Research Methodology Note

Humanitarian Situation Overview in Syria: Leishmaniasis in Idleb Governorate and Surrounding Areas

SYR1701b

Northwest Syria

February 2019
Version 1

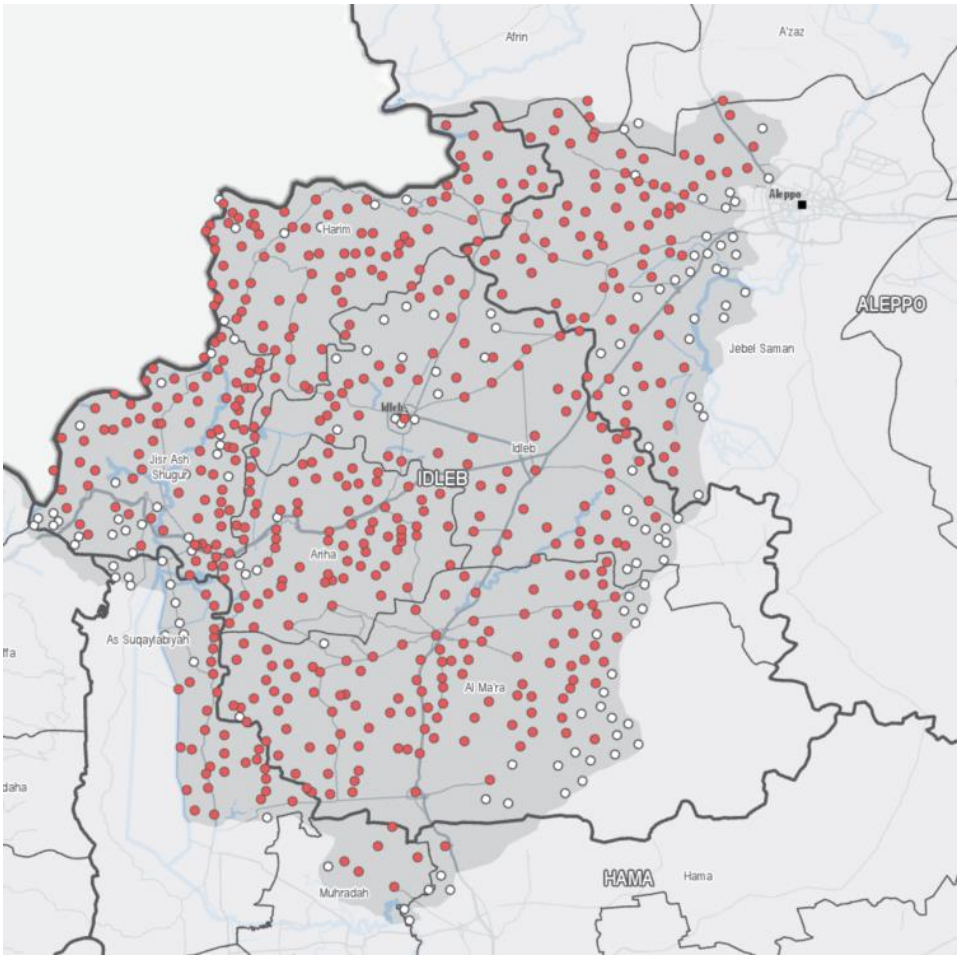
REACH Informing more effective humanitarian action

1. Executive Summary

Country of intervention	*Syria*					
Type of Emergency	□	Natural disaster	x	Conflict		
Type of Crisis	□	Sudden onset	□	Slow onset	X	Protracted
Mandating Body/ Agency	*REACH*					
Project Code	16DMC (OFDA)					
Research Timeframe *Add planned deadlines (for first cycle if more than 1)*	1. Start collect data: 2/3/2019		5. Preliminary presentation: NA			
	2. Data collected: 20/3/2019		6. Outputs sent for validation: 31/05/2019			
	3. Data analysed: 25/03/2019		7. Outputs published: 31/06/2019			
	4. Data sent for validation: 25/03/2019		8. Final presentation: NA			
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**			
	X	Donor plan/strategy	Ongoing			
	X	Inter-cluster plan/strategy (Syrian cross-border clusters will use this data to respond to the flood in NW Syria).	Ongoing			
	□	Cluster plan/strategy	_ _/_ _/_ _ _ _			
	X	NGO platform plan/strategy	Ongoing			
	□	Other (Specify):	_ _/_ _/_ _ _ _			
Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	**Audience type**		**Dissemination**			
	X Strategic		X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)			
	X Programmatic		X Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting			
	X Operational		□ Presentation of findings (e.g. at HCT meeting; Cluster meeting)			
	□ [Other, Specify]		X Website Dissemination (Relief Web & REACH Resource Centre)			
			□ [Other, Specify]			

Detailed dissemination plan required	□	Yes	**X**	No
General Objective	*To improve the humanitarian community's access to information on the general situation, barriers and needs related to the prevalence of leishmanianisis across assessed communities in Idleb and surrounding areas in northwest Syria.[1] This aims to inform aid planning and enhance key actors' understanding of skin diseases (leishmaniasis) within northwest Syria.*			
Specific Objective(s)	• Provide a background of leishmaniasis (types, symptoms, historical prevalence of leishmaniasis in Syria, compounding factors that may exacerbate the spread/control of it). • To identify the prevalence of skin disease, in particular leishmaniasis, in northwest Syria (Idleb governorate and surrounding areas). • Assess the level of perceived access to (and compounding factors of leishmaniasis based on previous studies): - Healthcare facilities in accessible communities in Idleb governorate and surrounding areas (how the prevalence of leishmaniasis relates to the barriers to accessing healthcare and respective coping strategies related to a lack of healthcare). - Latrines/toilets and waste management (to highlight the compounding effects of poor sanitation conditions on the prevalence of leishmaniasis). - Shelter types (to assess the scale of shelter damage and IDP and pre-conflict shelter types and their respective link to leishmaniasis). - Food (to assess access to food as a compounding factor to the spread of leishmaniasis) - Livelihoods opportunities (to assess the impact of a lack of livelihoods opportunities on the spread of leishmaniasis).			
Research Questions	1. What is the prevalence of leishmaniasis throughout Idleb governorate and surrounding areas? 2. What is the prevalence of compounding factors as known from secondary data that contribute to the spread of leishmaniasis: 1. What is the level of access to healthcare services? 2.1.1 What are the most common available health facilities? 2.1.2 What are the most commonly reported barriers to accessing healthcare services? 2. What is the level of access to shelter? 2.2.1 What are the most commonly reported IDP and pre-conflict population (PCP) household shelter types? 2.2.2 What is the reported proportion of uninhabitable buildings due to damage? 3. What is the level of access to water, sanitation and hygiene (WASH)? 2.3.1 What are the most commonly reported problems with latrines/toilets? 2.3.2 What are the most commonly reported methods of garbage disposal?			

[1] Data was collected from 2-20 March 2019 across 546 communities in Idleb governorate and surrounding areas, people were asked to report findings on February 2019.

	2.3.3 What is the most commonly reported frequency of garbage collection? 4. What is the level of access to food? 2.4.1 What is the most commonly reported level of food sufficiency? 2.4.2 What are the most commonly reported barriers to accessing food? 5. What is the level of access to livelihoods? 2.5.1 What are the most commonly reported sources of income? 2.5.2 What are the most commonly reported coping strategies to deal with a lack of income? 2.5.3 What is the average monthly household income of the village population?
Geographic Coverage	*546/690 (80%) accessible communities within Idleb governorate and surrounding areas, please see red dots in reference map below.* 
Secondary data sources	*Main sources include; REACH IDP Situation Monitoring Initiative (ISMI), REACH Market Monitoring, as well as media, open source scientific reports and humanitarian reports from other UN agencies (World Health Organisarion (WHO), Health cluster, Humanitarian Needs Overview(HNO)) and humanitarian organizations (the Mentor Initiative).*
Population(s)	□ IDPs in camp □ IDPs in informal sites

Select all that apply	X	IDPs in host communities	□	IDPs [Other, Specify]
	□	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	□	Refugees [Other, Specify]
	X	Host communities	X	Spontaneous Returnees

Stratification *Select type(s) and enter number of strata*	X	Geographical #: 11 (sub-districts) Population size per strata is known? X Yes □ No	□	Group #: __ Population size per strata is known? □ Yes □ No	□	*[Other Specify]* #: _ _ Population size per strata is known? □ Yes □ No

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

	Sampling method	**Data collection method**
Structured data collection tool # 1 *Select sampling and data collection method and specify target # interviews*	X Purposive □ Probability / Simple random □ Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]	X Key informant interview (Target #): 3-5 KIs percommunity. □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _
Target level of precision if probability sampling	N/A	N/A

Data management platform(s)	X	IMPACT	X	Humanitarian Data Exchange
	□	[Other, Specify]		

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

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

2. Rationale

2.1. Rationale

Over eight years of conflict in Syria has devastated the civilian population's living conditions. The severity and scale of the crisis has resulted in an estimated 11.7 million Syrians in need of humanitarian assistance, as well as the internal displacement of an estimated 6.2 million people.[2] Although the government of Syria has further consolidated control over most areas in Syria, hostilities and conflict over control in opposition-held territories of Idleb governorate and the surrounding areas of western Aleppo and northern Hama in northwest Syria persist.[3] Over the course of 2018, the predominantly rural region witnessed mass movements of internally displaced people (IDPs) within, and into the area from

[2] United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2019). *2019 Humanitarian Needs Overview*. http://bit.ly/2ETCOzc
[3] Ibid.

across the country due to ongoing airstrikes, shelling and clashes.[4] The hostilities, protracted displacement, and destruction of infrastructure have taken its toll on basic services, particularly on healthcare services. In January 2019, increased hostilities such as airstrikes and shelling resulted in additional civilian casualties, injuries, and displacement throughout northern Hama and southern Idleb governorates.[5]

In November 2018, a third of the population in Idleb governorate and surrounding areas were estimated to be IDPs.[6] Humanitarian conditions deteriorated further across northwest Syria during the winter season due to adverse weather conditions, affecting already vulnerable populations. Heavy rainfall and associated flooding in December 2018 reportedly swept away hundreds of tents and damaged concrete houses in camps, affecting thousands of IDPs.[7] This combined with limited access to water, sanitation and hygiene (WASH) facilities, inadequate shelter, and a lack of livelihoods opportunities, has created adverse living conditions and an environment prone to spreadable diseases. One such disease is leishmaniasis, a skin disease caused by the protozoan leishmania parasites which are transmitted by the bite of infected female phlebotomine sandflies.[8]

Since the beginning of the crisis, massive internal displacement, coupled with a deterioration of living conditions has impacted public health throughout Syria. [9] Reports of leishmaniasis have increased at an alarming rate across northern Syria. This was especially apparent in Idleb governorate, where thousands of cases were identified across the country during the year, with the majority reported from the northern governorates.[10] Following widespread displacement, large numbers of vulnerable people living in temporary settlements are particularly predisposed to the disease.

In an effort to better understand the conditions, needs, and barriers regarding the prevalence of leishmaniasis, REACH will conduct an analysis on the main compounding factors to leishmaniasis in Idleb governorate and the surrounding areas of western Aleppo and northern Hama in northwest Syria, as identified through secondary literature. A greater understanding of the prevalence of leishmaniasis incorporates looking at compounding factors such as access to healthcare, adequate shelter, WASH facilities, access to food resources and livelihoods. This may inform a multi-sectoral approach to addressing the humanitarian needs relating to leishmaniasis. REACH will conduct a leishmaniasis situation overview assessment, focused on establishing an up-to-date situation overview in Idleb governorate and surrounding areas. This overview will examine the prevalence of leishmaniasis in assessed communities and analyse compounding factors. The findings may provide humanitarian actors with information to better plan their activities that revolve around leishmaniasis, as well as raise awareness of the need for increased interventions to tackle the spread of leishmaniasis.

3. Methodology

2.1. Methodology overview

The Humanitarian Situation Overview in Syria (HSOS) data collection is conducted on a monthly basis through an enumerator network in accessible locations throughout Idleb, Aleppo, Hama, Homs, Deir-ez-Zor, Ar-Raqqa, and Al-Hasakeh governorates. For this assessment, data was extracted from the larger February 2019 dataset in order to assess the healthcare situation, barriers and needs of the population, as well as the prevalence of leishmaniasis, in 546 accessible communities in Idleb governorate and surrounding areas in northwest Syria, this assessed area was chosen because of the high prevalence of this particular skin disease in this area. Within that area, we will analyse the data on all assessed communities (e.g. not only in the communities where leishmaniasis were prevalent).

[4] REACH IDP Situation Monitoring Initiative (November 2018). *Monthly Overview of IDP Movements in north-west Syria.* http://bit.ly/2VzImoS
[5] REACH (2019). Humanitarian Situation Overview in Syria Northwest Syria January 2019. http://bit.ly/2Wo62Mm
[6] REACH (2018). ISMI NWS Factsheet (November 2018). http://bit.ly/2Qzj2f6
[7] OCHA (January 2019). *North-West Syria: Inter-sector Rapid Needs Assessment – Flood Impact. http://bit.ly/2UxrYUG*
[8] WHO (March 2018). *Leishmaniasis*. http://bit.ly/2tUMIdt
[9] Emerging Infectious Diseases (May 2016). *Cutaneous Leishmaniasis and Conflict in Syria.* http://bit.ly/2TmpqMP
[10] United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2019). *2019 Humanitarian Needs Overview*. http://bit.ly/2ETCOzc

REACH enumerators are based inside Syria and interview key informants (KIs) directly in the community that they were reporting in. KIs generally included local council members, Syrian Non-Governmental Organisation (NGO) workers, medical professionals, teachers, shop owners and farmers, among others, and were chosen based on their community-level or sector-specific knowledge. For each question asked, confidence levels were assigned based on the KIs area of expertise and knowledge of the sector-specific situation. The confidence levels associated with each question are presented in the final dataset. The full confidence matrix used to assign confidence levels is available upon request.

Findings are triangulated through secondary sources, such as sources provided by the health cluster on leishmaniasis and available healthcare facilities and also include news monitoring and humanitarian reports. Where necessary, follow-up is conducted with enumerators and participants. In the questionnaire, prevalence of leishmaniasis is not specifically asked, but skin diseases in general. The health questions are usually and preferably answered by KIs who are medical professionals, who can diagnose leishmaniasis, giving an accurate representation of the prevalence of leishmaniasis. However, in some communities there are no medical professionals available, which is a limitation of this study to keep into consideration. Therefore, findings are indicative rather than representative and should not be generalised across the region.

2.2. Population of interest

HSOS seeks to understand the needs of all population groups (i.e. IDP, Spontaneous Returnees (SRs) and resident/pre-conflict population) within the 546 assessed communities in northwest Syria.

2.3. Secondary data review

Available secondary data sources were used to triangulate collected primary data and included other REACH products such as the IDP Situation Monitoring Initiative (ISMI) and the REACH Syrian Cities Damage Atlas. Other relevant humanitarian publications by partners and other actors pertaining to the humanitarian situation in assessed governorates in Syria, such as the Humanitarian Needs Overview (HNO), UNICEF, WHO and the Mentor Initiative were reviewed. This research lastly drew on academic medical secondary data, such as published in medical journals as The Lancet and Trends in Parasitology.

2.4. Primary Data Collection

Primary data collection was conducted principally face-to-face by in-country enumerators in accessible opposition-held communities in northwest Syria. In some locations where face-to-face data collection is not possible due to security, or other constraints, data was collected remotely. Remote data collection is done via Skype phone calls. Data was collected through a key informant interview (KII) methodology.

- Data was collected between 2-20 March 2019, in which respondents were asked to report findings on February 2019.
- Based on a structured questionnaire, enumerators ask KIs questions on general population numbers and demographics (including on IDPs, resident/pre-conflict population, and SRs), fuel sufficiency, main health problems, barriers and needs to healthcare, coping strategies, and type of medical facilities available.
- Enumerators submit one form per assessed location. Enumerators interview one to three KIs per community.
- KI types may include: civil society groups, local charities, local council members, local relief committees, NGOs, community leaders, documentation office/registration focal points, camp/collective centre managers, teachers and healthcare professionals.
- A sub-set of 546 communities in Idleb governorate and surrounding areas were extracted from the HSOS database (which usually covers approximately 1,047 communities in northwest Syria), based on preliminary analysis, in order to analyse information gaps on the health situation and conditions surrounding the prevalence of skin disease in this area. Within that region, data on all assessed communities will be analysed.

2.5. Data Processing & Analysis

Interviews for this assessment were conducted directly and were entered digitally using the KoBo Collect App on smartphones or Enketo web platform and subsequently uploaded to the IMPACT KoBo server. The assessment team downloaded and checked submissions to ensure the required number of forms were submitted for each location, before checking for any internal inconsistencies, outliers, data entry errors, or discrepancies between multiple submissions for the same assessed location. Automated checks were used where possible to ensure consistency and timely data processing. Any issues were followed up with enumerators and, where possible, KIs. Corrections based on responses from enumerators were cleaned by REACH assessment officers, with follow-up and cleaning logs maintained alongside all raw data. Once all steps were followed in the data cleaning, checking and data set creation processes, with no follow-up remaining, the REACH assessment and project teams checked cleaning sheets and final data sets for any inconsistencies.

In cases of non-consensus or inexplicable, large discrepancies between REACH and secondary data sources, or where responses provided by enumerators after follow-up are deemed insufficient, data for the respective indicators is omitted and entered as 'No data'.

Following this, the REACH Assessment Manager and IMPACT Data Unit in Geneva internally review data sets before these are shared.

Data from this assessment was analysed and reported at the community level in order to produce an overview of the healthcare situation at the time of data collection. Indicator type include the following:

- Continuous variables (e.g. #, %): average across all entries, absolute sums.
- Categorical variables (select multiple, select one): most commonly reported responses on all the assessed area-level.
- Open-ended question: free text, qualitative narrative.

4. Roles and responsibilities

Table 2: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	*REACH HSOS Focal Point*	*Assessment Manager*	*REACH HQ*	*Clusters, WHO*
Supervising data collection	*REACH Field Coordinators*	*REACH HSOS Focal Point*	*REACH HSOS Focal Point*	*REACH Assessment Manager*
Data cleaning and analysis	*REACH Field Coordinators , REACH HSOS Focal Point*	*REACH HSOS Focal Point*	*REACH Assessment Manager REACH HQ*	*REACH Assessment Manager*
Data analysis	*REACH HSOS Focal Point/GIS Officer*	*REACH HSOS Focal Point*	*REACH Assessment Manager*	*REACH HQ*
Output production	*REACH HSOS Focal Point and GIS Officer*	*REACH HSOS Focal Point*	*REACH Assessment*	*Donors and partners*

			Manager; REACH Country Coordinator, REACH HQ	
Dissemination	*REACH HSOS Focal Point*	*REACH Assessment Manager*	*REACH HQ*	*Donors and partners*
Monitoring & Evaluation	*REACH HSOS Focal Point*	*REACH HSOS Focal Point*	*REACH Assessment Manager*	*REACH HQ*
Lessons learned	*REACH Assessment Manager/REACH HSOS Focal Point/GIS Officer*	*REACH Assessment Manager*	*REACH Assessment Manager/REACH HSOS Focal Point/GIS Officer*	*REACH HQ*

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

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

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

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

5. Data Analysis Plan

RESEARCH QUESTIONS ADDRESSED WITH STRUCTURED TOOL(S)

Research questions	Sub-questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Questionnaire Responses	Data collection level
3. What is the prevalence of leishmaniasis throughout Idleb governorate and surrounding areas?	What is the prevalence of leishmaniasis?	QE001	*KI Interview*	Number of communities where KIs reported skin diseases (e.g. leishmaniasis) as one of the most common health problem during February 2019.	What were the most common health problems reported by all people in your village during February 2019?	Lack of disability related care, Diarrhea; Skin disease / Leishmaniasis; Communicable disease (e.g. hepatitis, measles, typhoid, cholera and dysentery); Chronic disease (diabetes, high blood pressure, cardio vascular); Pregnancy related disease; Maternal health issues (after pregnancy); Injuries; Acute respiratory Infections; Fever; Polio; Malnutrition; Severe disease affecting those aged less than 5; Lack of disability related care; Symptoms of psychological trauma (e.g. PTSD, depression); Other (specify); Not sure	*Community level*
4. What is the prevalence of compounding factors as known from secondary data that contribute to the spread of leishmaniasis:	2.1. What is the level of access to healthcare services? 2.1.1 What are the most common available health facilities? 2.1.2 What are the most commonly reported barriers to accessing healthcare services?	QE009	*KI Interview*	Number and types of medical facilities available	What medical facilities were functioning in your community during February 2019? (select all that apply)	There are no medical facilities functioning in community; Mobile clinics/ field hospitals; Informal emergency care points; pre-conflict hospitals; Primary public healthcare facilities; Primary private healthcare facilities; Not sure	*Community level*
		QE002	*KI Interview*	Main difficulties when accessing health care services	What are the main difficulties faced by all people in your village to get the healthcare services needed,	No difficulties of access reported; No health facilities available in the area; Security concerns around travel to health facility; High cost of transportation to health facility; Lack of transportation/long distance to facility; Family not permitting travel to health facility; Old age; Disability/injuries/illness;	

					during February 2019? (select up to 3)	Security concerns to enter/remain in the health facility; Health care services are too expensive; Not permitted to enter facility; Other (Specify); Not sure	
	2. What is the level of access to shelter? 2.2.1 What are the most commonly reported IDP and pre-conflict population (PCP) household shelter types? 2.2.2 What is the reported proportion of uninhabitable buildings due to damage?	QS001	*KI Interview*	Most common type of shelter lived in by IDPs during February 2019	What was the most common type of housing lived in by IDPs in this village during February 2019? (select one)	No IDPs in the village; Independent apartment or house; Apartment or house shared with other families; Unfinished apartment or house; Collective public space not usually used for shelter (e.g. School/Mosque); Private space not usually used for shelter (Basement/Garage/ Warehouse/ Worksite/Barn); Tent; Cave/natural shelter; Other (specify); Not sure	*Community level*
		QS002	*KI Interview*	Most common type of shelter lived in by pre-conflict population during February 2019	What was the most common type of housing lived in by Pre-conflict population in this village during February 2019? (select one)	Independent apartment or house; Apartment or house shared with other families; Unfinished apartment or house; Collective public space not usually used for shelter (e.g. School/Mosque); Private space not usually used for shelter (Basement/Garage/Magasin/Warehouse/ Worksite/Barn); Tent; Cave/natural shelter; Not sure	*Community level*
		QS008	*KI Interview*	Damage to buildings in village in February 2019	What percentage of buildings in your village were uninhabitable due to damage by conflict during February 2019? (Select one)	None; 1-25%; 26-50%; 51-75%; 76-100%; Not sure	*Community level*

	3. What is the level of access to water, sanitation and hygiene (WASH)? 2.3.1 What are the most commonly reported problems with latrines/toilets? 2.3.2 What are the most commonly reported methods of garbage disposal? 2.3.3 What is the most commonly reported frequency of garbage?	QF006	*KI Interview*	Most prevalent latrine problems	What were the 3 most prevalent problems with latrine/toilets during February 2019? (select up to 3)	There are no problems; No water to flush; Cannot empty septic tank; Connection to sewage blocked; Too crowded/not sufficient; Lack of privacy; No separation between men and women; It is not safe; Not clean; Not sure	*Community level*
		QF007	*KI Interview*	Types of solid waste management practices during February 2019	What was the most common way that people in your village disposed of their garbage during February 2019? (select one)	Private (Paid) garbage collection (someone collects rubbish against a fee); Public (Free) garbage collection; Garbage is buried or burned; Garbage is disposed of at designated waste management site; Garbage is left in the street/public area; Other (Specify); Not sure	*Community level*
		QF008	*KI Interview*	Types of solid waste management practices during February 2019	How frequently was garbage collected in the last 30 days in most of the community? (select one)	More than once a week; Once a week; Once every 2 weeks; Once every month; It varies a lot between areas of the community; Not sure	*Community level*
	4. What is the level of access to food?	QG013	*KI Interview*	Food sufficiency (access and amount)	Did your community have enough food in February 2019	Food is sufficient; Food is somewhat sufficient; Food is insufficient; Not sure	*Community level*

	2.4.1 What is the most commonly reported level of food sufficiency? 2.4.2 What are the most commonly reported barriers to accessing food?				to meet household needs? (select one)		
		QG003	*KI Interview*	Food access problems most commonly experienced by village population during February 2019	What were the main reasons why people in your village had difficulties accessing enough food during February 2019? (select up to 3)	There were no challenges; Lack of access to market; lack of resources to buy food available in the markets; Some types of foods are too expensive; Some food items not available on the market; Local food production has decreased; lack of availability of cooking fuel; lack of access to available cooking fuel; Not sure	
	5. What is the level of access to livelihoods? 2.5.1 What are the most commonly reported sources of income? 2.5.2 What are the most commonly reported coping strategies to deal with a lack of income? 2.5.3 What is the average	QH001	*KI Interview*	Most common income/resource used by village population to cover essential needs during February 2019	What were the most common income/resources used by people in your village to cover essential needs during February 2019? (select up to 3)	Stable employment (salaried) Unstable employment (daily) High risk/illegal work Sale of household assets Begging Farm owner Business/Trade Allowances (Social security/welfare) Support from family/friends in Syria Remittances (from outside of Syria) Savings Sale of humanitarian aid Cash/items from humanitarian organisations; Non-cash items from humanitarian organisations; Other (Specify)	*Community level*

	monthly household income of the village population?						
		QH004	*KI Interview*	Reported coping strategies used in the village during February 2019 to cope with lack of resources	Which of the following coping strategies did people in your village use to cope with lack of income/resources during February 2019? (select all that apply)	Adults begging: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally; Men; Women; Elderly (above the age of 65); IDPs; Returnees; Other, please explain; Not sure Children sent to work or beg: Which age groups were sent to work or beg most frequently? (select two): No, coping strategies were used by all age groups, equally 1-5 years; 5-9 years; 10-14 years; 15-18 years Taking loans/buying on credit (informal/formal): Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally; Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure Borrowing money or food from family/friends: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally; Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure High risk/illegal work: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally;	*Community level*

						Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure Eating food waste: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally; Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure Selling household assets: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally; Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure Skipping meals: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally; Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure Reducing size of meals: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally; Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure Spending days without eating: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the	

						population equally; Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure Eating non-food plants: Were parts of the population using this coping strategy more frequently during the previous month than others? (Select all that apply): No, coping strategies were used by all parts of the population equally; Men; Women; Elderly (above the age of 65); Children (under the age of 18); IDPs; Returnees; Other, please explain:; Not sure Other (explain) Not sure	
		QH006	*KI Interview*	Monthly household income of village population	What income do you think most households in your community earned in February 2019? (Select one)	Less than 50,000 SYP; 50,000 - 100,000 SYP; 100,000 - 150,000 SYP; Above 150,000 SYP	*Community level*

7. Monitoring and Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Centre	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		□ Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		X Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		X Yes
		# of visits to x webmap/x dashboard	Country request to HQ		□ Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	X Yes
		# references in single agency documents			X Yes
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	*N/A*
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			

	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement _log	X Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes