

Research Terms of Reference

Cash and Voucher Assistance Protection Impact Assessment (CVAP): Thematic protection assessment in Northwest and Northeast Syria

SYR2109

Syria

September 2021
Version 1.0

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Syria				
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	Cash Working Group (CWG) and Protection Working Group (PWG)				
Project Code	16iAOD				
Overall Research Timeframe (from research design to final outputs / M&E)	12/04/2021 to 11/11/2021				
Research Timeframe Add planned deadlines	1. Start collect data: 19/10/2021		5. Preliminary presentation: N/A		
	2. Data collected: 26/10/2021		6. Outputs sent for validation: Factsheet template: 14/10/2021 Final factsheet: 04/11/2021		
	3. Data analysed: 31/11/2021		7. Outputs published: 11/11/2021		
	4. Data sent for validation: 31/11/2021		8. Final presentation: 11/11/2021		
Number of assessments	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi assessment (more than one cycle)			
Humanitarian milestones Specify what will the assessment inform and when e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;	Milestone		Deadline		
	<input type="checkbox"/>	Donor plan/strategy	_ _ / _ _ / _ _ _ _		
	<input type="checkbox"/>	Inter-cluster plan/strategy	_ _ / _ _ / _ _ _ _		
	<input type="checkbox"/>	Cluster plan/strategy	_ _ / _ _ / _ _ _ _		
	<input type="checkbox"/>	NGO platform plan/strategy	_ _ / _ _ / _ _ _ _		
	<input checked="" type="checkbox"/>	Other (Specify): Ongoing work of Cash Working Group (CWG)	11/11/2021		

Audience Type & Dissemination <i>Specify who will the assessment inform and how you will disseminate to inform the audience</i>	Audience type <input type="checkbox"/> Strategic X Programmatic X Operational <input type="checkbox"/> [Other, Specify]		Dissemination¹ X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) X Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting X Presentation of findings (e.g. at HCT meeting; Cluster meeting) X Website Dissemination (Relief Web & REACH Resource Centre) <input type="checkbox"/> [Other, Specify]	
Detailed dissemination plan required	<input type="checkbox"/>	Yes	X	No
General Objective	To support cash and protection partners in assessing and understanding the protection risks and impacts that may arise from cash and voucher assistance (CVA) programming and to provide information to help design more robust and protection-sensitive CVA interventions in Syria.			
Specific Objective(s)	The objectives for this assessment are three-fold: 1. Contribute to understanding the impacts of CVA on beneficiaries, especially in the areas of protection, intra-household and intra-community dynamics, and from a gender perspective. 2. Identify the main protection-related risks of CVA, support mechanisms used by households, and resources/services that are still needed; 3. Provide information to help CVA actors in their design of more robust CVA programming that is sensitive to protection and gender.			
Research Questions	1. To what extent does CVA influence household and/or community dynamics? a. What are the effects on decision-making power within the household? b. What are the effects on family/community support mechanisms? c. In what ways, if any, has CVA led to changes in household and community relations (either positive or negative)? d. What mitigation measures would households use in the event of a family or community dispute that stems from CVA? 2. What type of protection-related risks and impacts are associated with accessing and using CVA? a. How has CVA influenced the adoption of coping mechanisms? b. To what degree do households experience social stigma/discrimination by the community in the receipt of CVA? c. What kind of protection risks arise in the delivery and use of CVA by households, and which specific groups are most at risk?			

¹ Selected options will be dependent on partner NGO preferences/agreement.

	3. To what extent are households aware of and/or able to use CVA services and mitigation measures? <ol style="list-style-type: none"> What type of barriers, if any, do households face in accessing CVA services? What kind of risk mitigation mechanisms and protection services are households aware of and able to access? What are the additional mechanisms/resources that could help households to mitigate protection risks and access CVA? 			
Geographic Coverage	Northeast Syria (NES) and Northwest Syria (NWS).			
Secondary data sources	Main sources include: post-distribution monitoring (PDM) data from the Syria Cash Working Group (CWG), Protection Monitoring Task Force (PMTF) data, existing data from REACH Cash, Markets and Livelihoods (CML) Unit assessments, existing data from partner organizations, as well as media, open source reports, humanitarian reports from UN agencies and other humanitarian bodies.			
Population(s)² <i>Select all that apply</i>	<input checked="" type="checkbox"/>	IDPs in camp	<input checked="" type="checkbox"/>	IDPs in informal sites
	<input checked="" type="checkbox"/>	IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]
	<input type="checkbox"/>	Refugees in camp	<input type="checkbox"/>	Refugees in informal sites
	<input type="checkbox"/>	Refugees in host communities	<input type="checkbox"/>	Refugees [Other, Specify]
	<input checked="" type="checkbox"/>	Host communities	<input checked="" type="checkbox"/>	Returnees
Stratification <i>Select type(s) and enter number of strata</i>	<input checked="" type="checkbox"/>	Geographical #: at least district level in NWS and NES in which partners operate Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	Gender #: 2 (male- and female-headed households) Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	[Other Specify] #: _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data collection tool(s)	<input checked="" type="checkbox"/>	Structured (Quantitative) ³		Semi-structured (Qualitative)
	Sampling method		Data collection method	
Structured data collection tool # 1 <i>Select sampling and data collection method and specify target # interviews</i>	<input type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random <input checked="" type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input type="checkbox"/> [Other, Specify]		<input type="checkbox"/> Key informant interview (Target #): <input type="checkbox"/> Group discussion (Target #): _ _ _ _ _ <input checked="" type="checkbox"/> Household interview (Target #): <i>based on partner caseload data</i> <input type="checkbox"/> Individual interview (Target #): _ _ _ _ _ _ <input type="checkbox"/> Direct observations (Target #): _ _ _ _ _ _	

² Selected options will be dependent on partner NGO beneficiary caseload.

³ The data collection tool for this survey is closed-question and adapted for the context.

			<input type="checkbox"/> [Other, Specify] (Target #): _ _ _ _ _	
Data management platform(s)	X	IMPACT	<input type="checkbox"/>	UNHCR
	<input type="checkbox"/>	[Other, Specify]		
Expected output type(s)	<input type="checkbox"/>	Situation overview #: _ _	<input type="checkbox"/>	Report #: _ _
	<input type="checkbox"/>	Presentation (Preliminary findings) #: _ _	X	Presentation (Final) #: 1
	<input type="checkbox"/>	Interactive dashboard #: _ _	<input type="checkbox"/>	Web map #: _ _
	<input type="checkbox"/>	[Other, Specify] #: _ _		
Access	X	Public (available on REACH resource center and other humanitarian platforms) ⁴		
	<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: N/A			
	Coordination Framework: CWG			
	Partners: partner non-governmental organisations (NGOs) ⁵			

2. Rationale

2.1. Background

With the increasing demand for and delivery of CVA to address humanitarian needs of vulnerable populations in Syria, many new actors have entered the space to fill in vital gaps without fully integrating key protection mainstreaming principles of access, safety and participation.⁶ While guidelines exist for protection-sensitive CVA interventions,⁷ risks remain due to a lack of understanding of barriers and risks faced by served populations when accessing cash-based services. A recent feasibility assessment in NWS identified that cash assistance could address the increasingly challenging humanitarian situation, while also flagging that gender and community dynamics need to be better understood and taken into account when designing CVA programmes.⁸ Additionally, an evaluation of a cash-based programme by the International Rescue Committee (IRC) in Raqqa identified an increase in intimate partner violence (IPV) and gender-based violence (GBV) as a direct result of cash assistance, and also found that women who would have previously received other forms of community support were no longer provided these mechanisms as a result of community perceptions that they were no longer in need of assistance.⁹ Finally, a literature review of protection and CVA globally found that there were mixed conclusions on the impact of CVA on protection.¹⁰ Overall, these studies point to the need for a more robust understanding of social dynamics, gender relations, coping mechanisms, and ways to strengthen prevention and risk mitigation across cash-based interventions. See endnotes for additional resources.ⁱ

⁴ Selected options will be dependent on partner NGO preferences/agreement.

⁵ Partner NGO visibility will be dependent on their preferences/prior agreement.

⁶ <https://www.csis.org/analysis/implications-un-cross-border-vote-syria>.

⁷ <https://www.calpnetwork.org/wp-content/uploads/2020/01/erc-guide-for-protection-in-cash-based-interventions-web.pdf>.

⁸ https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/IOM_CFA_external_final_compressed.pdf.

⁹ <https://www.rescue-uk.org/report/cash-transfers-raqqa-governorate-syria>.

¹⁰ <https://www.alnap.org/system/files/content/resource/files/main/erc-protection-and-cash-literature-review-jan2015.pdf>.

2.2. Intended impact

The CVA Protection Impact Assessment (CVAP) aims to inform the CVA programming of NGOs operating in NWS and NES, and to provide information to support decision-making and guidance under the Cash Working Group (CWG) and the Protection Cluster Working Group (PWG). Specifically, this assessment intends to improve understanding of the impact of CVA on the protection environment in order to inform ongoing or planned CVA interventions in Syria, by offering a better understanding of the protection risks and barriers that households face in accessing and using CVA, the existing support mechanisms used by households or lack thereof, and the perceived impact of CVA on household and community dynamics. By supporting CVA and protection partners to design CVA programmes that are more responsive and sensitive to protection risks and outcomes, the assessment aims to bring about positive change in the day-to-day lives of CVA beneficiaries and affected communities.

3. Methodology

3.1. Methodology overview

The assessment will be implemented using a quantitative household survey in North East Syria (NES) and North West Syria (NWS). REACH will conduct the assessment in partnership with NGOs implementing CVA programmes in these two regions, based on the coverage of their programming. Initially, REACH will reach out to partner organisations through the CWG and PWG to identify interested partners and their areas and scope of operations. Information required would include: # of beneficiary households (male- and female-headed) and type of CVA; disaggregated by sub-districts of operation.¹¹ Using this information, REACH will identify and propose to interested NGOs a sample size representative of their beneficiary households, stratified by gender of head of household and geographical location (district-level at a minimum, or sub-district level if partners have the capacity). The level of confidence will depend on partner coverage and capacity (a range of options will be proposed to partners, aiming for a minimum of 95/10). Partner NGO's Monitoring and Evaluation (M&E) Teams will conduct the random sampling using their beneficiary lists, with support from REACH where needed.

Detailed Secondary Data Review (SDR) will be conducted prior to the research design of the assessment to identify pertinent information gaps and to guide the analysis of results. Based on findings of the research, REACH will design a quantitative household assessment tool on KoBo. Protection-sensitive questions and questioning methods will be used to ensure that respondents feel safe and comfortable when responding to questions (see section 3.4). Data will be collected by partner NGOs during the first two weeks of October 2021 (based on partner availability). REACH will conduct regular follow-up with selected partner NGO focal points and will carry out ongoing data cleaning during data collection. REACH will analyse the data using R and findings will be used to develop a key findings factsheet on InDesign. The contents, visibility, and dissemination of the factsheet will be agreed with participating partner NGOs prior to the analysis stage.

3.2 Population of interest

The population of interest for this assessment is households that have received CVA assistance in the six months prior to data collection from partner NGOs operating in NES and NWS. Partner NGO caseload data will be used to design the sampling frame for this assessment, with a sample drawn for each partner organisation that is stratified by location (district-level at a minimum, or sub-district depending on partner capacity) and gender of head of household. The assessment will target CVA beneficiaries from the past 6 months to ensure a feasible recall period

¹¹ Several NGOs have expressed their interest in partnering on this assessment. The final list of partners will be confirmed upon agreement on the methodology/sample size.

and to reduce variation in the types of CVA households may have received. The covered households may include internally displaced persons (IDPs),¹² returnees¹³ or host community members.¹⁴ As an objective of the assessment is to understand gendered dynamics, a key disaggregation of interest is gender of head of household. The unit of analysis will be the household.

3.3 Secondary data review

The assessment will be designed based on relevant studies and resources on CVA in Syria and protection mainstreaming in CVA. Additionally, available secondary sources will be used to triangulate primary data collection and will include data collected through the CWG, as well as other available data from REACH, United Nations (UN) agencies and other humanitarian bodies; media; and open source reports. The main secondary sources of data will include: PDM data from the Syria CWG,¹⁵ PMTF data,¹⁶ existing data from partner NGOs, and existing REACH CML Unit assessments.¹⁷

3.4 Primary Data Collection

As the facilitator of the assessment, REACH will be responsible for the development of data collection tools, sample sizes and data cleaning/analysis scripts. A structured household questionnaire will be used to capture both household and community-level dynamics resulting from CVA programming. The questionnaire will cover a limited number of close-ended questions pertaining to household knowledge of cash assistance delivery mechanisms, protection concerns/outcomes, and household/community relations. The household level survey tool will be deployed using the Open Data Kit (KoBo Toolbox), to allow constrained and efficient data collection using smartphones.

To determine the final sampling frame and size (including confidence level), partner NGOs will be requested to provide relevant information regarding the scope of their CVA programming (# of beneficiary households, male- and female-headed and type of CVA), disaggregated by geographical location (sub-district level). REACH will then calculate and propose a sample size (aiming for a minimum 95/10 confidence level/margin of error) to partner NGOs, including a 10% buffer, based on random stratified sampling by geographical location and gender of head of household (see Table 1 for an example of the maximum sample size per strata).¹⁸ Partner NGO's M&E Teams will conduct the random sampling using their beneficiary lists, with support from REACH where needed. If partner NGOs' beneficiary lists do not have the required data (e.g. no disaggregation by gender of head of household), these partners may still be able to conduct the assessment, however, their data will not be included in the overall analysis. Partner NGOs that do not have the contact information of households in the beneficiary lists will not be included in the assessment as this is a requirement for the sampling strategy.

¹² **IDPs** are defined as individuals or groups of people who have been forced to leave their communities of origin, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights, or natural or man-made disasters, and who have not cross an international border (Source: Guiding Principles on Internal Displacement).

¹³ **Returnees** are former refugees or IDPs who have returned to their country or area of origin, either spontaneously or in an organised way, but are not yet fully integrated (Source: UNHCR Emergency Handbook).

¹⁴ **Host community** residents are defined as individuals or groups of people who currently reside in their communities of origin, or communities of permanent residence prior to the Syrian conflict. This includes populations that were never displaced as well as previously displaced populations that have returned to their communities of origin.

¹⁵ Cash Working Group, NWS. [Humanitarian Response](#).

¹⁶ Syria Protection Cluster (Turkey). [Protection Monitoring Task Force Reports](#).

¹⁷ REACH Syria. [REACH Resource Centre](#).

¹⁸ Partners will be selected that work in different communities to prevent any overlap in beneficiaries reached by partners for the sampling strategy.

Table 1: Maximum sample size for partner NGO operation in four sub-districts (assuming an infinite population size)

	Sample size (95/10 with 10% buffer) ¹⁹	
	# of female-headed households	# of male-headed households
Sub-district 1	106	106
Sub-district 2	106	106
Sub-district 3	106	106
Sub-district 4	106	106
Total by gender	424	424
Total interviews	848	

Data collection will be a collaborative and inclusive process, with data collection being completed by partner NGOs that implement CVA programming in NES and NWS. The aim of including partner NGOs is to reduce protection-related risks, as their enumerators are protection trained,²⁰ and so that beneficiary lists do not need to be shared with REACH. The contribution of each partner will depend on their number of beneficiaries, area of intervention and resources. In the event that partners lack resources or are not able to meet the target sample, REACH may conduct further data collection to ensure that the target sample is met, on the condition that REACH enumerators receive training on protection-sensitivity beforehand and that partners are willing to share their contact list. Prior to data collection, REACH will provide a Training of Trainers (ToT) for partner NGOs focal points, covering the data collection methodology, survey tool, protection/security protocols and relevant definitions. REACH will also provide a minimum standards/data collection protocol specific to the assessment, to ensure there is minimal variation in methods and data quality between partner NGOs. To maintain high data quality, data cleaning will be carried out by REACH with regular follow-ups with partner NGOs focal points to address any issues. Data will be collected during the first two weeks of October, dependent on partner availability, and will be conducted through a remote interview method (via phone) or, where possible, in-person interviews based on partner access, security constraints and the COVID-19 situation.

REACH will take measures to design and implement the assessment in a protection-sensitive manner. Questions will be phrased neutrally and will not make direct references to protection risks/issues. Every question will include “Don’t know” and “Prefer not to answer” response options to ensure that the respondent is not pressured to give a response. Enumerators will not read out the response options (unless directly specified in the tool) to ensure no direct reference is made to any specific protection concerns. Enumerators will be trained on these protection measures during the data collection training prior to the roll out of the survey. Additionally, the tool will be reviewed by protection specialists (e.g. members of CWG, PWG) and partner NGOs. Finally, data collection will be carried out by enumerators from partner NGOs that are trained in protection.

3.5. Data Processing & Analysis

All submissions will be checked for internal inconsistencies and outliers and submitted information will be cross-checked with available secondary data on assessed communities. This includes cross-checking with partner organisations. Follow-ups will be conducted with enumerators and households for all districts where discrepancies or issues were discovered. Submitted raw data will be cleaned based on follow up responses, and all changes to the data will be logged. The cleaning process will be based on REACH's Minimum Standards Data Cleaning checklist.

¹⁹ Data representative of partner NGO caseload at sub-district level and by gender of head of household.

²⁰ In the event that partner NGO enumerators have not had protection training, this training will be arranged beforehand.

The cleaning process will be facilitated by an R script and will take place on a rolling daily basis as data and feedback on follow-up requests from the data collection team come in.

Data from the assessment will be analysed and reported on based on geographical location and gender of head of household. The analysis will be conducted with R analytical software, and potentially augmented by Excel.²¹ All aggregated findings will be collated at the appropriate administrative level and included in the final dataset to ensure information is easily interpreted. Each partner NGO will have their own data analysed and shared in Excel or HTML format (as preferred by the partner). Additionally, REACH will conduct an overall analysis of the aggregated partner data and create a factsheet to present key findings overall and with disaggregations by gender of head of household for key indicators. Partner visibility on the final factsheet (e.g. including partner logo) will be agreed beforehand with in discussion with partners.

²¹ Excel will be used if the need should arise for heat-tables and other similar Excel based funtions to be included in the final output.

4. Key ethical considerations and related risks

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

<i>The proposed research design...</i>	Yes/ No	Details if no (including mitigation)
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
... Respects respondents, their rights and dignity (<i>specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided</i>)?	Yes	
... Does not expose data collectors to any risks as a direct result of participation in data collection?	Yes	
... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	
... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatising for research participants (both respondents and data collectors)?	No	<p>Questionnaire is designed to ask questions in a neutral way, to ensure HHs do not need to recount sensitive topics unless they choose to.</p> <p>REACH will only partner with organisations whose enumerators are trained in dealing with protection concerns. The REACH training will also include a section on protection sensitivity.</p> <p>Section 3.4 "Primary data collection" outlines full details on protection sensitivity.</p>
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	Yes	
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

5. Roles and responsibilities

Table 2: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Senior Assessment Officer	Cash and Markets Unit Manager	GIS Officer IMPACT Research Design and Data (RDD) Unit	Unit Manager
Supervising data collection	Senior Field Manager	Senior Assessment Officer	GIS Officer	Unit Manager IMPACT RDD Unit
Data processing (checking, cleaning)	Assessment Officer	Senior Assessment Officer	GIS Officer IMPACT RDD Unit	Unit Manager
Data analysis	Assessment Officer	Senior Assessment Officer	GIS Officer IMPACT RDD Unit	Unit Manager
Output production	Senior Assessment Officer	Cash and Markets Unit Manager	GIS Officer IMPACT Research and Reporting (RR) Unit	Unit Manager
Dissemination	Senior Assessment Officer	Cash and Markets Unit Manager	GIS Officer	Unit Manager IMPACT RR Unit
Monitoring & Evaluation	Senior Assessment Officer	Cash and Markets Unit Manager		Unit Manager IMPACT Research Dept
Lessons learned	Senior Assessment Officer	Cash and Markets Unit Manager		Unit Manager IMPACT Research Dept

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

6. Data Analysis Plan

Table 3: CVAP data analysis plan

Research question / sub-question	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses
SECTION A: INTRODUCTION AND SURVEY INFORMATION							
<i>Consent and basic information</i>		HH Interview	Note	NA	For enumerators: this is the start of the CVAP assessment. Please fill in the general details before starting the interview with the consent section.		
	A.1	HH Interview	Key characteristics	Organisation name	Organisation name	Text	
	A.2	HH Interview	Key characteristics	Date of assessment	Date of assessment	dd/mm/yy	dd/mm/yy
	A.3	HH Interview	Key characteristics	Enumerator code	Enumerator code	Integer	##
	A.4	HH Interview	Key characteristics	Governorate	Governorate	Choose one	Admin list (of governorates)
	A.5	HH Interview	Key characteristics	District	District	Choose one	Admin list (of districts)
	A.6	HH Interview	Key characteristics	Sub-district	Sub-district	Choose one	Admin list (of sub-districts)
	A.7	HH Interview	Key characteristics	Community	Community	Choose one	Admin list (of communities)
	A.7.1	HH Interview	Key characteristics	Community	Other - please specify	Text	

	A.8	HH Interview	HH Interview	Type of CVA	For enumerators: According to your organisation's beneficiary information, what type of cash and voucher assistance (CVA) did the household receive?	Choose multiple	Multipurpose cash Cash for work Cash for food Food e-voucher Food voucher Voucher for NFIs Cash for protection Other conditional cash transfers Other, specify Not specified
	A.8.1	HH Interview	HH Interview	Type of CVA	Other - please specify	Text	
	A.9	HH Interview	HH Interview	Distribution month	For enumerators: According to your organisation's beneficiary information, during which month(s) did the household receive CVA (since March 2021)?	Choose multiple	March April May June July August September October Not specified
	A.10	HH Interview	Key characteristics	Distribution month	Is this a face to face interview or remote?	Choose one	Face to face Remote

	A.11	HH Interview	Key characteristics	Consent	<p>Hello, my name is and I work as a for the humanitarian organisation called</p> <p>.Thank you for taking time to participate in this survey. I will first explain what it is and then how we will proceed. The objective of this survey is to understand the impacts of cash and voucher assistance (CVA) on households and communities, the types of risks that households may experience with this assistance, and what kind of additional support may be needed. The answers you give will be used to help humanitarian organizations provide better information and services.</p> <p>Do you know what cash and voucher assistance is? [if not then explain using the note]</p> <p>The survey should last about 30 minutes. Any information you provide will be confidential and anonymous. There are no right or wrong answers and, while your best judgment and honesty is appreciated, please do not feel obliged to answer questions if you do not want to. Feel free to ask to be excused or for a break at any time. If you decide not to participate this will not in any way affect your access to humanitarian services, and no items or rewards will be distributed to compensate your participation.</p> <p>Do you have any questions so far? If you have any questions or concerns, please ask at any point and I will try to answer the best I can.</p>	Note	NA
	A.11.1	HH Interview	Key characteristics	Consent	Now, if everything is clear, do I have your consent to proceed?	Choose one	Yes No
CONSENT:BEGIN GROUP							

<i>Consent and basic information</i>	A.12	HH Interview	Key characteristics	Gender of interviewee	Enumerator to note down respondent gender (if in doubt, ask)	Choose one	Male Female
	A.13	HH Interview	Key characteristics	Age of interviewee	How old is the respondent?	Integer	##
	A.14	HH Interview	Key characteristics	CVA beneficiary check	Can you confirm that in the past 6 months your household received humanitarian cash and voucher assistance (CVA) in any form?	Choose one	Yes No
CVA BENEFICIARY: BEGIN GROUP							
SECTION B: HOUSEHOLD COMPOSITION AND CVA DETAILS							
<i>Household demographics</i>		HH Interview	Note	NA	To start with we will talk a bit about the general composition and situation of your household.	NA	NA
	B.1	HH Interview	Household information	Head of household	The 'head of household' is the person taking the most important decisions for all household members. Are you the head of the household?	Choose one	Yes No
	B.1.1	HH Interview	Household information	Gender of head of household	What is the gender of the head of the household?	Choose one	Male Female
	B.1.2	HH Interview	Household information	Age of head of household	What is the age of the head of household?	Integer	##
	B.1.3	HH Interview	Household information	Marital status of head of household	What is the marital status of the head of household?	Choose one	Married Divorced Single Engaged Widowed Separated Other Don't know Prefer not to answer

	B.2	HH Interview	Household information	Respondent relationship to head of household	What is your relationship with the head of household?	Choose one	Spouse (husband/wife) Fiance Child (daughter/son) Brother/sister Parent Grandparent Other relative (cousin/uncle/aunt) Other
	B.3	HH Interview	Household information	Respondent marital status	What is your marital status?	Choose one	Married Divorced Single Engaged Widowed Separated Other Don't know Prefer not to answer
	B.4	HH Interview	Household information	Average household size	How many individuals are living in your household (including the respondent)?	Integer	##
Household vulnerability	B.5	HH Interview	Household information	% of HHs with elderly members	Does your household have any elderly members (over age 65)?	Choose one	Yes No Don't know Prefer not to answer

	B.5.1	HH Interview	Household information	% of HHs with children (below age 18)	Does your household have any children (below age 18)?	Choose one	Yes No Don't know Prefer not to answer
	B.5.2	HH Interview	Household information	% of HHs with infants (aged 0 to 6 months)	If yes, are there any infants (aged 0 to 6 months) in the household?	Choose one	Yes No Don't know Prefer not to answer
	B.6	HH Interview	Household information	% of HHs with members that have a chronic illness	Do you or one of your household members have any chronic illnesses? (Chronic illnesses are that which last 1 year or more and require ongoing medical attention such as heart disease, cancer, and diabetes.)	Choose one	Yes No Don't know Prefer not to answer
	B.7	HH Interview	Household information	% of HHs headed by person with a disability	Does the head of household have difficulty seeing, even if wearing glasses?	Choose one	No, no difficulty Yes, some difficulty Yes, a lot of difficulties. Cannot do at all/unable to do. Prefer not to answer
	B.7.1	HH Interview	Household information	% of HHs headed by person with a disability	Does the head of household have difficulty hearing, even if using a hearing aid?	Choose one	No, no difficulty Yes, some difficulty Yes, a lot of difficulties. Cannot do at all/unable to do. Prefer not to answer
	B.7.2	HH Interview	Household information	% of HHs headed by person with a disability	Does the head of household have difficulty walking or climbing steps?	Choose one	No, no difficulty Yes, some difficulty Yes, a lot of difficulties. Cannot do at all/unable to do. Prefer not to answer
	B.7.3	HH Interview	Household information	% of HHs headed by person with a disability	Using your usual (customary) language, does the head of household have difficulty communicating, for example understanding or being understood?	Choose one	No, no difficulty Yes, some difficulty Yes, a lot of difficulties. Cannot do at all/unable to do. Prefer not to answer

	B.7.4	HH Interview	Household information	% of HHs headed by person with a disability	Does the head of household have difficulty remembering or concentrating?	Choose one	No, no difficulty Yes, some difficulty Yes, a lot of difficulties. Cannot do at all/unable to do. Prefer not to answer
	B.7.5	HH Interview	Household information	% of HHs headed by person with a disability	Does the head of household have difficulty (with self-care such as) washing all over or dressing?	Choose one	No, no difficulty Yes, some difficulty Yes, a lot of difficulties. Cannot do at all/unable to do. Prefer not to answer
	B.8	HH Interview	Household information	% of HHs by displacement status	For enumerators: what displacement category does the household fall under? If you do not have this information from the beneficiary list, then ask the respondent.	Choose one	IDP Returnee Host community member Refugee Other Don't know Prefer not to answer
Cash assistance information	B.9	HH Interview	Cash assistance information	% of HHs by type of humanitarian assistance received in the 6 months prior to data collection	In the past 6 months, what type(s) of humanitarian assistance has your household received? (select all that apply)	Choose multiple	Cash assistance Voucher assistance In-kind Other (healthcare/education/shelter)
		HH Interview	Note	NA	The rest of the questionnaire will ask specifically about the cash and voucher assistance (CVA) you received and its impacts on your household. First, we will talk a bit more about the that CVA you received.	NA	NA
	B.10	HH Interview	Cash assistance information	Average number of times household has received CVA	In the past 6 months, how many times has your household received CVA?	Integer	##

	B.11	HH Interview	Cash assistance information	% of HHs by main receiver of CVA in the household	Who usually qualifies as the main receiver of CVA in the HH? (in relation to the respondent)	Choose one	Self Spouse (husband or wife) HH elder Other female HH member Other male HH member Other Don't know Prefer not to answer
	B.12	HH Interview	Cash modality information	% of HHs by form in which CVA is received	In the past 6 months, in what form has your household received the CVA? (select all that apply)	Choose multiple	Cash in hand Cash over counter ATM cards E-voucher Mobile money Other Don't know Prefer not to answer
	B.13	HH Interview	Cash assistance information	% of HHs by type of currency they receive CVA in	In the latest distribution, what currency did your HH receive CVA in?	Choose one	SYR TRY USD Other Don't know Prefer not to answer
	B.14	HH Interview	Cash assistance information	Average amount of CVA received by HHs in latest distribution	Do you know what amount of CVA your household received in the most recent distribution?	Choose one	Yes No Don't know Prefer not to answer
	B.14.1	HH Interview	Cash assistance information	Average amount of CVA received by HHs in latest distribution	Approximately how much CVA did your HH receive in the most recent distribution? (in SYR)	Integer	##
	B.14.1	HH Interview	Cash assistance information	Average amount of CVA received by HHs in latest distribution	Approximately how much CVA did your HH receive in the most recent distribution? (in TRY)	Integer	##

	B.14.1	HH Interview	Cash assistance information	Average amount of CVA received by HHs in latest distribution	Approximately how much CVA did your HH receive in the most recent distribution? (in USD)	Integer	##
	B.15	HH Interview	Cash assistance information	% of HHs by type of currency primarily used in their community	What currencies are primarily used in your community?	Choose multiple	SYR TRY USD Other Don't know Prefer not to answer
SECTION C: HOUSEHOLD AND COMMUNITY DYNAMICS							
1. To what extent does CVA influence household and/or community dynamics? a. What are the effects on decision making power within the household?		HH Interview	Note	NA	In the following couple of questions we will talk about how your household and community has been affected by the CVA.		
	C.1	HH Interview	Intra-household dynamics	% of HHs by HH members that decides on use of CVA	Which member(s) of your household decides how to use the CVA? (in relation to the respondent)	Choose one	Self Spouse (husband or wife) Joint household decision (multiple members) HH elder Other female HH member Other male HH member Other Don't know Prefer not to answer
	C.1.1	HH Interview	Intra-household dynamics	% of HHs by type of decision-making process to determine use of CVA	What process does your household usually use to decide how to use the CVA?	Choose one	Household discussion Head of household decides alone (no process) Other HH member decides alone (no process) Other Don't know Prefer not to answer
	C.1.2	HH Interview	Intra-household dynamics	% of HHs reporting HH members being able to influence decision-making on CVA	Are all household members able to influence the household decisions relating to how to use the CVA?	Choose one	Yes, fully Yes, partially No Don't know Prefer not to answer

	C.1.3	HH Interview	Intra-household dynamics	% of HHs reporting an increased involvement in HH decision-making on CVA	Do you feel you are more involved in household decision-making processes compared to before your household received CVA?	Choose one	Yes No, it has stayed the same No, I have reduced decision-making power Other Don't know Prefer not to answer
1. To what extent does CVA influence household and/or community dynamics? b. What are the effects on family/community support mechanisms?	C.2	HH Interview	Existing support networks	% of HHs that received other support before receiving CVA	Before receiving CVA, did your household receive any other support (monetary, logistical or social) from family or community members?	Choose one	Yes No Don't know Prefer not to answer
	C.2.1	HH Interview	Existing support networks	Most common types of support received by HHs prior to CVA	If yes, what kind of support did your household receive?	Choose multiple	Cash assistance from community members Remittances from relatives Loan from financial provider Loan from community/relatives Zakat Social/emotional support from family (care for elderly/children, meals, psycho-social support) Social/emotional support from community (care for elderly/children, meals, psycho-social support) Logistical support from family (transportation, communication) Logistical support from community (transportation, communication) Other, specify Don't know Prefer not to answer
	C.2.1.1	HH Interview	Existing support networks	Most common types of support received by HHs prior to CVA	Other - please specify	Text	
	C.2.2	HH Interview	Existing support networks	% of HHs that reported the discontinuation of other support after receiving CVA	Have any of these other forms of assistance continued after your household started receiving CVA?	Choose one	Yes, they all have Yes, some have No Don't know Prefer not to answer

	C.2.3	HH Interview	Existing support networks	Most commonly reported reasons for the discontinuation of other support	If no, why not?	Choose multiple	Have not needed other forms of assistance Family/community members do not want to provide assistance Hard to get cash Community members no longer think we need it Embarassed to ask for assistance since we are receiving CVA Other, specify Don't know Prefer not to answer
	C.2.3.1	HH Interview	Existing support networks	Most commonly reported reasons for the discontinuation of other support	Other - please specify	Text	
1. To what extent does CVA influence household and/or community dynamics? c. In what ways, if any, has CVA led to changes in household and community relations (either positive or negative)?	C.3	HH Interview	Intra-household/ community dynamics	% of HHs that reported being aware of how beneficiaries are selected for CVA	Do you know how beneficiaries are selected for CVA?	Choose one	Yes No Don't know Prefer not to answer
	C.3.1	HH Interview	Intra-household/ community dynamics	% of HHs that reported the selection process being transparent and clear	Do you think this process is transparent and clearly communicated to communities?	Choose one	Yes No Don't know Prefer not to answer
	C.4	HH Interview	Intra-household/ community dynamics	% of HHs that reported believing that HHs have received CVA fairly in their community	Do you believe that other households who have received cash and voucher assistance in your community have received it fairly?	Choose one	Yes No Don't know Prefer not to answer

C.4.1	HH Interview	Intra-household/ community dynamics	Most commonly reported reasons that HH believe CVA is unfairly distributed in the community	If no, why do you think it is unfair that they receive cash and voucher assistance?	Choose multiple	Recipients are refugee/IDP/host/returnee community and already receive benefits Recipients are of a specific ethnic/religious/tribal group and already receive benefits No community involvement during targeting The most in need have not been prioritized Process influenced by community leaders/NGO workers Other, specify Don't know Prefer not to answer
C.4.1.1	HH Interview	Intra-household/ community dynamics	Most commonly reported reasons that HH believe CVA is unfairly distributed in the community	Other - please specify	Text	
C.5	HH Interview	Intra-household/ community dynamics	% of HHs that reported CVA having an impact on household dynamics	To what extent has receiving cash and voucher assistance impacted your relationship with other members of your household?	Choose one	Positive impact No impact Negative impact Don't know Prefer not to answer
C.5.1	HH Interview	Intra-household/ community dynamics	Most commonly reported positive impacts of CVA on HH relations	How did the CVA positively impact relations within your household?	Choose multiple	Reduced fighting about money/expenses More joint decision-making about expenses Increased interaction/cohesion between household members Better able to take care of vulnerable HH members (elderly/disabled/children) Other, specify Don't know Prefer not to answer

	C.5.1.1	HH Interview	Intra-household/ community dynamics	Most commonly reported positive impacts of CVA on HH relations	Other - please specify	Text	
	C.5.1	HH Interview	Intra-household/ community dynamics	Most commonly reported negative impacts of CVA on HH relations	How did the CVA negatively impact relations within your household?	Choose multiple	Tension about who receives the cash Tension about how to spend the cash Verbal abuse or threats among HH members Physical abuse or threats among HH members Forced withholding of cash Other, specify Don't know Prefer not to answer
	C.5.1.1	HH Interview	Intra-household/ community dynamics	Most commonly reported negative impacts of CVA on HH relations	Other - please specify	Text	
1. To what extent does CVA influence household and/or community dynamics? d. What mitigation measures would households use in the event of a family or community dispute that stems from CVA?	C.5.2	HH Interview	Access to support	% of HHs that accessed assistance or support due to household tensions resulting from CVA	Has anyone in your household had to seek any assistance or support at any point because of these household issues relating to you being selected to receive CVA?	Choose one	Yes No Don't know Prefer not to answer
	C.5.2.1	HH Interview	Access to support	Most common types of assistance/support accessed by HHs to deal with household tensions	If yes, what form of assistance or support have they had to seek?	Choose multiple	MHPSS services Medical support Community support groups (such as women's group) Legal support Contacted NGO responsible for specialised services Contacted service provider that delivered CVA Support from trusted friend/relative Involve community/tribal/religious leader Other Don't know Prefer not to answer

	C.5.2.2	HH Interview	Access to support	Most common types of assistance/support accessed by HHs to deal with household tensions	Other - please specify	Text	
1. To what extent does CVA influence household and/or community dynamics? c. In what ways, if any, has CVA led to changes in household and community relations (either positive or negative)?	C.6	HH Interview	Intra-household/ community dynamics	% of HHs that reported CVA having an impact on community dynamics	To what extent has receiving CVA had an impact on your household's relationship with members of the community?	Choose one	Positive impact No impact Negative impact Don't know Prefer not to answer
	C.6.1	HH Interview	Intra-household/ community dynamics	Most commonly reported positive impacts of CVA on community relations	How did the CVA positively impact relations with members of the community?	Choose multiple	Increased interaction/cohesion with community members Gained more respect/visibility in the community More time/resources to participate in community activities Able to provide support for other community members Other, specify Don't know Prefer not to answer
	C.6.1.1	HH Interview	Intra-household/ community dynamics	Most commonly reported positive impacts of CVA on community relations	Other - please specify	Text	
	C.6.1	HH Interview	Intra-household/ community dynamics	Most commonly reported negative impacts of CVA on community relations	How did the CVA negatively impact relations with members of the community?	Choose multiple	Jealousy/resentment from community members Discrimination (e.g. exclusion from services) Exploitation (e.g. higher rent/food prices) Verbal abuse or threats Physical abuse or threats No longer able to ask community members for support Other, specify Don't know Prefer not to answer

	C.6.1.1	HH Interview	Intra-household/ community dynamics	Most commonly reported negative impacts of CVA on community relations	Other - please specify	Text	
1. To what extent does CVA influence household and/or community dynamics? d. What mitigation measures would households use in the event of a family or community dispute that stems from CVA?	C.6.2	HH Interview	Access to support	% of HHs that accessed assistance or support due to community tensions resulting from CVA	Has anyone in your HH had to seek any assistance or support at any point because of these community issues relating to being selected to receive CVA?	Choose one	Yes No Don't know Prefer not to answer
	C.6.2.1	HH Interview	Access to support	Most common types of assistance/support accessed by HHs to deal with community tensions	If yes, what form of assistance or support has your HH had to seek?	Choose multiple	MHPSS services Medical support Community support groups (such as women's group) Legal support Contacted NGO responsible for specialised services Contacted service provider that delivered CVA Support from trusted friend/relative Involve community/tribal/religious leader Other, specify Don't know Prefer not to answer
	C.6.2.2	HH Interview	Access to support	Most common types of assistance/support accessed by HHs to deal with community tensions	Other - please specify	Text	
	C.7	HH Interview	Access to support	% of HHs that reported assistance/support being available to address negative impacts of CVA	In the event that you would need any kind of assistance or support to resolve household or community tensions in the future, do you think you would be able to access this support?	Choose one	Yes No Don't know Prefer not to answer

	C.7.1	HH Interview	Access to support	Most common types of assistance/support HHs would be able to access to address negative impacts of CVA	If yes, what kind of assistance or support would be available to help resolve any issues resulting from CVA?	Choose multiple	MHPSS services Medical support Community support groups (such as women's group) Legal support Contact NGO responsible for specialised services Contact service provider that delivered CVA Support from trusted friend/relative Involve community/tribal/religious leader Other, specify Don't know Prefer not to answer
	C.7.1.1	HH Interview	Access to support	Most common types of assistance/support HHs would be able to access to address negative impacts of CVA	Other - please specify	Text	
	C.7.1	HH Interview	Access to support	Most commonly reported barriers to accessing assistance/support to address negative impacts of CVA	If no, what kind of barriers do you anticipate in accessing assistance or support?	Choose multiple	Support does not exist No information/do not know how to access support Safety and security concerns (e.g. ID/personal details, travelling risks) Travel distance/costs Do not trust the service provider Social stigma (embarrassed to access support) Discrimination (excluded from this support because of my identity) HH/community members would not allow me to seek support Other, specify Don't know Prefer not to answer

	C.7.1.1	HH Interview	Access to support	Most commonly reported barriers to accessing assistance/support	Other - please specify	Text	
SECTION D: COMMUNITY NEEDS AND PERCEPTIONS							
2. What type of protection-related risks and impacts are associated with accessing and using CVA? a. How has CVA influenced the adoption of coping mechanisms?		HH Interview	Note	NA	Now we will talk about whether the CVA has helped you meet your household needs. Do you have any questions at this stage?		
	D.1	HH Interview	Coping mechanisms	% of HHs reporting CVA being sufficient to cover HH priority needs	In addition to other forms of assistance you may receive, is the CVA sufficient to cover the priority needs of your household?	Choose one	Yes No Don't know Prefer not to answer
	D.1.1	HH Interview	Coping mechanisms	Most common means for households to meet their priority needs, other than CVA	If no, what other support does your household use to meet its priority needs?	Choose multiple	None (no other support) Other humanitarian aid (shelter/food) Free health care services Zakat Commodity vouchers Additional cash transfers Cash assistance from community members Remittances from family members Loan from financial provider Loan from community/relatives Social/emotional support from family (care for elderly/children, meals, psycho-social support) Social/emotional support from community (care for elderly/children, meals, psycho-social support) Logistical support from family (transportation, communication) Logistical support from community (transportation, communication) Other, specify Don't know Prefer not to answer

	D.1.2	HH Interview	Coping mechanisms	Most common means for households to meet their priority needs, other than CVA	Other - please specify	Text	
	D.2	HH Interview	Coping mechanisms	% of HHs by main HH member that benefited from CVA	Which member(s) of your household specifically benefited from expenses or purchases made with the CVA?	Choose multiple	Whole household Head of household Male member(s) of HH Female member(s) of HH Children/youth HH elders Chronically ill or disabled members Pregnant/lactating women Other Don't know Prefer not to answer

	D.3	HH Interview	Coping mechanisms	% of HHs that reported coping mechanisms being used by household or community members to meet priority needs	In the past, when household or community members have not been able to meet priority needs, what kind of coping mechanisms have they used?	Choose multiple	None Spent savings Bought food on credit or borrowed money to buy food Selecting less preferable food or less expensive Borrow food or rely on help from relative(s) or friend(s) Reduce size of meals Reduce number of meals eaten in a day Reduce consumption by adults in order for small children to eat Spend less money on other priority needs (e.g. education/health) Taken jobs that are high risk, illegal and/or socially degrading Sell household items or assets Sell household productive assets Sell in-kind humanitarian assistance Skip paying rent Send child to work Send children/elderly to a family/community member's house Marriage of girls in family Begging Other Don't know Prefer not to answer
	D.3.1	HH Interview	Coping mechanisms	% of HHs that reported coping mechanisms being used by household or community members to meet priority needs since receiving CVA	Have household or community members that receive CVA had to use any of these coping mechanisms since receiving the assistance?	Choose one	Yes, all of the mechanisms Yes, some of the mechanisms No Don't know Prefer not to answer

2. What type of protection-related risks and impacts are associated with accessing and using CVA? b. To what degree do households experience social stigma/discrimination by the community in the receipt of CVA?	D.4	HH Interview	Stigma / discrimination	% of HHs that reported community members knowing they receive CVA	Do members of your community know that your household receives CVA?	Choose one	Yes No Don't know Prefer not to answer
	D.5	HH Interview	Stigma / discrimination	% of HHs that reported being comfortable discussing the receipt of CVA with community members	Are you comfortable discussing that your household receives CVA with your community?	Choose one	Yes No Don't know Prefer not to answer
	D.5.1	HH Interview	Stigma / discrimination	Most commonly reported reasons that HHs are not comfortable discussing the receipt of CVA with community members	If no, why not?	Choose multiple	Social stigma (I feel embarrassed) Discrimination or exclusion by community members Community resentment and jealousy Will not receive other forms of support Community members will expect me to share the assistance Do not want disagreements because I receive assistance and others did not Do not want community members to know I need assistance Risk of community attacks, corruption or theft of assistance Other, specify Don't know Prefer not to answer
	D.5.1.1	HH Interview	Stigma / discrimination	Most commonly reported reasons that HHs are not comfortable discussing the receipt of CVA with community members	Other - please specify	Text	

	D.5.2	HH Interview	Stigma / discrimination	Most commonly reported types of discrimination faced by households that are not comfortable discussing CVA with community members	For enumerators only: if the respondent answered "discrimination or exclusion by community members", select what type of discrimination they mentioned (if any).	Choose multiple	None (respondent did not specify) Community members may not want to speak with me/avoid me General feeling of mistrust/judgement from the community I may not be allowed to enter public spaces Relatives may not want to associate with me Businesses may not want to sell to me I may not be allowed to go to work/find work I may be refused NGO services My community and I may be socially excluded (due to tribal/ethnic/religious differences) Hiked/unfair prices for rent/food Other Don't know Prefer not to answer
	D.5.3	HH Interview	Stigma / discrimination	% of HHs that reported higher levels of discomfort discussing CVA with community members compared to other types of assistance	Would you have the same kinds of worries about the community with other forms of humanitarian assistance like food/NFI?	Choose one	Yes, but it is more with CVA Yes, it is the same with other types of assistance Yes, it is worse with other types of assistance No, these worries are specific to CVA Other Don't know Prefer not to answer
SECTION E: ACCESSING AND USING CVA							
2.What type of protection-related risks and impacts are associated with		HH Interview	Note	NA	In the next questions we will talk about your households' access to CVA and any safety issues. Please remember you do not have to answer questions if you do not want to.		

accessing and using CVA? c. What kind of protection risks arise in the delivery and use of CVA by households, and which specific groups are most at risk?	E.1	HH Interview	Cash modality information	% of HHs by method of receiving CVA	In the past 6 months, has your household ever had to travel to pick up the CVA?	Choose one	Yes, pick up at a distribution point No, delivered to shelter (by aid provider/community leader) No, received through e-transfer Other Don't know Prefer not to answer
	E.1.1	HH Interview	Cash modality information	Most commonly reported types of distribution sites that HHs pick up CVA from	If you had travel to pick up the CVA, what type of distribution site has your household travelled to? (select all that apply)	Choose multiple	Humanitarian distribution by NGO Halawa agent Bank branch Community shop Other Don't know Prefer not to answer
	E.1.2	HH Interview	Cash modality information	Main household member that travels to distribution site	If you had travel to a distribution point, which household member went to pick up the CVA? (in relation to respondent)	Choose one	Self Other HH member Other Don't know Prefer not to answer
	E.1.2.1	HH Interview	Cash modality information	Main household member that travels to distribution site	If other household member, what kind?	Choose one	Male household member (adult aged 18 or over) Male household member (child aged under 18) Female household member (adult aged 18 or over) Female household member (child aged under 18) Elderly household member (aged 65 or over) Pregnant/lactating member of HH (since there is no one else) Member of the HH who has disabilities/chronic illness (since there is no one else) Other Don't know Prefer not to answer

	E.1.3	HH Interview	Cash modality information	% of HHs by time taken to reach distribution site	If you had travel to the distribution site, how long does it take to get there via your usual form of transport?	Choose one	Less than 30 minutes 30-60 minutes 60-120 minutes More than 120 minutes Don't know Prefer not to answer
	E.1.4	HH Interview	Cash modality information	% of HHs that reported feeling unsafe when travelling to the distribution point	Do HH members feel safe when travelling to collect the CVA at the distribution point?	Choose one	Yes No Don't know Prefer not to answer
	E.1.4.1	HH Interview	Cash modality information	Most commonly reported reasons that HHs feel unsafe travelling to distribution site	If no, please explain why	Choose multiple	Lack of civil documentation makes it hard to travel Multiple checkpoints Transportation is not safe Transportation is not accessible for elderly/persons with disabilities Not safe to carry cash around (e.g. target for theft) Not safe leaving HH members alone at home (no day care for children/support for elderly) Exposed to bombing/shelling Presence of explosive hazards Possible that armed groups may recruit me Fear of arrest/detention Fear of harassment/physical violence Other, specify Don't know Prefer not to answer
	E.1.4.2	HH Interview	Cash modality information	Most commonly reported reasons that HHs feel unsafe travelling to distribution site	Other - please specify	Text	

	E.1.5	HH Interview	Cash modality information	% of HHs that reported feeling unsafe at the distribution site	Do HH members feel safe at the distribution point where they pick up the CVA?	Choose one	Yes No Don't know Prefer not to answer
	E.1.5.1	HH Interview	Cash modality information	Most commonly reported reasons that HHs feel unsafe at the distribution site	If no, please explain why	Choose multiple	Do not feel safe being seen collecting CVA Crowding/long waiting times Have to provide legal documents for verification Cash is provided by staff of opposite gender Cash is provided at times of the day that make me feel unsafe Lack of access for persons with restricted mobility Harassment/physical violence Exposed to bombing/shelling/armed groups Other, specify Don't know Prefer not to answer
	E.1.5.2	HH Interview	Cash modality information	Most commonly reported reasons that HHs feel unsafe at the distribution site	Other - please specify	Text	
	E.1.6	HH Interview	Cash modality information	% of HHs that reported feeling unsafe when CVA is delivered to their shelter	Do HH members feel safe when the CVA is delivered to your shelter?	Choose one	Yes No Don't know Prefer not to answer
	E.1.6.1	HH Interview	Cash modality information	Most commonly reported reasons that HHs feel unsafe when CVA is delivered to their shelter	If no, please explain why	Choose multiple	CVA is delivered by person of opposite gender Community members will see/know that I am receiving CVA CVA is delivered at a time of day that is not safe Fear of harassment/abuse by provider Other, specify

							Don't know Prefer not to answer
	E.1.6.2	HH Interview	Cash modality information	Most commonly reported reasons that HHs feel unsafe when CVA is delivered to their shelter	Other - please specify	Text	
	E.2	HH Interview	Cash modality information	% of HHs that reported feeling unsafe when using CVA	After receiving the CVA, do you and other household members feel safe using it?	Choose one	Yes No Don't know Prefer not to answer
	E.2.1	HH Interview	Cash modality information	Most commonly reported reasons that HHs feel unsafe when using CVA	If no, please explain why	Choose multiple	Converting the cash to another currency places me at risk Have to pass through multiple checkpoints with the cash Tensions within the HH regarding how to use the CVA Spouse/HH members may deny me use of the CVA Community tensions could lead to violence towards me/HH members Places where the CVA can be used are too far Shopkeeper where we use the CVA does not like people from our community Have to ask others for help to use the CVA (e.g. technology) Other, specify Don't know Prefer not to answer

E.2.2	HH Interview	Cash modality information	Most commonly reported reasons that HHs feel unsafe when using CVA	Other - please specify	Text	
E.3	HH Interview	Cash modality information	% of HHs that reported experiencing problems with traders/shopkeepers because of the CVA	Has your household experienced any problems with traders/shopkeepers in your community because of the CVA?	Select one	Yes No Don't know Prefer not to answer
E.3.1	HH Interview	Cash modality information	Most commonly reported problems HHs faced with traders/shopkeepers	If yes, please explain why		Increased the prices Refused to accept CVA as payment Exchanged CVA for lower amount/value of goods Limited the choice of goods Tensions or negative interactions Other, specify Don't know Prefer not to answer
E.3.2	HH Interview	Cash modality information	Most commonly reported problems HHs faced with traders/shopkeepers	Other - please specify	Text	

	E.4	HH Interview	Cash modality information	Types of households and/ or individuals perceived to be most at risk when receiving and using CVA	In general, which groups of recipients do you think are most vulnerable/at risk when receiving and using CVA?	Choose multiple	None (no one is at risk) Female-headed households Child-headed households Women Children People with disabilities People with chronic illnesses Pregnant and lactating women Elderly People without legal documentation Displaced households (IDP/refugee/returnee) Specific ethnic/tribal/religious groups Other Don't know Prefer not to answer
	E.4.1	HH Interview	Cash modality information	Most commonly reported types of risks for vulnerable/at risk households when receiving and using CVA	What kind of risks are there for these groups?	Choose multiple	Safety risks related to movement (transport/checkpoints) Tensions/violence in the household related to CVA Tensions/violence in the community related to CVA Risks related to using technology (e.g. mobile money) Sharing of personal information (ID, personal details) Targeted for theft/exploitation Accessibility constraints (disabilities/elderly/poor health) Cultural barriers (e.g. restricted movement) Other, specify Don't know Prefer not to answer

	E.4.1.1	HH Interview	Cash modality information	Most commonly reported types of risks for vulnerable/at risk households when receiving and using CVA	Other - please specify	Text	
	E.4.2	HH Interview	Cash modality information	% of HHs that reported higher levels of risks in accessing and using CVA compared to other types of assistance	Are these risks specific to CVA compared to other forms of humanitarian assistance like food/NFI?	Choose one	Yes, the risks are specific to CVA No, but the risks can be more because of CVA No, the risks are less with CVA No, the risks are the same as with other forms of assistance Other Don't know Prefer not to answer
SECTION F: CVA AND PROTECTION SERVICES							
3. To what extent are households aware of and/or able to use CVA services and mitigation measures. a. What type of barriers, if any, do		HH Interview	Note	NA	We have reached the last section. The last few questions will ask about how services could be improved.		
	F.1	HH Interview	Access to CVA	% of HHs that reported CVA being accessible to all households in the community	Do you think that CVA is accessible to all the households in your community that need it?	Choose one	Yes No Don't know Prefer not to answer

households face in accessing CVA services?	F.1.1	HH Interview	Access to CVA	Most commonly reported reasons that CVA is not accessible to some households	If no, why is CVA not accessible to some households?	Choose multiple	Households do not know about CVA Households do not know how to register for CVA NGOs do not register people fairly/according to the need Local councils/authorities remove people from beneficiary lists Lack of civil status documents to register People cannot move freely to register/reach distribution sites Cannot afford transportation People cannot leave their jobs/lose days of work Persons with disabilities cannot access the distribution point Households cannot travel due to caregiving Limited access to technology to receive CVA Other, specify Don't know Prefer not to answer
	F.1.2	HH Interview	Access to CVA	Most commonly reported reasons that CVA is not accessible to some households	Other - please specify	Text	

<p>3. To what extent are households aware of and/or able to use CVA services and mitigation measures? c. What are the additional mechanisms/resource that could help households to mitigate protection risks and access CVA?</p>	F.2	HH Interview	Access to CVA	Most commonly reported changes to or additional services that would improve safe access to CVA	What changes to or additional services would help households to access CVA in a safer way?	Choose multiple	None (services are safe) More information about the CVA Transportation services to pick up the CVA CVA granted through another form (e.g. cash/mobile money) Change the hours of service provision Staff providing the CVA are of the same gender Halawas that provide currency conversion Delivery of CVA directly to vulnerable households Childcare services/support for elderly Facilities for elderly/persons with disability at distribution site Separate queues by gender or for vulnerable persons at distribution site Information about psycho-social services/specialised services (ex. for women/girls) Case management services, including referrals to specialized services Information about complaints and feedback mechanisms Community-led solutions Other, specify Don't know Prefer not to answer
	F.2.1	HH Interview	Access to CVA	Most commonly reported changes to or additional services that would improve safe access to CVA	Other - please specify	Text	

	F.3	HH Interview	Access to CVA	Most commonly reported ways in which CVA programmes could be improved for HHs	In what other ways could the CVA programme be improved for your household?	Choose multiple	None Larger amount of CVA CVA in different currency More frequent transfers/distributions CVA granted through another form (e.g. cash/mobile money) Different delivery method (e.g. door-to-door) More community involvement Combine CVA with other services (e.g. protection/livelihood) Other, specify Don't know Prefer not to answer
	F.3.1	HH Interview	Access to CVA	Most commonly reported ways in which CVA programmes could be improved for HHs	Other - please specify	Text	
3. To what extent are households aware of and/or able to use CVA services and mitigation measures? b. What kind of risk mitigation measures and protection services are households aware of and able to access?	F.4	HH Interview	Access to support	Types of protection support services that HHs reported being available in the community	Have you heard of any of these protection support services available within your community? (list the responses)	Choose multiple	Health/medical support Reproductive health Support groups Legal assistance Counselling referrals/services Psychosocial support Psychiatric referrals Specialised psychiatric services Specialised services for women/girls Special assistance for vulnerable groups (women living alone, orphans, elderly, disabled, etc.) None of the above Prefer not to answer
	F.5	HH Interview	Access to support	% of HHs that reported barriers in seeking protection-related support	Are there any barriers for your household in seeking this protection-related support?	Choose one	Yes No Don't know Prefer not to answer

	F.5.1	HH Interview	Access to support	Most commonly reported types of barriers that exist for households in seeking protection-related support	What kinds of barriers exist for your household in seeking formal protection-related support?	Choose multiple	Do not know what services exist Do not know where or how to access the support Lack of information of how these services work Distrust of service providers (e.g. lack of confidentiality) Distance/transportation barriers Cost of services Lack of civil status documentation Social stigma (feel embarrassed) Negative attitudes or judgement from family/community members No complaints/feedback mechanism Other, specify Don't know Prefer not to answer
	F.5.2	HH Interview	Access to support	Most commonly reported types of barriers that exist for households in seeking protection support	Other - please specify	Text	
General (all RQs)	F.6	HH Interview	Other	% of HHs reporting other issues related to household/community safety and CVA	Do you want to report anything else related to household or community safety and CVA?	Choose one	Yes No
	F.6.1	HH Interview	Other	Most commonly reported other issues/concerns related to safety and CVA	If yes, please explain	Text	
CVA BENEFICIARY: END GROUP							
CONSENT: END GROUP							
			Note	NA	Thank you for taking the time to answer this survey. If you have any remaining questions at this stage I will be happy to answer them.	NA	NA

7. Monitoring & Evaluation Plan²²

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		<input type="checkbox"/> 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		<input type="checkbox"/> Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	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	All to be included in annual usage survey.
		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	Number and/or percentage of humanitarian organizations	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	X Yes

²² Selected options will be dependent on partner NGO preferences/agreement.

throughout the research cycle	directly contributing to IMPACT programs (providing resources, participating to presentations, etc.)	# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes

i <https://www.alnap.org/system/files/content/resource/files/main/erc-protection-and-cash-literature-review-jan2015.pdf>

<http://international-review.icrc.org/articles/safer-cash-conflict-exploring-protection-risks-and-barriers-cash-programming-internally>

<https://reliefweb.int/sites/reliefweb.int/files/resources/FIC-DRC-publication-karen-2-2016.pdf>

<https://www.unhcr.org/5e3a9c914.pdf>

<https://reliefweb.int/sites/reliefweb.int/files/resources/erc-guide-for-protection-in-cash-based-interventions.pdf>