	D.6	Now a couple of questions about what you would do in case of illness. If you or a member of your household developed a dry cough, mild fever and tiredness in the coming week what would you do?	Stay at home; Call your family doctor; Follow the instructions of your doctor; Go to the hospital; Do nothing; Take medication from the pharmacy; Urgently call an ambulance; Other	Individual
3.g) To what extent are communities aware of the protocols and procedures recommended in case of suspected COVID-19 infection?	D.7	And what would you do, if you or a member of your household developed a high temperature that did not subside, and/or difficulty breathing in the coming week?	Stay at home; Call your family doctor; Follow the instructions of your doctor; Go to the hospital; Do nothing; Take medication from the pharmacy; Urgently call an ambulance; Other	Individual
2. What is the depth of household knowledge on COVID-19?	E.1	To what degree do you consider yourself to be knowledgeable about COVID-19?	Very uninformed; Somewhat uninformed; Neither; Somewhat informed; Well informed	Individual

2. What is the depth of household knowledge on COVID-19?	E.2	Do you suspect that you or a member of your household, family or anyone else that you know has contracted COVID-19?	Yes; No; Prefer not to answer	HH
2. What is the depth of household knowledge on COVID-19?	E.3	Have you or a member of your household, family or anyone else that you know, had confirmed diagnosis of COVID-19?	Yes; No; Prefer not to answer	HH
1. What is the general attitude of residents towards COVID-19 and their perception of neighborhood response to the outbreak?	E.4	To what degree do you consider the current outbreak of COVID-19 to be an important issue? Would you say that it is:	Extremely important, Very important, Somewhat important, A little important, Not important at all	Individual
1. What is the general attitude of residents towards COVID-19 and their perception of neighborhood response to the outbreak?	E.5	How do you feel about COVID-19? Would you say that you are:	Extremely fearful; Very fearful; Somewhat fearful; A little fearful; Not fearful at all	Individual
1. What is the general attitude of residents towards COVID-19 and their perception of neighborhood response to the outbreak?	E.6	In your opinion, how likely is it that you will contract COVID-19? Would you say that it is:	Extremely likely; Very likely; Somewhat likely; A little likely; Not likely at all	Individual
1.a) What are the main concerns, perceived risks and fears among households in relation to COVID-19?	E.7	What are your top three concerns relating to COVID-19?	Contracting COVID-19; Friends or family contracting COVID-19; Loss of job; Loss of income; Being unable to access healthcare services; Being unable to access social services; Long-term economic decline; Lack of social interaction; Increase in cost/availability of goods; Mental health or wellbeing; Lack of safety while staying home; Increased instances of violence; No concerns; Other	Individual
1.a) What are the main concerns, perceived risks and fears among households in relation to COVID-19?	E.8	Other, please specify		Individual
4. What are the main sources of information through which households receive news and official recommendations on COVID-19?	F.1	Since the beginning of the outbreak, have you seen or heard any public health advertisements, like posters or radio ads, with messages on recommended COVID-19 practices?	Yes; No; Don't Know	Individual
4. What are the main sources of information through which households receive news and official recommendations on COVID-19?	F.2	How long ago did you last see or hear these public health announcements on COVID-19?	Today; in the last few days; within the last week; one to two weeks ago; more than two weeks; don't know	Individual
4.b) Have households seen COVID related health (including mental health) and hygiene campaign materials? Which key messages are retained by the HH representative?	F.3	Where did you see or hear these messages on COVID-19?	Posters in my neighbourhood; Newspapers; Radio; Local television; Overseas television; Government COVID-19 website; WHO official site; Ministry of Health of Ukraine official site; Public Health Center (TsGZ) official site; National Health Service official site; Ministry of Foreign Affairs of Ukraine Official site; COVID-19 Viber community; COVID-19 Telegram channel; Youtube; Facebook; Whatsapp; Other social media; Twitter; Instagram; VK; URCS Official Site; Only heard information through word of mouth; Other	Individual
4.b) Have households seen COVID related health (including mental health) and hygiene campaign materials? Which key messages are retained by the HH representative?	F.4	Other, please specify		Individual

4. What are the main sources of information through which households receive news and official recommendations on COVID-19?	F.5	Can you tell me three things that you remember about these messages?	Wash hands for 20 seconds; Stay at home; Wear a mask outside; Call your family doctor if you show symptoms; Mental health service provision; COVID-19 Hotlines; Cases are increasing; Cases are decreasing; Social distancing; None stayed with me; Other	Individual
4. What are the main sources of information through which households receive news and official recommendations on COVID-19?	F.6	Other, please specify		Individual
4.b) Have households seen COVID related health (including mental health) and hygiene campaign materials? Which key messages are retained by the HH representative?	F.7	Have you seen or heard any information materials concerning how to maintain mental health and wellbeing during the COVID-19 outbreak?	Yes; No; Don't Know	Individual
2. What is the depth of household knowledge on COVID-19?	G.1	I have a couple of questions about COVID-19. Please remember, there are no right or wrong answers, just answer to the best of your ability. True or false: COVID-19 is a contagious disease	True; False; No opinion	Individual
2. What is the depth of household knowledge on COVID-19?	G.2	True or false: The prevalence of COVID-19 is increasing, decreasing or staying the same?	Increasing; Decreasing; Staying the same	Individual
2. What is the depth of household knowledge on COVID-19?	G.3	True or false: A person can contract COVID-19 more than once?	True; False; No opinion	Individual
2. What is the depth of household knowledge on COVID-19?	G.4	In your understanding, how is COVID-19 transmitted?	Coughing; Contact with infected surfaces; Consumption of contaminated dairy and meat; Direct contact with infected individuals (handshaking, hugging, kissing); Don't know; Other, specify	Individual
2. What is the depth of household knowledge on COVID-19?	G.5	Other, please specify		Individual
2. What is the depth of household knowledge on COVID-19?	G.6	What are the symptoms of COVID-19?	Fever; Dry cough; Tiredness; Sore throat; Aches and pains; Headache; Difficulty breathing or shortness of breath; Don't know; Other, specify	Individual
2. What is the depth of household knowledge on COVID-19?	G.7	Other, please specify		Individual
2. What is the depth of household knowledge on COVID-19?	G.8	How long does it take after being infected to show symptoms of COVID-19 infection?	Less than 2 days; about 4 days; about 10 days; about 14 days; More than 14 days; Don't know	Individual
2. What is the depth of household knowledge on COVID-19?	G.9	As far as you know, which of the following might be used to treat a mild case of COVID-19?	Cold and flu tablets; Painkillers; Antibiotics; Throat gargle; Herbal remedies; Bed rest; Oxygen; Ventilator; Vaccination; No treatment; (No opinion)	Individual
2. What is the depth of household knowledge on COVID-19?	G.10	And what might be used to treat a severe case of COVID-19?	Cold and flu tablets; Painkillers; Antibiotics; Throat gargle; Herbal remedies; Bed rest; Oxygen; Ventilator; Vaccination; No treatment; (No opinion)	
2. What is the depth of household knowledge on COVID-19?	G.11	For which groups of the population is contracting the disease more dangerous?	Everyone; Elderly individuals (65+); People with weakened immune systems (HIV/AIDS, cancer); People with underlying health conditions (diabetes, heart, kidney, liver conditions; respiratory illness); Pregnant women; Healthcare workers; Children; Other; Don't know	Individual

3.e) How do communities feel about health and hygiene measures being encouraged to prevent the spread of COVID-19?	G.12	What if any service providers or hotlines are you aware of for questions or concerns relating to COVID-19?	Family doctor; Government Hotline; Donetsk Regional State Administrative Hotline; Ministry of Health hotline; TsGZ Hotline; Not aware of any; Other	Individual
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	H.1	Have you taken any actions to improve or maintain your health since the start of the COVID-19 outbreak?	Quit smoking; Exercising regularly; Taking vitamin supplements; Eating healthily; Getting enough sleep; Reducing alcohol consumption; Look after mental health; Other	Individual
5.b) What, if any, strategies for psychosocial wellbeing are known by households?	H.2	People react to stressful situations in different ways. What are 3 types of activities that you could do to reduce feelings of stress, anxiety or depression during the COVID-19 outbreak?	Keep up a daily routine; Personal hygiene; Healthy, regular meals, Regular exercise; Meditation; Allocated time for work and rest; Making time for things you enjoy; Reduce social media exposure; Social contact (by phone or online); Limiting alcohol use; Limiting screen time; Help others; Drinking more alcohol; Smoking more; Eating more; Other, specify	HH
5.b) What, if any, strategies for psychosocial wellbeing are known by households?	H.3	Other, please specify		HH
3.d) To what extent are households knowledgeable of the individual health and hygiene practices needed to prevent the spread of COVID-19?	H.4	Which of the following do you consider effective in preventing the spread of COVID-19?	Handwashing, Avoiding touching your face with unwashed hands, Covering your mouth when coughing, Wearing a facemask, Avoiding places where many people gather, Keeping your distance from other people in public, Avoiding close contact with someone who appears sick, Staying home when you are sick , Taking herbal supplements, food supplements, ginger tea, Using homeopathic remedies, Using antibiotics (If yes, clarify whether this is for prevention and not treatment), Ensuring a balanced diet, Avoiding eating meat, Taking care in handling objects from outside the home e.g. groceries, play equipment, handrails, Exercising regularly, Vaccine; None	Individual
3.d) To what extent are households knowledgeable of the individual health and hygiene practices needed to prevent the spread of COVID-19?	H.5	Which if any of these preventative measures just listed do you practice?	Handwashing, Avoiding touching your face with unwashed hands, Covering your mouth when coughing, Wearing a facemask, Avoiding places where many people gather, Keeping your distance from other people in public, Avoiding close contact with someone who appears sick, Staying home when you are sick , Taking herbal supplements, food supplements, ginger tea, Using homeopathic remedies, Using antibiotics (If yes, clarify whether this is for prevention and not treatment), Ensuring a balanced diet, Avoiding eating meat, Taking care in handling objects from outside the home e.g. groceries, play equipment, handrails, Exercising regularly, Vaccine; None	Individual
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	H.8	Would you say that you practice these measures more, less or to the same degree as during the quarantine period?	More; Less; To the same degree	Individual

3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	H.9	Which of the protective measures that you previously practiced have decreased?	Handwashing, Avoiding touching your face with unwashed hands, Covering your mouth when coughing, Wearing a facemask, Avoiding places where many people gather, Keeping your distance from other people in public, Avoiding close contact with someone who appears sick, Staying home when you are sick , Taking herbal supplements, food supplements, ginger tea, Using homeopathic remedies, Using antibiotics (If yes, clarify whether this is for prevention and not treatment), Ensuring a balanced diet, Avoiding eating meat, Taking care in handling objects from outside the home e.g. groceries, play equipment, handrails, Exercising regularly	Individual
5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	H.11	What are the main challenges with hygiene practices in your household?	Hygiene goods are too expensive; Part of the hygiene goods is unavailable in our settlement; Limited or no access to water; Hygiene goods are of poor quality; Don't know; Prefer not to answer	HH
3.c) To what extent are households adhering to quarantine measures and restrictions?	I.1	Have household members over 60 years old left the house for any reason in the last 2 weeks?	No; Yes; Don't know	HH
3.c) To what extent are households adhering to quarantine measures and restrictions?	I.2	For what kind of activities or tasks did they leave the house?	Work; Exercise; To meet friends/family outdoors; To visit the house of friends/family; Grocery shopping; Pharmacy; Go to the doctor; To deliver essentials to or assist family members; To go on vacation; Other	HH
3.c) To what extent are households adhering to quarantine measures and restrictions?	I.3	Have any household members aged 60 years and over had trouble accessing any of the following in the last month? Pharmacy services, a family doctor, a specialist or other essential healthcare?	Pharmacy services; Family doctor; A specialist; Other; None of the above	HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	I.4	What challenges, if any, are faced by household members over the age of 60 in protect themselves against COVID-19?	Difficulty looking after themselves; Cannot afford needed supplies; Cannot leave the house to purchase supplies; Social networks decreased due to distancing; Other, specify	HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	I.5	Other, please specify		HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	I.6	What challenges, if any, does your household face in protecting household members under 15 years of age from COVID-19?	Child has difficulty understand guidelines; Child does not understand severity of situation; Child is restless or anxious; Carer unable to supervise behaviour; Other	HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	I.7	Other, please specify		HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	I.8	What challenges, if any, are faced by members of your household with a disability in protecting themselves against COVID-19?	Difficulty looking after themselves; Cannot leave the house to purchase supplies; Social networks decreased due to distancing; Cannot access information on COVID recommendations; Other, specify	HH

3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	I.9	Other, please specify		HH
3.d) To what extent are households knowledgeable of the individual health and hygiene practices needed to prevent the spread of COVID-19?	J.1	How far should you stand from people to avoid COVID infection when outside? Is it:	About 20 centremeters; About 1/2 a meter; About 1 meter; About 1 ½ meters; About 2 meters; More than 2 meters; Don't know	Individual
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	J.2	Please think about the following handwashing questions in relation to COVID-19. To your knowledge, when should you wash your hands?	After defecation; After contact with child's stool; After going to the toilet; Before preparing food; Before eating; Before feeding a child; Before handling water for storage; After being outside; After shopping; other	Individual
3.d) To what extent are households knowledgeable of the individual health and hygiene practices needed to prevent the spread of COVID-19?	J.3	And for how long should you wash your hands?	Quick rinse; About 5 seconds; About 10 seconds; About 20 seconds; About 30 seconds; More than 30 seconds	Individual
3.d) To what extent are households knowledgeable of the individual health and hygiene practices needed to prevent the spread of COVID-19?	J.4	How would you wash your hands if you ran out of soap?	Just with water; With detergent; With disinfectant; Other	Individual
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	J.5	Roughly, how often do you wash your hands or use alcohol-based disinfectant on your hands per day?	Never; Less than once a day; Once to twice a day; Three to four times day; Every few hours; Every hour; Multiple times per hour; Only after being outside; Don't know	Individual
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	J.6	Thinking about disinfecting items in your home. Which of the following surfaces do you disinfect?	Door handles/knobs; Tables; Kitchen surfaces; Bathroom area; Cupboard handles; Kitchen appliances; Light switches; None of the above	HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	J.7	On average, how often are these surfaces or appliances disinfected?	Multiple times a week; Twice a week; Once a week; Once every two weeks; Once every three weeks; Once in a month; Less often than once a month; It varies too much from item to item to give an average; Don't know	HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	J.8	Aside from the floors, sinks, shower or toilet, are there any other items in your home that you have disinfected regularly since the start of the outbreak, such as personal belongings or new items?	Cell phone; TV remote; Keys; Wallet; Laptop/Tablets; Shopping products; Other; No; Don't know	HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	J.9	On average, how often do you disinfect these items?	Multiple times a week; Twice a week; Once a week; Once every two weeks; Once every three weeks; Once in a month; Less often than once a month; It varies too much from item to item to give an average; Don't know	HH
1.b) What has been the community response to COVID-19 (e.g. mobilisation of community support or increased tensions among the community)?	K.1	A few questions now about how your community has reacted to COVID-19. Are you aware of any community-led response, that is activities lead by community members, to COVID-19 in your area, such as ?	Delivering of essential supplies to elderly and vulnerable individuals; Production of PPE equipment (e.g. facemasks); Supporting local business remotely; Mental health and psycho-social support; No - not aware; There are no community responses in my area; Other	Individual

1.b) What has been the community response to COVID-19 (e.g. mobilisation of community support or increased tensions among the community)?	K.2	Other, please specify		Individual
3.c) To what extent are households adhering to quarantine measures and restrictions?	K.3	To what extent do you feel your community has complied with social distancing measures? Would you say that it was:	To a great extent; To a moderate extent; To some extent; To a small extent; Not at all	Individual
1.b) What has been the community response to COVID-19 (e.g. mobilisation of community support or increased tensions among the community)?	K.4	In what way do you think your neighbours would react if someone in the neighbourhood was suspected to have, or have been in contact with someone that has COVID-19?	Violence; Discrimination; Avoid the suspected person; Self-isolate; Move locations; Go to a doctor or try to get tested; Try to disinfect their home; Offer help to affected individuals; Panic, fear or anxiety; Don't know	Individual
1.b) What has been the community response to COVID-19 (e.g. mobilisation of community support or increased tensions among the community)?	K.5	Are you aware of any instances of discrimination against any particular groups, in your neighbourhood, as a result of COVID-19?	No; Yes; Don't know	Individual
1.b) What has been the community response to COVID-19 (e.g. mobilisation of community support or increased tensions among the community)?	K.6	Which groups are these?	Healthcare workers; Suspected COVID-19 cases; Confirmed COVID-19 cases; Families of COVID-19 cases; Essential workers (cleaners; pharmacists; supermarket workers); Prefer not to answer; Other	Individual
3.a) To what extent are households informed about national response measures to COVID-19, such as the quarantine?	L.1	A couple of questions on the response of authorities to the outbreak. In your understanding, what measures has the Government of Ukraine taken in response to the COVID-19 outbreak?	Quarantine (stay at home); Self-isolation measures (for individuals 60+) ; Compulsory wearing of masks in public; Movement restrictions of groups of more than 2; Closure of parks, squares and recreation areas; Banning of events with over 10 participants (including religious services); Closure of public transport; Border closure for all foreigners and non-residents; Closure of educational institutions; Closure of cafes, restaurants and sports clubs; Closure of other non-essential businesses; Rescheduling of non-essential surgeries/procedures at medical institutions; Don't know; Other	Individual
3.b) How do communities feel about national response measures and restrictions in place in response to COVID-19?	L.2	Do you support or oppose the following measures and restrictions taken to contain the spread of COVID: Closure of non-essential businesses	Strongly oppose; Oppose; No opinion; Support; Strongly support;	Individual
3.b) How do communities feel about national response measures and restrictions in place in response to COVID-19?	L.3	Self-isolation for individuals above the age of 60	Strongly oppose; Oppose; No opinion; Support; Strongly support;	Individual
3.b) How do communities feel about national response measures and restrictions in place in response to COVID-19?	L.4	Prohibition of gathering of more than 2 individuals	Strongly oppose; Oppose; No opinion; Support; Strongly support	Individual
3.b) How do communities feel about national response measures and restrictions in place in response to COVID-19?	L.5	Mandatory wearing of masks in public	Strongly oppose; Oppose; No opinion; Support; Strongly support	Individual
3.b) How do communities feel about national response measures and restrictions in place in response to COVID-19?	L.6	Closure of public spaces including parks, squares and recreation areas	Strongly oppose; Oppose; No opinion; Support; Strongly support	Individual

3.b) How do communities feel about national response measures and restrictions in place in response to COVID-19?	L.7	To what extent do you agree or disagree with the following statements: I trust the government of Ukraine to manage the COVID-19 outbreak effectively	Strongly disagree; Disagree; No opinion; Agree; Strongly agree; Prefer not to answer	Individual
3.b) How do communities feel about national response measures and restrictions in place in response to COVID-19?	L.8	People should be willing to give up their daily activities and change their normal routines to prevent the spread of the virus	Strongly disagree; Disagree; No opinion; Agree; Strongly agree	Individual
4. What are the main sources of information through which households receive news and official recommendations on COVID-19?	M.1	Now a couple of questions about the information needs of your household regarding COVID-19. In the past two weeks, how often have you sought out information on COVID-19?	Never; Less often than once a week; Once a week; Several times a week; Every day; Twice per day; More often than that; Don't know	Individual
4.a) What is the frequency, source and preferred modes for receiving information on COVID-19 amongst HH representatives?	M.2	What is your preferred way of accessing information on the COVID-19 outbreak?	Posters in my neighbourhood; Newspapers; Radio; Local television; Overseas television; Government COVID-19 website; WHO official site; Ministry of Health of Ukraine official site; Public Health Center (TsGZ) official site; National Health Service official site; Ministry of Foreign Affairs of Ukraine Official site; COVID-19 Viber community; COVID-19 Telegram channel; Youtube; Facebook; Whatsapp; Other social media; Twitter; Instagram; VK; URCS Official Site; Friends; Family members; I would not like any information; Other	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.3	During the COVID-19 outbreak, were you able to access enough information on COVID-19?	Yes; No; Don't know	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.4	What problems did you have in accessing information?	Information was not or infrequently available; Did not know where to find information; Information was written in a confusing way; Information was not available in my preferred format; Live in remote area without access to communication channels; HH does not consume media / news; Other	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.5	What type of information on COVID-19 would you have liked more information on, if any?	How it is transmitted; What to do in case of infection; National response measures; How to protect elderly/vulnerable; No further information needed; Other, specify	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.6	Other, please specify		Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.9	Do you feel that there are sufficient COVID-19 related information that is child-friendly?	Yes; No; Somewhat; Don't know	HH

4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.10	Do you feel that the children in your household are informed on recommendations to prevent the spread of COVID-19 (washing hands, avoiding touching face, wearing mask etc.)?	Yes; No; Somewhat; Don't know	HH
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.11	What are the challenges that you or adults responsible for childcare in your household, face in helping children to understand COVID-19 health and hygiene practices?	Lack child-friendly information materials; Lack time to educate children; Children do not understand; Children are afraid; Don't know; Other	HH
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.12	Do you feel that COVID-19 related information is in simple, easy to understand language, and available in accessible formats that all household members can understand?	Yes; No; Somewhat; Don't know	HH
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.13	Why is it difficult for some household members to understand COVID-19 related information?	Does not use clear and simple language; Not in accessible formats; No braille; No large print; No text captioning or signed videos; Other	HH
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	M.14	How confident do you feel in the reliability of the information that you have?	Not confident at all; Slightly confident; Somewhat confident; Fairly confident; Completely confident	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.2	On a scale of 1-5, 1 where 1 is not trustworthy at all and 5 is completely trustworthy, please rate how trustworthy you feel that the following sources of information on COVID-19 are: Local newspaper/Radio;	1 Not trustworthy at all; 2 A little trustworthy; 3 Somewhat trustworthy; 4 Mostly trustworthy; 5 Completely trustworthy	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.3	National authorities;	1 Not trustworthy at all; 2 A little trustworthy; 3 Somewhat trustworthy; 4 Mostly trustworthy; 5 Completely trustworthy	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.4	Local administrative authorities;	1 Not trustworthy at all; 2 A little trustworthy; 3 Somewhat trustworthy; 4 Mostly trustworthy; 5 Completely trustworthy	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.5	Health care workers;	1 Not trustworthy at all; 2 A little trustworthy; 3 Somewhat trustworthy; 4 Mostly trustworthy; 5 Completely trustworthy	Individual

4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.6	Community/ Religious leaders;	1 Not trustworthy at all, 2 A little trustworthy; 3 Somewhat trustworthy; 4 Mostly trustworthy; 5 Completely trustworthy	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.7	Social media;	1 Not trustworthy at all, 2 A little trustworthy; 3 Somewhat trustworthy; 4 Mostly trustworthy; 5 Completely trustworthy	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.8	Friends/Family members;	1 Not trustworthy at all, 2 A little trustworthy; 3 Somewhat trustworthy; 4 Mostly trustworthy; 5 Completely trustworthy	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.9	NGOs	1 Not trustworthy at all, 2 A little trustworthy; 3 Somewhat trustworthy; 4 Mostly trustworthy; 5 Completely trustworthy	Individual
4.c) What are the main barriers to reliable information and sources of disinformation faced by HHs? Do these vary based on whether the HH has children, elderly, or people with disability in residence?	N.10	Have you heard any conflicting or contradicting information on COVID-19 from friends, family members or on social media?	Yes; No; Don't know	Individual
5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	O.1	What items of personal hygiene are most important for you to remain healthy?	Soap (toilet, for washing); Shampoo; Sanitizers; Masks; Paper napkins; Wet wipes; Tampons, Sanitary napkins; Laundry soap; Laundry detergent; Razor; Comb; Toothbrush; Toothpaste; Baby diapers; Diapers for adults; Toilet paper; Other, specify Don't know; Prefer not to answer	Individual
5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	O.2	Other, please specify		Individual
5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	O.3	Which of these items are you unable to buy in your settlement?	Soap (toilet, for washing); Shampoo; Sanitizers; Masks; Paper napkins; Wet wipes; Tampons, Sanitary napkins; Laundry soap; Laundry detergent; Razor; Comb; Toothbrush; Toothpaste; Baby diapers; Diapers for adults; Toilet paper; None	Individual
5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	O.4	Where do you buy personal hygiene items that are unavailable in your settlement?	I have to go to another town/village; I ask my acquaintances/relatives/friends to buy these goods; A social worker buys the goods; I receive assistance from humanitarian organizations; I order them over the Internet; Other; Don't know; Prefer not to answer; Unable to purchase some or all of these items	Individual
5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	O.5	Has the hygiene situation in your household improved, worsened or remained unchanged, compared to the period before the COVID-19 outbreak?	It has changed for better; It has changed for worse; It hasn't changed; Don't know; Prefer not to answer	HH

5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	O.6	Roughly, how much has your household spent on hygiene items in the last month?		HH
5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	O.7	Does your household have access, even if not needed at this time, to a healthcare facility, or a remote medical service, in case of suspected COVID-19 infection or other health concerns?	Yes - health facility; Yes - remote service; Yes - both; No - neither	HH
5. To what extent do communities have access to healthcare services (including mental health and psychosocial), water and hygiene materials?	O.8	Does your household have access, even if not needed at this time, to mental health or psychosocial services?	Yes - in-person service; Yes - online service; Yes- both; Needed - but not sure where to find them; Not needed	HH
5.a) What are the main barriers to accessing essential healthcare (including mental health and psychosocial), water and hygiene?	O.9	In your opinion, what are the main barriers preventing you from protecting yourself and your household against COVID-19?	Lack of knowledge; Lack of money to buy hygiene items; Lack of money so unable to stop working; Lack of time to observe measures; Lack of functioning water supply; Lack of personal transport; No barriers; Other, specify	HH
5.a) What are the main barriers to accessing essential healthcare (including mental health and psychosocial), water and hygiene?	O.10	Other, please specify		HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	O.11	Is there anything you would do differently to prepare your household in the future, in the event of a second outbreak or other health emergency?	No; Stock up on PPE equipment; Stock up on hand sanitiser/disinfectant; Prepare for work/education at home; Prepare to take care of elderly HH members; Other	HH
3.f) To what extent are communities putting into practice recommended health and hygiene measures to prevent the spread of COVID-19?	O.12	Other, please specify		HH
Demographics	P.1	Before we finish I have a couple of questions about your household. On average is the total household monthly income from all sources, including salary or social benefits, above or below 12,000 UAH?	Above 12,000 UAH; Below 12,000 UAH; Prefer not to say; Don't know	HH
Demographics	P.2	Does your household have access to the internet?	Yes - via computer; Yes - via mobile; Yes - via computer and mobile; No; Prefer not to answer	HH
Demographics	P.3	How many hours do you spend on social media per day?	None; less than 15 minutes; 15 minutes to 45 minutes; 45 minutes to 1.5 hours; more than 1.5 hours; Prefer not to answer	HH
Demographics	P.4	How often do you watch public television?	Daily; A couple of times a week; Weekly; A few times a month; Less often	HH
Demographics	P.5	How often do you read a local newspaper?	Daily; A couple of times a week; Weekly; A few times a month; Less often	HH

6. 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	# 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		X Yes
	Number of individuals accessing IMPACT services/products	# of page clicks on x product from REACH global newsletter	Country request to HQ		X 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		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	Red Cross / ACTED / 3P Consortium / Health Cluster / WASH Cluster
		# 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	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	Usage survey to the Health and WASH Cluster leads and 3P Consortium Usage survey to be conducted after the publishing of all SOs
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
	Number of humanitarian 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	COVID Support Group
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings			X Yes

