

Research Terms of Reference

Health Assessment Needs

UKR2217a

Ukraine

October 2022
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	<input type="checkbox"/> Other (specify)
Type of Crisis	<input checked="" type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input type="checkbox"/> Protracted
Mandating Body/ Agency	Health cluster				
IMPACT Project Code	97AUW				
Overall Research Timeframe (from research design to final outputs / M&E)	01/09/2022 to 20/01/2023				
Research Timeframe	1. Start collect data: 28/11/2022		5. Preliminary presentation: 23/01/2023		
	2. Data collected: 12/12/2022		6. Outputs sent for validation: 30/01/2023		
	3. Data sent for validation: 19/12/2022		7. Outputs published: 13/02/2023		
	4. Data analysed: 16/01/2023		8. Final presentation: 17/02/2023		
Number of assessments	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi assessment (more than one cycle) [Describe here the frequency of the cycle]			
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	13/02/2023		
	<input type="checkbox"/>	NGO platform plan/strategy	__/__/__		
	<input type="checkbox"/>	Other (Specify):	__/__/__		
Audience Type & Dissemination Specify who will the assessment inform and how you will disseminate to inform the audience	Audience type		Dissemination		
	<input type="checkbox"/> Strategic		X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)		
	<input checked="" type="checkbox"/> Programmatic		X Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting		
	<input checked="" type="checkbox"/> Operational		X Presentation of findings (e.g. at HCT meeting; Cluster meeting)		
			X Website Dissemination (Relief Web & REACH Resource Centre)		
			<input type="checkbox"/> [Other, Specify]		

Detailed dissemination plan required	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
General Objective	Informing the humanitarian community about the current state of Ukraine's healthcare system and its capacity to respond to needs of the population following the Russian invasion. Understanding the accessibility of health care (mostly at oblast level) for the population of the country and those affected by the conflict (both displaced and non-displaced persons).			
Specific Objective(s)	<ol style="list-style-type: none"> To inform the humanitarian community and local government on the challenges faced, following the start of the conflict on the 24th February 2022, by national and international health facilities, public and private, in providing health care to affected populations. To evaluate current barriers to accessing healthcare for affected populations, with a particular focus on persons with disabilities, older people, and displaced groups. To inform operational response planning regarding households who are experiencing the most critical levels of needs. 			
Research Questions	<ol style="list-style-type: none"> What are the biggest challenges currently faced by hospitals? <ol style="list-style-type: none"> Do facilities have adequate staff, including specialized staff (heart surgeons, pediatricians, cancer specialists, etc.)? Do facilities have adequate equipment (disinfectant, defibrillators, sterile needles, medications, beds, antibiotics, etc.)? Do facilities have adequate space and hospital beds to provide care in accordance with the needs of the population? What challenges are health care facilities facing in terms of vaccinations? (supply, access to the population) What are the most urgent needs of the health care system since the start of the invasion in February 2022? Are there differences in access to treatment and medical care available and accessible to registered and non-registered IDPs, and non-displaced? <ol style="list-style-type: none"> How has the war affected the quality of treatment available to individuals with additional vulnerabilities among displaced and non-displaced population (disabled, older people, chronically ill, pregnant, very young children)? What barriers to healthcare exist for different populations including, among others, transport, language, access to information and cost of treatments? What are the highest priority health needs in the different oblasts and for different population groups? <ol style="list-style-type: none"> What are the differences between the priority health care needs as perceived by medical professional and those reported by different populations? How do health care needs differ across oblasts, close to war areas and areas not directly affected by conflict? What are the differences, if any, in care-seeking behaviour of displaced / non-displaced and registered vs unregistered IDPs? What government-led social protection resources are available and utilized by households facing Health needs, and what barriers do they face in accessing these? 			
Geographic Coverage	Vinnytska, Zaporizhzhia, Dnipropetrovsk oblasts, and Kharkiv city			
Secondary data sources	<ol style="list-style-type: none"> REACH assessments, analyses, monitoring and mapping products, 2022. IOM monitoring, 2022 			

	3) State Statistical Services, Multisectoral statistical information / regional statistics , 2018-2022. 4) Regional statistics: a) Regional Statistical Services, Dnipropetrovska administration , 2018-2022. b) Regional Statistical Services, Zaporizhzhya administration , 2018-2022. c) Regional Statistical Services, Vinnytska administration , 2018-2022. 5) Health Cluster, Public Health Situation Analysis , July 2022.			
Population(s) <i>Select all that apply</i>	<input checked="" type="checkbox"/>	IDPs in collective sites	<input type="checkbox"/>	IDPs in informal sites
	<input checked="" 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 checked="" type="checkbox"/>	Host communities		
Stratification <i>Select type(s) and enter number of strata</i>	<input type="checkbox"/>	Geographical #: __ __ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Group #: __ __ 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)	<input checked="" type="checkbox"/>	Structured (Quantitative)	<input checked="" type="checkbox"/>	Semi-structured (Qualitative)
	Sampling method		Data collection method	
Structured data collection tool # 1 Key Informant interviews	<input checked="" type="checkbox"/> Purposive <input checked="" type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		X Key informant interview (Target 135): representatives of medical institutions of general practice: medical and administrative staff <input type="checkbox"/> Group discussion (Target #): ____ <input type="checkbox"/> Household interview (Target #): ____ <input type="checkbox"/> F2F interview (Target #): ____ <input type="checkbox"/> Direct observations (Target #): ____ <input type="checkbox"/> [Other, Specify] (Target #): ____	
Structured data collection tool # 2 Household interview	X Purposive <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input type="checkbox"/> [Other, Specify]		<input type="checkbox"/> Key informant interview (Target #): ____ <input type="checkbox"/> Group discussion (Target #): ____ X Household interview (Target 960): displaced and non-displaced persons <input type="checkbox"/> Individual interview (Target #): ____ <input type="checkbox"/> Direct observations (Target #): ____ <input type="checkbox"/> [Other, Specify] (Target #): ____	
Semi-structured data collection tool (s) # 3 In-depth interview	<input checked="" type="checkbox"/> Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		X Key informant interview (Target 12): policy makers: government, local authorities and NGO/INGO medical community <input type="checkbox"/> In-depth interview (Target X): <input type="checkbox"/> Focus group discussion (Target #): 8 in total <input type="checkbox"/> [Other, Specify] (Target #): ____	
Target level of precision if probability sampling	__ % level of confidence		__ +/- % margin of error	
Data management platform(s)	<input checked="" type="checkbox"/>	IMPACT	<input type="checkbox"/>	UNHCR
	<input type="checkbox"/>	[Other, Specify]		
Expected output type(s)	<input type="checkbox"/>	Situation overview #: __	<input type="checkbox"/>	Report #: __
	<input checked="" type="checkbox"/>	Presentation (Preliminary findings) #: 1	<input checked="" type="checkbox"/>	Presentation (Final) #: 1
	<input type="checkbox"/>	Interactive dashboard #: __	<input type="checkbox"/>	Webmap #: __
	<input type="checkbox"/>	[Other, Specify] #: __		

Access	X	Public (available on REACH resource center and other humanitarian platforms) – Factsheets
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms) – Presentations
Visibility Specify which logos should be on outputs		REACH
		Donor: SDC
		Coordination Framework: tbc
		Partners: ACTED

2 Rationale

2.1 Background

The full-scale invasion of Ukraine by Russia on February 24th, 2022 has led to wide-spread destruction and disruption of public services, including healthcare. During the Russian invasion 540 medical facilities have been reportedly attacked.¹ In addition, the mass movement of citizens within the country caused needs to be unevenly distributed, carrying the risk of overwhelming local medical infrastructure. According to the latest International Organization for Migration (IOM) information, the following three oblasts have the largest number of IDPs arrivals: Dnipropetrovska, Zaporizhzhia and Vinnytska.²

After 6 months of a full-scale war, there is currently no clear data and understanding on how this has impacted the capacity of the national healthcare system, and whether it has led to increased barriers to accessing medical care for affected populations. With more than 7 million³ refugees, it is also likely that a proportion of skilled doctors and medical personnel have left Ukraine. A potential lack of skilled medical personnel, destroyed medical infrastructure, and mass migration flows are all likely to have a profound effect on the accessibility of medical care.

In August 2022, indicative data obtained via Key Informant Interviews (KIIs) as part of REACH's Humanitarian Situation Monitoring (HSM) showed that in some settlements, particularly those close to the line of contact, more than half of the population faced barriers in accessing medical care.⁴

Before the full-scale invasion in Ukraine, a health care reform was underway, according to which, at the first stage, primary health care was reformed, which involved providing the entire population with access to family doctor.⁵ According to the latest data, about 78% of Ukrainians had a legal agreement with a family doctor.⁶

This assessment is focused on understanding the health care needs of the civilian population in areas both close to the conflict line and those located further west. The supply of medical care in oblasts near the war zone can be complicated, which can lead to a deterioration in the provision of medical help, while in the rear oblasts challenges may arise due to the heavy load on medical facilities because of the increased population (resulting from displacement). The study also aims to evaluate health facility readiness to respond to urgent needs via an expert assessment of the current situation by the authorities and the medical community in order to understand the critical health problems from those who ensure the operation of this system.

2.2 Intended impact

¹ WHO, [Surveillance system for attacks on health care \(SSA\)](#), 2022

² IOM, [Ukraine area baseline report round 10](#), 31 Aug 2022

³ UNHCR, [Operational Data Portal/Ukraine Refugee Situation](#), Sept 2022

⁴ REACH, [Humanitarian situation monitoring](#), Aug 2022

⁵ Minister of Health of Ukraine, [Key steps to transforming Ukrainian healthcare](#)

⁶ Minister of Health of Ukraine, [Results of the press briefing on 10/11/21](#), 2021

In this context, IMPACT will conduct a health needs assessment study in 3 oblasts and 1 city of Ukraine (Dnipropetrovska, Zaporizhzhia, Vinnytska and Kharkiv city) to explore the main challenges in the health system. The aim of the assessment is to inform the Health Cluster on the most urgent health-related needs of the population and health care facilities in those three oblasts in order to strategize operational planning. As updated and detailed data on health needs of the population and health care is lacking within the Health Cluster and local government, this assessment aims to provide more data in order to:

- a) To inform the humanitarian community and local government on the challenges faced by national and international health facilities, public and private, in providing health care to affected populations.
- b) To evaluate current barriers to accessing healthcare for affected populations, with a particular focus on persons with disabilities, elderly, and displaced groups.
- c) To inform operational response regarding who are experiencing the most critical levels of needs and where.

There is also an informational gap in the study of IDPs who have not officially registered their status. Thus, in the latest IOM Ukraine internal displacement report⁷ the number of IDPs is estimated near 7 million, and Ministry of Social Policy of Ukraine representatives report 4.6 million officially registered IDPs.⁸ The difference in numbers could indicate a large proportion of unregistered IDPs, whose humanitarian needs, including medical, are largely unknown to local authorities and the humanitarian community.

Key informant interviews with medical professionals and experts will allow for an evaluation of structural challenges and immediate priorities, taking into account the capacity of the system and needs of affected populations.

3 Methodology

3.1 Methodology overview

In order to have the best possible picture of Health needs in the selected oblasts, a mixed-methods approach will be used. For **the quantitative part** of the research, the purposive sampling method at the household level will be applied, due to the fact that reaching some populations of interest (non registration IDPs) is possible only in this way. Data collection will take place through F2F interviews

Also, **the quantitative part** of the research includes key informant interviews (KIIs) with representatives of hospitals, which will be conducted by telephone. In this assessment, we decided **to explore medical facilities at the hospital level**. Because hospitals usually have the full range of services to cover the majority needs of population. This choice will assess the needs of the health system at the primary level of consultations (usually from a family doctor), but also include broader professionals who provide services in hospitals. Highly specialized hospitals are not considered, because a small percentage of the population has corresponding pathologies. Also, this research does not include small polyclinics, ambulant clinics because they usually provide only primary consultations for the population and are not associated with a wider range of patient needs, such as inpatient treatment with the provision of a bed.

In addition to these, semi-structured KIIs with local authorities and response actors in the Health sector will be conducted **as the qualitative part** of the research. These KIIs will be conducted online. Results of the KIIs will be indicative and used to complement the data collected from household and hospital representatives' surveys.

⁷ IOM, [Ukraine internal displacement report, Round 8](#), Aug 2022

⁸ Ministry of Social Policy of Ukraine, [The Deputy Minister of Social Policy of Ukraine for Digital Development, Digital Transformations and Digitalization spoke about support for displaced persons](#), Sept 2022

3.2 Population of interest

This research targets the displaced persons living in collective sites, displaced persons living out of collective sites and non-displaced persons and will be conducted in 3 oblasts of Ukraine: Dnipropetrovska, Zaporizhzhya, Vinnytska, and in Kharkiv city. **For each group of IDPs, 80 HH interviews will be conducted, and 960 in total.**

80 HH interviews will be conducted in each area with non-displaced persons, 320 in total.

HH-level interviews will be conducted with displaced registered and unregistered households, and non-displaced households to determine the current needs and barriers to medical care. The questionnaire will focus on:

- Understanding how important and relevant health issues are among other socio-economic problems, how health is perceived by the population, how they evaluate their health needs and how they are solved;
- Awareness about the health system and how to get different types of medical care, how accessible medical services are, and whether household economic level affects access to medical services;
- Experience in using medical services, frequency of treatment and main ways of solving health problems, degree of satisfaction with medical care;
- Determining the difference in the perception of the health care system and challenges with access to it, including differences in care-seeking behaviour. Assessment of specific health challenges among IDPs with registration and without, IDPs in collective sites and outside.

135 KIs with representatives of general practice medical institutions. In each oblast, hospitals will be identified, where 1 KI will be conducted with each of the following representatives: general, specialty and administrative staff. Thus, 3 KIs will be collected in each hospital to assess planning, preparedness, and availability of basic health supplies for most facilities (45 hospitals).

12 KIs with policy makers: central (representatives of the ministry) and local authorities (representatives of oblast and/or raion administrations of the health department), as well as representatives of the NGO/INGO community, to explore expert opinion on the needs of the healthcare system to adequately respond to the crisis. Identification of the main challenges faced by the system, the peculiarities of their solution and the possibility of improving the adaptation of the system in a crisis.

3.3. Secondary data review.

- Gray literature to establish some of what challenges the health system is experiencing due to the large number of IDPs;
- State statistics, including the number of medical institutions, their allocation by oblast, and population coverage to gain an understanding of local health system prior to the war

Prior to primary data collection, a secondary data review will be completed to:

- 1) Identify allocated hospitals and IDPs in the assessment area for use in sampling for the KIs and HH interviews.
- 2) Identify typical health system challenges before the war and their changes after the war.
- 3) Gain an understanding of the current health challenges facing IDPs.
- 4) Define different groups of IDPs that may have different challenges in the healthcare system.

Sources

- [REACH assessments, analyses, monitoring and mapping products](#), 2022.

- REACH, [Humanitarian Situation Monitoring](#), 2022.
- REACH, [Health perceptions assessment](#), 2021.
- State Statistical Services, [Multisectoral statistical information / regional statistics](#), 2018-2022.
- Regional statistics:
 - Regional Statistical Services, [Dnipropetrovska administration](#), 2018-2022.
 - Regional Statistical Services, [Zaporizhzhia administration](#), 2018-2022.
 - Regional Statistical Services, [Vinnytska administration](#), 2018-2022.
- IOM, [Displacement monitoring](#), 2022.
- Health Cluster, [Public Health Situation Analysis](#), 2022.
- WHO, [War in Ukraine. Situation report from WHO Ukraine country office](#), 2022.

3.4. Primary Data Collection

3.4.1 KIIs with representatives of medical institutions of general practice: general, specialty and administrative staff

KIIs will be conducted with first-line doctors (family doctor, pediatrician, therapist), specialized doctors, and administrative staff to better understand the needs of general practice hospitals and identify the main challenges at different levels of the health system.

Sampling method:

KIIs will be purposively sampled with mixed data collection in-person and/or via phone.

According to official information, there are approximately 150 different medical institutions in each of the selected areas.⁹ A total of 135 KIIs will be conducted and allocated in such size in the following way:

- In the regions that are completely under the control of the Ukrainian authorities: Dnipropetrovska and Vinnytska, in total 45 KIIs will be conducted. 15 hospitals across each oblast (no more than 5 hospitals in the regional center) will have 1 KII on each layer: general doctor (family doctor, pediatrician, therapist), specialized doctor, and administrative staff (director, head of department, etc.);
- Less KIIs will be conducted in the Zaporizhzhia oblast that for the most part is occupied by Russia, in total 30 KIIs. 10 hospitals across the oblast (no more than 5 hospitals in the regional center) will have 1 KII on each layer: general (family doctor, pediatrician, therapist) and specialized doctors, administrative staff (director, head of department, etc.);
- In total 15 KIIs for the whole city of Kharkiv will be conducted. 5 hospitals across the city will have 1 KII on each layer: general (family doctor, pediatrician, therapist) and specialized doctors, administrative staff (director, head of department, etc.).

3.4.2 HH interviews with displaced and non-displaced persons

IMPACT will conduct HH interviews with different groups of IDPs, those who live in collective sites and those who live outside them, as well as those who are registered as IDPs and those who do not have such registration. The inclusion of different groups of IDPs will make it possible to examine the existing differences in access to and satisfaction with health care services and health care needs.

⁹ Department of Health of the Dnipropetrovska oblast, [Directory of the Health facilities of oblast](#), 2022

Sampling method:

A survey of such a group as IDPs without registration can be complicated due to the lack places of their compact residence. For this reason, and for comparing data of the research across all groups, the most appropriate method here can be purposive sampling and in-person data collection.

A total of 1280 interviews will be conducted and allocated in such size in the following areas:

- 320 HH interviews with non-displaced persons. 80 HHs interviews in each and across oblast: Dnipropetrovska, Zaporizhzhya, Vinnytska and Kharkiv city;
- 960 HH interviews with IDPs which are divided in this size across different groups and 4 areas (Dnipropetrovska, Zaporizhzhya, Vinnytska and Kharkiv city):
 - ✓ 80 HHs in each area (320 in total) with IDPs outside collective sites and officially registered;
 - ✓ 80 HHs in each area (320 in total) with IDPs outside collective sites and without officially registered;
 - ✓ 80 HHs in each area (320 in total) with IDPs in collective sites and officially registered;

3.4.3 In-depths interviews with experts/ policy makers (government and local authorities, NGO/INGO community)

KIIs with national and regional experts will provide an opportunity to evaluate how the health care system responds to the challenges associated with war conditions. The aim is to deepen understanding of which processes within the healthcare system require support in order to respond more adequately. If there is an increase in the load on the system, then find out how this displays itself in practice, which levels in medical facilities are most affected by this and how this can be solved. Is it possible to improve at these points (if yes, how?), so that the healthcare system does not have a disproportionate allocation of capacity. The KIIs will also take a critical look at the current actions of the authorities and other participants in overcoming the crisis in order to improve the response in the current conditions.

Sampling method:

KIIs will be purposively sampled with online data collection.

A total of 12 KIIs will be conducted and allocated in such size in the following way:

- In each oblast and Kharkiv city, 2 KIIs with representatives of local authorities (in total 8 KIIs)
- 2 KIIs with representatives of the government/central authorities
- 2 KIIs with representatives from the NGO/INGO community

Table 1. Data collection methods and samples

Nature of data	Collection method	Respondents	Sample size	Geographical scope	Distinction
960 Household interview with IDPs					
Quantitative	Household interview	IDPs outside IDP shelters and officially registered	320 in total (80 in each area)	Across each oblast and Kharkiv city	Dnipropetrovska Zaporizhzhya Vinnytska Kharkiv city
		IDPs outside IDP shelters and without official registration	320 in total (80 in each area)		
		IDPs in collective sites and officially registered	320 in total (80 in each area)		

320 Household interview with non-displaced residents					
Quantitative	Household interview	Local residents/ host community	320 in total (80 in each area)	Across each oblast and Kharkiv city	Dnipropetrovska Zaporizhzhya Vinnytska Kharkiv city
135 Key Informant interviews with medical professionals					
Quantitative	Key informant interviews	1 KII with each layer for one hospital: general, specialty and administrative staff	45 KIIs (= 15 hospitals)	Across the Dnipropetrovska oblast	3 KIIs in each hospital
			45 KIIs (= 15 hospitals)	Across the Vinnytska oblast	
			30 KIIs (= 10 hospitals)	Across the Zaporizhzhya oblast	
			15 KIIs (= 5 hospitals)	Across the Kharkiv city	
12 Key informant interviews with policy-makers and response actors					
Qualitative	Key informant interviews	Experts/ policy makers	12	Local authority (=8 KIIs): <ul style="list-style-type: none">○ 2 KIIs in Dnipropetrovska○ 2 KIIs in Zaporizhzhya○ 2 KIIs in Vinnytska○ 2 KIIs in Kharkiv city Government (=2 KIIs) NGO/INGO community (=2 KIIs)	

3.5 Data Processing & Analysis

Qualitative KIIs with policy-makers and response actors will be recorded (when consent is given), and interviewers will take notes. Enumerators will transcribe these notes, using recordings to consolidate, as soon as possible after the discussions. In each KII, at least one enumerator will be dedicated to taking notes while another moderates the discussion. All data cleaning and analysis will be conducted in Microsoft Excel and reviewed by the IMPACT HQ Research Design and Data (RDD) Unit before the output production.

Quantitative KIIs with hospital staff and HH interviews: Forms will be deployed on the KoBo server. Data cleaning will be performed daily and include checking for duplicates, time-checks, review of outliers, and all unstructured responses including enumerator comments and content of “Other, Specify” variables. Data checking and cleaning procedures will adhere to the IMPACT Global Guidance on data checking and processing. Logical checks will be performed in accordance with the Data Analysis Plan (DAP). The Database Officer will maintain a cleaning log for each tool in Excel that will record all changes made to the raw data. For the HH survey, the Database Officer will send the daily cleaning log to the Field Coordinator, responsible for the enumerator team for clarifications and corrections. The Field Coordinator will return an updated cleaning log to the DBO with the relevant corrections to be made or clarifying notes on why no correction was required. If translations are required, they will be provided by REACH staff.

All quantitative data will be analysed through R or another appropriate software. Analysis will be limited to descriptive statistics. The Database Officer will prepare a syntax file, presenting all analysis performed on the data collected, which will be reviewed by IMPACT HQ’s Research Design and Data Unit prior to being published.

4 Key ethical considerations and related risks

For detailed guidance on how to complete this section, see also Step 5 of the IMPACT Research Design Guidelines

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

The proposed research design...	Yes/ No	Details if no (including mitigation)
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
... Respects respondents, their rights and dignity (<i>specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided</i>)?	Yes	
... Does not expose data collectors to any risks as a direct result of participation in data collection?	Yes	
... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	
... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatising for research participants (both respondents and data collectors)?	Yes	
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	Yes	
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

5. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
<i>Research design</i>	Assessment Officer	Research Manager	IMPACT HQ Research design & Data (RDD) unit	Local authorities in assessed Oblasts
<i>Supervising data collection</i>	Field officer	Field coordinator	IMPACT country representative	Operational partners (ACTED)
<i>Data processing (checking, cleaning)</i>	Assessment Officer	Research Manager	IMPACT HQ RDD Unit	Research manager

<i>Data analysis</i>	GIS/Data officer, Assessment Officer	Assessment Officer; Research Manager	IMPACT HQ RDD unit	Research manager
<i>Output production</i>	Assessment officer	Research manager	IMPACT RRU	IMPACT RRU
<i>Dissemination</i>	Assessment officer	IMPACT country coordinator	IMPACT HQ Research department and Communication department	National: Clusters, working groups and local/oblast authorities International: global clusters/ working groups
<i>Monitoring & Evaluation</i>	Assessment officer, Field officer	Assessment Officer	Research Manager	IMPACT country coordinator; IMPACT HQ RDD department
<i>Lessons learned</i>	Assessment officer, Field office	Assessment Officer	IMPACT HQ RDD Unit; Research Manager	IMPACT country coordinator

6 Data Analysis Plan

DATA ANALYSIS PLAN AVAILABLE UPON REQUEST

7 Data Management Plan

DATA MANAGEMENT PLAN AVAILABLE UPON REQUEST

8 Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	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
		# 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		<input type="checkbox"/> Yes
		# of visits to x webmap/x dashboard	Country request to HQ		<input type="checkbox"/> 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	Cluster strategies: Assessment working group, Health.
		# 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	Perceived relevance of IMPACT country-programs	Country team	Usage_Feed back and Usage_Survey template	Usage survey to be distributed to local authorities, local actors, international actors 6 months after publication E.g. Usage survey to be conducted at the end of the
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			

	plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			<i>research cycle related to all outputs, targeting at least 20 partners]</i>
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs (<i>providing resources, participating to presentations, etc.</i>)	# of organisations providing resources (i.e. staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	x Yes
		# of organisations/clusters inputting in research design and joint analysis			x Yes
		# of organisations/clusters attending briefings on findings;			x Yes

