Methodology Note

Northeast Syria Area-Based Assessments, Round III

Ar-Raqqa city, Syria

SYR1707b

September 2018
V1

REACH Informing more effective humanitarian action

1. Summary

Country of intervention	*Syria*					
Type of Emergency		Natural disaster	X	Conflict	X	Emergency
Type of Crisis		Sudden onset		Slow onset	X	Protracted
Mandating Body/ Agency	*REACH*					
Project Code	*16 CZH*					
REACH Pillar	X	Planning in Emergencies	X	Displacement		Building Community Resilience
Research Timeframe	Ongoing from December 2017					
General Objective	The overall objective of this set of assessments is to inform evidence-based humanitarian programming and service delivery at the settlement level in Northeast Syria. The assessments seek to support actors in prioritising geographic areas, service sectors and modalities of assistance within targeted urban areas.					
Specific Objective(s)	**Phase II: Micro-level service, infrastructure and community mapping**[1] 2.1 Provide update on and map primary infrastructure (water, sewage, bakeries, electrical/power, healthcare, markets, education, main roads) within the city, and how this may have changed since round I and II of the Area Based Assessment (ABA). 2.2 Identify and map current service catchment areas within the cities, and assess how this may have changed since round I and II of the ABA. 2.3 Provide update on and map infrastructure damage within the city, identifying service status/capacity and timeline for repairs where appropriate, and how this may have changed since round I and II of the assessment **Phase III: Needs assessment** 3.1 Identify primary needs of residents living in/returning to the city and triangulate with service delivery capacity; catchment areas to identify current/ potential unmet needs					

[1] Round III of the ABA will primarily assess needs of the residents in Ar-Raqqa which falls under Phase III of the assessment as detailed in the Terms of Reference (TOR) for the main ABA. However, the assessment will also include elements from Phase I and II, such as providing updates on the location and status of infrastructure, which will be incorporated into Phase III of the ABA.

	3.2 Identify primary barriers faced by residents in terms of accessing services 3.3 Verify pre-conflict/current service catchment areas in Phase I & II according to areas accessed by population in order to access services. 3.4 Understand in-depth the primary challenges and shortages healthcare infrastructure in Ar-Raqqa face, and how this affects residents living in the city.
Research Questions	**Phase II: Micro-level service, infrastructure and community mapping** 2.1. Where is the primary infrastructure located within the city for: roads, WASH, electricity, healthcare, education, bakeries, markets? 2.2. Where is the current service catchment area? How has this changed since round I and II of the ABA? 2.3. To what extent has the primary infrastructure been repaired? What is the current service delivery capacity? Where are the gaps in coverage? **Phase III: Needs assessment** 3.1. What are the primary needs of the population living in or returning to the city? 3.2. What are the primary barriers faced by residents in accessing services? 3.3. What is the geographic area within which residents are accessing services? 3.4. What challenges and shortages is the health infrastructure in Ar-Raqqa facing, and how is this affecting the residents in terms of their access to healthcare and medicine?

Research Type		Quantitative		Qualitative	X	Mixed methods
Geographic Coverage	Ar-Raqqa city					
Target Population(s)	Internally displaced persons (IDPs), returnees, host community population					
Data Sources	**Secondary Data:** • OCHA flash updates • Humanitarian Needs Overview 2018 • Raqqa Civil Council records • NGO/agency assessments/reports **Primary Data:** • Key informant interviews (high level, community level, service sector specific) • Focus group discussions (FGDs) • Participatory mapping exercises					
Expected Outputs	• Standalone city maps detailing neighbourhood boundaries, infrastructure locations, population locations • Annotated maps showing returnee numbers and movements, supplemented with qualitative findings • City overview with sector and neighbourhood profiles, including embedded maps • Key findings presentations for Ar-Raqqa City					
Humanitarian Milestones	**Milestone**					
		Cluster plan/strategy				

		Inter-cluster plan/strategy	
		Donor plan/strategy	
		NGO plan/strategy	
		Other	
Audience			
	Audience type		
	X	Operational	
	X	Programmatic	
	X	Strategic	
		Other	
Access	X	Public (available on REACH research center and other humanitarian platforms)	
		Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)	
		Other	
Visibility	*All information products will feature REACH branding.*		
Dissemination	*All outputs disseminated through REACH Syria mailing list via Sendiblu platforms, as well as through the North-East Syria Forum mailing lists (operational actors in North-East Syria) and Raqqa response skype groups.*		

2. Background & Rationale

As of September 2017, it was estimated that the Syrian Crisis has led to the displacement of 12.6 million persons, 6.1 million of whom are internally displaced persons (IDPs).[2] Northeast Syria has experienced prolonged periods of conflict between various actors, triggering a complex displacement outlook and hindering the reconstruction of infrastructure and resumption of services. Increased humanitarian access in Northeast Syria throughout 2016 and 2017 has enabled an emergency response as well as a response for the rehabilitation and restoration of communities. However, a fragile security environment, wide-ranging mine/UXO contamination, and general logistical challenges have restricted actors' capacity to extensively scale-up operations.

Despite some of the most intense and destructive periods of the Syrian conflict taking place in towns and cities, an estimated 84% of IDPs are living in urban areas, [3] where in many cases heavy levels of infrastructure damage has severely limited the service delivery capacity of local and humanitarian actors. This situation is typified in urban areas of Northeast Syria, where some of the heaviest armed clashes have taken place, not only inflicting damage but also rendering the areas as extremely difficult to access. The resulting humanitarian situation is highly complex and dynamic, with cities facing the prospect of major structural impediments to service delivery coupled with changing (and in some cases growing) populations in need.

[2] OCHA, Humanitarian Needs Overview 2018, November 2017
[3] OCHA, Humanitarian Needs Overview 2018, November 2017

Ar-Raqqa city is the largest and most conflict-affected city in the Northeast of Syria, with an estimated population of 279,000 prior to its takeover by ISIL in early 2015. The city was fully evacuated following the Coalition Raqqa offensive between November 2016 and October 2017, and some of the heaviest armed clashes took place, not only inflicting severe infrastructure damage but also rendering the areas as extremely difficult to access for humanitarian actors. Decontamination efforts have commenced following the end of conflict in October 2017 but it will likely be many months before all areas are declared safe. Large numbers of Ar-Raqqa city residents have returned to their homes following cessation of the conflict, but despite initial recovery efforts, damage remains widespread and continues to impact access to basic services and infrastructure rehabilitation in different parts of the city.

Access issues have hindered the collection of comprehensive and accurate information concerning the situation on the ground in these three cities. While it is generally accepted that there has been substantial infrastructure damage, the extent and specific location of the damage remains unclear. Further, given the ongoing displacement in the region and restrictions on returns to Ar-Raqqa, there is limited data on actors' capacity to deliver services to both the current and potential future populations. Moreover, it is unclear as to who is responsible for delivering the services, what their delivery gaps are, and where they are most in need of support, particularly given recent changes in administration and control of areas in North-East Syria. Last, there is a shortage of information on those residing in the city, both those who have returned to their homes and those who are living there temporarily.

REACH has conducted a series of area-based assessments in order to address these information gaps, and to inform the humanitarian response at a local level and provide the basis for a multisector response in coordination with local actors. The first assessments took place between December April and June 2017 and a second round of area based assessments took place in December 2017 and June 2018. The combination of these findings highlighted how these aspects varied at the local level, with differences found across neighbourhoods in terms of service delivery and primary needs.

Six assessments were conducted:

- Civilian returns assessment in December 2017
- Civilian returns assessment update in January 2018
- Services and infrastructure assessment in February 2018
- Damage atlas assessment in February 2018
- Primary needs assessment, situation overview and neighbourhood profiles in April 2018
- Primary needs assessment, situation overview and market monitoring in June 2018

All assessments were previously broken down into three phases providing regularly updated information outputs, the purpose of which was to iteratively fill information gaps and needs due to the high demand of rapid information. The three phases and their core objectives were as follows:

Phase I

- **Macro-level service, infrastructure and community mapping:** Provide geographic and demographic overview of targeted cities, including neighbourhood boundaries[4], settlement population figures, and stakeholders responsible for service delivery

Phase II

- **Micro-level service, infrastructure and community mapping**: Assess damage to and capacity of core infrastructure, identify any service delivery gaps and priority areas of support, and conduct a shelter damage assessment.

Phase III

- **Needs assessment:** Identify primary needs of residents and barriers to accessing services within the boundaries defined in Phases I and II.

In addition to the findings of the assessments increased intervention from humanitarian actors participating in the Ar-Raqqa response has highlighted the need for a more granular approach to avoid overlap of programming and to improve the coordination between these actors. To address this, in addition to the widespread information gaps, REACH will use the

[4] For the purposes of this assessment, "community" refers to the local geographic unit recognised by a population as the area in which it lives (e.g. neighbourhood).

findings from the area based assessment to develop an information management mechanism, in partnership with coordination actors, tying information about humanitarian needs and the humanitarian response together, with the aim of highlighting gaps and challenges in the response. This tool will function as a key message for practical action and serve as a useful tool for fundraising, advocacy in addition to informing an improved and better coordinated humanitarian response.[5]

Humanitarian access to affected urban areas is often severely restricted, resulting in widespread information gaps on the humanitarian situation. As access gradually increases, insufficient information on households' needs and their access to services inhibits the coordination of humanitarian response in these areas. These information gaps continuously emerge in Ar-Raqqa city due to the highly dynamic and changing nature of the context in the city. As such, REACH attempts to identify these information gaps in partnership with humanitarian actors, and responds by updating the ABA on a quarterly basis.

ADD *This methodology note details the approach that will be followed for the next round of assessment which will all fall under phase III, but will also incorporate some elements from phase I and II as an update.*

3. Research Objectives

The overall objective of this set of assessments is **to inform evidence-based humanitarian programming and service delivery at the settlement level in Ar-Raqqa city.** The assessments seek to support actors in prioritising geographic areas, service sectors and modalities of assistance within targeted urban areas.

Specific objectives of the assessments, are as follows:

Phase II: Micro-level service, infrastructure and community mapping

2.1 Provide update on and map primary infrastructure (water, sewage, bakeries, electrical/power, healthcare, markets, education, main roads) within the city, and how this may have changed since round I and II of the ABA (community FGDs/participatory mapping/High level KIIs)

2.2 Identify and map current service catchment areas within the cities, and assess how this may have changed since round I and II of the ABA (community FGDs/participatory mapping/High level KIIs)

2.3 Provide update on and map infrastructure damage within the city, identifying service status/capacity and timeline for repairs where appropriate, and how this may have changed since round I and II of the (community FGDs/participatory mapping/High level KIIs)

Phase III: Needs assessment

3.1 Identify **primary needs** of residents living in/returning to the cities and triangulate with service delivery capacity; catchment areas to identify current/ potential unmet needs (community FGDs/community KII/participatory mapping)

3.2 Identify **primary barriers** faced by residents in terms of accessing services (community FGDs/community KII/participatory mapping)

3.3 Understand in-depth the **primary challenges and shortages** healthcare infrastructure in Ar-Raqqa face, and how this affects residents living in the city (High level KIs/participatory mapping).

4. Research Questions

Phase II: Micro-level service, infrastructure and community mapping

2.1. Where is the primary infrastructure located within the city for: roads, WASH, electricity, healthcare, education, bakeries, markets?

2.2. Where is the current service catchment area? How has this changed since round I and II of the ABA?

2.3. To what extent has the damaged primary infrastructure been repaired? What is the current service delivery capacity? Where are the gaps in coverage?

Phase III: Needs assessment

3.1. What are the primary needs of the population living or returning to the city?

[5] This component falls under AGORA, and will not be covered in this assessment.

3.2. What are the primary barriers faced by residents in accessing services?
3.3. What is the geographic area within which residents are accessing services?
3.4. What challenges and shortages is the health infrastructure in Ar-Raqqa facing, and how is this affecting the residents in terms of their access to healthcare and medicine?

5. Methodology

5.1. Methodology overview

The assessment will consist of a mixed methods approach that combines qualitative and quantitative primary data collection methods, namely key informant interviews (KIIs) and focus group discussions (FGDs). The key KII and FGD aspects will include a participatory mapping component when appropriate.

It should be noted that the assessments will have an element of flexibility embedded, as the method may need to be altered depending on the availability of secondary data or access constraints that may hinder primary data collection. Due to the large information gaps that currently exist in the targeted city, the information collected through the primary and secondary data collection exercises will be used to assist with the development of tools and methodology for upcoming phases of the assessment. This is also necessary due to the dynamic and changing nature of the humanitarian situation in Northeast Syria.

The following table provides an overview of the methods that will be employed during round III of the assessment and its phases, as well as the corresponding methods that will be used to meet each phase objective.

Table 1: Methodology overview

Phase	Assessment activity	Objective #	Objective	Data collection methods	Respondent profiles
Phase II: Micro-level service, infrastructure and community mapping	**Micro-level service, infrastructure and community mapping**	2.1	Provide update on and map primary infrastructure (water, sewage, bakeries, electrical/power, healthcare, markets, education, main roads) within the city, and how this may have changed since round I and II of the ABA (community FGDs/participatory mapping/High level KIIs)	Community FGDs, Participatory mapping, High level KIs	Community members, Civil council members, Sector specialists
		2.2	Identify and map current service catchment areas within the cities, and assess how this may have changed since round I and II of the ABA (community FGDs/participatory mapping/High level KIs)	Community FGDs, Participatory mapping, High level KIs	Community members, Civil council members, Sector specialists
		2.3	Provide update on and map infrastructure damage within the city, identifying service status/capacity and timeline for repairs where appropriate, and how this may have changed since round I and II of the (community FGDs/participatory mapping/High level KIs)	Community FGDs, Participatory mapping, High level KIs	Community members, Civil council members, Sector specialists
Phase III: Needs assessment	**Needs assessment**	3.1	Identify primary needs of residents living in/returning to the cities and triangulate with service delivery capacity; catchment areas to identify current/ potential unmet needs	Community KIs, Community FGDs	Community members

	3.2 Identify primary barriers faced by residents in terms of accessing services	Community KIs, Community FGDs	Community members
	3.3 Understand in-depth the primary challenges and shortages healthcare infrastructure in Ar-Raqqa face, and how this affects residents living in the city	High level KIs	Health sector specialists

5.2. Population of interest

The population of interest includes all population groups living within Ar-Raqqa city. This includes host community residents, returnees, and IDPs.

5.3 Data collection

PHASE II: SERVICE, INFRASTRUCTURE AND COMMUNITY MAPPING

Data collection for this phase of the assessment will be incorporated into Phase III of the assessment. Data will be collected through Service and infrastructure KIIs with participatory mapping, and through FGDs with participatory mapping (will be conducted in the same FGDs planned for Phase III).

Health service and infrastructure KIIs with participatory mapping

- Health service KIs will be selected using a purposive sampling method, whereby KIs will be identified through SDR and using existing REACH enumerator contact networks (including the KIs identified in previous REACH assessments). KIs will also be identified using a snowball approach, whereby KIs will be asked to identify other individuals who are able to provide relevant information for the assessment.
- Health service KIIs will:
  - Provide updates, identify new and map primary health infrastructure within the cities
  - Provide updates on and map current service catchment areas within the city
  - Provide updates on health actors' capacity to increase service delivery levels
- At least 5 KIs will be conducted within Ar-Raqqa City representing the primary health facilities in the city
- During the service KII participatory mapping exercise, KIs will be asked to verify the location and identify the location of any additional primary infrastructure in their sector and -neighbourhood of expertise.
- KIs will then be asked to verify the current service catchment area for the infrastructure/service.
- With the primary health infrastructure and services that have been identified, KIs will highlight any damage and explain the service status and capacity of the specific infrastructure. KIs will also be asked to provide an estimated timeline for repairs (if known). This information will be collected through a series of closed questions, although any additional data will still be collected and recorded during a daily debrief with the assessment team.
- Following this, KIs will be asked about the current service level capacity, if there are any gaps in service provision, and actors' capacity to increase service delivery levels. This data will be collected through a semi-structured manner – enumerators will be equipped with a number of main questions and probing sub-questions, but given it will be the KIs who have sector-specific expertise, they will be encourage to direct the conversation and explain all issues as fully as possible. Daily debriefs will then be conducted with the assessment team in order to ensure all information is recorded.

Infrastructure and service focus group discussions with participatory mapping

- From Phase II of the assessment, FGDs will:
  - Verify location of and provide updates on services and primary infrastructure in Ar-Raqqa city
  - Provide update on actors' capacity to deliver services
  - Provide update on shelter and infrastructure damage within the city and current and potential housing stock, and timeline for repairs where appropriate

  - Identify and map current service catchment areas within the cities
- REACH field teams will present FGDs with satellite images featuring locations of primary infrastructure and services identified in previous assessments.
- During the FGDs' participatory mapping exercise, participants will be asked to verify the location of primary infrastructure in their sector and neighbourhood of expertise.
- With the primary infrastructure and services that have been identified, participants will highlight any damage and explain the service status and capacity of the specific infrastructure. Participants will also be asked to provide an estimated timeline for repairs (if known).
- Following this, participants will be asked about the current service level capacity, if there are any gaps in service provision, and actors' capacity to increase service delivery levels.

PHASE III: NEEDS ASSESSMENT

In this phase of the assessment, data will be collected through focus group discussions (FGDs) with community members, and KIs with community members with knowledge on multi-sectoral needs of the population at the local level. The FGDs will include a participatory mapping element (as detailed in Phase I & II of the assessment above), whereby respondents will be required to identify neighbourhood boundaries, accessed services, and any updates on infrastructure on a map of the area.

Focus group discussions at the neighbourhood level with participatory mapping

- FGD participants will be selected using a purposive sampling method, whereby participants will be selected based on the neighbourhood in which they live, and be identified existing REACH enumerator contact networks. The FGDs will also include a participatory mapping exercise as detailed in the aforementioned Phase II of the assessment.
- The aim of the neighbourhood level FGDs is to:
  - Identify primary needs of participants residing in the given neighbourhood
  - Identify primary barriers faced by participants in terms of accessing services in the given neighbourhood
  - Verify pre-conflict/current service catchment areas in Phase I & II according to areas accessed by population in order to access services
- Data will be collected both through mapping as well as through a semi-structured questionnaire, in which a facilitator will take the FGD participants through a series of questions on multi sector needs. The facilitator will probe on topics to be explored further to ensure as much area-specific information is captured as possible.
- The FGDs will be disaggregated by gender and population group (male vs. female and host community vs. IDP). The number of FGDs conducted for each population group in each neighbourhood of the city will be calculated according to the population data collected in Phase I.
- Data from the FGDs will be recorded by assessment teams daily through debriefing sessions with the field teams.

Community KIIs

- Community KIs will be selected using a purposive sampling method, whereby KIs will be identified through SDR and using existing REACH enumerator contact networks (including the KIs identified in previous REACH assessments). KIs will also be identified using a snowball approach, whereby KIs will be asked to identify other individuals who are able to provide relevant information for the assessment.
- In Phase III of the assessment, service KIIs will:
  - Identify primary needs of residents living in the neighbourhood
  - Identify primary barriers faced by residents living in the neighbourhood in terms of accessing services
  - Verify pre-conflict/current service catchment areas in Phase I& II according to areas accessed by population in order to access services
- At least three KIIs will be conducted per neighbourhood.
- Data will be collected through a structured questionnaire, in which a facilitator will take the KI participants through a series of questions on multi sector needs.

5.4. Data analysis plan

Data will be analysed and triangulated using both primary and secondary sources. Data will largely be analysed at the neighbourhood/service delivery unit level, given the purpose of the assessment is to inform the response at the local level. Neighbourhood level, and city level aggregations will be made where appropriate, and will be conducted as follows:

- Continuous variables (e.g. #): sum or average across respondents.
- Categorical variables (select one): most commonly selected option across respondents with proportion of respondents reporting each option.
- Categorical variables (select multiple): top 3 or top 5 most commonly reported options across all respondents with the proportion of communities reporting each option

Maps will be created at the lowest administration level possible from the results of both the participatory mapping exercises as well as the Key Informant tools to identify disparities between different areas assessed.

6. Product Typology

Table 2: Type and number of products required

Type of Product	Number of Product(s)	Additional information
City profile	1	1 profile to be produced for Ar-Raqqa city, with sections focusing on specific sectors
Presentation	1	1 needs assessment key findings presentation to be produced for Ar-Raqqa city.
Map (standalone, annotated, embedded into other outputs)	TBD	Regularly updated maps to be produced concerning population data, access levels, reconstruction/repairs status. Depending on the data collected, maps may include include: • City maps with administrative/community boundaries • City map with neighbourhood boundaries and stakeholder information • City map with neighbourhood boundaries and access information • City map with current infrastructure • (Ar-Raqqa city) Returns maps with temporary and permanent returnees to each neighbourhood

7. Management arrangements and work plan

7.1. Roles and Responsibilities, Organogram

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted
Development of research tools	Assessment Officer	Assessment Manager	Global Assessment Coordinator, HQ Research Design Unit
Training of enumerators for primary data collection	Operations Coordinator	Operations Coordinator	Assessment Officer
Tracking of data entry	Assessment Officer	Operations Coordinator	Assessment Manager
Data cleaning and analysis	Assessment Officer, Senior GIS Officer	Assessment Manager	Data Management and Analysis Coordinator, Global Assessment Coordinator, HQ Data Unit

Final output production (SO, Maps, Profiles)	Assessment Officer, Senior GIS Officer, GIS Assistant	Assessment Manager	Global Assessment Coordinator, HQ Programme Officer, HQ Reporting Unit
Project evaluation and lessons learned	Assessment Officer, Operations Coordinator	Assessment Manager	Global Assessment Coordinator, HQ Research Design Unit

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

Accountable: *the person who validate 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*

8. Risks & Assumptions

Table 4: List of risks and mitigating action

Risk	Mitigating measure
Enumerators on the ground in northeast Syria are not able to access certain areas of cities due to security constraints or safety concerns.	Alternative methods will be adopted, such as the area-of-origin approach.
KIs do not have access to relevant information to answer all questions accurately.	Multiple Kis will be contacted when necessary and multiple sources will be used for indicators that involve estimates (such as population figures).
FGD participants do not have access to relevant information to answer all questions accurately.	FGD participants will all be encouraged to engage in discussions and multiple FGDs will be conducted in single communities where possible.
Participants provide contradicting participatory mapping responses	Participatory mapping exercises will be triangulated with secondary data to the fullest extent possible. In the event of a contradiction, follow up visits will be conducted and extra Kis will be sought to provide additional information and help resolve the issue.

9. Monitoring and Evaluation

Table 5: Monitoring and evaluation targets

IMPACT Objective	*External M&E Indicator*	*Internal M&E Indicator*	*Methodology*	*Focal point*	*Tool*	*Research specific information*
Humanitarian stakeholders are accessing	Number of humanitarian organisations	# of downloads of x product from Resource Center	User monitoring	Country request to HQ	User log	Applicable

IMPACT products	accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Relief Web # of downloads of x product from Country level platforms # of page clicks on x product from REACH global newsletter # of page clicks on x product from country newsletter, sendingBlue, bit.ly		Country request to HQ Country team Country request to HQ Country team		Applicable NA Applicable Applicable
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) # references in single agency documents	Usage monitoring and evaluation	Country team	Referencing log	OCHA Flash Updates
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT countryprograms Perceived usefulness and influence of IMPACT outputs Recommendations to strengthen IMPACT programs Perceived capacity of IMPACT staff Perceived quality of outputs/programs Recommendations to strengthen IMPACT programs	Usage M&E	Country team	Usage Feedback *and* Usage Survey template	REACH Syria general feedback survey conducted on a bi-annual basis, targeting all mailing list recipients, requests for further information, requests for presentations and participation in workshops
Humanitarian stakeholders are engaged in IMPACT programs	Number and/or percentage of humanitarian organizations directly	# of organisations providing resources (i.e. Staff, vehicles, meeting space, budget, etc.) for	Engagement Monitoring	Country team	Engagement log	NA

throughout the research cycle	contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	activity implementation # of organisations/clusters inputting in research design and joint analysis # of organisations/clusters attending briefings on findings;				Presence at joint analysis workshops conducted before release of response plans; requests for inclusion of specific indicators / targeted areas Applicable- NES coordination meetings, Jordan / Turkey hub WoS meetings

10. Documentation Plan

- Terms of reference
- Methodology notes
- Indicator list
- Data collection tools
- Raw dataset and cleaning log
- Clean datasets
- Maps
- City profile

11. Annexes

1. Data Management Plan
2. Data Analysis Plan, Community Key Informant Needs Assessment
3. Data Analysis Plan, Health Service and Infrastructure Key Informant
4. Questionnaire, Community Focus Group Discussion

Annex 1: Data Management Plan

Administrative Data	
Project Name	-
Project Code	16 CZH
Donor	-
Project partners	-
Project Description	-

Project Data Contacts	Scott M. Sandvik (Scott.Sandvik@reach-initiative.org)
DMP Version	Draft v1
Related Policies	None
Data Collection	
What data will you collect or create?	Primary and secondary data (quantitative, qualitative, geodata).
How will the data be collected or created?	Quantitative data will be collected using OpenDataKit (ODK) and stored on a Kobo server. Qualitative data will also be collected through ODK, as well as through note taking – which will be digitised during debriefs with the assessment team. Geodata will be captured in participatory mapping exercises and digitally scanned and stored.
Documentation and Metadata	
What documentation and metadata will accompany the data?	The following metadata will be included: • Dates and locations of KIIs/Interviews • Interviewer/facilitator, scribe, debriefer names • Kobo form submissions extracted in .xls format The following documentation will accompany the data: • Cleaning log • Enumerator follow-up history • Translations log
Ethics and Legal Compliance	
How will you manage any ethical issues?	Consent - All the respondents, KII and FGD participants will be asked for their consent prior to the interviews. Anonymization - all the personally identifiable information (PII) will be removed or anonymised from shared datasets.
How will you manage copyright and Intellectual Property Rights (IPR) issues?	IMPACT/ REACH will own the data and it will be made public
Storage and Backup	
How will the data be stored and backed up during the research?	All digital data will be uploaded to KoBo and stored in the northeast Syria folder of the REACH MENA Dropbox on a daily basis. This is backed up to the MENA server in Amman on a daily basis.
How will you manage access and security?	Digitized KII and FGD notes will be anonymized, allowing for broad access by REACH staff
Selection and Preservation	
Which data should be retained, shared, and/or preserved?	Only anonymized data will be shared.
What is the long-term preservation plan for the dataset?	Archived in the REACH MENA Dropbox.
Data Sharing	
How will you share the data?	Data will be shared using links to the REACH Resource Centre and bilaterally via email.

Are any restrictions on data sharing required?	Personally identifying information must be removed from the data set prior to sharing
Responsibilities	
Who will be responsible for data management?	Assessment Officer

Adapted from:

DCC. (2013). Checklist for a Data Management Plan. v.4.0. Edinburgh: Digital Curation Centre. Available online: http://www.dcc.ac.uk/resources/data-management-plans.