

Research Terms of Reference

Joint MSNA 2020

BGD2004

Bangladesh

23 July 2020

Version No. 2

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Bangladesh				
Type of Emergency	<input type="checkbox"/>	Natural disaster	<input checked="" type="checkbox"/>	Conflict	
Type of Crisis	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/> Protracted
Mandating Body/ Agency	UNHCR / ECHO				
Project Code	70ANM 7H1 / 70AOW				
Overall Research Timeframe (from research design to final outputs / M&E)	01/03/2020 to 31/12/2020				
Research Timeframe Add planned deadlines (for first cycle if more than 1)	1. Start collect data: 26/07/2020		5. Preliminary presentation: 23/08/2020		
	2. Data collected: 15/08/2020		6. Outputs sent for validation: 30/11/2020		
	3. Data analysed: 20/08/2020 (preliminary)		7. Outputs published: 31/12/2020		
	4. Data sent for validation: 20/08/2020 (preliminary)		8. Final presentation: 15/09/2020		
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 checked="" type="checkbox"/>	Donor plan/strategy	31/12/2020		
	<input checked="" type="checkbox"/>	Inter-cluster plan/strategy	15/09/2020		
	<input checked="" type="checkbox"/>	Cluster plan/strategy	15/09/2020		
	<input type="checkbox"/>	NGO platform plan/strategy	_ _ / _ _ / _ _ _ _		
	<input type="checkbox"/>	Other (Specify):	_ _ / _ _ / _ _ _ _		
Audience Type &	Audience type		Dissemination		

Dissemination <i>Specify who will the assessment inform and how you will disseminate to inform the audience</i>	<input checked="" type="checkbox"/> Strategic <input type="checkbox"/> Programmatic <input type="checkbox"/> Operational <input type="checkbox"/> [Other, Specify]		<input checked="" type="checkbox"/> General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) <input checked="" type="checkbox"/> Cluster Mailing <input checked="" type="checkbox"/> Presentation of findings at Cluster meetings <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	To inform evidence-based strategic planning of humanitarian response activities by the Strategic Executive Group (SEG), ISCG Secretariat, Sectors, and Sector partners, through the provision of up-to-date, relevant and comparable information on the multi-sectoral needs of refugee and host community populations in Cox's Bazar District, Bangladesh.			
Specific Objective(s)	<ul style="list-style-type: none"> • Provide a comprehensive evidence base of the diverse multi-sectoral needs among refugee populations and host communities to inform the 2021 Joint Response Plan; • Provide an analysis of how refugee population and host community needs have changed in 2020, with an emphasis on the impact of the COVID-19 pandemic on multi-sectoral needs; • Provide the basis for a joint multi-stakeholder analysis process. 			
Research Questions	<ol style="list-style-type: none"> 1. What are the needs and service gaps within refugee camps and host communities? 2. What are the characteristics of households most in need? 3. What are the immediate and structural factors associated with these needs? 4. To what extent have these needs and service gaps been impacted by the COVID-19 pandemic? 5. What behaviors and coping strategies are households undertaking in order to meet their needs, in particular in view of the COVID-19 crisis, and what factors influence these behaviors? 6. What are households' perspectives on aid delivery, as well as their preferences, and priorities with regards to aid delivery for 2021? 			
Geographic Coverage	The assessment will target: <ul style="list-style-type: none"> • All Rohingya refugee households residing in the 34 camps in the Unions of Ukhiya and Teknaf, including Kutupalong and Nayapara Refugee Camps; • Selected Bangladeshi households living in the 11 Unions of Ukhiya and Teknaf (in the absence of a comprehensive sampling frame covering all Bangladeshi households living in the two Upazilas). 			
Secondary data sources	Will draw from from previous assessments/monitoring sources from the Assessment Registry			
Population(s) <i>Select all that apply</i>	<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 checked="" 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	<input type="checkbox"/>	[Other, Specify]

Stratification <i>Select type(s) and enter number of strata</i>	X	Geographical #: 2 Population size per strata is known? X 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)	X	Structured (Quantitative)		X	Semi-structured (Qualitative)	
		Sampling method			Data collection method	
Structured data collection tool # 1 <i>For refugee communities</i>	<input type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random X 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 #): ca. 760 ¹ <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Direct observations (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ 			
Structured data collection tool # 2 <i>For host communities</i>	<input type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random X 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 #): ca. 760 ² <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Direct observations (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ 			
Semi-structured data collection tool (s) # 1 <i>For camps</i>	X Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		X Key informant interview (Target #): <input type="checkbox"/> Individual interview (Target #): ca. 40 ³ ____ <input type="checkbox"/> Focus group discussion (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ 			
Semi-structured data collection tool (s) # 2 <i>For host communities</i>	X Purposive <input type="checkbox"/> Snowballing <input type="checkbox"/> [Other, Specify]		X Key informant interview (Target #): <input type="checkbox"/> Individual interview (Target #): ca. 40 ⁴ ____ <input type="checkbox"/> Focus group discussion (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ 			
Target level of precision if probability sampling	95% level of confidence		+/- 5% margin of error			
Data management platform(s)	<input type="checkbox"/>	IMPACT		X	UNHCR	
	<input type="checkbox"/>	[Other, Specify]				
Expected output type(s)	<input type="checkbox"/>	Situation overview #: ____	X	Report #: 1 (if needed)	<input type="checkbox"/>	Profile #: ____
	X	Presentation (Preliminary findings) #: 1	X	Presentation (Final) #: 1	<input type="checkbox"/>	Factsheet #: 8
	<input type="checkbox"/>	Interactive dashboard #: _	<input type="checkbox"/>	Webmap #: ____	<input type="checkbox"/>	Map #: 1

¹ This number of interviews is required to obtain representative results at a 95% confidence level and 5% margin of error at the Upazila level

² This number of interviews is required to obtain representative results at a 95% confidence level and 5% margin of error at the Upazila level for the host community population included in the sampling frame

³ This is the number of interviews assumed to be required to reach data saturation.

⁴ This is the number of interviews assumed to be required to reach data saturation.

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 <i>Specify which logos should be on outputs</i>	REACH	
	Donor: UNHCR, ECHO	
	Coordination Framework: MSNA TWG and data collection partners (ISCG, ACAPS, IOM, WFP, UNHCR)	
	Partners: TWB	

2. Rationale

2.1. Rationale

In successive waves over four decades, Rohingya refugees have been fleeing to Bangladesh from Rakhine State, Myanmar, where they have suffered systematic, ongoing persecution. Since August 2017, an estimated 745,000 Rohingya refugees fled into Cox's Bazar, increasing the total number of Rohingya refugees to more than 850,000. Most of the newly-arrived refugees rely heavily on humanitarian assistance, having left their homes with few possessions and exhausted their financial resources during the journey. Many new arrivals have settled in hilly, formerly forested areas that are highly vulnerable to landslides and flash-flooding during the monsoon season, while the host communities along the Bay of Bengal coast are exposed to frequent and sometimes severe cyclone winds and tidal surges. The rapid speed and enormous scale of the refugee influx have also placed a significant strain on resources, infrastructure, public services and the local economy in what was already one of the most socially deprived areas of Bangladesh. As the crisis moved beyond the initial emergency phase to a more sustained response, comprehensive information on the needs and vulnerabilities of all affected populations is needed in order to inform the design and implementation of effective inter-sectoral programming. Moreover, the high fluidity of population movements, changing services within each settlement, and challenges presented by the monsoon and cyclone seasons require regularly updated analyses of household needs and access to services.

At the same time, the global COVID-19 pandemic and associated control measures have recently led to severely restricted access and service delivery to the highly aid-dependent refugee communities, as well as limited access to livelihoods/income-generating activities, goods, and services among host communities. This can be expected to have impacted on levels of needs among both refugee and host communities. Given the likely magnitude of the impact of the restrictions and related reductions in the response, an understanding of how household-level multi-sectoral needs, capacities and access to services have been impacted throughout the lockdown period will therefore be essential for a full understanding of priority needs for 2021.

While needs assessments have been regularly undertaken by humanitarian partners, multi-sector assessment initiatives serve to reduce assessment fatigue and burden on families while enhancing inter-sectoral analysis. A multi-sectoral assessment, aligned with the humanitarian programme cycle and other in-depth sector assessments, provides a strategic planning tool for evidence-based prioritization through the activity's comprehensive coverage, consistent methodology, common framework for joint analysis, and buy-in of findings. While an MSNA is intended to support detailed sectoral assessments through analysis of key needs and response gaps, the multi-sectoral nature of the assessment allows for deeper analysis and understanding of key inter-sectoral concepts to support humanitarian planning.

Against this background, comprehensive and ISCG-mandated Multi-Sector Needs Assessments (MSNA) across Rohingya refugee and host community populations are proposed to support detailed humanitarian planning and enhance the ability of operational partners to meet the strategic aims of donors and coordinating bodies. To date, a number of MSNAs have been implemented to support the response, most recently the 2019 J-MSNAs conducted to enable monitoring of the implementation of the 2020 Joint Response Plan (JRP), expand the body of analysis and address key information gaps. The 2020 J-MSNA is aimed to continue to provide an accurate snapshot of the situation with the specific objectives to:

1. Provide a comprehensive evidence base of the diverse multi-sectoral needs among refugee populations and host communities to inform the 2021 Joint Response Plan;
2. Provide an analysis of how refugee population and host community needs have changed in 2020 with an emphasis on the impact of the COVID-19 pandemic on multi-sectoral needs;
3. Provide the basis for a joint multi-stakeholder analysis process.

4. Methodology

2.1. Methodology overview

Primary data collection will consist of both a quantitative and a qualitative component. The quantitative component will consist of two household surveys – one targeting refugee populations and one targeting host communities – and the qualitative component will consist of KIIs with purposively chosen refugee and host community members.

The proposed quantitative methodology will attempt to provide representative results at the Upazila level for refugee communities. For host communities, due to the absence of a complete sampling frame, results will be representative only for the sub-sample of the host community population that is included in the sampling frame, consisting of a census of host population households within 6 km of UNHCR camps that UNHCR conducted as well as host community beneficiary households, registered by UNHCR and IOM. The representative results for this sub-set, generated using this sampling frame, can be considered indicative of the wider host community population. Given the current restrictions around movement, access to camps and face-to-face interviews due to the COVID-19 preventative measures, data collection will take place remotely through phone calls. This will pose constraints to data collection as detailed below. Data collection is planned for three weeks between July and August and will include roughly 760 household interviews with refugee households and roughly 760 interviews with host community households, generating representative results at a 95% level of confidence and 5% margin of error at the Upazila level for refugees and indicative results for host communities.

The KIIs will focus in particular on drivers of need (research question 3) and the impacts of COVID-19 on needs (research question 4), as those questions are less comprehensively addressed by the quantitative tool than levels of need (research question 1) and characteristics of households most in need (research question 2), and qualitative data collection is considered better suited to gain slightly more explanatory depth on those questions. Given time constraints and the remote nature of the assessment, coping and perceptions, priorities and preferences will be less comprehensively addressed than the other research questions by both tools. In total, 40 KIIs with host community and refugee household respondents are planned.

For the purposes of the assessment, the host community is defined as including all Bangladeshi households residing in the 11 Unions in Ukhiya and Teknaf Upazilas. Refugee is defined as including all Rohingya households residing in the 34 camps across Ukhiya and Teknaf Upazilas.

2.2. Population of interest

In line with the geographical coverage and population targeted by the 2021 JRP and subject to refinement during the activity design process, the assessment will target:

- All Rohingya refugee households residing in the 34 camps in Ukhiya and Teknaf, including Kutupalong and Nayapara Refugee Camps;
- All Bangladeshi households living in the Unions of Ukhiya and Teknaf.

Households will be the unit of measurement for this assessment, defined as a group of people living together, generally eating from one pot (sharing food). This definition is in line with the definition of a household used in the [Bangladesh 2011 Census](#) – “a group of persons, related or unrelated, living together and taking food from the same kitchen”.

2.3. Secondary data review

A secondary data review will form the basis of assessment design. Existing information and possible indicators will be derived from the [Assessment Registry](#) and the [Needs Assessment Indicator list](#). A further in-depth secondary data review will complement primary data collection results. As far as possible, MSNA findings will be triangulated with existing data sources. Possible sources include but are not limited to:

- UNICEF COVID-19 Response Education Survey
- [FAO Rapid assessment of food and nutrition security in the context of COVID-19 in Bangladesh](#)
- [WFP COVID-19 impact on refugees and host communities](#)
- [REACH Market Monitoring Initiative](#)
- [ACAPS COVID-19 Explained Series](#)
- [WFP Refugee influx emergency vulnerability assessment \(REVA\)](#)

2.4. Primary Data Collection

Refugee community sampling

The sample will be drawn from all households that have officially been registered in the camps. The sample will be provided by UNHCR. A stratified probability-proportional-to-size (PPS) random sampling approach will be employed, with the sample being stratified at the Upazila level and sample size at the camp level being proportional to camp population size. Results will be generalizable at a 95% confidence level and 5% margin of error at the Upazila level. This will require roughly 380 interviews to be conducted in both Upazilas, i.e. a total of roughly 760. Sample sizes are detailed below:

Upazila	Camp	Registered households	Sample size
Ukhiya	Camp 1E	8,480	21
	Camp 1W	8,376	21
	Camp 2E	6,083	15
	Camp 2W	5,444	14
	Camp 3	8,056	20
	Camp 4	7,018	18
	Camp 4 Extension	1,635	4
	Camp 5	5,483	14
	Camp 6	4,834	12
	Camp 7	8,166	20
	Camp 8E	6,186	15
	Camp 8W	6,609	17
	Camp 9	7,181	18
	Camp 10	6,342	16
	Camp 11	6,146	15
	Camp 12	5,305	13
	Camp 13	8,801	22
	Camp 17	3,783	9
	Camp 18	6,076	15

Upazila	Camp	Registered households	Sample size
	Camp 19	4,868	12
	Camp 20	1,572	4
	Camp 20 Extension	1,834	5
	Kutupalong RC	3,143	8
	Camp 14	6,574	16
	Camp 15	10,461	26
	Camp 16	4,497	11
Total		152,953	381
Teknaf	Camp 21	3,839	42
	Camp 22	4,279	47
	Nayapara RC	4,371	48
	Camp 23	2,381	26
	Camp 24	5,776	64
	Camp 25	1,545	17
	Camp 26	9,034	100
	Camp 27	3,245	36
Total		34,470	380
Total		187,423	761

Host community sampling

Due to the absence of a comprehensive sampling frame, it will be attempted to construct a sampling frame using partners' beneficiary/household registration databases. The primary source will be census data from a census UNHCR conducted within 6 km from UNHCR camps. The proportion of the sample for each Union drawn from this database will be equal to the proportion of households in the Union included in the UNHCR census. The remaining share of the sample will be drawn from IOM and UNHCR beneficiaries list, covering to the degree possible areas within the targeted Unions not included in the UNHCR census. As the final sampling frame will not cover the entire host community and therefore not allow to sample in a way that results representative of the entire host community could be generated, results representative of a sub-sample of the host community population will be generated. A stratified PPS random sampling approach will be employed, with the sample being stratified at the Upazila level, sample size at the Union being proportional to Union population size, and sample size at the ward level being proportional to the share of ward-level population in the sampling frame for each Union. Results will be generalizable for the sub-sample at a 95% confidence level and 5% margin of error at the Upazila level. They will be indicative of the host community as a whole, but biases introduced by the sample (towards populations in the vicinity of UNHCR camps and beneficiary populations outside the 6 km radius from the camps) will have to be considered in the interpretation of the results for the entire host community. This will require roughly 380 interviews to be conducted in both Upazilas, i.e. a total of roughly 760. Sample sizes are detailed below:

Upazila	Union	Population (2011 Census)	Sample size
Ukhiya	Raja Palong	10,596	106
	Haldia Palong	9,006	90
	Jalia Palong	8,511	85
	Ratna Palong	4,238	42
	Palong Khali	5,589	56
Total		37,940	379
Teknaf	Nhilla	8,271	70
	Sabrang	9,970	84

	Whykong	8,867	75
	Bharchhara	4,832	41
	Teknaf (incl. Paurashava)	13219	112
Total		45,159	382
Total		83,099	761

Refugee and host communities

An estimated buffer will be factored into all sample size calculations to account for the following cases:

- Non-eligible households or non-response: Only households that are registered with functioning phone numbers and answering their phones can be interviewed. Non-eligible households are households not belonging to the target population, e.g. Bangladeshi households living within the camps or refugee households living outside the camp boundaries.
- Non-consenting households or households without an appropriate respondent: Respondents must be at least 18 years of age, and may decline to participate or complete a full survey at any point during the assessment.
- Data cleaning or errors in forms: This includes surveys that will be completed and hence be part of the final sample, but will be removed during data cleaning and therefore not be part of the final dataset.

Households will be the unit of measurement for this assessment, defined as a group of people living together, generally eating from one pot (sharing food).⁵ The list of sample households will be split among enumerators in such a way that all female respondents (as gender of the respondent is included in the sampling frame and hence known prior to the call) will be interviewed by female enumerators. Male respondents will be interviewed by enumerators of both genders, as teams have a 50/50 gender composition, while respondents are expected to be roughly 75% male (due to higher prevalence of phone ownership among the male population). The interviews will be conducted with the head of household. In order to be able to conduct the required number of interviews within three weeks, a total of 72 enumerators will be used, who will come from UNHCR and IOM. Quantitative data will be collected using KoBo toolbox. Phone interviews for qualitative data collection will be recorded (with consent from respondent) and later on transcribed and translated. Transcription will be done word-for-word into a Word document that will later on be analyzed using NVIVO software. As the interview will be conducted on the phone, interviewers will not be able to take notes simultaneously. Any important points could get flagged after the interview and will be incorporated into the transcription, marked as notes.

Due to restrictions on movement, access to camps and face-to-face interviews as part of the COVID-19 preventative measures, all interviews will be conducted via the phone.⁶ This requires certain limitations to be considered in survey design:

- Questions and responses need to be phrased simply, given poor mobile connectivity and lack of nonverbal cues from both enumerators and respondents
- Privacy cannot be ensured, as the enumerator cannot ensure that respondents are alone and no one is overhearing the conversation. Therefore, in order to avoid creating risks to the respondent, sensitive topics that should only be discussed when privacy can be ensured will not be included in the assessment
- Interviews will need to remain short in order to keep the attention of respondents
- As phone ownership is more prevalent amongst males, a lower proportion of female respondents is anticipated than for in-person surveys

Quantitative data collection

⁵ In line with the definition of a household used in the [Bangladesh 2011 Census](#) – “a group of persons, related or unrelated, living together and taking food from the same kitchen”

⁶ In line with [SOPs for Data Collection during COVID-19](#)

As remote data collection for camps relies on contact information from refugee registration lists, while contact information for host community members will be partly derived from a UNHCR database covering host community households living within 6 km of the camps, refugee and most of the host community data collection will be carried out by UNHCR enumerators. The remaining host community interviews sampled from the IOM beneficiary data will be carried out by IOM enumerators. A joint UNHCR/REACH field team leadership is proposed for the quantitative component to ensure data quality and to facilitate granular data feedback and cleaning processes.

Prior to data collection, a six-day remote training will be held for enumerators, outlining the objectives and methodology of the assessment, data collection protocols, ethics and code of conduct, including Accountability to Affected Populations (AAP), referral mechanisms and Protection from Sexual Exploitation and Abuse (PSEA), clarification of tools/agreement on standards for recording responses, and multiple rounds of practice with tools. As training cannot take place in-person due to movement restrictions, training sessions will be conducted online, using Skype, Zoom or Teams. In-country technical partners and working groups will also be invited and encouraged to provide trainings on sector-specific sections of the questionnaires as well as referral pathways and psychological first aid in order to uphold the principle of “do no harm” during data collection. Tools and data collection protocols will then be piloted remotely with a sample of refugee and host community members during a 2-day piloting exercise to identify and rectify problems before the full roll-out of data collection. This includes problems such as those in phrasing/understanding of the questions both on the side of the enumerators and the side of the respondents, problems in the KoBo tool (e.g. how information is displayed on the screen, sequenced, etc.) or missing response options.

Prior to data collection, as needed, necessary permissions will be sought from the respective management bodies for the areas to be surveyed (CICs for the camps and Upazila Nirbahi Officers and Union Parishad chairs for the host communities). ISCG will help to seek authorizations based on communication material created by the MSNA TWG informing about the purpose and modality of the assessments.

Data collection for both refugee and host communities is planned for July and August 2020.

Qualitative data collection

The household-level findings will be complemented with a qualitative approach to gain a deeper understanding in particular of drivers of needs and the impacts of COVID-19 on needs across different population groups and sectors. The qualitative approach will support the contextualization of household survey findings, thus strengthening the analysis. The KIs will be conducted at the community level, with community representatives in camps and ward-level representatives in host communities. If for certain areas, community-level KIs cannot be contacted, the possibility of using household-level KIs instead will be explored. A comprehensive tool covering drivers of need as well as impacts of COVID-19 on levels of need, and lightly touching upon coping as well as preferences, perceptions and priorities, will be developed. However, with each KI only selected sectors will be discussed more in-depth. The sectors to be discussed will be identified at the beginning of each interview through initial screening questions looking at difficulties accessing different types of assistance as well as perceived COVID-19 impact on needs. The enumerator will only discuss those sectors with the KI, for which assistance is generally most difficult to access, has become significantly more difficult to access due to the lockdown and/or needs have been exacerbated the most by the lockdown. The decision on which sectors to be discussed with each KI is to be made by the enumerator following the discussion of the screening questions. As data saturation is reached for particular sectors, KIs to fill data gaps for remaining sectors will have to be targeted (e.g. caregivers for children under five or sector KIs, such as teachers or health care professionals). Roughly 40 household KIs will be conducted for refugees and 40 for host communities.

Qualitative data collection will be carried out by both REACH and IOM enumerators. A one-day online training will be provided by REACH for enumerators prior to data collection. During the training, enumerators will have the opportunity to clarify any issues with the questions and practice with each other, before starting data collection immediately following the training. Due to time constraints, no pilot will be conducted between the training and the start of data collection.

2.5. Data Processing & Analysis

Quantitative component

A progress tracking system will be implemented to track progress during data collection. At the end of each day, it will be recorded, which interviews have been completed, for which ones no consent was received, the interviewee was not reached or no eligible household member was available for the interview, and which ones need to be tried again. The sum of completed interviews will then be compared against the targeted number of interviews to track overall progress.

Data checking and cleaning will be conducted on a daily basis according to a set of pre-established Standard Operating Procedures (SoP) in line with defined minimum standards.⁷ Data cleaning will include location checks, outlier checks, analysis of 'other' responses, identification and removal or replacement of incomplete or inaccurate records, and recoding and standardizing entries. Upon completion of data collection, the data will be analysed using R and as outlined in a predefined data analysis plan that ensures the necessary linkages between the questionnaire, the indicators to be measured and the overall research questions to be answered. The relevant descriptive statistics will be produced and key associations within the data tested.

Qualitative component

Processing of transcripts, notes, and recordings from the qualitative data collection will be explored further with data collection partners. A Data Saturation Grid will be developed and further analysis conducted based on a pre-defined analysis plan, aiming to draw out trends, themes, and key messages to answer the research questions, using NVIVO.

4. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Assessment Officer, Project Officer	Country Coordinator	IMPACT Research Design and Data Unit (RDD), MSNA TWiG, Sectors	MSNA TWiG
Supervising data collection	Field Manager, Field Coordinator, Field Assistant, Team Leader	Country Coordinator	Assessment Officer	
Data processing (checking, cleaning)	Assessment Officer, Project Officer	Country Coordinator		
Data analysis	Assessment Officer, Project Officer	Country Coordinator	GIS/Data Specialist	MSNA TWiG
Output production	Assessment Officer, Project Officer	Country Coordinator	IMPACT Research Reporting Unit (RRU)	MSNA TWiG
Dissemination	Assessment Officer, Project Officer	Country Coordinator	IMPACT RRU	

⁷ Compare [IMPACT Data Cleaning Minimum Standards checklist](#)

Monitoring & Evaluation	Assessment Officer, Project Officer	Country Coordinator	IMPACT RRU	
Lessons learned	Assessment Officer, Project Officer	Country Coordinator	MSNA TWiG	IMPACT RDDU

Responsible: the person(s) who executes the task

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

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

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

5. Data Analysis Plan

Data analysis plan for the household survey (blue are indicators only relevant to host communities, red those only relevant to refugees):

Research question	IN#	Indicator group / sector	Indicator / Variable	Questionnaire Questions	Instructions	Questionnaire Responses
NA		Metadata	Enumerator organization	Enumerator organisation	Select one	
		Metadata	Enumerator ID	Enumerator ID	Enter Number	
		Metadata	Enumerator gender	Enumerator gender	Select one	Male; Female; Other
		Strata	Upazila	Name of Upazila	Select one	Admin list
		Metadata	Camp	Name of camp	Select one	Camp list
		Metadata	Union	Name of Union	Select one	Admin list
		Metadata	Average respondent age	Age of respondent	Enter Number	Enter number
		Metadata	% of respondent by gender	Gender respondent	Select one	Male; Female; Other
		Household characteristics	% of HH by gender of HoH	Is the respondent the head of the household?	Select one	Yes; No
				[If no] What is the gender of the head of household?	Select one	Male; Female; Other
				Gender respondent	Select one	Male; Female; Other
		Household characteristics	Average age of HoH	Is the respondent the head of the household?		Yes; No
				[If no] What is the age of the head of the household?	Enter Number	
				Age of respondent	Enter Number	
		Household characteristics	% of HH by marital status of HH head	What is the marital status of the head of household?	Select one	Single; Married; Separated; Widow(er); Divorced; Decline to answer
		Household characteristics	% of single female-headed HH	Is the respondent the head of the household?	Select one	Yes; No
				[If no] What is the gender of the head of household?	Select one	Male; Female; Other
				Gender respondent	Select one	Male; Female; Other
				What is the marital status of the head of household?	Select one	Single; Married; Separated; Widow(er); Divorced; Decline to answer

		Household characteristics	% of elderly-headed HH	Is the respondent the head of the household?		Yes; No
		Household characteristics	% of HH with single HH heads	[If no] What is the age of the head of the household?	Enter Number	
		Household characteristics	Average HH size	Age of respondent	Enter Number	
		Household characteristics	% of large households	What is the marital status of the head of household?	Select one	Single; Married; Separated; Widow(er); Divorced; Decline to answer
		Household characteristics	% of HH by period of arrival at shelter/site	Including yourself, how many people live in this household?	Enter Number	
		Household characteristics	% of HH by highest level of education obtained, by category and by level	Including yourself, how many people live in this household?	Enter Number	
		Household characteristics	% of HH with persons with disability	When did (most members of) your household arrive to this shelter?	Pick date	
		Household characteristics	% of HH by highest level of education obtained, by category and by level	What is the highest grade of education anyone in this household has completed?	Select one	Kindergarten; Elementary School: Standard 1; Elementary School: Standard 2; Elementary School: Standard 3; Elementary School: Standard 4; Elementary School: Standard 5; Middle School: Standard 6; Middle School: Standard 7; Middle School: Standard 8; Middle School: Standard 9; High School: Standard 10; High School: Standard 11; Tertiary education; Madrassa only; No education; Don't know/no answer
		Household characteristics	% of HH with persons with disability	What is the highest grade of education anyone in this household has completed?	Select one	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Above grade 12/tertiary education, vocational/technical training, Madrasah only, Don't know/prefer not to answer
		Household characteristics	% of HH with persons with disability	Does anyone in this household over the age of 5 have difficulty seeing, even if wearing glasses?	Select one	No - no difficulty; Yes - some difficulty; Yes - a lot of difficulty; Yes - cannot do at all

			Does anyone in this household over the age of 5 have difficulty hearing, even if using an aid?	Select one	No - no difficulty; Yes - some difficulty; Yes - a lot of difficulty; Yes - cannot do at all	
			Does anyone in this household over the age of 5 have difficulty walking or climbing steps?	Select one	No - no difficulty; Yes - some difficulty; Yes - a lot of difficulty; Yes - cannot do at all	
			Does anyone in this household over the age of 5 have difficulty remembering or concentrating?	Select one	No - no difficulty; Yes - some difficulty; Yes - a lot of difficulty; Yes - cannot do at all	
			Does anyone in this household over the age of 5 have difficulty with self-care, such as washing or dressing?	Select one	No - no difficulty; Yes - some difficulty; Yes - a lot of difficulty; Yes - cannot do at all	
			Using your usual (customary/day-to-day) language, does anyone in this household over the age of 5 have difficulty communicating, for example understanding or being understood?	Select one	No - no difficulty; Yes - some difficulty; Yes - a lot of difficulty; Yes - cannot do at all	
		Household characteristics	% of HH by languages spoken in HH	What language(s) do members of your household speak or understand?	Select multiple	Rohingya; Chittagonian; Bangla; Burmese; Arabic; English; Other; Don't know/no answer
		Household characteristics	Dependency ratio	Age of individual	Enter Number	
		Household characteristics	% of HH with high dependency ratio	Age of individual	Enter Number	
		Household characteristics	% of HH without working-age population	Age of individual	Enter Number	
		Household characteristics	Population pyramid	Age of individual	Enter Number	
			Gender of individual	Select one	Male; Female; Other	
What are the needs and service gaps within refugee camps		Health	% of children <6 months, by location of birth	[Children < 6 months of age] Where was this child born?	Select one	At home; At a clinic (NGO, Government or Private); Midwife's House; Other; Don't know/no answer

and host communities?		Health	% of households with at least one member reported as having an illness serious enough to require medical treatment in the 30 days prior to data collection	During the past 4 weeks, has this person had an illness serious enough serious enough that medical treatment was or should have been sought, or did this person require a regular medical check-up?	Select one	Yes; No; Don't know/prefer not to answer
		Health	% of individuals reported to have had an illness serious enough to require medical treatment or to require a regular medical check-up in the 30 days prior to data collection, by age group, by gender	During the past 4 weeks, has this person had an illness serious enough serious enough that medical treatment was or should have been sought, or did this person require a regular medical check-up?	Select one	Yes; No; Don't know/prefer not to answer
				Age of individual	Enter Number	
				Gender of individual	Select one	Male; Female; Other
		Health	% individuals reported to have had an illness serious enough to require medical treatment in the 30 days before data collection	What kind of treatment/check-up did the person require?	Select one	COVID-19 testing/treatment; examination/treatment for other illness; regular check-up/treatment (e.g. for chronic diseases, pregnancy, etc.); Other (specify); Don't know/prefer not to answer
				[If yes] Did this person seek treatment for this illness?	Select one	Yes; No; Don't know/prefer not to answer
		Health	% individuals reported to have had an illness serious enough to require medical treatment or to require a medical check-up in the 30 days before data collection, for whom treatment was sought, by treatment location	[If yes] Where did they seek treatment?	Select multiple	NGO clinic; Government clinic; Private clinic; Pharmacy or drug shop in the market; Traditional/community healer; Remotely from doctor (e.g. Calling on mobile/facebook); Other; Don't know / no answer
		Health	% of HH who were visited by a health	In the past two weeks, has this household received a visit	Select one	Yes; No; Don't know/prefer not to answer

		volunteer at least once in the 14 days before data collection	from a community health worker?		
	Health	% of HH having to walk more than 1 hour to nearest health facility	How long does it take you to reach the nearest healthcare facility by walking?	Select one	Less than 15 mins; 15 min to less than 30 min; 30 min to less than 1 hour; 1 hour to less than 3 hours; More than 3 hours
	Health	% of individuals smoking cigarettes	[Individual aged 12+]: Does this person smoke cigarettes?	Select one	Every day; Some days; Not at all
	Health	% of HH reporting using face masks	Did you and your household members receive and use face masks?	Select one	Yes, all household members received and used facemasks; Not all household members or no household members received facemasks; Not all household members or no household members used the masks they received; Don't know/prefer not to answer
	Health	% of HH reporting reasons for not using face masks	[if Not all household members/no household member used the received masks] Why not?	Select one	Don't think it is useful; Don't like wearing it; Used mask from different source; Sold it; Don't know/prefer not to answer; Other (specify)
	Health	% of HH reporting COVID preventative measures, by measure	Since you heard about COVID-19, have you and your household members taken any action to prevent yourselves from getting COVID-19?	Select multiple	1. No, no action taken; 2. Not leaving the house at all; 3. Reducing movement outside the house; 4. Stopping handshakes or physical contact; 5. Keeping distance from people; 6. Avoiding public places and gatherings; 7. Avoiding public transport; 8. Wearing a face mask; 9. Wearing gloves; 10. Washing hands more regularly; 11. Keeping surfaces clean; 12. Praying to God; 13. Staying away from animals; 14. Increasing the number of baths/showers a day; 15.

					Having specific foods (lemon water, hot water, cardamom, honey, etc.); 16. Other (specify); 17. Don't know
	Health	% of HH with pregnant women indicating that pregnant women are enrolled in an ANC programme in a health facility	Are there any women pregnant in this household? If yes, how many?	Enter number (0 if none)	
			[If yes] How many are currently enrolled in an ANC programme?	Enter number	
	Nutrition	% of children 6-59 months screened by mother/volunteer in the past 30 days	[Individual aged 6 to 59 months] In the past 30 days, did either the mother or a volunteer measure the MUAC of this child to assess its nutritional status?	Select one	Yes; No; Don't know/prefer not to answer
	Nutrition	% of children enrolled in a nutrition-feeding program	[Individual aged 6 to 59 months] Is this child currently enrolled in any nutrition-feeding program (Pusti Khana/Leda Khana)?	Select one	Yes; No; Don't know/prefer not to answer
	Nutrition	% of HH with PLW enrolled in a nutrition-feeding program	Are there any women lactating (women with children <6 months) in this household? If yes, how many?	Enter number (0 if none)	
			[if PLW > 0] How many pregnant and/or lactating women are currently enrolled in Shuji Khan? (product of shuji khana: WSB+/local name: Shuji)	Enter number	
	Nutrition	% of HH reporting receiving super cereal plus (WSB++) in the past 30 days	In the past 30 days, did your household receive Shuji packets from food distribution centers?	Select one	Yes; No; Don't know/prefer not to answer
	Nutrition	% of HH reporting receiving super cereal plus (WSB++) in the past 30 days	[Individual aged 6 to 59 months>=1] In the past 30 days, did your household receive Shuji packets from food distribution centers?	Select one	Yes; No; Don't know/prefer not to answer

	Education	% of children and youth reported as attending learning spaces run by NGOs or the government for at least 4 days per week in the 30 days before the COVID-19 outbreak (by age group and gender)	[Individuals aged 3-24] In the 30 days before learning centers closed due to the COVID-19 outbreak [17 March 2020], has this child/person attended a learning centre run by an NGO or the government at least 4 days a week?	Select one	Yes; No; Don't know/prefer not to answer
			Age of individual	Enter Number	
			Gender of individual	Select one	Male; Female; Other
	Education	% of children and youth reported as attending Madrassahs for at least 4 days per week before the COVID-19 outbreak (by age group and gender)	[Individuals aged 3-24] In the 30 days before learning centers closed due to the COVID-19 outbreak [17 March 2020], has this child/person attended a Madrassah?	Select one	Yes; No; Don't know/prefer not to answer
			Age of individual	Enter Number	
			Gender of individual	Select one	Male; Female; Other
	Education	% of children and youth reported as attending other types of learning led by an NGO, such as at-home tutoring, for at least 4 days per week before the COVID-19 outbreak (by age group and gender)	[Individuals aged 3-24] In the 30 days before learning centers closed due to the COVID-19 outbreak [17 March 2020], has this child/person attended any other types of learning led by an NGO, such as at-home tutoring?	Select one	Yes; No; Don't know/prefer not to answer
			Age of individual	Enter Number	
			Gender of individual	Select one	Male; Female; Other
	Education	% of children and youth reported as attending formal learning opportunities during the current school year prior to COVID-19 outbreak (by age group	[Individual aged 4-24] During the current school year and before the COVID-19 outbreak [17 March 2020], did this person attend any of the following formal learning spaces at least 4 days a	Select one	Government school; Alia Madrasah; Private school (non-religious); University; Technical College; College (public or private); Ministry of Youth and Sport Development Programmes; None

		and gender, by learning space)	week?		
			Age of individual	Enter Number	
			Gender of individual	Select one	Male; Female; Other
	Education	% of children and youth reported as attending formal learning opportunities during the current school year prior to COVID-19 outbreak (by age group and gender, by learning space)	[Individual aged 4-24] During the 2020 education year and before the COVID-19 outbreak [17 March 2020], has this person attended any of the following non-formal learning spaces?	Select one	NGO school; Madrasah (other than Alia); Vocational training center/course; None
			Age of individual	Enter Number	
			Gender of individual	Select one	Male; Female; Other
	Education	% of children and youth reported to have attended formal learning spaces in 2019 but not in current school year prior to COVID-19 outbreak	[If none] Throughout the 2019 education year, did this person regularly attend any of the following formal learning spaces (at least 4 days a week)?	Select one	Government school; Alia Madrasah; Private school (non-religious); University; Technical College; College (public or private); Ministry of Youth and Sport Development Programmes; None
	Education	% of HH with out-of-school children < 18 years of age (not having attended TLCs prior to COVID-19)	[Individuals aged 3-24] In the 30 days before learning centers closed due to the COVID-19 outbreak [17 March 2020], has this child/person attended a learning centre run by an NGO or the government at least 4 days a week?	Select one	Yes; No; Don't know/prefer not to answer
			Age of individual	Enter Number	
	Education	% of HH with out-of-school children < 18 years of age (not having attended formal education prior to COVID-19)	[Individual aged 4-24] During the current school year and before the COVID-19 outbreak [17 March 2020], did this person regularly attend any of the following formal learning spaces?	Select one	Yes; No; Don't know/prefer not to answer
			Age of individual	Enter Number	

		Education	% of households with school-aged children attending TLCs/formal schools where at least one member reports having spoken to a teacher about their child's education while learning spaces were closed	[if yes to any individuals regularly attending TLCs/formal schools] Has a caregiver from this household ever spoken to a teacher about the education of children attending TLCs/formal schools since TLCs/schools have been closed?	Select one	Yes; No; Don't know/prefer not to answer
		Shelter	% of HH reporting issues with their shelter in the 6 months prior to data collection, by type of issue (if any)	In the past 6 months did you face any issues with your shelter?	Select multiple	No issues; Yes, issues with the roof; Yes, issues with the walls; Yes, issues with the floor/plinth; Yes, issues with damaged/rotting materials; Yes, the space inside is not enough for the household; Yes, can't lock the shelter from the inside and/or outside; Yes, do not have enough privacy inside the shelter; Yes, unable to conduct regular activities in the shelter (such as cooking, bathing, etc.); Yes, drainage is blocked and water floods in the shelter; Yes, shelter is hard to access; Don't know/prefer not to answer; Other (specify)
		Shelter	% of HHs reporting physical access barriers to their shelter, by barrier	In the past 6 months, did you have issues in access and mobility inside and/or outside the shelter?	Select multiple	No issues; Yes, challenging to overcome the drainage next to the shelter; Yes, pathway too steep; Yes, pathway blocked or damaged; Yes, the plinth is too high; Yes, the shelter was waterlogged/flooded; Yes, accessibility of any room inside the shelter; Don't know/prefer not to answer; Other (specify)
		Shelter	% of HH reporting issues with lighting, by	In the past 6 months, did you have enough light to conduct	Select multiple	Yes; No, not enough lights inside the shelter (cooking,

		reason	basic life activities after sunset?		reading, spending time with other household members, etc.); No, not enough lights outside the shelter (washing, access to latrine, etc.); No, the light does not last long enough; No, the light does not work/is broken; Don't know/prefer not to answer; Other (specify)
	Food security	% of HH by FCS	Over the past 7 days, on how many days did you consume the following food: 1. Cereals and tubers (rice, wheat, potato) 2. Pulses, nuts and seeds (lentils-kesari, masoor) 3. Vegetables (tomatoe, bitter gourd, beans, okra) 4. Fruits (apples, oranges, banana, etc.<9 5. Milk and dairy products (milk, curd) 6. Meat or fish (eggs, chicken, goat, beef, sea food) 7. Oil and fats 8. Sweets (sugar, jaggery) 9. Spices and condiments (tea, salt, coffee, fish powder)	Yes; No	
	Livelihoods/Cash	% of individuals working in HH, by age group, by gender	[Individuals aged 5+] During the past 30 days, has this person done any work to earn an income?	Select one	Yes; No; Don't know/prefer not to answer
			Gender of individual	Select one	Male; Female; Other
			Age of individual	Enter Number	
	Livelihoods/Cash	% of HH without income in the past 30 days	[Individuals aged 5+] During the past 30 days, has this person done any work to earn an income?	Select one	Yes; No; Don't know/prefer not to answer
	Livelihoods/Cash	% of HH reporting main	In the last 30 days, what have	Select multiple	Labor or employment inside the

		sources of income, by source	been the main sources of income that have sustained your household? (select all that apply)		camp; Labor or employment outside the camp; Own business; Remittances from abroad; Assistance from relatives and friends; Other cash assistance; Sales of assistance items; Savings; Borrowed money; Begging; Selling firewood; Zakat; Other; None
	WASH	% of HHs by type of main sources of water for drinking	What is/are the main source(s) of water used by your household for drinking?	Select multiple	Piped water tap/tapstand into settlement site; Tubewells/borehole/handpump; Protected dugwell; Protected spring; Rainwater collection; Bottled water; Cart with small tank or drum; Tanker truck; Unprotected dug well; Unprotected spring; Surface water (river, dam, lake, pond, stream canal, irrigation canals); Don't know; Other
	WASH	% of HHs reporting having enough water for domestic use	Do you and your household members have enough water to meet your needs?	Select one	Yes; No; Don't know/prefer not to answer
	WASH	% of HH reporting having soap	Do you have any soap in your household?	Select one	Yes; No; Don't know/prefer not to answer
	WASH	% of HHs reporting often or always finding solid waste around their accommodation (30 meters or less)	How frequently do you find visible waste in the vicinity of your house (30 meters or less)?	Select one	Never; Sometimes; Often; Always; Don't know/prefer not to answer
	WASH	% of HH reporting open defecation	Do adult members of your household sometimes defecate in the open air (for example at night)?	Select one	Yes; No; Don't know/prefer not to answer
	WASH	% of HH per type of bathing facilities	Where do you and other adult household members usually go to bathe?	Select multiple	Communal bathing facility/chamber (WASH room); tubewell platform; at home; no designated bathing facility;

					other (specify)
	WASH	% of respondents being able to mention 3 critical times to wash their hands	Could you try to mention three times when someone should wash their hands?	Select multiple	Before eating; before cooking/meal preparation; after defecation / going to latrine; before breastfeeding; before feeding children; after handling a child's stool/changing a nappy/cleaning a child's bottom; when hands are dirty; after coming home from outside; other (specify); don't know/prefer not to answer
	Protection	% of HH reporting that all adult members have a valid national ID card	How many household members 18 or older and have a valid national ID card?	Enter number	
			Age of individual	Enter Number	
	Protection	% of households reporting preferred point-of-contact if they needed to refer a friend who was sexually assaulted for care and support, by point of contact	If your friend was sexually assaulted, where would you send him/her to find care and support?	Select multiple	Health facilities; Psychosocial service providers (community or counseling centers); Police and security; Legal aid service providers; Community-based dispute resolution mechanisms (e.g. Local authorities, elderly citizen); Women-friendly spaces; Don't know; Other (specify)
	Protection	% of HH reporting security issues most of concern during the COVID-19 pandemic, by issue	Since the outbreak of COVID-19 (17 March 2020), what security issues have been of most concern to you?	Select multiple	Theft; Disputes about resources (eg at water points, distribution points, markets); Trafficking/smuggling groups; Other criminal groups; Extortion; Disputes over land and housing; Community violence; Other (specify); No concerns
	Protection	% of HH reporting accessing community support structures when having a problem, by	What type of community support structure do you access when you are facing a challenge/problem?	Select multiple	Child protection groups; Neighbor committees; Elected representatives; Women's groups; Youth groups;

		support structure			Community services organizations; Organization for person with disability; Night watch groups; Other (specify); None
	Site management	% of HH reporting change in camp infrastructure condition, by direction of change	Since the COVID-19 outbreak (17 March 2020), how has the condition of camp infrastructure (roads, pathways, staircases, bridges, public spaces) changed?	Select one	Improved; Stayed the same; Got worse
	CWC/AAP	% of HH reporting having received clear awareness information, by topic	Since the COVID-19 outbreak (17 March 2020), do you feel you have received clear awareness information on the following issues: 1. Cyclone: What preparation should be taken beforehand 2. Cyclone: What are the different early warning flags (flag 1, 2, 3) and what to do when they are hoisted 3. Cyclone: What are the sources of information if you need more information on cyclones 4. COVID 19: What is COVID 19 (the symptoms) and who are most vulnerable 5. COVID 19: What precautions should be taken (eg. hand washing, wearing masks, maintain 3 feet distance etc.) 6. COVID 19: Where to go or whom to contact if you feel you have any symptom (health post/hospital, community health worker)	Select one	Yes; No; Don't know/prefer not to answer
	CWC/AAP	% of HH reporting	In the past six months, have	Select one	Yes; No; Don't know/prefer not

		having received humanitarian aid	you recieved humanitarian aid?		to answer
	CWC/AAP	% of HH reporting not feeling sufficiently informed, by type of assistance	<p>Since the COVID-19 outbreak (17 March 2020), do feel you have received enough information about the following services/types of assistance (what is available/your entitlements and how to access them)?</p> <ol style="list-style-type: none"> 1. Food assistance 2. Livelihood (cash for work, agriculture etc.) 3. Water (accessing drinking water) 4. Sanitation (toilets, bathing and necessary items, soap etc.) 5. Non-food items (eg. kitchen utensils, etc.) 6. Health services 7. Nutrition services 8. Remote education 9. Protection (GBV protection, Child protection etc.) 	Select one	Yes; No; Don't know/prefer not to answer
	CWC/AAP	% of HH reporting main problems when receiving information	[if any no] What are the main problems you face when receiving information?	Select multiple	<p>I did not ask; Aid workers did not share/disclose; Message was not clear/understandable; It was shared in a language that I don't understand; The information shared was not adequate / no new information has been shared; Didn't know where to get information; Information isn't shared often enough; Not enough information on services available; Not enough information on how to access specific services; No female</p>

					staff providing information; No door to door information sharing; Information can only be accessed in public spaces; Other (specify); Don't know/prefer not to answer
		CWC/AAP	% of HH reporting difficulties providing feedback/complaints	Since the COVID-19 outbreak (17 March 2020), did you face challenges to provide feedback or complaints, when you had to?	Select one Gave feedback/complaints without any problem/difficulty; Didn't need to give feedback/complaint; Faced some problem/difficulty in giving feedback/complaints
		CWC/AAP	% of HH reporting difficulties providing feedback/complaints, by reason	[if faced difficulties], What were the main problems?	Select multiple Did not know where/whom/how to provide feedback; Tried but the process is too complicated/troublesome; Could not communicate due to language; Don't know how to read/write; Had fear about confidentiality; Could not go out; Did but it was not responded; Did but the response was not satisfactory; Did but the response was too delayed; Tried but I was mistreated by staff/volunteer; Other (specify); Don't know/prefer not to answer
		CWC/AAP	% of HH engaged in a meaningful way in the design of the humanitarian assistance	Since the COVID-19 outbreak (17 March 2020), have you or your household members been consulted or asked about your needs and preferences, and how that assistance or services should be delivered when new programs were designed/changes to programs made?	Select one Always (I always feel consulted before new programs and changes in assistance); Sometimes (only some new programs and changes in assistance I feel consulted); Rarely (most programs and major decisions are done without consulting my HH); Never (has never been consulted about new programs or program changes); Don't

						know/prefer not to answer
What are the characteristics of HH most in need?			Testing for significant differences/associations between (combinations of) levels of need, coping and different household characteristics			
What are the immediate and structural factors associated with these needs?		Health	% individuals reported to have had an illness serious enough to require medical treatment or to require a medical check-up in the 30 days before data collection, for whom treatment was not sought, by reason	[If no] Why not?	Select multiple	Don't know where/how to access services; Health services are too far away/lack of transport; Lack of transport at night; Not permitted to go by relative/other household member; Not permitted to go by relative/other household member (at night); Safety concerns on the way to facilities (during the day); Safety/security concerns at night; Overcrowded (long waiting times); Treatment not available; Language barrier with health service staff; Health service staff behaviour is bad; Fear of contracting COVID-19 at the health center; Fear of contracting COVID-19 on the way; Fear of what to expect when tested positive for COVID-19; No treatment accessible at health center for diseases other than COVID-19; Lack of transport due to COVID-19; No doctors available at health centers; No female staff at the health facility; No gender segregation at the health facility; Other; Don't know/prefer not to answer
		Education	% of HH reporting	[if at least one individual will	Select multiple	Learning centre is too far; Child

		different reasons for not re-enrolling their children following COVID-19	not be re-enrolled] You reported that you were planning to not re-enrol at least one school-aged child in its learning activities once they re-open. Why not?		not safe at learning centre (reasons other than COVID-19); Child not safe on the way (reasons other than COVID-19); Not enough learning materials; Child needed at home to help family; What is taught is not useful/age appropriate for this child; Child will not go back for marriage; Risk of contracting COVID-19 on the way to the learning space; Risk of contracting COVID-19 at the learning space; Lack of physical safety measures (such as physical distancing, provision of face masks, etc.) at the learning space; Lack of hygiene measures/inadequate sanitation facilities; Cannot afford to send child back to school; Lack of female staff at educational facility; Lack of gender segregation at educational facility; Lack of gender segregated latrines at educational facility; Don't know / no answer; Other
	Education	% of HH reporting challenges to ensure childrens' continued education during lockdown	[if any individual studying remotely] You reported at least one child that was regularly studying at home since the COVID-19 outbreak. What challenges have you/the child been facing for the child to be able to continue to effectively study at home?	Select multiple	Lack of learning materials (books, notebooks, pens, etc.); no guidance from teacher/volunteers received; Guidance received from teachers/volunteers was unclear/not helpful; noone available to support children; children needed to help the household; other (specify)
	Education	% of HH reporting	[if any individual not studying	Select multiple	Lack of learning materials

		challenges to ensure childrens' continued education during lockdown	remotely] You reported at least one child that was not regularly studying at home since the COVID-19 outbreak. Why not?		(books, notebooks, pens, etc.); no guidance from teacher/volunteers received; Guidance received from teachers/volunteers was unclear/not helpful; noone available to support children; children needed to help the household; other (specify)
	Shelter	% of HH not having made improvements to their shelter in the 6 months prior to data collection reporting reasons, by reason	[if none] What were the main reasons for not improving your shelter?	Select multiple	No need to improve; Did not receive any shelter support from humanitarian organization; No money to pay for materials; Could not access materials; No money to pay for labor; Don't know how to improve the shelter; Don't know where to buy materials; Don't know who to ask for support; Don't know/prefer not to answer; Other (specify)
	Nutrition	% of HH reporting key barriers to enrolment of children/PLW to nutrition-feeding programs	[if >= 1 children 6-59 months/PLW in the HH] Are you facing any difficulties in enrolling children or pregnant/lactating women in Pusti/Shuji or in receiving Pusti/Shuji regularly from pusti/shuji khana since the COVID-19 outbreak (17 March 2020)? If yes, what are the main reasons?	Select multiple	Household did not visit nutrition facility out of fear of contracting COVID-19 on the way; Household did not visit nutrition facility out of fear of contracting COVID-19 at facility/lack of preventative measures at facility; Household did not visit nutrition facility as facility staff influence beneficiary not to come to centre out of fear of contracting COVID-19; Household did not visit nutrition facility because household's members are in home quarantine; Household did not visit nutrition facility due to movement restrictions; Child was not screened at household

					<p>level so was not referred for enrolment; Child was screened, but not eligible for referral; Caregiver brought the child to nutrition center after referral but centre refused to enroll after final crosschecking of measurement at centre; PLWs were screened but not referred because of not having ANC/PNC card; Nutrition center is too far; Long waiting times at nutrition facilities; Transportation costs are too high; Inaccessibility (e.g. due to bad roads, flooding, etc.); No one available to bring child to nutrition facility for admission; Household does not believe that the program can help the child/PLW; Opening hours/days of the nutrition facility changed; Child/PLW has been rejected from the nutrition center; Household prefers alternative treatments (e.g. pharmacy, traditional healer, shopkeepers); Child/PLW did not like the nutrition treatment products; Fear of hospital stay (away from HH, fees); Child already referred, caregiver waiting for distribution day; Woman cannot go alone to the nutrition center and no one is available to accompany her; Woman has been turned away from the nutrition center; Rejection of a known child/PLW, and therefore,</p>
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						household did not visit to the centre; Lack of female staff; No gender segregation at facility; Other (specify)
		Livelihoods/Cash	% of HH reporting problems accessing markets in the 4 weeks prior to data collection, by problem	Did you face any significant problems accessing markets in the past 4 weeks?	Select multiple	Markets are too far; Safety/security concerns on the way to the market (not related to COVID-19); Safety/security concerns at the market (not related to COVID-19); Bad roads due to traffic/rough weather; Transport is too expensive; Most shops are closed; Shops have reduced opening hours; Shops have changed location; Shops have insufficient stocks of items; Prices are too high/low purchasing power; Fear of contracting COVID-19 on the way to the market; Fear of contracting COVID-19 at market; Fear of increased police presence/checkpoints; Long waiting times/queues; Women and girls are not allowed to go to the market alone; Don't know; None; Other (specify)
		Protection	% of households reporting whether adult women (aged 18 and over) are allowed to participate in certain activities - accompanied, unaccompanied, or not at all	I will read out loud several activities. Please indicate if adult women in your household would be allowed to do this activity alone, they need to be accompanied by someone else or cannot go at all. If women in your household want to:	Note	
				To work outside the home	Select one	Can go alone; Can go accompanied by someone else;

						Can never go; Not applicable
				To the local market to buy things	Select one	Can go alone; Can go accompanied by someone else; Can never go; Not applicable
				To go to health facilities	Select one	Can go alone; Can go accompanied by someone else; Can never go; Not applicable
				To go to women-friendly spaces	Select one	Can go alone; Can go accompanied by someone else; Can never go; Not applicable
To what extent have these needs and service gaps been impacted by the COVID-19 pandemic?		Education	% of children and youth who will not continue their education following COVID-19	[Individual that previously attended any learning space] Are you planning to send this child back to its learning activities once learning activities re-open?	Select one	Yes; No; Don't know/prefer not to answer
		Education	% of school-aged children who were previously attending any learning activities reported continuing learning activities remotely	[individual that has previously attended any learning] Has this child been studying or trying to study remotely/at home since learning opportunities were closed due to the COVID-19 outbreak (17 March 2020)?	Select one	Yes; No; Don't know/prefer not to answer
		Cross-sectoral	% of HH reporting COVID impacts, by type of impact	Did COVID-19 and lockdown impact any member of your household in any of the following ways?	Select multiple	1. Diminished / lost source of income; 2. Limited access to food; 3. Loss of or severely diminished access to basic services; 4. Loss of or diminished access to education; 5. Loss of or diminished access to clean water and sanitation; 6. Sickness of household members; 7. Death of household members; 8. Interpersonal violence (physical, emotional); 9. Other (specify); 10. No COVID-19 impacts on my household

		Cross-sectoral	% of HH reporting having reduced different types of expenditures	Did you reduce your spending since the COVID-19 outbreak (17 March 2020)? If yes, which expenditures did you reduce most as compared to what you would have normally spent? (Select up to 5)	Select multiple	0. None, spending not reduced 1. Food 2. Medical expenses, health care, medicine 3. Clothing, shoes 4. Shelter materials (e.g. plastic rope, wire, tarpaulin, cement, bamboo) 5. Education, school fees, uniform, school materials, etc. 6. Debt repayment 7. Celebrations/festivals/donations 8. Livelihood inputs (for agriculture, fishing, business) 9. Payment for unexpected fees 10. Cooking fuel 11. Hygiene items 12. Kitchen items/utensils 13. Communication (mobile phone) 14. Rent 15. Transport 16. Food 17. Other (specify)
		Protection	% of HH reporting an increase in child protection issues since the COVID-19 outbreak	In the past 6 months, have you noticed an increase in your community of any of the following: 1. Girls under 18 getting married 2. Children engaging in income generating activities 3. Children experiencing psychosocial distress 4. Violence against children 5. Children going missing	Select one	Yes; No; Don't know
What behaviors and coping		Shelter	% of HH reporting having made	In the past 6 months, did you make any improvements to	Select multiple	No improvement; Yes, repaired/upgraded the roof;

strategies are households undertaking in order to meet their needs, in particular in view of the COVID-19 crisis, and what factors influence these behaviors?		improvements to shelter in the 6 months prior to data collection, by type of improvement (if any)	your shelter?		Yes, repaired/upgraded the plinth/flooring (cement layer added, etc.); Yes, replaced some of the materials (bamboo, tarps, rope, GI wire, etc.); Yes, added partitions to divide the internal space; Yes, shelter can now be locked from inside and/or outside; Yes, built a kitchen area inside the shelter; Yes built a bathing space inside the shelter; Yes, installed/fixed drainage around the shelter; Yes, improved access to the shelter; Don't know/prefer not to answer; Other (specify)
	Shelter	% of HH reporting source of shelter materials, by source	[if yes] How did you get the materials to improve your shelter?	Select multiple	Provided by humanitarian organization; Purchased by household themselves; Exchanged for other goods; Reused existing materials; Don't know/prefer not to answer; Other (specify)
	Shelter	% of HH having to pay/provide goods/labor in exchange for rent, by type of rent	In the past 6 months, did you have to pay or provide anything (goods/labour) to live in your current shelter?	Select one	No, no need; Yes, payment of cash; Yes, payment through goods (food rations, shelter materials, NFIs, etc.); Yes, payment through labor (agriculture, fishing, construction, etc.); Yes, not specified; Don't know/prefer not to answer; Other (specify)
	Shelter	% of HH reporting types of fuel used for cooking in the 4 weeks prior to data collection, by type of fuel	In the past 4 weeks, how did your family meet their fuel needs for cooking?	Select multiple	Received LPG refills from humanitarian organization; Buying LPG refills; Firewood (purchased); Firewood (self-collected); Kerosene or other combustible; Charcoal or similar; Dried animal dung/manure; Compressed

					Rice Husk (CRH); Other (specify); Don't know/Prefer not to answer
	Health	% of HH adopting negative coping mechanisms to deal with health concerns, by coping mechanism	<p>During the last 30 days did your household have to undertake one of the following activities when a member of the household was seriously ill or has since died:</p> <ol style="list-style-type: none"> 1. Pay for health care 2. Going into debt to pay for health expenditures 3. Seeking community support to pay for services 4. Home treatment due to lack of money to go to hospital/clinic 5. Home treatment due to fear of contracting COVID-19 at hospital/clinic 6. Home treatment due to inaccessibility of treatment options for diseases other than COVID-19 7. Home treatment due to fear of what to expect if tested positive for COVID-19 at hospital/clinic 8. Home treatment due to lack of female staff/gender segregated facilities 9. Home treatment for other reasons 10. Seeking lower quality/cheaper health care and medication 11. No treatment at all 12. None 	Select one	Yes, related to COVID; Yes, related to another illness; No
	Cross-sectoral	% of HH reporting livelihoods-based	HOUSEHOLD LEVEL COPING MECHANISM:	Select one	Yes; No

		<p>coping strategies in the last 30 days, by strategy</p> <p>During the past 30 days, did anyone in your household have to engage in any of the following behaviours due to a lack of money to meet basic needs?</p> <ol style="list-style-type: none"> 1. Selling household goods (radio, furniture, mobile, solar panel, television, clothes, kitchen items, etc.) 2. Selling jewelry/gold 3. Spent savings 4. Bought items on credit 5. Borrowed money 6. Selling productive assets or means of transport (sewing machines, wheelbarrow, bicycle, livestock etc.) 7. Reduce essential non-food expenditures such as education, health and clothes 8. Begging 9. Depending on food rations and/or support from neighbors and relatives as only food/income source 10. Reduced expenses on agricultural, livestock, or fisheries input 11. Collection of firewood for selling (not usual income) 12. Selling, sharing and exchanging food rations 13. Selling non-food items that were provided as assistance 14. Selling labor in advance 15. None 			
	Cross-sectoral	% of HH reporting main reasons of taking on	What were the main reasons for debts or credit?	Select multiple	To buy food; To cover health expenses; To pay school,

			debt			education costs; To buy agricultural inputs (seed, fertilizer, tools...); To buy clothes, shoes; To pay for ceremonies; To pay ticket/cover travel for migration; To pay electricity bill/solar batteries; To pay house rent; To repair or build shelter; To protect household against COVID-19 (buy masks, disinfectant, hygiene items, etc.) Other
		Food security	% of HH reporting consumption-based coping strategies in the last 7 days, by strategy	In the past 7 days, did anyone in your household have to engage in any of the following behaviors due to a lack of food or money to buy food: 1. Rely on less preferred/expensive food 2. Borrow food/rely on help 3. Reduce portion size 4. Reduce number of meals a day 5. Restrict adults' consumption 6. Restrict women's consumption 7. Restrict men's consumption	Select one	Yes; No
		Food security	% of HH reporting main sources of food by source	What were the three main source of food in the past 7 days?	Select multiple	Purchase (cash); Purchase (credit); Food assistance (food card); Army distributing food; Support from relatives/friends; Barter and exchange; Borrowing; Begging/scavenging; Gathering of wild foods (plants/insects); Hunting/fishing; Own production; Other (specify)
		Protection	% of HH reporting the presence of at least one	[Individuals aged 5+] During the past 30 days, has this	Select one	Yes; No; Don't know/prefer not to answer

			child (<18) working	person done any work to earn an income?		
				Age of individual	Enter Number	
		WASH	% of HH reporting practicing more handwashing since the COVID-19 outbreak	Have you and your household members increased handwashing practices since the beginning of the Covid-19 outbreak (more frequent handwashing with water and soap)?	Select one	Yes; No; Don't know/prefer not to answer
What are HHs' perspectives on aid delivery, their preferences, and priorities for 2021?		CWC/AAP	% of HH by satisfaction on quality of assistance/services received since the COVID-19 outbreak, by type of assistance	<p>Since the COVID-19 outbreak (17 March 2020), which of the following types of assistance went well and which ones did not go well:</p> <ol style="list-style-type: none"> 1. Food assistance (quality/diversity of food) 2. Water (access to safe water) 3. Sanitation (access to sanitation facilities and hygiene items) 4. Information/training received on measures to prevent spread of COVID-19 5. Health services provided for COVID-19 (treatment/testing) 6. Health services in general (for illnesses other than COVID-19/regular check-ups) 7. Support received on remote learning for children 8. Shelter materials (access to materials) 9. Fuel for cooking/lightning (access to fuel) 10. Site Management/Development (road development, public 	Select one	Went well; Did not go well; Did not receive this type of assistance from humanitarian actors; Don't know/prefer not to answer

			spaces) 11. Nutrition support (screening and treatment of malnutrition) 12. Disaster preparedness (information received) 13. Cyclone response 14. Registration services/civil documentation 15. Organisation of aid distributions 16. Communication/information received on lockdown measures and impact on aid delivery 17. Precautionary measures taken by humanitarian workers to prevent spread of COVID-19 during aid distributions/activities 18. Individual Child Protection/SGBV case management 19. SGBV services 20. Psychosocial support 21. Legal assistance 22. Mediation		
	CWC/AAP	% of HH by satisfaction on quality of assistance/services received since the COVID-19 outbreak, by type of assistance	[if received aid] Since the COVID-19 outbreak (17 March 2020), which of the following types of assistance received from humanitarian actors went well and which ones did not go well: 1. Water (access to safe water) 2. Sanitation (access to sanitation facilities and hygiene items)	Select one	Went well; Did not go well; Did not receive this type of assistance from humanitarian actors; Don't know/prefer not to answer

			3. Information/training received on measures to prevent spread of COVID-19 4. Health services provided for COVID-19 (treatment/testing) 5. Health services in general (for illnesses other than COVID-19/regular check-ups) 6. Housing materials (access to materials) 7. Fuel for cooking/lightning (access to fuel) 8. Nutrition support (screening and treatment of malnutrition) 9. Disaster preparedness (information received) 10. Cyclone response 11. Civil documentation 12. Organisation of aid distributions 13. Communication/information received on lockdown measures and impact on aid delivery 14. Precautionary measures taken by humanitarian workers to prevent spread of COVID-15 during aid distributions/activities 16. Individual Child Protection/SGBV case management 17. SGBV services 18. Psychosocial support 19. Legal assistance 20. Mediation		
	CWC/AAP	% of HH by satisfaction on quality of	[if any did not go well], What were the main problems?	Select multiple	Assistance not enough; Assistance not useful/relevant

			assistance/services received since the COVID-19 outbreak, by reason for not being satisfied			to my family's needs; Assistance damaged; Assistance inappropriate; Assistance not frequent enough; Poor quality services; Services too far away; Culturally inappropriate services; Unfriendly staff; Other (specify); Don't know/prefer not to answer
			% of HH by satisfaction on quality of assistance/services received before the COVID-19 outbreak, by type of assistance	<p>Since the beginning of the year and before the COVID-19 outbreak (17 March 2020), which of the following types of assistance went well and which ones did not go well:</p> <ol style="list-style-type: none"> 1. Food assistance (quality/diversity of food) 2. Water (access to safe water) 3. Sanitation (access to sanitation facilities and hygiene items) 4. Health services provided 5. Education services (access to learning opportunities for children) 6. Shelter materials (access to materials) 7. Fuel for cooking/lightning (access to fuel) 8. Site Management/Development (road development, public spaces) 9. Nutrition support (screening and treatment of malnutrition) 10. Access to safe spaces for children 11. Access to safe spaces for 		

			women 12. Livelihood skills training 13. Environmental restoration activities 14. Disaster preparedness (training/information received) 15. Registration services/civil documentation 16. Organisation of aid distributions 17. Individual Child Protection/SGBV case management 18. SGBV services 19. Psychosocial support 20. Legal assistance 21. Mediation		
	CWC/AAP	% of HH by satisfaction on quality of assistance/services received before the COVID-19 outbreak, by type of assistance	[if received aid] Since the beginning of the year and before the COVID-19 outbreak (17 March 2020), which of the following types of assistance received from humanitarian actors went well and which ones did not go well: 1. Livelihood skills training 2. Water (access to safe water) 3. Sanitation (access to sanitation facilities and hygiene items) 4. Health services provided 5. Education services (access to learning opportunities for children) 6. Housing materials (access to materials) 7. Fuel for cooking/lightning (access to fuel)	Select one	Went well; Did not go well; Did not receive this type of assistance from humanitarian actors; Don't know/prefer not to answer

			8. Nutrition support (screening and treatment of malnutrition) 9. Access to safe spaces for children 10. Access to safe spaces for women 11. Environmental restoration activities 12. Disaster preparedness (training/information received) 13. Civil documentation 14. Organisation of aid distributions 15. Individual Child Protection/SGBV case management 16. SGBV services 17. Psychosocial support 18. Legal assistance 19. Mediation		
	CWC/AAP	% of HH by satisfaction on quality of assistance/services received before the COVID-19 outbreak, by reason for not being satisfied	[if any did not go well], What were the main problems?	Select multiple	Assistance not enough; Assistance not useful/relevant to my family's needs; Assistance damaged; Assistance inappropriate; Assistance not frequent enough; Poor quality services; Services too far away; Culturally inappropriate services; Unfriendly staff; Other (specify); Don't know/prefer not to answer
	CWC/AAP	% of HH by priority needs	What are your household's priority needs for 2021? (Rank priority needs in order of importance)	Select multiple	Access to food Shelter materials/upgrade Access to clean drinking water Access to safe and functional latrines Electricity (solar, battery) Household/cooking items Clothing

						Access to health services and/or medicine Psychosocial support Access to education for children Safety and security Civil documentation (identity cards) Cooking Fuel Access to income generating activities/employment Access to information Support with providing feedback on relief items or services received Access to cash (excluding CfW) Other (specify)
		CWC/AAP	% of HH reporting modality preference for food assistance	What is your preferred method to receive assistance to meet your household's food needs?	Select one	In-kind assistance; Cash assistance; Vouchers; Combination; No preference
		CWC/AAP	% of HH reporting modality preference for shelter assistance	What is your preferred method to receive assistance to meet your household's shelter needs?	Select one	In-kind materials; Cash assistance; Vouchers for materials; Combination of in-kind/cash/vouchers; Carpenter/mason/labor support; Technical assistance (knowledge/training); No preference; Other (please specify)
		CWC/AAP	% of HH reporting modality preference for NFI assistance	What is your preferred method to receive assistance to meet your household items needs?	Select one	In-kind assistance; Cash assistance; Vouchers; Combination; No preference
		CWC/AAP	% of HH reporting modality preference for NFI assistance	What is your preferred method to receive assistance to meet your household's fuel needs?	Select one	In-kind assistance; Cash assistance; Vouchers; Combination; No preference
		Shelter	% of HH reporting HLP disputes with the host	In the past 6 months, were you involved in any shelter or	Select multiple	No, no issues; Yes, issues over use of land for shelter; Yes,

		community	land related disputes (disagreements) with the host community?		issues over access to water and other resources; Yes, issues over access of graveyard land; Other (specify); Don't know/prefer not to answer
			Have you witnessed any tensions between Rohingya and Host Communities in the last 30 days?	Select one	Yes; No; Don't know/prefer not to answer
	Protection	% of household reporting tensions between Rohingya and host communities, overall, by reason for tension	[If yes] What do you think are the main sources of tensions between Rohingya and Host Communities?	Select multiple	[if yes] Falling wages; Security concerns; Higher health costs; Higher transportation costs; Difficulties obtaining services from Union parishid office; Declining "moral" standards; Environmental degradation; Price hike of daily essentials; Loss of access to grazing land; Family disputes due to marriage; Increase in crime; Adverse impact on education resources; Fear of contracting/spread of COVID-19; Other

Data analysis plan for the KIs (blue are indicators only relevant to host communities, red those only relevant to refugees):

Research Questions	SUBQ#	Data collection method	Sub-research question group	Sub-research Question	Questionnaire QUESTION	Probes
		KI Interview	Metadata	Enumerator name	Enumerator name	
		KI Interview	Metadata	Key Informant ID	Key Informant ID	
		KI Interview	Metadata	Camp/Union	Camp/Union	
		KI Interview	Metadata	Date	Date	

		KI Interview	Metadata	Gender of KI	Gender	
		KI Interview	Metadata	Age of KI	Age	
		KI Interview	Metadata	Position/Occupation of KI	Position/Occupation	
What are the immediate and structural factors associated with these needs?	2	KI Interview	Shelter/NFI	What are drivers of shelter/NFI needs?	What do people in your neighbourhood (community/camp) do when houses/shelters need repair and/or improvement?	a. What are the main reasons for people not to repair and/or improve their houses, even if houses are damaged/need improvement? b. Has this changed since the lockdown? If yes, how has it changed and why? c. How do people eventually manage repairs?
	4	KI Interview	Shelter/NFI	What are drivers of shelter/NFI needs?	What do people in your neighbourhood (community/camp) do when cooking items, sleeping items, lights, or other household items are broken/insufficient?	a. How do people access new materials and has this changed since the lockdown? If yes, how has it changed and why? b. What prevents them from accessing new materials and has this changed since the lockdown?
	5	KI Interview	Shelter/NFI	What are drivers of shelter/NFI needs?	Do people in your area (camp) have to pay or provide anything (goods/labour) to live in their current shelters?	
	5.1	KI Interview	Shelter/NFI	What are drivers of shelter/NFI needs?	If yes, has this changed since the lockdown?	a. Has the number of people having to pay rent changed? b. Have rental amounts changed?
	5.2	KI Interview	Shelter/NFI	What are drivers of shelter/NFI needs?	If yes, were they able to continue to make those payments/provision of goods/labor to live in their shelters since the lockdown? If no, what did they do instead?	a. How do most people manage their rent payments?
	6	KI Interview	Shelter/NFI	What are drivers of shelter/NFI needs?	Was anybody from your neighbourhood (community / camp) involved in any housing or land-related disputes with refugees/the host community?	a. What were the disputes? b. Were these disputes related in any way to the lockdown? If yes, how were they related to the lockdown?

	3	KI Interview	Education	What are drivers of education needs?	What have people in your neighbourhood (community/camp) been doing to continue children's education since the lockdown?	<p>a. Were children supported? If yes, how were they supported?</p> <p>b. What support mechanisms were available and what is lacking?</p> <p>c. Were parents able to/did they access these support mechanisms or not? If no, what are the reasons?</p> <p>d. What were the main factors preventing children from effectively studying at home?</p> <p>e. (for refugees only) Did people in your area (camp) receive guidance on remote learning from humanitarian actors? If yes, was it useful? How could it have been made more useful?</p>
	2	KI Interview	Health	What are drivers of health needs?	Are people currently facing any challenges accessing quality health treatment in your neighbourhood (community/camp) for non-COVID-19 related health issues?	
	2.1	KI Interview	Health	What are drivers of health needs?	If yes, what are the main challenges?	<p>a. Is the same health care still available at the same quantity (facilities, staff, opening hours, etc.) and quality as before the lockdown?</p> <p>b. Has the lockdown impacted access to health care? If yes, how has access to health care been impacted?</p> <p>c. What is preventing people from using health services to get treated for diseases other than COVID-19/regular check-ups?</p>
	3	KI Interview	Health	What are drivers of health needs?	Are people in your neighbourhood (community/camp) accessing COVID-19 testing/treatment, when needed?	a. If they are accessing testing/treatment, where are they accessing it?
	3.1	KI	Health	What are drivers of health	If no, why are they not accessing	b. What is preventing people from

	Interview		needs?	COVID-19 testing/treatment, when needed?	seeking testing/treatment, when they need it?
2	KI Interview	Nutrition	What are drivers of nutrition needs?		
2.1	KI Interview	Nutrition	What are drivers of nutrition needs?	Can they refer and enrol them in nutrition-feeding programmes?	
2.2	KI Interview	Nutrition	What are drivers of nutrition needs?	If no, what are the main reasons for this?	a. Do people understand the enrolment/screening process for malnutrition? If no, what is it they face difficulties understanding? b. Do they know when children/PLW should be referred to nutrition centre based on MUAC measurement? If no, what are the main challenges? c. What kinds of challenges, if any, do caregivers face in assessing and reporting children's nutritional status (MUAC measurement)?
2	KI Interview	WASH	What are drivers of WASH needs?	Do people in your neighbourhood (community/camp) face major challenges in accessing sufficient amounts of water to meet all household needs?	
2.1	KI Interview	WASH	What are drivers of WASH needs?	If yes, what are the main challenges?	a. Are people accessing water differently as compared to before (e.g. source, quantity)? If yes, what has changed and why? b. Do people face additional water needs or challenges as a result of COVID-19 hygiene measures?
3	KI Interview	WASH	What are drivers of WASH needs?	Do people in your neighbourhood (community/camp) face major challenges in accessing improved functional sanitation facilities?	
3.1	KI Interview	WASH	What are drivers of WASH needs?	If yes, what are the main challenges?	a. Are people accessing sanitation facilities as before (i.e. the same

					facilities at the same frequency)? If no, how has this changed and why?
	3	KI Interview	Protection	What are drivers of protection needs?	Are different groups of people (e.g. women/girls, disabled people, elderly people) in your neighbourhood (community/camp) facing challenges accessing different types of protection services (such as legal assistance, mediation, child protection, services for persons with disability and elderly people, domestic violence protection)?
	3.1	KI Interview	Protection	What are drivers of protection needs?	If yes, what are the main challenges particular groups are facing?
	3.2	KI Interview	Protection	What are drivers of protection needs?	Has this changed since the lockdown? If yes, how has it changed?
	4	KI Interview	Protection	What are drivers of protection needs?	Are people in your neighbourhood (camp) facing challenges in attaining registration and documentation?
	4.1	KI Interview	Protection	What are drivers of protection needs?	If yes, what are the main challenges they are facing?
	5	KI Interview	Protection	What are drivers of protection needs?	In your opinion, are there any additional protection services needed in your neighbourhood (community/camp) that are not currently provided by humanitarian workers? If yes, which additional protection services are needed? a. Do particular groups of people (e.g. women/girls, disabled people, elderly people) require additional services that are not currently provided?
	2	KI Interview	CWC	What are challenges in receiving information?	Are people in your neighbourhood (community/camp) facing any challenges in receiving any information they require in relation to the assistance they should be receiving/are entitled to?

	2.1	KI Interview	CWC	What are challenges in receiving information?	If yes, for which types of information?	
	2.2	KI Interview	CWC	What are challenges in receiving information?	What are the main challenges?	a. If information is not being understood, why is it not being understood and by whom? b. If messages on particular topics are missing, which topics are those?
	2.3	KI Interview	CWC	What are challenges in receiving information?	Are certain groups of people (e.g. women, elderly people) facing more challenges than others? If yes, what are the particular challenges they are facing?	
	4	KI Interview	CWC	What are challenges in providing feedback/complaints?	Are people in your community/camp facing difficulties in providing feedback through the official feedback and complaints mechanisms?	
	4.1	KI Interview	CWC	What are challenges in providing feedback/complaints?	If yes, what are the main challenges?	a. Are people aware of the mechanisms that exist and how to use them? b. What prevents access to/usage of those mechanisms for certain groups of people?
	4.2	KI Interview	CWC	What are challenges in providing feedback/complaints?	Do certain groups of people (e.g. women, elderly people) face more challenges than others? If yes, what are the particular challenges they are facing?	
	4.3	KI Interview	CWC	What are challenges in providing feedback/complaints?	How could this be improved in the future in your opinion?	
	1	KI Interview	Shelter/NFI	How has the lockdown impacted shelter/NFI needs?	Since the lockdown, has the condition of houses/shelters in your neighbourhood (community/camp) changed?	

impacted by the COVID-19 pandemic?	1.1	KI Interview	Shelter/NFI	How has the lockdown impacted shelter/NFI needs?	If yes, how has the condition changed?	
	1.2	KI Interview	Shelter/NFI	How has the lockdown impacted shelter/NFI needs?	Is this change different from previous years as a result of the lockdown? If yes, how has the lockdown impacted housing/shelter condition?	a. To what degree is damage related to monsoon impacts and to what degree to an increased inability to make repairs as a result of the lockdown (as compared to a “normal” monsoon season) or other issues? b. Has the lockdown had an impact on shelter assistance provided by humanitarian organisations (e.g. availability, accessibility, quality)? If yes, how has it impacted shelter assistance? c. Has the lockdown had an impact on the availability of, access to and/or quality of shelter materials? If yes, what impact did it have?
	3	KI Interview	Shelter/NFI	How has the lockdown impacted shelter/NFI needs?	Are people in your neighbourhood (community/camp) facing any issues with cooking items, sleeping items, cooking fuel and/or lights?	
	3.1	KI Interview	Shelter/NFI	How has the lockdown impacted shelter/NFI needs?	If yes, what are the main issues?	a. Can you tell us about any NFI needs faced by people in your community that are not being met either through their own access or through humanitarian assistance? b. Are people facing issues with the LPG refill cycle? If yes, what are the main issues?
	3.2	KI Interview	Shelter/NFI	How has the lockdown impacted shelter/NFI needs?	Are those issues different from before the lockdown? If yes, how are they different?	a. Which items have been most affected by the lockdown and how (e.g. availability, quality, accessibility, utilization)? b. Have issues with the LPG refill cycle changed since the lockdown? If yes, how have they changed?

	1	KI Interview	Education	How is the lockdown impacting children's education?	In your opinion, is the lockdown impacting overall learning outcomes for different groups of children in your neighbourhood (community/camp)?	
	1.1	KI Interview	Education	How is the lockdown impacting children's education?	If yes, how is it impacting learning outcomes?	<p>a. What have children been doing since schools were closed?</p> <p>b. Have they been studying as much/effectively as before?</p> <p>c. Are particular groups (e.g. girls of a certain age) more likely to have fallen behind/not to have studied at home? If yes, which groups are more likely to have studied less and what are the reasons?</p> <p>d. Which challenges do you think children will face resuming school?</p> <p>e. Are particular groups of children (e.g. girls of a certain age) less likely to go back to school? If yes, who is less likely to go back to school and why?</p> <p>f. What are the main reasons for which children might not go back to school?</p>
	2	KI Interview	Education	How is lockdown impacting children's well-being?	Has school closure impacted on the overall well-being of children in your neighbourhood (community/camp)?	
	2.1	KI Interview	Education	How is lockdown impacting children's well-being?	If yes, how has it impacted on overall well-being?	<p>a. Aside from academic outcomes, have children been impacted in other ways because they were not able to go to school (e.g. loss of access to school-feeding programs, violence against children, etc.)?</p> <p>b. Are particular groups particularly impacted by the closure of schools (e.g. girls getting married)? If yes,</p>

					how does the impact differ between groups?
1		Health	How has the lockdown impacted on access to/utilization of health services in general?		
1.1	KI Interview	Health	How has the lockdown impacted on access to/utilization of health services in general?	If no, what has changed?	a. Where are people seeking treatment for diseases other than COVID-19 and/or regular check-ups (e.g. chronic diseases, pregnancy) and has this changed since the lockdown? If yes, how has it changed?
1.2	KI Interview	Health	How has the lockdown impacted on access to/utilization of health services in general?	Why has it changed?	a. How do different groups of people decide where to seek treatment and has this changed since the lockdown? If yes, how has it changed and why?
1	KI Interview	Nutrition	How has the lockdown impacted nutrition needs?	Do households in your neighbourhood (community / camp) have access to nutrition-feeding programmes for both children and PLW (i.e. Ready-to-Use Supplementary / Therapeutic Food (RUSF/RUTF) – Pusti Packet (local name); or Wheat -Soy Blend (WSB+/++) – Shuji Packet (local name) from nutrition centres (Pusti/Shuji Khana))?	
1.1	KI Interview	Nutrition	How has the lockdown impacted nutrition needs?	If yes, has the lockdown impacted service availability/accessibility or have people been using those services as before the lockdown?	a. What kind of services are available and has this changed since the lockdown? If yes, how has it changed? b. Can and do all households with children under five and PLW access the available services and has this been impacted by the lockdown? If yes, how have access and/or utilization changed and why?

	1	KI Interview	Food security/livelihoods	How has the lockdown impacted food needs?	Has the lockdown impacted people's ability in your neighbourhood (community/camp) to obtain enough food for their households?	a. What types/sources of food have become more/less available since the lockdown? b. What are the main challenges for people to access sufficient quality food and has this changed since the lockdown? If yes, how has it changed?
	1.1	KI Interview	Food security/livelihoods	How has the lockdown impacted food needs?	If yes, how are different groups of people affected?	c. Do particular groups of people (e.g. female-headed households, households without an income earner) face more difficulties accessing food and has this changed since the lockdown? If yes, how has it changed and why?
	3	KI Interview	Food security/livelihoods	How has the lockdown impacted livelihoods?	How has the lockdown impacted people's ability in your neighbourhood (community/camp) to earn an income?	
	3.1	KI Interview	Food security/livelihoods	How has the lockdown impacted livelihoods?		a. For which types of jobs was income lost/has declined most commonly? b. Which types of jobs will be most easily recommenced once restrictions are lifted and which types of jobs will be more difficult to resume? What are the reasons for this? c. What are new sources of income people most commonly sought during the lockdown after having lost their previous sources of income? d. How effective was this change?
	1	KI Interview	WASH	How has the lockdown impacted WASH needs?	Do people in your neighbourhood (community/camp) have access to sufficient water, sanitation facilities, hygiene information and items to be	

				able to implement hygiene requirements to stay safe from COVID-19?	
1.1	KI Interview	WASH	How has the lockdown impacted WASH needs?	How has access to water, sanitation facilities, hygiene information and items changed since the COVID-19 outbreak?	a. Has clean water availability relative to demand changed? If yes, how has it changed? b. Has the availability, hygiene levels and access to sanitation and handwashing facilities changed? If yes, how have they changed? c. Has the availability of and access to hygiene items (like soap, water containers, menstrual hygiene items) changed? If yes, how have they changed? d. Has access to hygiene promotion information messages changed? If yes, how has it changed?
1	KI Interview	Protection	How has COVID-19 impacted on usage of protection services?	If serious security issues happen in your neighbourhood (community), where are different groups of people reporting this to?	a. For which types of disputes are people in your community most commonly accessing formal and informal justice systems? b. Which systems are they most commonly accessing and why?
1.1	KI Interview	Protection	How has COVID-19 impacted on usage of protection services?	Has this changed since the COVID-19 outbreak? If yes, how has it changed?	c. Has usage of specific systems changed since the lockdown? If yes, how has it changed and why?
1.2	KI Interview	Protection	How has COVID-19 impacted on usage of protection services?	Why has it changed?	
2	KI Interview	Protection	How has COVID-19 impacted on safety/security?	Do you feel COVID-19 has impacted on the sense of safety and security in your neighbourhood (community/camp)?	
2.1	KI Interview	Protection	How has COVID-19 impacted on safety/security?	If yes, how has it impacted the sense of safety and security?	a. What are most common safety and security concerns and has this changed this the lockdown? If yes,

						how has it changed?
	2.2	KI Interview	Protection	How has COVID-19 impacted on safety/security?	Has the safety and security of particular groups been especially affected?	a. What are particular safety risks for girls and women, if any, and how has this changed since the lockdown? b. What are particular safety risks for children (such as children experiencing violence, children going missing, children engaging in income generating activities, psychosocial distress amongst children, children getting married, etc.), if any, and how has this changed since the lockdown?
What behaviors and coping strategies are households undertaking in order to meet their needs, in particular in view of the COVID-19 crisis, and what factors influence these behaviors?	2	KI Interview	Food security/livelihoods	What coping strategies are people adopting?	If people in your neighbourhood (community/camp) are facing challenges in meeting their basic needs, what strategies do they use to cope?	a. Are people selling assistance items? If yes, which items are they selling most commonly and has this changed since COVID-19? c. Are people reducing expenditures? If yes, which ones are they most commonly reducing?
	2.1	KI Interview	Food security/livelihoods	How effective are those strategies?	How effective are these strategies and has this changed since the COVID-19 outbreak? If yes, how has it changed?	b. Has the effectiveness of this strategy changed, e.g. because prices for different items changed?
	2.2	KI Interview	WASH	What are people doing to meet their WASH needs?	How do different groups of people (e.g. women, men, boys, girls) deal with those challenges?	a. Are different groups of people using different water sources? b. Did different groups of people change their usage in different ways?
	3.2	KI Interview	WASH	What are people doing to meet their WASH needs?	How do different groups of people (e.g. women, men, boys, girls) deal with those challenges?	a. How do different groups of people (e.g. women, men, boys, girls) deal with dysfunctional facilities?
What are HHs' perspectives on aid delivery, their preferences, and priorities for 2021?	1	KI Interview	AAP	What is people's perception on delivered assistance?	In your opinion, have been the biggest problems in the assistance and services delivered by humanitarian agencies in your neighbourhood (community/camp)	a. Did people feel safe (from COVID infection) when obtaining/receiving assistance?

					since the lockdown (e.g. type of assistance, quantity, quality, frequency, accessibility, etc.)?	
	3	KI Interview	CWC	What are preferred communication modalities?	In your opinion, what would be the best way (means of communication) to deliver information to different groups of people?	
	5	KI Interview	AAP	Priority needs	What type of assistance/services do you think people in your neighbourhood (community/camp) need most?	
	5.1	KI Interview	AAP	Priority needs	What do they need most in the near future up until the end of the year?	
	5.2	KI Interview	AAP	Priority needs	What do they need most in 2021?	