Research Terms of Reference

2020 Multi-sector Needs Assessment Government Controlled Areas (GCAs) of Donetsk and Luhansk Oblasts within 20 km of the contact line.
UKR2007
Ukraine

July 2020

REACH Informing more effective humanitarian action

1. Executive Summary

Country of intervention	Ukraine					
Type of Emergency	□	Natural disaster	X	Conflict		
Type of Crisis	□	Sudden onset	□	Slow onset	X	Protracted
Mandating Body/ Agency	ECHO, inter-cluster coordination group (ICCG)					
Project Code	64ECC					
Overall Research Timeframe	07/2020 to 12/2020					
Research Timeframe	1. Start collect data: 30/07/2020			5. Preliminary presentation: 10/09/2020		
	2. Data collected: 15/08/2020			6. Outputs sent for validation: 01/10/2020		
	3. Data analysed: 04/09/2020			7. Outputs published: 31/10/2020		
	4. Data sent for validation: 04/09/2020			8. Final presentation: 30/11/2020		
Number of assessments	X	Single assessment (one cycle)				
	□	Multi assessment (more than one cycle)				
Humanitarian milestones	**Milestone**			**Deadline**		
	X	HNO Sectoral Analysis Support		06/09/2020		
	X	HNO Joint Analysis Workshop		06/09/2020		
	X	Donor plan/strategy		06/09/2020		
	X	Inter-cluster plan/strategy		20/09/2020		
	X	Cluster plan/strategy		20/09/2020		
	□	NGO platform plan/strategy				
	□	Other (Specify):				
Audience Type & Dissemination	**Audience type**			**Dissemination**		
	X Strategic □ Programmatic □ Operational			**X** General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) **X** Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting **X** Presentation of findings (e.g. at HCT meeting; Cluster meeting) **X** Website Dissemination (Relief Web & REACH Resource Centre)		
Detailed dissemination plan required	X	Yes		□	No	
General Objective	To understand and analyse the multi-sectoral humanitarian needs of populations living in conflict affected parts of the government-controlled areas of Ukraine so as to inform the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) for 2021.					
Specific Objective(s)	1. To measure the changes in vulnerabilities and needs of households residing within 20 km of the line of contact (LoC) in government-controlled communities of Donetsk and Luhansk oblasts since the previous round of data collection in 2019, particularly in light of the COVID outbreak in March 2020. 2. To compare the geographic variation of needs in areas 0 - 5 and 5 – 20 km from the LoC, and between urban and rural areas within these two zones. 3. To measure household resilience and reliance on coping mechanisms via the food secutiry index (FSI) and reduced coping strategy index (rCSI) as defined in the Consolidated Approach to Reporting Indicators of Food Security (CARI guidelines).					

	4.	To provide estimates of the proportion of households in proximity to the LoC with living standard gaps within each sector and across sectors in order to identify overlapping humanitarian needs, households' overall sectoral need and the severity of these needs.
Research Questions	1.	To what degree have the demographic profile of HHs and displacement trends in surveyed areas changed between 2019 and 2020?
	2.	To what extent have household needs relating to shelter and NFI, utilities, WASH, food security, access to education, access to health, livelihoods, and protection concerns changed between 2019 and 2020?
	a.	Has the proportion of households experiencing a living standard gap within each sector changed?
	3.	How do sectoral needs overlap with one another and influence the overall severity of living standard gaps across sectors?
	4.	What are the geographic differences in the severity of living standard gaps in the assessed areas?

Geographic Coverage	Donetsk and Luhansk government controlled areas within 20 km of the contact line
Secondary data sources	State Statistics Service Ukraine, Ukraine Ministry of Social Policy, OCHA Ukraine, UNHCR Ukraine, IOM Ukraine, PUI Ukraine, Right to Protection, REACH, IMPACT, WHO Ukraine, INSO Ukraine, Ukraine Ministry of Health, Ukraine Ministry of Education and Science

Population(s)	□	IDPs in camp	□	IDPs in informal sites
	X	IDPs in host communities	□	IDPs [Other, Specify]
	□	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	□	Refugees [Other, Specify]
	X	Host communities	□	[Other, Specify]

Stratification	X	Geographical #: 2 Population size per strata is known? **X** Yes □ No	X	Group #: 2 Population size per strata is known? X Yes □ No	□	[Other Specify] #: _ _ Population size per strata is known? □ Yes □ No

Data collection tool(s)	X	Structured (Quantitative)	□	Semi-structured (Qualitative)

	Sampling method	Data collection method
Structured data collection tool # 1	□ Purposive □ Probability / Simple random X Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]	□ Key informant interview (Target #):_ _ _ _ _ □ Group discussion (Target #):_ _ _ _ _ X Household interview (Target #): 1,600 □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #): _ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _
Semi-structured data collection tool (s) # 1	X Purposive □ Snowballing □ [Other, Specify]	X Direct observations (Target #): 100 □ Individual interview (Target #):_ _ _ _ _ □ Focus group discussion (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _

Target level of precision if probability sampling	95% level of confidence	5+/- % margin of error

Analytical Framework Used	□	JIAF (all components)	X	JIAF (some components only—excluding impact on humanitarian access, physical & mental wellbeing, current & forecasted priority needs/concerns)

Lessons Learned incorporation from past MSNAs	X	Documentation available and consulted		No lessons learned documentation available
	□	No MSNAs conducted in the past		

Data management platform(s)	X	IMPACT	□	UNHCR

Expected ouput type(s)	□	Situation overview #: _ _	X	Report #: 1		□	Profile #: _ _
	□	Presentation (Preliminary findings) #: _ _	X	Presentation (Final) #: 1		□	Factsheet #: _ _
	X	Interactive dashboard #: 1	□	Webmap #: _ _		□	Map #: _ _
	□	[Other, Specify] #: _ _					

Access	X	Public (available on REACH resource centre and other humanitarian platforms)
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)

Visibility	REACH

	Donor: ECHO
	Coordination Framework: Inter-cluster Coordination Group
	ACCESS Consortium

2. Rationale

2.1. Rationale

The conflict in Eastern Ukraine, in its seventh year, is characterised by ongoing and widespread ceasefire violations along the Line of Contact (LoC) and the restrictions on movement of people and goods continue to pose significant risks to civilian populations in Donetsk and Luhansk oblasts. The protracted nature of the conflict has led to a significant loss of lives, major concerns over the protection of civilians and damage to critical infrastructure. In early 2020, OCHA estimated that 3.4 million people would be in need of humanitarian assistance.[1] The primary impacts of the conflict on the eastern oblasts of Donetsk and Luhansk: i) predominantly affect residents within 5km of the LoC, ii) the disruption of the socio-economic fabric of the region due to the physical separation between GCA and NGCA, iii), in pre-COVID times, increased movement of people from NGCA to GCA to solve administrative, social protection, and cash access challenges[2] and iv) continuing conflict related causalities and security risks for the residents of Eastern Ukraine.

The active conflict presents critical protection risks due to severe mine and ERW contamination, systematic shelling close to civilian property and utility infrastructure, and heavy presence of military in densely populated areas. As highlighted in the HRP[3] this requires specific attention from humanitarian actors as the conflict affects the everyday life of civilians including: freedom of movement, access to employment and services, and protection from violence. The LoC has physically separated the most densely populated area of Ukraine into two distinct geographies with large urban centres now in NGCA and their urban peripheries remaining in GCA. This separation has significant implications on the ability of GCA residents in the periphery of NGCA cities to access critical services and markets, predominantly healthcare and employment markets, with repercussions on household economic security. The administrative division between both territories has had significant implications on NGCA residents' ability to receive their Ukrainian pensions, solve documentation issues and access financial services from Ukrainian bank holdings. As a result, before the closure of the Entry/Exit Checkpoints (EECPs) due to COVID-19, there were approximately 900,000 crossings monthly[4] between NGCA and GCA to address these issues, putting pressure on administrative, social and financial services in the cities including Stanytsia Luhanska, Bakhmut, Kurakhove, Volnovakha and Mariupol. These three factors make it necessary to continue monitoring the humanitarian consequences of the conflict in eastern Ukraine.

Further to challenges presented by the conflict, following the outbreak COVID-19 and subsequent measures to contain the disease, Ukraine has experienced an economic downturn and increased rates of unemployment. As of 30 June 2020, IMF forecasted Ukraine's GDP would contract by 7.7% in 2020 and predictions of a significant increase in the proportion of Ukrainians classified as living in absolute poverty.[5] [6] In light of these developments, the pandemic is likely to further damage the eastern conflict area's already fragile economic condition, compounded by years of conflict-related economic downturn.[7] In locations close to the LoC, 45% of respondents to an ACTED assessment on the impact of COVID on beneficiaries in the GCA (53% in urban vs. 39% in rural areas) reported a decrease in purchasing power.[8] COVID-19 is thus expected to further strain the ability of vulnerable conflict-affected populations to access notably adequate livelihoods, and basic food and non-food items in the immediate future. In GCA, this will likely further compound existing vulnerabilities, and negatively impact previously non-vulnerable populations. Meanwhile, concerns still exist around health outcomes following the relaxation of confinement on 22nd May.[9] For the residents of the GCA, along the LoC this is of particular concern as 40% of the population is over the age 60 years.[10]

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[1] UNOCHA, Humanitarian Needs Overview 2020. Available online

[2] REACH, Analysis of Humanitarian Trends (Ukraine, 2019). Available online

[3] UNOCHA, Humanitarian Response Plan 2020. Available online

[4] UNHCR, Checkpoints: People's Monthly Crossings. Available online

[5] The IMF forecasting a 7.7 contraction of the Ukrainian economy in 2020. See online

[6] UNICEF, Available online

[7] OCHA, Humanitarian Response Plan 2020 – Revised requirements due to COVID-19 Pandemic. Available online

[8] ACTED, June 2020. Findings still to be published.

[9] Prime Minister noting on 17 June that a large proportion of the population had taken the reduction in quarantine measures as an abolition of quarantine, leading to a significant increase in transmission. See online.

[10] REACH, Analysis of Humanitarian Trends, 2020. Available online

Since 2016, REACH has implemented yearly multi-sector needs assessments (MSNAs) in the Government Controlled Area of Donetsk and Luhansk to inform the humanitarian needs overview (HNO) and Humanitarian Response Plan (HRP). These have been coordinated under the framework of the inter-cluster coordination group (ICCG), with technical inputs from the information management working group (IMWG) and NGO partners. Capitalizing on these assessments, REACH will conduct a follow up data collection exercise which will include comparable indicators, questions and sampling strategy to monitor key changes in humanitarian needs in HRP priority areas of GCA which focus on areas within 20km of the line of contact. The 2020 MSNA will evaluate proportions of households in need of humanitarian assistance (and the level of severity) using indicators previously defined in coordination with cluster coordinators from WASH, Education, Shelter, Protection and Food Security, and in line with the draft version of the JIAF as much as feasible . This will enable an analysis of inter-sectoral severity of needs of households residing within 20 km of the LoC. Findings of the study will serve to inform the HPC including the 2020 update to the Humanitarian Needs Overview and the 2021 Humanitarian Response Plan.

In order to ensure comparability with previous years of assessment, large urban centres such as Mariupol and Lysyschansk have again been excluded from the sampling frame. These cities were originally excluded to ensure sufficient coverage of rural and small urban areas along the line of contact, as otherwise a representative sample would have skewed results towards issues encountered in the big cities[11]. Unlike MSNAs conducted by REACH Ukraine in previous years, the assessment in 2020 will focus on comparative analysis with the 2019 findings rather than analysing trends across the complete time series (2016 – 2020). This decision has been made due to the lack of significant improvement or deterioration of the humanitarian situation year-on-year across the time series, leading to the conclusion that trend analysis adds limited value to reporting. As the outbreak of COVID-19 (March, 2020), with subsequent economic and health impacts, occurred in between the data collection for the Analysis of Humanitarian Trends in GCA 2019 (July – August 2019) and data collection for the Analysis of Humanitarian Trends in GCA 2020, a secondary data review of COVID-19 conditions and impacts in the region will be undertaken, and analysis and reporting will take into account this significant shock to the local economy and population.

3. Methodology

3.1. Methodology overview

This study will use a mixed-methods approach to gather data on the research questions.

First, the study will involve a secondary data review analysing completed and ongoing assessments to take into account information recently collected on the humanitarian situation, vulnerable populations and other relevant contextual background in Donetsk and Luhansk GCA. This will include reports issued in 2019 and 2020 by REACH partners and stakeholders, as well as available resources on the epidemiological situation in the region. The secondary data review of partner and stakeholder publications will be used to contextualise findings and enable REACH to triangulate findings of the household survey. In additional to this, REACH will analyse data from previous rounds of the Trend Analysis to assess the functionality of the survey instrument and potential opportunities to reduce the length of the interview and thereby decrease respondent burden.[12]

Secondly, the assessment will incorporate a quantitative component implemented through 1600 face-to-face household interviews within 20 kilometres of the contact line of the GCA. The decision to pursue face-to-face interviewing has been taken at this time taking into account the current epidemiological situation in the assessment area. As of 17th of July, there have been 57,264 confirmed cases of covid-19 in Ukraine. There are 100 confirmed cases in Luhansk GCA (of which 23 still exist) and 781 confirmed cases in Donetsk GCA (473 still exist) since March 2020. The West of Ukraine has the majority of cases and has the highest daily increases.[13][14] The cabinet of ministers of Ukraine resolution 'About the establishment of quarantine for the purpose of prevention of distribution on the territory of Ukraine of an acute respiratory disease COVID-19 caused by coronavirus SARS-COV-2'[15] introduces significant strengthening of anti-epidemic measures in regions showing a significant increase in the proportion of positive COVID-19 test results. It states that a region with a significant prevalence of COVID-19 is a region in which one of the following features is present:

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[11] Note, following the outbreak of COVID-19 REACH plans to conduct a separate assessment of household vulnerability and needs in large urban centers in GCA.

[12] Interview length in previous years was 40 minutes, which lead to reports from field of respondent fatigue. In order to reduce the burden on respondents, preliminarily analysis on indicators has been undertaken, showing that a number are not used in reporting. These have been flagged for removal.

[13] National Security and Defense Council of Ukraine. Available online

[14] Ministry of Health Ukraine. Available online

[15] Verkhovna radaof Ukraine, About establishment of quarantine for the purpose of prevention of distribution on the territory of Ukraine of an acute respiratory disease COVID-19 caused by a coronavirus SARS-CoV-2. May 2020. Available online

- bed occupancy in health care facilities designated for hospitalisation of patients with a confirmed case of COVID-19 is more than 59%;
- the average number of polymerase chain reaction tests and enzyme-linked immunosorbent assay is less than 24 per 100,000 population in the last seven days;
- the rate of detection of cases of infection with COVID-19 is more than 11%;
- the rate of growth of cases of infection with COVID-19 is more than 10%.

Using these evaluation methods, the Ukraine Public Health Centre (PHC) allocates each raion/oblast with a number from 1 to 4, 1 being that there is no requirement to increase prevention measures and 4 meaning that strict prevention measures are put in place. Currently Donetsk and Luhansk are considered level 1. PHC data will be monitored daily.

Consultations were also held with the Health Cluster Ukraine who recommended that face-to-face surveys could be conducted in Donetsk and Luhansk oblasts.

Enumerators will be asked to adhere to strict health and hygiene protocols to reduce the likelihood of transmission between staff members travelling to the field and to survey respondent. Respondents will be provided with masks to reduce the risk to enumerators and consequently to other beneficiaries. To reassure residents in remote settlements, information leaflets handed out by enumerators will include reference to the measures taken by REACH to reduce risk of transmission. Similarly, to allay any concerns, on arriving in remote settlement, the REACH team leader will seek to brief local authorities on REACH and the assessment, and seek permission to post the information leaflet in a prominent public space (such as a community notice board). During the interview, respondents will be instructed to stand at least 1.5 meters from respondents.[16] Enumerators will be required to complete a questionnaire on their health and wellbeing at the start of each days and report any interactions with members of the public who appear unwell.

Households will be sampled to be statistically representative of urban and rural households between 0-5 km and 5-20 km from the contact line. Interviews will be conducted Tuesday to Saturday inclusive to increase the chances of working household members being interviewed. The large urban settlements of Mariupol and Lysychansk will be excluded from the sample due to the observation from previous assessments that these areas tend to have lower proportions of households in need of humanitarian assistance.

The semi-structured component will involve direct observation workshops with enumerators following each day of data collection to identify some of the insights and observations of enumerators during their field experience.

3.2 Population of interest

The populations of interest in this study are defined as:

- Displaced and non-displaced persons who are resident in settlements smaller than 100,000 people and located within 20 kilometres of the contact line

Within the area along the contact line, populations will be compared by distance to the contact line (residents of the 0-5 km area and residents of the 5-20km area) and urban and rural settings. The area along the contact line has been selected for this assessment due to the severity of the conflict's impact on this region and the findings of previous reviews of humanitarian data in Ukraine regarding the most impacted populations.

3.3 Secondary data review

The secondary data element of this assessment will focus on the following sources of information:

Report	Relevance
IOM, National Monitoring System (NMS)	Data on IDPs and IDP related humanitarian needs

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[16] It is expected that this will lead to high non-response in relation to some sensitive questions such as income. This will be acknowledged as a limitation in any subsequent reporting on findings.

OCHA Humanitarian Response Plan	Compilation by OCHA of humanitarian plan for 2020
OCHA Humanitarian Needs Overview	Compilation by OCHA of humanitarian needs for 2020
UNHCR/R2P, Eastern Ukraine Checkpoint Monitoring	Data on NGCA crossing and humanitarian needs of NGCA residents
State Statistics Service Ukraine	Data on demographics, economics etc
Cluster reports	Information on the situation of different sectors within the East of Ukraine
REACH, Humanitarian Trend Analysis 2019	Data on 2018 humanitarian needs in the target areas
REACH, Humanitarian Trend Analysis 2018	Data on 2017 humanitarian needs in the target areas
Other relevant REACH reports (e.g Protection Assessment)	Useful to triangulate findings

3.4 Primary Data Collection

Primary data will be collected through a household survey of 1610 households in government-controlled areas of Donetsk and Luhansk Oblasts. Households will be selected in order to create a representative sample of the general population of (95% confidence level, 5% margin of error for each stratum) within the following strata:

Table 1. Summary of the sample

Strata	Number of settlements	Population	Number of HH interviews
20km_rural	207	89408	403
20km_urban	37	230712	404
5km_rural	65	39003	399
5km_urban	22	211857	404
Grand Total	335	570980	1610

More specifically, population data will be taken from the official population data provided by the State Statistics Service of Ukraine updated on a yearly basis using birth, death and migration data. This data will be used to weight a computerized random point selection within each region using QGIS, meaning that within each stratum, areas with higher density are proportionally more likely to be selected for interview, thereby reducing the likelihood of a computer-selected point being in an uninhabited area. Enumerators on the ground will identify the household at each selected point or locate the nearest household to the point to conduct data collection in the case that the randomly selected location is uninhabited, or in case the respondent at the selected location refuses or is unable to participate. The potential interviewee will be asked if they are the head of the household or if they are part of the decision-making process for household affairs and can answer on behalf of the household. If the respondent answers in the positive, and if they are aged 18 or older, then the interview can be conducted.

Based on current planning assumption the data collection will start on the 20th of July and is expected to last for approximately 10 days.

Data will be collected using the KOBO platform, and enumerators will be trained prior to data collection in the use of KOBO as well as interviewing techniques and issues of protection of vulnerable populations.

Furthermore, the qualitative component of data collection will be comprised of direct observation workshops with REACH enumerators following their visits to the field in order to gather descriptive details on the humanitarian situation based on their direct observations. The workshops will address issues observed relating to security, access to services, infrastructure as well as general description of each visited settlement, its population and personal stories from respondents that can reveal challenges not covered by the questionnaire that people face in daily life.

A webmap detailing where the surveys will take place and indicating how many can be found here.

3.4.1 Risks and Mitigation

The covid-19 global pandemic has created a great deal of uncertainty, and REACH is very much affected by this uncertainty. Ukraine has recently exited from lockdown. However, the number of confirmed cases are increasing in some oblasts, especially in the west of the country. Enumerators will receive training on how to conduct face-to-face interviews safely; be supplied with gloves and masks for themselves, and an extra supply of masks for the interviewee. IMPACT Ukraine has drafted a Standard Operational Procedure (SOP) 'IMPACT data collection during covid-19' that is designed to mitigate risks to staff and respondents while conducting data collection. Regular monitoring trips will be conducted to ensure that staff are adhering to procedure, and also to ensure that staff are not at risk themselves. This SOP is a living document and will be updated continuously.

If PHC data and the Health Cluster informs that the virus situation in Donetsk and Luhansk has worsened to the extent that it is no longer safe to conduct face-to-face interviews then REACH will conduct phone interviews. Potential respondents, chosen using the same sampling method as originally planned for face-to-face interviews, will be asked if they are willing to take part in this survey. If the respondent agrees, their phone number would be taken and called later to conduct the survey. IMPACT Ukraine has already been using this method for other project cycles during the pandemic.

3.5 Data Processing & Analysis

Secondary data will be analysed by REACH staff prior to conducting primary data collection to identify gaps and needs for the primary assessment. This gap analysis will include analysis of the comparability of data collected by the various humanitarian actors, including REACH data. Primary data will be analysed by REACH staff using similar data analysis methodologies as the IAVA and Trend Analysis reports, to allow for consistency in indicator measurements across the two reports.

Primary data will be entered into Excel instantaneously from Kobo. During primary data collection, the REACH Data Officer will review data daily to ensure collection methodology is being followed by enumerators and investigate any extreme outliers or other problematic data, including ensuring random sampling is being carried out in accordance with the sampling plan. The Data Officer will keep a log of any changes, including cleaning of data. All data cleaning will be done in line with IMPACT's Data Cleaning Minimum Standards Checklist.

Data analysis will be done in line with the REACH MSNA Analytical Framework for 2020. This framework aims at answering the core research questions outlined previously, especially to estimate the severity of both sectoral and inter-sectoral needs among assessed households.

4. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Assessment Officer	Country Coordinator	ICCG, IMPACT HQ	
Supervising data collection	Senior Field Officer	Assessment Officer	Country Coordinator	IMPACT HQ
Data processing (checking, cleaning)	Database Officer	Assessment Officer	Country Coordinator, IMPACT HQ	
Data analysis	Database Officer	Assessment Officer	Country Coordinator, IMPACT HQ	
Output production	Assessment Officer	Senior Assessment Officer	Country Coordinator, IMPACT HQ	
Dissemination	Assessment Officer	Senior Assessment Officer	Country Coordinator	IMPACT HQ

Monitoring & Evaluation	Assessment Officer	Senior Assessment Officer	Country Coordinator	IMPACT HQ
Lessons learned	Assessment Officer	Senior Assessment Officer	Country Coordinator	IMPACT HQ

Responsible: *the person(s) who executes the task*

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

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

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

5. Data Analysis Plan

The Data analysis Plan can be found at the following link.

6. Data Management Plan

Detailed Data Management Plan is available upon request.

7. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource 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		
		# 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	**HNO 2021, HRP 2021**
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	Usage survey to be conducted in October 2020, following the release of the online dashboard outputs, targeting at least 10 partners Usage survey to be conducted in November 2020, following the release of the narrative report
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	**X** Yes
		# of organisations/clusters inputting in research design and joint analysis			**X** Yes
		# of organisations/clusters attending briefings on findings;			**X** Yes

8. Dissemination Plan

KEY EVENTS AND PLANNING DATES

	Internal Planning dates	External Milestones
January		
February		
March		
April		
May		
June		
July		
August	Assessment findings released 21st of August	
September		
October	Publication of MSNA October	
November		
December		Publication of Ukraine HNO

DISSEMINATION PLAN

#	Products	Message	Stakeholders	Means of dissemination	Purpose	Responsible	Timeframe
**Analysis of Humanitarian Trends ()**						
Program goal: To understand and analyse the multi-sectoral humanitarian needs of populations living in conflict affected parts of the government-controlled areas of Ukraine so as to inform the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) for 2021							
1.	MSNA report & Dataset	Dataset will feed into and inform 2021 HNO REACH Ukraine MSNA report can be used to inform NGOs of the severity of humanitarian needs by strata and thus assist them in alleviating the suffering of people in need.	Ukraine humanitarian community	General Product Mailing (NGO consortium and HCT participants, Clusters) Presentation of findings	**Inform Action**: Inform humanitarian community to influence the response	REACH focal point	Dataset to be complete mid-August.
			Cluster partner agencies and decision makers	General Product Mailing (NGO consortium and HCT participants, Clusters) Presentation of findings	**Inform Action**: Inform Cluster members to influence the response	Assessment Officer	Report to be published prior to or in conjunction with the 2021 HNO/HRP
		Report will support IMPACT global effort towards improving multi-sector analysis of humanitarian needs across crises.	Humanitarian community at large	Website Dissemination (Relief Web & REACH Resource Centre)	**Raise Awareness**	IMPACT HQ	Q1 2021
		Report will support donors' understanding of humanitarian trends and influence the planning of aid delivery.	Donor community (with focus on ECHO)	General Product Mailing (NGO consortium and HCT participants, Clusters) Bilateral briefing of findings	**Build Understanding:** ensure donors understand the developments in needs, thereby influencing their planning	REACH focal point	Q4 2020 – Q1 2021

СТАНДАРТНА ОПЕРАЦІЙНА ПРОЦЕДУРА

IMPACT ЗБІР ДАНИХ
COVID - 19

<u>ДАТА ОСТАННЬОГО ОНОВЛЕННЯ:</u> 30 квітня 2020

Цей СОП оновлюватиметься регулярно

Передумова

Станом на 30 квітня Covid 19 продовжує стрімко поширюватися. Майже 3 024 059 підтверджених випадків заражених вірусом у 213 країнах, у тому числі 208 112 випадків смерті із відомим епідеміологічним ланцюгом. У Європейському регіоні зареєстровано 1 406 899 випадків COVID-19, у тому числі 129 311 смертей (у тому числі 261 в Україні).

ЦІЛЬ СОП

Для зменшення ризиків для персоналу та бенефіціарів під час збору даних. Ми можемо продовжити нашу роботу якомога довше та забезпечити всі заходи, які не завдають шкоди зі сторони ACTED / IMPACT / REACH при здійсненні збору даних у місцях роботи по збору даних. У рамках нашої роботи команда збору даних, якою керує IMPACT/REACH Координатор Країни (КК), регулярно контактує з людьми з найбільш ризикованої категорії, тобто людьми похилого віку та людьми з хронічними захворюваннями. Оскільки наша відповідальність це надання допомоги, ми повинні це робити, мінімізуючи ризик, який ми представляємо перед іншими, і який інші становлять перед нами.

ОБОВ'ЯЗКОВІ ЗАХОДИ, ЩО ПОВИННІ ВИКОНУВАТИСЯ

ДО ПОЧАТКУ ЗБОРУ ДАНИХ

1. Польові команди та керівники команд повинні встановити Telegram та слідувати за офіційним COVID-19 чатом МОЗ та щогодини контролювати офіційне інформування про COVID, особливо акцентуючи увагу на розвитку дій в Донецькій чи Луганській областях.
2. Під час тренінгу оглянути всі заходи для забезпечення беспеки здоров'я від Міністерства охорони здоров'я, включаючи (доступні українською мовою).
   - а. Мийти руки принаймні 10 разів на день протягом 20 секунд (кожні 1 - 2 години).
   - б. Кашляти або чихати в серветку або в зігнутий лікоть.

в. Не торкайтися обличчя - особливо очей, носа та рота.

г. Тримати принаймні 1-метрову відстань один від одного, коли це можливо. Контакт близько один до одного має бути обмежений менш ніж на 15 хвилин.

ПІД ЧАС ЗБОРУ ДАНИХ

1. На початку кожного збору даних керівники команд нагадують енумераторам про заходи Міністерства охорони здоров'я та підтверджують, що їх дотримувались напередодні.

2. Кожного ранку до збору даних всі польові команди повинні вимірювати температуру вдома. У разі, якщо температура вище 38 градусів Цельсія вони повинні зателефонувати керівникам команд та повідомите їх про таку температуру, кашель або задишку. Також учасники збору даних повинні щодня заповнювати реєстр стану здоров'я.

3. Під час інтерв'ю енумератори повинні:
   a. Забезпечте належну комунікацію з респондентами щодо заходів COVID-19, пояснюючи заходи, що застосовуються для мінімізації передачі вірусу.
   b. Тримати мінімум 1,5 метра між собою та респондентами.
   c. Кашель і чхання в лікті або паперовій серветки, якщо потрібно під час співбесіди.
   d. Не чіпайти обличчя.

4. Після інтерв'ю енумератори повинні:
   a. Вимийте руки дезінфікуючими засобами на основі спирту.
   b. Повідомите керівника команд про будь-яку взаємодію з опитуваним, який виявив такі симптоми:

ПІСЛЯ ЗБОРУ ДАНИХ

1. В кінці збору даних енумератори повинні:
   а. Ретельно мити руки не менше 20 секунд;
   б. Повідомити керівникам команд про будь-які симптоми здоров'я, включаючи підвищення температури, кашель або задишку;
   с. Підтвердити місцезнаходження та повідомте про будь-яку взаємодію з опитуваним, у якого спостерігалися симптоми лихоманки, кашлю або задишки.

2. Польовий менеджер готує щоденний звіт про будь-яку взаємодію з опитуваним, який виявляв симптоми лихоманки, кашлю або задишки, що надсилається Регіональному Координатору, IMPACT/REACH Координатору Країни та Директору Країни.

Нижче наведено основні обов'язки:

1. Забезпечити інформування персоналу, водіїв та енумераторів, щодо всіх вимог стасовно соціального дистанціювання та гігієни:
Регіональний Координатор (РК) регулярно оновлює СОП, а польові офіцери оновлюють /нагадують під час інструктажів правила для керівників груп збору даних стосовно захисних заходів перед поїздками в локації; Керівники команд (КК) заздалегідь призначають час для інструктажів із енумераторами на основі заздалегідь передбаченого Плану руху;

2. Забезпечити персонал, водіїв та енумераторів масками, які згідно з новими обмежувальними заходами повинна носити кожна людина в Україні у всіх громадських місцях:
HR забезпечує / надає маски польовим офіцерам / керівникам команд, а також СОП щодо носіння масок; Польові офіцери нагадують керівникам команд про обов'язкове носіння масок та правильну зміну масок перед кожним виїздом; Польові офіцери за підтримки Логістичної команди забезпечують наявність масок; Керівники команд відповідають за постійне виконання правил на місцях;

3. Забезпечити персонал, водіїв та енумераторів, які проводять будь-яки гуманітарні заходи, наказом про місію (Mission Order), та наявність при собі посвідчення особи (ACTED ID) та паспорту, оскільки згідно з новими урядовими обмеженнями, кожна людина повинна дотримуватись правила «самоізоляції» в Україні та мати при собі відповідні документи, які засвідчують особу.
HR забезпечує / надає доручення місії групі збору даних; Керівники команд або / та польові офіцери нагадують Команді збору даних про обов'язкове використання Наказу про Місію (Mission Order); Регіональний Керівник при підтримці HR забезпечує оновлення MO за потреби; Керівники команд відповідають за постійне виконання цих правил.

4. Забезпечити всі локації, на яких група збору даних взаємодіє з бенефіціарами, дезінфікуючими засобом для використання персоналом та бенефіціарами:
Польові офіцери за підтримки Логістичної команди забезпечують наявність санітарних засобів та забезпечують розподіл необхідної кількості керівникам груп та групі збору даних перед поїздками на основі Плану руху, наданого керівниками команд. Керівники команд відповідають за постійне виконання цих правил.

5. Забезпечити належну комунікацію з бенефіціарами, пояснюючи заходи, щоб мінімізувати ризик або паніку:
REACH / IMAPCT Координатор Країни та / або Регіональний Координатор та / або Польові Офіцери регулярно інформують керівників команд та керівників груп збору даних про останню офіційну інформацію про ситуацію в країні та заходи, що вживаються державою та організацією з метою мінімізації / пом'якшення ризиків.

6. У координації з органами влади та відповідними кластерами розповсюджувати / інформувати громади щодо правил з COVID-19:
REACH / IMAPCT Координатор Країни та / або Регіональний Координатор та / або Польові Офіцери регулярно надають керівникам команд, а вони, у свою чергу, Групі збору даних всю доступну в Інтернеті / офлайн / друковану інформацію COVID-19 яку вони можуть розповсюджувати у громадах.

7. Забезпечити належну координацію з правилами та плануванням місцевих органів влади:
Польові офіцери / керівники груп регулярно консультуються з місцевою владою, щоб взаємодіяти відповідно до їх вимог, правил та планів реагування. До кожної місцевої громади слід залучати свій особливий підхід. Усі заходи повинні бути узгоджені з владою

заздалегідь і з належною турботою. Про будь-яку конкретну / чутливу ситуацію слід повідомити польовим офіцерам, REACH / IMPACT Координатору Країни та/або Регіональному Координатору. Якщо необхідно, Регіональний Координатор несе відповідальність за підтримку REACH / IMPACT Координатора Страни в будь-яких представницьких заходах.

8. **Забеспечити, щоб члени групи збору даних, з ціллю обробки будь-якіх документів / передачі будь-яких предметів, наданих/ отриманих, використовували рукавички з латексу:**
Керівники команд несуть відповідальність за постійний нагляд за захисними рукавичками під час збору / обробки паперових документів або будь-яких інших необхідних предметів від / до бенефіціарів; Керівники команд відповідають за надання рукавичок команді збору даних перед виїзними поїздками; Польовий офіцер за підтримки Логістичної команди відповідає за забезпечення наявності рукавичок.

SOP for data collection during covid-19 (English)

STANDARD OPERATIONAL PROCEDURE

IMPACT DATA COLLECTION
COVID - 19

<u>LAST UPDATE:</u> 30, April, 2020

This SOP to be updated on a regular basis

Background

As of 30th of April, Covid 19 continues to rapidly spread, with almost 3 024 059 people confirmed to have been infected with the virus in 213 countries, including 208 112 deats with known epidemiological chain. 1 406 899 COVID-19 cases have been registered in the European Region including 129 311 deaths (including 261 in Ukraine).

SOP objective

To mitigate risks to staff and beneficiaries while conducting data collection we are able to continue our work for as long as possible and to ensure all Do No Harm Measures from the ACTED/IMPACT/REACH side when implementing the Data Collecting in the locations of interventions. As part of our work, Data collection Team managed by Country Coordinator (CC) comes into regular contact with people in the most at-risk category, i.e. elderly and people with chronic diseases. While it is our responsibility to provide aid, we must do so while minimizing risk we pose to others and that others pose to us.

obligatiry measures to be fullfilled

Prior to data collection

4. The field team and team leaders should install Telegram and follow the official Ministry of Health COVID-19 chat and keep an hourly awareness of official COVID communication especially focusing on development in Donetsk and Luhansk.
5. In the training review standard Ministry of Health safety measures including (available in Ukrainian)

a. Wash hands at least 10 times per day for 20 seconds (every 1 to 2 hours).
b. Coughing or sneezing in tissue or flexed elbow.
c. Do not touch face – particularly eyes, nose and mouth.
d. Keep at least 1-meter distance from each other whenever possible. Close up contact should be limited to less than 15 minutes

During data collection

2. At the start of each data collection, team leaders to remind enumerators of the Ministry of Health Safety measures and confirm that these have been respected on the day before
3. Each morning prior to data collection, all field teams should measure their temperatures at home and report it to the team leaders. In case of a reading above 38 degrees Celsius call the team leaders and inform them of any fever, cough or shortness of breath. Also Data Collection members should fill in the Health Condition Register every day.
4. During interviews enumerators should:
   a. Ensure appropriate communication with respondents on COVID-19 measures, explaining the measures in place to minimize transmission of the virus
   b. Keep a minimum of at least 1.5 meter between themselves and respondents
   c. Cough and sneeze in their elbow or paper tissue if needed during the interview
   d. Not touch face
5. After the interview enumerators should:
   a. Wash hands with alcohol-based hand sanitizers
   b. Report to team leaders any interaction with an interviewee that exhibited the following symptoms

After the data collection

1. At the end of the data collection start date enumerators should:
   a. Thoroughly wash their hands for at least 20 secs
   b. Report to team leaders any health symptoms including fever, cough or shortness of breath
   c. Confirm location and report of any interaction with an interviewee that exhibited symptoms of fever, cough or shortness of breath
2. Field manager to prepare a daily report on any interaction with interviewee that exhibited symptoms of fever, cough or shortness of breath to be sent to Area Coordinator, Country Coordinator and Country Director.

Please see below the essential responsibilities:

1. To ensure staff, drivers and enumerators are properly informed of all social distancing and hygiene requirements:
Area Coordinator (AC) provides updates of the SOP on the regular base and Field Officers refresh during the briefings the rules for the Data Collection Team Leaders in terms of the protective measures before field trips; Team Leaders (TL) appoint the time for the briefings with the enumerators in advance on the base of the Movement Plan provided in advance;

2. To ensure staff, drivers and enumerators are provided with the masks which according to the new restriction measures should be worn by every person in Ukraine in all public places:
HR ensures/provides the masks to the Filed Officers/Team Leaders as well <u>as the SOP on masks wearing;</u> Field Officers remind to the Team Leaders about obligatory wearing the masks and proper changing the masks before every movement; Field Officers with the support of the LogTeam ensures the availability of the mask in stock; Team Leaders are responsible for the permanent execution of the rules in the field;

3. To ensure staff, drivers and enumerators are provided with the Mission Orders, ID and passport when conducting any humanitarian activities because according to the new Government restrictions every person should respect "self-isolation" rule in Ukraine.
HR ensures/provides the Mission Order to the Data Collection Team; Team Leaders or/and Field Officers remind to the Data Collection Team about obligatory using the Mission Order; AC with the support of the HR ensures the updates of the MO if needed; Team Leaders are responsible for the permanent execution of these rules.

4. To ensure all sites where data collection team interacts with beneficiaries are equipped with sanitizer for use by staff and beneficiaries:
Filed Officers with the support of Log Team ensures availability of the sanitizers in stock and ensure distribution of the needed amount to Team Leaders and Data Collection Team before the trips on the base of the Movement Plan provided by Team Leaders. Team leaders are responsible for the permanent execution of these rules.

5. To ensure appropriate communication with beneficiaries, explaining the measures, to minimize the risk or panic:
REACH/IMAPCT CC and/or AC and/or Field Officers on the regular base inform/update the Team Leaders and the Team Leaders the Data Collection Team on the latest <u>official</u> information about the situation in the country and the measures are taken by the State and organization in order to minimize/mitigate the risks.

6. In coordination with authorities and the relevant clusters, disseminate/inform communities on COVID guidance:
CC/AC/Field Officers on the regular base provide the Team Leaders and they in their turn the Data Collection Team with all available online/offline/ printed COVID information, guidance which they can disseminate in the communities.

7. To ensure appropriate coordination with the local authorities' own regulations and planning:
Field Officer/Team Leaders on the regular base consult with the local authorities in order to interact in accordance with their requirements, rules and response plans. Every local community should be involved with special approach. All activities should be agreed with the authorities in advance and with proper concern. Any specific/sensitive situation should be reported to

REACH/IMPACT CC, AC/ Field Officers. If needed AC is responsible for supporting the REACH/IMPACT CC in any representative activities.

8. To ensure that the Data Collection Team Members who could handle any documents/items provided by/to beneficiaries use latex gloves:
Team Leaders are responsible for supervising constant using the protective gloves when handling/processing the hard copy documents or any other needed items from/to beneficiaries; Team Leaders are responsible for providing the Data Collection Team with gloves before field trips; Field Officer with support of Log Team are responsible for ensuring availability in stock.

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