Terms of Reference

Humanitarian Situation Overview in Syria (HSOS)

SYR1701a

Syria

October 2019
Version 16

REACH Informing more effective humanitarian action

1. Executive Summary

Country of intervention	Syria					
Type of Emergency	□	Natural disaster	X	Conflict		
Type of Crisis	□	Sudden onset	□	Slow onset	X	Protracted
Mandating Body/ Agency	*REACH*					
Project Code	*1701A*					
Overall Research Timeframe	Monthly From 8/2013 to present					
Number of assessments	□	Single assessment (one cycle)				
	X	Multi assessment (more than one cycle) *Data collection period: 1st Sunday of the month, data collection runs for 10 working days* *Data analysis period: 5-7 working days (with HQ dataset validation)* *Output creation: 13 working days (with management validation)* *Total project cycle period: 9 weeks*				

Humanitarian milestones	**Milestone**	**Deadline**
	X Donor plan/strategy	
	X Inter-cluster plan/strategy	Monthly
	X Cluster plan/strategy	
	X NGO platform plan/strategy	
	□ Other (Specify):	

Audience Type & Dissemination	**Audience type**	**Dissemination**
	X Strategic X Programmatic X Operational □ [Other, Specify]	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) □ [Other, Specify]

Detailed dissemination plan required	X	Yes	□	No
General Objective	*Provide multi -sectoral information on the humanitarian situation and priority needs in northwest Syria (NWS) and northeast Syria (NES) on a monthly basis to inform response planning and prioritisation, and enhance key actors' understanding of the humanitarian context in NWS and NES.*			
Specific Objective(s)	• Provide monthly information and analysis on the humanitarian situation as it relates to key sectors (general demographics, Shelter and Non-food Items, Water, Sanitation and Hygiene, Food Security and Livelihoods, Healthcare, Education, Protection, Accountability to Affected Populations) • Identify and assess humanitarian sector-specific (priority) needs at the community level in accessible opposition-held communities in NWS and NES. • Understand demographic profiles and needs of internally displaced people (IDPs) and pre-conflict/resident populations in the assessed areas			
Research Questions	1. What are the demographics of the population in terms of age, gender, and displacement status in the assessed areas? 2. What is the current humanitarian situation of people residing in the assessed area in terms of shelter, electricity and NFIs, WASH, food security, livelihoods, healthcare, education and protection? 3. What is the situation in assessed communities in regards to access to humanitarian aid and regarding humanitarian accountability? 4. What are the priority needs of IDPs and pre-conflict populations residing in the assessed areas?			
Geographic Coverage	*Northwest and northeast Syria in accessible opposition-held areas (remotely by phone where not accessible).*			
Secondary data sources	*Reports from other humanitarian actors and news agencies to triangulate the data and provide relevant contextual information.*			
Population(s)	□	IDPs in camp	X	IDPs in informal sites
	X	IDPs in host communities	□	IDPs [Other, Specify]
	□	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	□	Refugees [Other, Specify]
	X	Host communities (resident-pre/conflict population including returnees)	X	Returnees
Data collection tool(s)	X	Structured (Quantitative)	□	Semi-structured (Qualitative)
	Sampling method		**Data collection method**	
Structured data collection tool # 1	X Purposive □ Probability / Simple random □ Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]		X Key informant interview (Target #): 3-5 per community □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _	
Data management platform(s)	X	Humanitarian Data Exchange	X	IMPACT

	□	[Other, Specify]				
Expected ouput type(s)	□	Situation overview #: _ _	□	Report #: _ _	□	Profile #: _ _
	□	Presentation (Preliminary findings) #: _ _	□	Presentation (Final) #: _ _	X	Factsheet #: 2 regional (Northwest Syria and Northeast Syria)
	□	Interactive dashboard #:_	□	Webmap #: _ _	□	Map #: _ _
	X	[Other, Specify] #: Cleaned dataset: 1				
Access	X	Public (available on REACH resource centre and other humanitarian platforms)				
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility	***REACH** visibility will be present on all published outputs. Output branding will be in compliance with REACH branding policies.*					
	***Donor:** No donor logos will appear on outputs.*					
	***Coordination Framework:** N/A*					
	***Partners:** N/A*					

2. Rationale

2.1. Rationale

Context and information gap

After more than eight years of conflict in Syria, the crisis continues to have major impacts on the lives of civilians across the country, where an estimated 11.7 million Syrians are in need of humanitarian assistance and an estimated 6.2 million Syrians have been internally displaced.[1] The dynamic, multi-faceted, and protracted nature of the Syrian crisis has created significant challenges for humanitarian information management. Accessibility and security issues within Syria have impeded systematic data collection efforts – limiting the effectiveness of humanitarian planning and implementation inside the country. As the Syrian crisis continues, it remains crucial to fill information gaps across sectors in a systematic manner to promote more effective humanitarian response and planning for Damascus-based, cross-line, and cross-border operations.

The Humanitarian Situation Overview Syria (HSOS) project, formerly known as the Area of Origin (AoO) project, conducts direct data collection in Syria where possible, and remote data collection (via phone through enumerators' KI networks in the assessed communities) in areas within Syria where access may be limited and direct collection is sometimes not possible. The overall objective of the project is to improve humanitarian access to information on needs and the general humanitarian situation across northern Syria to help inform aid planning and enhance the understanding of the humanitarian context within Syria.

Specifically, HSOS collects information at the community level regarding situations and needs relating to shelter, electricity and non-food items (NFI), water sanitation and hygiene (WASH), food security, livelihoods, health, education, protection, accountability & humanitarian assistance, and priority needs. HSOS also collects disaggregated information on the different conditions and needs of residents and internally displaced persons (IDPs) where appropriate.

Since its initial inception in 2013 as the AoO project HSOS has evolved through six distinct phases, in which the coverage, methodology, questionnaire, analysis and products have transformed (for more information on how HSOS has evolved

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

throughout the years to respond to the challenges of humanitarian information management, please refer to Annexes I-III). As of November 2019, HSOS officially entered Phase VI.

Following previous phases of HSOS, Phase VI brings the project in line with the changing context and information needs in Syria, providing more detailed data on an improved timeline through the implementation of a redesigned and expanded questionnaire, increased efficiency in data collection, and additional steps for data cleaning to improve data quality. Cluster and sector feedback on early versions of the questionnaire, in addition to the incorporation of feedback, lessons learned and best practices from previous REACH assessments, ensure that the revised tool is operationally useful and better addresses the information needs of stakeholders. The revised HSOS also includes a planned geographical expansion (aiming to achieve full coverage of all non-GoS-held, accessible communities in NWS and NES) in order to provide humanitarian actors with data indicative of situations and needs across a more comprehensive coverage area.

3. Methodology

3.1. Methodology overview

Data for the HSOS project is collected by enumerators using a Key Informant (KI) methodology at the community level in northwest and northeast Syria, spanning over 1,000 communities across Idleb, Aleppo, and northern Hama.[2] Data collection is be coordinated from Jordan (Amman). Enumerators interview between 3-5 KIs per community, with KIs being selected according to their sector-specific knowledge, and with each KI responding only to the sections of the questionnaire relating to their expertise. Once primary data is collected and cleaned, it is then triangulated with available secondary data sources.

3.2 Population of interest

HSOS seeks to understand the humanitarian situations and needs of both IDPs and resident/pre-conflict populations living in all accessible, non-GoS-held communities across Aleppo, Idleb, and northern Hama, Raqqa, Deir-ez-Zor and Al-Hasakeh governorates.

The population assessed in HSOS are internally displaced persons (IDPs) and resident (pre-conflict) populations in NWS and NES.

IDPs are defined as *'Individuals or groups of people who have been forced to leave their homes or places of habitual residence, 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 crossed an international border.'*

Resident (pre-conflict) populations 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.'*

3.3 Secondary data review

Secondary data will be used to triangulate data collected through the HSOS project. Secondary sources include other REACH products such as ISMI, Market Monitoring and GIS-specific products, as well as relevant humanitarian publications by partners and other actors (such as UN OCHA, WHO, UNICEF, CCCM, IFRC, and others) pertaining to the humanitarian situation in assessed governorates in Syria. Reliable international English and local Arabic news sources will also be used to contextualise findings.

3.4 Primary Data Collection

Primary data collection will be conducted in non-GoS-held communities in NWS and NES in coordination with REACH's network of enumerators throughout the two regions. Face-to-face interviews will be conducted when possible, but in communities where it is not possible due to security or other constraints, data will be collected remotely. Data will be collected through a KI methodology. Information will be collected as follows:

To adapt to the changing context of the Syrian context, the HSOS tool has been redesigned (from previous versions) to be more closely aligned with other REACH Syria needs assessments, and to increase comparability of data. The tool has received feedback from cluster to ensure that the HSOS output is supporting the coordinated Syria humanitarian mission by being more operationally useful, and flagging any issues of concern.

- Enumerators will ask KIs a number of questions about shelter, electricity and NFIs, food security, livelihoods, water, sanitation and hygiene (WASH), health, education, accountability & humanitarian assistance, protection, and priority needs to gather information at the community level.
- Enumerators will submit one form per assessed community, interviewing different KIs for different sections of the form, based on KIs' knowledge on the community in general and specific sectors in particular. Enumerators will try to contact between 3-5 KIs.
- KI types may include: civil society groups, local charities, local councils, local relief committees, NGOs, community leaders, documentation office registration focal points, camp managers, teachers, health staff or mukhtars (community leaders).

3.5 Data Processing & Analysis

Data entry and cleaning process

REACH enumerators will submit data via the online/mobile KOBO platform. Throughout the data collection period, the raw dataset will be downloaded by authorised REACH staff for checking and cleaning using a specialized Excel cleaning sheet. Submissions will be checked for internal inconsistencies and cross checked with available secondary data for the assessed communities (including cross checking with HSOS data from previous months). In combination with the Excel cleaning sheet, a Python script will be used to generate automated follow up for any data flagged as possibly containing errors or inconsistencies. Follow-up will be conducted with enumerators and KIs for all communities 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.

Data analysis process

Once cleaned, HSOS data will be aggregated and analysed at the appropriate geographic levels (e.g. regional and governorate level for regional factsheets) to produce an output that will provide actors with an update on the humanitarian situation as it relates to the assessed sectors, providing the generalised perspectives of KIs. To help readers understand the specific context of the numbers presented, each indicator displayed will specifically state how many communities were assessed in the area in question. Furthermore, each factsheet will contain a coverage map which will display what percentage of communities were assessed in per sub-district. The following are the types of variables/responses that will be analysed:

1. *Continuous variables* (e.g. #, %): average across all entries, sum across all entries (e.g. for population numbers)
2. *Categorical variables* (select multiple, select one): most commonly reported responses at the assessed area level.
3. *Open-ended question*: free text, qualitative narrative

4. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	*Responsible*	*Accountable*	*Consulted*	*Informed*
Research design	HSOS FP, HSOS JAO	HSOS FP	HSM Technical Advisor, HQ, Clusters	Syria Management, Clusters
Supervising data collection	REACH Field Coordinators	HSOS FP	HSM Technical Advisor	Syria Management
Data processing (checking, cleaning)	HSOS FP, HSOS Technical FP, Assessment Intern, REACH Field Coordinators	HSOS FP	HSM Technical Advisor, REACH HQ	Syria Management
Data analysis	HSOS FP, HSOS Technical FP, GIS	HSOS FP	HSM Technical Advisor, REACH HQ	Syria Management
Output production	HSOS FP, HSOS JAO, HSOS Technical FP, Assessment Intern, GIS	HSOS FP	Syria Management, REACH HQ	Donors and partners
Dissemination	HSOS JAO, Assessment Intern	HSOS FP	REACH HQ	Donors and partners
Monitoring & Evaluation	REACH HSOS JAO, Assessment Intern	HSOS FP	Syria Management	REACH HQ
Lessons learned	HSOS FP, HSOS JAO, HSOS Technical FP, GIS	HSOS FP	Syria Management	REACH HQ

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

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

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

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

5. Data Analysis Plan

RESEARCH QUESTIONS ADDRESSED WITH STRUCTURED TOOL(S)

Research questions	IN #	Data collection method	Indicator / Variable	Questionnaire Question	Response Options
Basic Information	1.1	KI interview	Hub	Select hub:	NWS, Amuda, Ein Issa, KRI
	1.2	KI Interview	Enumerator code	Enter enumerator code:	Enter code
	1.3	KI Interview	Community or Camp/site	Is the assessed location a community or is it a camp/site outside of a community?	Community, Camp/site (outside community boundaries)
	1.4	KI Interview	Governorate	Enter governorate:	Select governorate
	1.4.1	KI Interview	District	Enter district:	Select district
	1.4.2	KI Interview	Sub-district	Enter sub-district:	Select sub-district
	1.4.3	KI Interview	Community or Camp/site	Enter community or camp/site:	Select community or camp/site
	1.4.3.1	KI Interview	Community or Camp/site (Other)	Enter community or camp/site:	Enter community or camp/site (Other)
	1.5	KI Interview	Data collection method	Is this interview being conducted face-to-face or remotely?	Face-to-face, Remotely
	1.6	KI Interview	Amount of KIs	How many KIs are being interviewed at this location?	Enter number
	1.7	KI Interview	KI type	What types of KIs are being interviewed at this location?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other

	1.8.1	KI Interview	KI gender	Please enter the number of male KIs being interviewed at this assessed location	Enter numbers
	1.8.2	KI Interview	KI gender	Please enter the number of female KIs being interviewed at this assessed location	Enter numbers
How many residents, spontaneous returns, and IDPs are in the assessed area? What are the demographics of the population in terms of age, gender, and vulnerable groups?	2.0	KI Interview	Type of KI	What type of KI is answering the following questions about host community demographics?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	2.1	KI Interview	Number of host community (resident/pre-conflict population) households estimate	Do you know the total number of host community households (resident/pre-conflict population households including households that have returned) that are currently in the assessed location?	Yes, No
	2.1.1	KI Interview	Number of host community (resident/pre-conflict population) households estimate	What is the total number of host community member households that is currently living in the community?	Enter number (min-max, best guess)
	2.2	KI Interview	Number of host community individual population estimate	Do you know the total number of host community individuals that are in the assessed location?	Yes, No
	2.2.1	KI Interview	Number of host community individual population estimate	What is the total number of host community individuals that are currently living in the assessed location?	Enter number (min-max, best guess)
	2.3	KI Interview	Proportion male/female host community individuals	Do you know what proportion of host community individuals are male and female?	Yes, No

	2.3.1	KI Interview	Proportion male/female host community individuals	What proportion of host community individuals are male and female?	Enter percentage (male, female)
	2.4	KI Interview	Proportion host community individuals per age group	Do you know what proportion of host community individuals are in the following age groups (0-5, 6-17, 18-59, 60+)?	Yes, No
	2.4.1	KI Interview	Proportion host community individuals per age group	What proportion of host community individuals are in the following age groups?	0-5, 6-17, 18-59, 60+
	2.5	KI Interview	Proportion of host community individuals in vulnerable groups	Do you know what proportion of host community individuals are in the following vulnerable groups (elderly living alone, women living alone, orphans, people with mental or physical disabilities, ethnic minorities)?	Yes, No
	2.5.1	KI Interview	Proportion of host community individuals in vulnerable groups	What proportion of host community individuals are in the following vulnerable groups?	Enter percentage: Elderly living alone, Women living alone (no adult male living in the household), Orphans, Unaccompanied children, People with mental or physical disabilities, Ethnic minorities
	2.6	KI Interview	Host community household returnees	Have any host community households that had been displaced since the beginning of the conflict returned to the assessed location?	Yes, No
	2.7	KI Interview	Number of host community household returnees	Do you know the total number of host community households who had previously been displaced from the assessed location that have since returned and are currently living in the assessed location?	Yes, No
	2.7.1	KI Interview	Number of host community household returnees	What is the total number of host community households who had previously been displaced from the assessed location that have since returned and are currently living in the assessed location?	Enter number (min-max, best guess)
	2.8	KI Interview	Number of host community individual returnees	Do you know the total number of host community individuals who had previously been displaced from the assessed location that have since	Yes, No

				returned and are currently living in the assessed location?	
	2.8.1	KI Interview	Number of host community individual returnees	What is the total number of host community individuals who had previously been displaced from the assessed location that have since returned and are currently living in the assessed location?	Enter number (min-max, best guess)
	3.0	KI Interview	Type of KI	What type of KI is answering the following questions about IDP demographics?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	3.1	KI Interview	Presence of IDPs	Are there any IDPs currently living in the assessed location?	Yes, No
	3.2	KI Interview	Number of IDP household population estimate	Do you know the total number of IDP households that are currently living in the assessed location?	Yes, No
	3.2.1	KI Interview	Number of IDP household population estimate	What is the total number of IDP households currently living in the assessed location?	Enter number (min-max, best guess)
	3.3	KI Interview	Number of IDP individual population estimate	Do you know the total number of IDP individuals that are currently living in the assessed location?	Yes, No
	3.3.1	KI Interview	Number of IDP individual population estimate	What is the total number of IDP individuals currently living in the community?	Enter number (min-max, best guess)
	3.4	KI Interview	Proportion male/female IDP individuals	Do you know the proportion of IDP individuals that are male and female?	Yes, No
	3.4.1	KI Interview	Proportion male/female IDP individuals	What proportion of IDPs are male and female?	Enter percentage (male, female)

	3.5	KI Interview	Proportion IDP individuals per age group	Do you know what proportion of IDP individuals are in the following age groups (0-5, 6-12, 13-17, 18-59, 60+)	Yes, No
	3.5.1	KI Interview	Proportion IDP individuals per age group	What proportion of IDPs are in the following age groups:	0-5, 6-17, 18-59, 60+
	3.6	KI Interview	Proportion of IDP individuals in vulnerable groups	Do you know what proportion of IDPs are in the following vulnerable groups (elderly living alone, women living alone, orphans, people with mental or physical disabilities, ethnic minorities)?	Yes, No
	3.6.1	KI Interview	Proportion of IDP individuals in vulnerable groups	What proportion of IDPs are in the following vulnerable groups:	Enter percentage: Elderly living alone, Women living alone (no adult male living in the household), Orphans, Unaccompanied children, People with mental or physical disabilities, Ethnic minorities
What is the current humanitarian situation of people residing in the assessed area in terms of shelter?	4.0	KI Interview	Type of KI	What type of KI is answering the following questions about shelter?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	4.1	KI Interview	Types of IDP shelters	What are the most common shelter types for IDPs in the assessed location?	Solid/finished house, Solid/finished apartment, Hotel, Unfinished or abandoned residential building, Damaged residential building, Tent, Religious building (mosque), Public building (school, stadium), Container, Non-residential structure (garage, farm house, shop), Makeshift shelter with scavenged materials, Not sure, Other
	4.2	KI Interview	Proportion of IDPs living in each shelter type	Do you know the proportion of IDPs living in each shelter type?	Yes, No

	4.2.1	KI Interview	Proportion of IDPs living in each shelter type	For each of the shelter types selected, what is your best guess at the proportion of IDPs living in them?	Enter percentage
	4.3	KI Interview	Proportion of IDPs living in overcrowded shelters	What proportion of the IDP population do you estimate are living in overcrowded shelters (e.g. multiple families sharing a house, families living in a house build for a smaller family)?	0%, 1-20%, 21-40%, 41-60%, 61-80%, 81-99%, 100%, Not sure
	4.4	KI Interview	Most common shelter inadequacies for IDPs	What shelter inadequacies, if any, do IDPs in the assessed location experience?	None, Lack of lighting inside shelter, Lack of lighting around shelter, Lack of heating, Lack of insulation from cold, High temperatures inside shelters, Lack of bathing facilities, Unable to lock home securely, Lack of privacy inside shelter, Shelters are makeshift and made of insecure materials, Lack of toilets, Lack of space/overcrowding, Other (specify)
	4.5	KI Interview	Proportion of IDP households by occupancy type	Do you know the proportion of IDP households living in the following occupancy situations (ownership, renting, hosted for free, squatting)	Yes, No
	4.5.1	KI Interview	Proportion of IDP households by occupancy type	What proportion of the IDP households do you estimate are living with the following occupancy situations: Renting Hosted for free Squatting (occupying land/shelter without authorisation) Ownership	Enter percentage

	4.6	KI Interview	Types of resident shelters	What are the most common shelter types for resident households in the assessed location (select up to 3)	Solid/finished house, Solid/finished apartment, Hotel, Unfinished or abandoned residential building, Damaged residential building, Not sure, Other
	4.7	KI Interview	Proportion of resident households living in each shelter type	Do you know the proportion of resident households living in each shelter type?	Yes, No
	4.7.1	KI Interview	Proportion of resident households living in each shelter type	For each of the shelter types selected, what is your best guess at the proportion of resident households living in them?	Enter percentage
	4.8	KI Interview	Proportion of resident households living in overcrowded shelters	What proportion of the resident population do you estimate are living in overcrowded shelters (e.g. multiple families sharing a house, families living in a house build for a smaller family)?	0%, 1-20%, 21-40%, 41-60%, 61-80%, 81-99%, 100%, Not sure
	4.9	KI Interview	Most common shelter inadequacies for residents	What shelter inadequacies, if any, do resident households in the assessed location experience?	None, Lack of lighting inside shelter, Lack of lighting around shelter, Lack of heating, Lack of insulation from cold, High temperatures inside shelters, Lack of bathing facilities, Unable to lock home securely, Lack of privacy inside shelter, Shelters are makeshift and made of insecure materials, Lack of toilets, Lack of space/overcrowding, Other (specify)
	4.10	KI Interview	Proportion of resident households by occupancy type	Do you know the proportion of resident households living in the following occupancy situations (ownership, renting, other)	Yes, No

	4.10.1	KI Interview	Proportion of resident households by occupancy type	What proportion of the resident households do you estimate are living with the following occupancy situations: Ownership Renting Hosted for free Squatting (occupying land/shelter without authorisation)	Enter percentage
	4.11	KI Interview	Percentage of shelters by damage category	Of the shelters *where people are living* in the assessed location, approximately what percentage falls in each of the following damage categories Minor damage (Cracks in walls, leaking roof, need of new doors & window repairs, etc.) Major damage (Extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls) Severe damage (Significant structural damage to columns, slabs, or loadbearing walls, cracking, steel elements and deformations visible in concrete – building requires extensive repairs) Completely destroyed (Structural damages so significant that rehabilitation is not possible) No damage	Enter percentage
	4.12	KI Interview	Main challenges to repairing shelters	What are the main challenges to households wishing to repair their shelters?	None (cannot be selected with other options), Lack of authorization to do repairs, Repairs require professionals but cannot afford their service, Repairs require professionals but they are not available, Shelter and repair materials are unavailable in the market, Shelter and repair materials are too expensive, Security situation, Fear of UXOs, Women/girls feeling uncomfortable to have men doing repairs on their shelter, Other (please specify), Not sure, Not

					applicable (households don't want to repair their shelters)
	4.13	KI Interview	Average price of rent	Do you know what the average price of rent for a 2-bedroom apartment was in the last month in SYP?	Yes, No
	4.13.1	KI Interview	Average price of rent	What was the average price of rent for a 2-bedroom apartment in the last month?	Enter amount in SYP
What is the current humanitarian situation of people residing in the assessed area in terms of electricity and NFIs?	5.0	KI Interview	Type of KI	What type of KI is answering the following questions about electricity and NFIs?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	5.1	KI Interview	Most common source of electricity in the month prior to the assessment	What was the most common source of electricity in the assessed location over the past month? (Select one)	Main network, Community generators, Private generator, Solar panels, Car batteries, Other batteries, Other, Not sure
	5.2	KI Interview	Average number of hours per day of electricity in the month prior to the assessment	How many hours per day did households in the assessed location have access to electricity (on average over the last month)?	None, Less than 2 hours, From 2 to 4 hours, From 5 to 6 hours, From 7 to 8 hours, From 9 to 10 hours, From 11 to 12 hours, More than 12 hours, Not sure
	5.3	KI Interview	Most common barriers to accessing electricity in the month prior to the assessment	What were the barriers, if any, to accessing electricity in the community over the past month?	No challenges, Main network completely or partially not functioning, Generators not available, Solar panels too expensive, Electricity too expensive, Not enough fuel for generators, Fuel for generators too expensive, Discriminatory practices in the provision of fuel/electricity, Other (specify), Not sure
	5.4	KI Interview	Availability of essential NFIs	In the past month, were the following household and personal hygiene items sufficiently available in markets in the community? Bedding items, Mattresses/Sleeping mats,	Yes, No, Not sure

				Cooking utensils, Cooking fuel, Water containers, Torches, Sources of light (torches, solar lamps, solar panels), Adult clothing, Children's clothing, Batteries, Sanitary pads, Soap, Shampoo adults, Other infant/child hygiene items (shampoo, toothbrush, toothpaste), Toothbrush adults, Toothpaste adults, Washing powder, Cleaning liquid (for house), Detergent (for dishes), Baby diapers, Adult diapers, Winter items (Winter heaters, Heating fuel, Winter clothes, Winter shoes, Winter blankets), Plastic sheeting, Shoes	
	5.5	KI Interview	Affordability of essential NFIs	For each item that was available, please indicate if it was affordable or unaffordable in the community over the past month.	Affordable for the majority of people, Not affordable for the majority of people, Not sure
	5.5.1	KI Interview	Affordability of essential NFIs	For the items selected as being unaffordable for specific group(s) of people in your location, please specify which groups could not afford items:	Residents, IDPs, Returnees, Women living alone (no adult male living in the household), Elderly living alone, Unaccompanied children, Ethnic minorities, Other
What is the current humanitarian situation of people residing in the assessed area in terms of WASH?	6.0	KI Interview	Type of KI	What type of KI is answering the following questions about WASH?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other

	6.1	KI Interview	Most common sources of all-purpose water	What was the most common source of water used for all purposes (including cooking, bathing, washing etc.) in the assessed location over the last month?	Piped water network, Surface water (lake, pond, dam, river), Springs, Formal water trucking conducted by authorities or an NGO, Informal water trucking conducted by private citizens, Community borehole for free, Community borehole paid, Bottles, Open (unprotected) well, Closed (protected) well, Rain water, A combination of water network and private water trucking, Other (please specify), Not sure
	6.2	KI Interview	Most common sources of drinking water	What was the most common source of drinking water in the assessed location over the last month?	Piped water network, Surface water (lake, pond, dam, river), Springs, Formal water trucking conducted by authorities or an NGO, Informal water trucking conducted by private citizens, Community borehole for free, Community borehole paid, Bottles, Open (unprotected) well, Closed (protected) well, Rain water, A combination of water network and private water trucking, Other (please specify), Not sure
	6.3	KI Interview	Methods for storing water	What is the most common way people in the assessed location store water?	Jerry cans (5-30L), Storage tanks, Bottles, Shared large storage tanks, Barrel, Not sure, Other (specify)
	6.4	KI Interview	Is the assessed location connected to the main water network	Is the assessed location connected to a main/public water network (whether functioning or not)?	Yes, No, Not sure
	6.5	KI Interview	Average number of days per week water from the main network was available in the month prior to the assessment	How many days per week was water from the main network available in the assessed location over the last month?	0, 1-2, 3-4, 5-6, 7, Not sure
	6.6	KI Interview	Treatment of water	Is the water in the main network treated (chlorinated) to improve its quality?	Yes, No, Not sure

	6.7	KI Interview	Proportion of households with sufficient water access in the month prior to the assessment	What proportion of households were able to access sufficient water in the last month?	0% of households, 1-20% of households, 21-40% of households, 41-60% of households, 61-80% of households, 81-99% of households, 100% of households, Not sure
	6.8	KI Interview	Reasons households were unable to access sufficient water	Why were households in the assessed location unable to access sufficient water in the last month?	Main network partially or completely not functioning, Boreholes not providing any or not providing adequate quantities of water, Alternative sources not available, Alternative sources too expensive, Not enough pressure to pump sufficient water, Water pumps only function a few hours per day, High price of water trucking, Discrimination in provision of water, General issues at water collection/distribution points (long lines, allocations not sufficient, etc.), Protection-related issues at water collection/distribution points (harassment, abuse of women/girls, etc), Water points are too far or too difficult to reach, Fetching water is a dangerous activity, Not enough containers to store the water, Other (specify), Not sure
	6.9	KI Interview	Most common coping strategies for lack of water	Are you aware of any of the following coping strategies that households in the assessed location have used to cope with the lack of water over the last month?	Reduce drinking water consumption, Drink water from a source known to be of bad or unsafe quality, Collect water from a dangerous place, Collect water from a source that is further away than the usual one, Spend money usually spent on other things to buy water, Receive water on credit/borrow water, Exchanging good or other favours in other to receive water, Bathe less frequently, Do laundry less frequently, Wash hands less frequently, Rely on drinking water stored previously, Other, Not sure

	6.10	KI Interview	Proportion of households using each coping strategy for lack of water	Of the selected coping strategies, do you know what percentage of households in the assessed location use each strategy in the last month?	Yes, No
	6.10.1	KI Interview	Proportion of households using each coping strategy for lack of water	How widespread is the use of each coping strategy for lack of water?	81%-100% of households use this coping strategy, 61% - 80% of households use this coping strategy, 41% - 60% of households use this coping strategy, 21% - 40% of households use this coping strategy, 1% - 20% of households use this coping strategy, Not sure
	6.11	KI Interview	Most common problems with drinking water in the month prior to the assessment	What were the most common problems with drinking water in the assessed location over the past month, if any?	No problems, water was safe to drink (can't be selected with any other option), Water tastes bad, Water smells bad, Water has a bad colour, Water is calcareous, People was perceived to be making people sick, Other (specify), Not sure
	6.12	KI Interview	Main method of garbage disposal	What was the most common way people in the assessed location disposed of solid waste/trash in the past month?	Public garbage collection free, Private garbage collection paid, Garbage left in public areas, Garbage disposed of by household to a dumping location, Garbage buried, Garbage burnt, Other, Not sure
	6.13	KI Interview	Most common sanitation issues	Which of the following sanitation issues are faced by households in the assessed location?	None, No sewage system in the location, Sewage system needs repair, Sewage system needs cleaning, There are leakages from the sewage network and sludge in the street, Sewage network is blocked and there is sludge inside homes, Septic tank not emptied due to unavailability of desludging service, Could not afford desludging of septic tank, Flooding in the streets, Stagnant water, Open defecation (traces of human faeces), Garbage in the streets (Solid

					waste/trash), Rodents and/or pests frequently visible, Dead animals in the streets, Not sure, Other
	6.14	KI Interview	Connection to sewage network	Is the assessed location connected to a sewage system?	Yes, No, Not sure
What is the current humanitarian situation of people residing in the assessed area in terms of food security?	7.0	KI Interview	Type of KI	What type of KI is answering the following questions about food security?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	7.1	KI Interview	Access to markets in the community	Were households able to access food markets in the assessed location in the past month?	Yes, No, Not sure
	7.2	KI Interview	Most common barriers to opening markets in the last month	If no, what have been the barriers, if any, to food markets opening/functioning in the assessed location in the last month?	Markets unable to restock due to lack of supply routes, Markets not opening because of security issues, Lack of places to store food, Lack of sufficient electricity, Not sure, Other
	7.3	KI Interview	Access to markets in other/nearby communities	Were households able to access food markets in other/nearby communities in the past month?	Yes, No, Not sure
	7.4	KI Interview	Location of other accessible markets	Do you know in which other communities households were able to access markets in the last month?	Yes, No, Not sure
	7.4.1	KI Interview	Location of other accessible markets	What was the most common location where households were able to access markets in the past month outside of the assessed location?	Enter governorate, district, sub-district, location

	7.5	KI Interview	Most common barriers to IDPs accessing markets in the last month	What challenges, if any, have there been to physically accessing food markets for IDPs in the past month?	No challenges, Markets do not function at times of conflict, Women/girls not allowed to access markets alone, Women and girls (only) feel unsafe when traveling to markets, Women and girls (only) feel unsafe at markets, Lack of access for persons with restricted mobility, Distance to markets too far, Lack of transportation to markets (private or public), General safety or security constraints restricting movement to markets, General safety or security concerns at markets, Physical constraints preventing access to markets (e.g. roads damaged/blockages), Other, Not sure
	7.6	KI Interview	Most common barriers to accessing sufficient food in the last month	What challenges, if any, have there been to accessing sufficient food for IDPs in the past month?	No challenges, Markets are not functioning in the community, Markets exist but have insufficient quantities of food, Markets exist but not all essential food items are available, Markets exist but quality of food is poor, Markets exist and food is available but households cannot afford essential food items, Other, Not sure
	7.7	KI Interview	Most common barriers to residents accessing markets in the last month	What challenges, if any, have there been to physically accessing food markets for resident populations in the past month?	No challenges, Markets do not function at times of conflict, Women/girls not allowed to access markets alone, Women and girls (only) feel unsafe when traveling to markets, Women and girls (only) feel unsafe at markets, Lack of access for persons with restricted mobility, Distance to markets too far, Lack of transportation to markets (private or public), General safety or security constraints restricting movement to markets, General safety or security concerns at markets, Physical constraints preventing access to markets

					(e.g. roads damaged/blockages), Other, Not sure
	7.8	KI Interview	Most common barriers to accessing sufficient food in the last month	What challenges, if any, have there been to accessing sufficient food for residents in the past month?	No challenges, Markets are not functioning in the community, Markets exist but have insufficient quantities of food, Markets exist but not all essential food items are available, Markets exist but quality of food is poor, Markets exist and food is available but households cannot afford essential food items
	7.9	KI Interview	Most common sources of food	What were the most common sources of food for households in the assessed location in the last month?	Purchasing from stores/markets in this community, Purchasing from stores/markets in other communities, Own production/farming, Relying entirely on food stored previously, Assistance from local councils/NGOs/other groups, Gifts from friends and family, Begging/bartering, Borrowing, Hunting/gathering/catching, Not sure, Other

	7.10	KI Interview	Most common coping strategies for lack of food	Are you aware of any of the following coping strategies that households in the assessed location have used to cope with the lack of food over the last month?	No coping strategies used (cannot be selected with any other option), Reducing meal size, Skipping meals, Buying food with money usually used for other things, Purchasing food on credit/borrowing money to buy food, Selling non-productive assets, Selling productive assets, Spending days without eating, Consuming bad foods (e.g. food from garbage, weeds), Not sure, other (specify)
	7.11	KI Interview	Proportion of households using each coping strategy for lack of food	Of the selected coping strategies, do you know what percentage of households in the assessed location used each strategy in the last month?	Yes, No
	7.11.1	KI Interview	Proportion of households using each coping strategy for lack of food	How widespread is the use of each coping strategy for lack of food?	81%-100% of households use this coping strategy, 61% - 80% of households use this coping strategy, 41% - 60% of households use this coping strategy, 21% - 40% of households use this coping strategy, 1% - 20% of households use this coping strategy, Not sure
	7.12	KI Interview	Knowledge of challenges people face when feeding babies and young children	Do you know what challenges, if any, people in this community face when feeding babies and young children (from birth to 2 years) in the last two months?	Yes, No
	7.12.1	KI Interview	Challenges feeding babies	What were the main challenges for feeding babies (less than 6 months old) in the last two months?	No challenges, Breastfeeding difficulties, No support for non-breastfed babies, Poor hygiene for feeding non-breastfed babies, Other
	7.13	KI Interview	Challenges feeding young children	What were the main challenges for feeding babies and young children (from 6 months to 2 years old) in the last two months?	No challenges, Not enough food (quantity), Not good enough food (quality), Not enough variety (diversity), No feeding utensils for young children, Poor hygiene for cooking/feeding, No cooking facilities or fuel, High price of suitable foods/formula, Other

What is the current humanitarian situation of people residing in the assessed area in terms of livelihoods?	8.0	KI Interview	Type of KI	What type of KI is answering the following questions about livelihoods?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	8.1	KI Interview	Most common sources of livelihoods for resident/pre-conflict population households in the last month	What were the most common sources of meeting basic needs for resident/pre-conflict population households in the community over the past month?	Food crop production, Cash crop production, Sale of livestock, Livestock products, Waged labour - daily labour, Waged labour - regular work, Petty commodity production/trading (e.g. honey, fuel, clothing), Firewood and charcoal production, Fishing, hunting and gathering wild foods, Other self-employment/entrepreneurial activities, Employment with local authorities/armed groups, Seasonal agricultural migration, Loans and remittances or food gifts from relatives or friends, Retirement/martyr's salary, Cash or in-kind humanitarian assistance, Cash for work, Other (specify), Not sure
	8.2	KI Interview	Most common barriers to accessing livelihoods for resident/pre-conflict population households in the last month	What, if any, were the most common challenges to accessing livelihoods for resident/pre-conflict population households in the community over the past month?	No challenges, General lack of employment opportunities, Lack of employment opportunities that match people's skills, Lack of employment opportunities for persons with disabilities, Lack of employment opportunities for women, Family/community restrictions on women's opportunities to work, Discrimination in job provision, Exploitation in the workplace, Low wages,

					Postponed/lack of regular payments, No available ways to access financial resources (no grants, no loans), Lack of physical access to possible job opportunities (lack of transport, damaged roads, inappropriate opportunities for PwD and other vulnerable groups), Lack of information about possible opportunities for accessing livelihoods, Security situation in the community, Lack of access to resources needed for job (e.g. water for agriculture), Restrictions by local authorities, Lack of access to resources needed for job (e.g. water for agriculture), Lack of activity-related safety associated with the opportunity available, Not sure, Other (specify)
	8.3	KI Interview	Most common resident/pre-conflict population household coping strategies for lack of livelihoods	Are you aware of any of the following coping strategies that resident/pre-conflict population households in the assessed location have used to cope with the lack of income/resources for meeting basic needs over the last month?	No coping strategies used, Sell household items or assets, Send children (15 or below) to work or beg, Early/forced marriage, Borrow money from family or friends, Purchasing items on credit, High risk/illegal work, Skip paying rent, Limit food portions/skip meals, Not sure, Other
	8.4	KI Interview	Most common resident/pre-conflict population household coping strategies for lack of livelihoods	Of the selected coping strategies, do you know what percentage of resident households in the assessed location use each strategy in the last month?	Yes, No
	8.4.1	KI Interview	Most common resident/pre-conflict population household coping strategies for lack of livelihoods	How widespread is the use of each coping strategy for lack of livelihoods?	81%-100% of households use this coping strategy, 61% - 80% of households use this coping strategy, 41% - 60% of households use this coping strategy, 21% - 40% of households use this coping strategy, 1% - 20% of households use this coping strategy, Not sure

	8.5	KI Interview	Average daily wage for unskilled labour for residents/pre-conflict population in the assessed community	Do you know the average daily wage for unskilled labour for residents in the assessed community in SYP?	Yes, No
	8.6	KI Interview	Average daily wage for unskilled labour for residents/pre-conflict population in the assessed community	What is the average daily wage for unskilled labour for residents in the assessed community?	Enter amount in SYP
	8.7	KI Interview	Most common sources of livelihoods for IDP households in the last month	What were the most common sources of meeting basic needs for IDP households in the community over the past month?	Food crop production, Cash crop production, Sale of livestock, Livestock products, Waged labour - daily labour, Waged labour - regular work, Petty commodity production/trading (e.g. honey, fuel, clothing), Firewood and charcoal production, Fishing, hunting and gathering wild foods, Other self-employment/entrepreneurial activities, Employment with local authorities/armed groups, Seasonal agricultural migration, Loans and remittances or food gifts from relatives or friends, Retirement/martyr's salary, Cash or in-kind humanitarian assistance, Cash for work, Other (specify), Not sure

	8.8	KI Interview	Most common barriers to accessing livelihoods for IDP households in the last month	What, if any, were the most common challenges to accessing livelihoods for IDP households in the community over the past month?	No challenges, General lack of employment opportunities, Lack of employment opportunities that match people's skills, Lack of employment opportunities for persons with disabilities, Lack of employment opportunities for women, Family/community restrictions on women's opportunities to work, Discrimination in job provision, Exploitation in the workplace, Low wages, Postponed/lack of regular payments, No available ways to access financial resources (no grants, no loans), Lack of physical access to possible job opportunities (lack of transport, damaged roads, inappropriate opportunities for PwD and other vulnerable groups), Lack of information about possible opportunities for accessing livelihoods, Security situation in the community, Lack of access to resources needed for job (e.g. water for agriculture), Restrictions by local authorities, Lack of access to resources needed for job (e.g. water for agriculture), Lack of activity-related safety associated with the opportunity available, Not sure, Other (specify)
	8.9	KI Interview	Most common IDP household coping strategies for lack of livelihoods	Are you aware of any of the following coping strategies that IDP households in the community have used to cope with the lack of income/resources for meeting basic needs over the last month?	No coping strategies used, Sell household items or assets, Send children (15 or below) to work or beg, Early/forced marriage, Borrow money from family or friends, Purchasing items on credit, High risk/illegal work, Skip paying rent, Not sure, Other
	8.10	KI Interview	Most common IDP population household	Of the selected coping strategies, do you know what percentage of IDP households in the	Yes, No

			coping strategies for lack of livelihoods	assessed location use each strategy in the last month?	
	8.10.1	KI Interview	Most common IDP population household coping strategies for lack of livelihoods	How widespread is the use of each coping strategy for lack of livelihoods?	81%-100% of households use this coping strategy, 61% - 80% of households use this coping strategy, 41% - 60% of households use this coping strategy, 21% - 40% of households use this coping strategy, 1% - 20% of households use this coping strategy, Not sure
	8.11	KI Interview	Average daily wage for unskilled labour for IDP population in the assessed community	Do you know the average daily wage for unskilled labour for IDPs in the assessed community in SYP?	Yes, No
	8.12	KI Interview	Average daily wage for unskilled labour for IDP population in the assessed community	What is the average daily wage for unskilled labour for IDPs in the assessed community?	Enter amount in SYP
What is the current humanitarian situation of people residing in the assessed area in terms of healthcare?	9.0	KI Interview	Type of KI	What type of KI is answering the following questions about healthcare?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	9.1	KI Interview	Access to healthcare in the community	Were households able to access health services at facilities in the assessed location in the past month?	Yes, No, Not sure
	9.2	KI Interview	Health facilities available in the assessed community	What health facilities were available to households in the past month to address their healthcare needs in the assessed location?	Mobile clinics, Field hospitals, Informal emergency care points, Private clinics, Primary care facilities (free healthcare, vaccination clinics), Private hospitals, Public hospitals, Pharmacies, Other, Not sure

	9.3	KI Interview	Access to healthcare in other/nearby communities	Were households able to access health services at facilities in other/nearby communities in the past month?	Yes, No, Not sure
	9.4	KI Interview	Access to healthcare in other/nearby communities	Do you know in which other communities households were able to access health facilities in the last month?	Yes, No
	9.4.1	KI Interview	Location of other accessible healthcare facilities	What is the most common location where households were able to access healthcare facilities in the past month outside of the assessed location?	Enter governorate, district, sub-district, location
	9.5	KI Interview	Available healthcare facilities (in other/nearby communities)	What health facilities were accessible to households in the past month to address their healthcare needs in other/nearby communities?	Mobile clinics, Field hospitals, Informal emergency care points, Private clinics, Primary care facilities (free healthcare, vaccination clinics), Private hospitals, Public hospitals, Pharmacies, Other, Not sure
	9.6	KI Interview	Travel time for access to most commonly used health facility	How many minutes did it take households in your assessed location on average to travel to the most commonly used health facility (whether it was in the assessed community or in a nearby community)?	1-15 minutes, 16-30 minutes, 31-60 minutes, >1 hour
	9.7	KI Interview	KI medical/health professional	Is the KI answering this section a medical/health professional?	Yes, No
	9.7.1	KI Interview	Most common health problems	Which health problems are present in the community? (select all that apply)	No health problems reported, Diarrhea, Chronic diseases, Severe disease affecting children under 5, Communicable diseases, Leishmaniasis, Scabes, Other skin diseases/infections, Lice, Cough and cold fever, Acute respiratory infections, Measles, Tuberculosis, Polio, Severe actute malnutrition, Maternal health issues, Pregnancy-related complications (high blood pressure, infections, blood clots, anemia, etc.), Symptoms of psychological trauma (e.g. PTSD,

					depression), Conflict-related injuries, Other, Not sure
	9.8	KI Interview	Most common barriers to accessing healthcare in the last month	What, if any, were the most common barriers to healthcare access in the community over the last month?	No problems, No health facilities available (not present/not functioning) in assessed location, Cannot afford to pay for health services, Absence/shortage of health workers, Lack of transportation to health facilities, High cost of transportation to health facilities, Lack of trust in health care providers, Health facilities not easily accessible for people who have difficulty moving/seeing/hearing, Lack of medicines at the health facility, Health facilities are overcrowded, Lack of female staff at health facility, There is not enough or no separate waiting space for women/girls (lack of privacy), Specialised services are not available, Lack of ambulance services, Documentation is needed to visit the facility but it is lost/unavailable, General safety and security concerns when traveling to health facilities, General safety and security concerns at the health facilities, Women/girls (only) feel unsafe on the way to healthcare facilities, Women/girls (only) feel unsafe at health facilities, Women/girls are not allowed to access healthcare alone, Stigma in seeking services for women/girls, Other, Not sure
	9.9	KI Interview	Coping strategies for lack of healthcare services	Are you aware of any of the following coping strategies that households in the assessed location have used to cope with the lack of healthcare services over the last month?	No coping strategies used, Reusing single-use medical items (e.g. bandages, syringes, needles), Using non-medical items for treatment, Taking lower than the recommended dosage of medication, Foregoing non-essential treatments,

					Seeking non-professional care, Going to the pharmacy instead of a clinic, Not sure, Other (specify)
	9.10	KI Interview	Coping strategies for lack of healthcare services	Of the selected coping strategies, do you know what percentage of households in the assessed location use each strategy in the last month?	Yes, No
	9.10.1	KI Interview	Coping strategies for lack of healthcare services	How widespread is the use of each coping strategy for lack of healthcare services?	81%-100% of households use this coping strategy, 61% - 80% of households use this coping strategy, 41% - 60% of households use this coping strategy, 21% - 40% of households use this coping strategy, 1% - 20% of households use this coping strategy, Not sure
What is the current humanitarian situation of people residing in the assessed area in terms of education?	10.0	KI Interview	Type of KI	What type of KI is answering the following questions about education?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	10.1	KI Interview	School in session in the last month	Were schools accessed by children in this community in session (open and functioning) all days of the last month (e.g. no planned holidays, days were schools were unable to open, etc.)	Yes, No, Not sure
	10.2	KI Interview	Reasons schools were not in session	If no, what is the reason that schools were not in session for the entirety of the last month?	Summer or winter break, Other planned recess or holiday (Eid holiday, etc), Escalation of violence that made schools or travel to schools unsafe, Lack of teachers, Lack of teaching/learning supplies, Not sure, Other (specify)
	10.3	KI Interview	Access to education facilities in the community	Were children able to access education facilities in the assessed location in the past month?	Yes, No, Not sure

	10.4	KI Interview	Available education facilities (in the community)	Please identify each type of education facility accessible to children (aged 3-18) in the last month in the community	Non-formal early childhood care and education, Formal early childhood care and education, Non-formal primary school, Formal primary school, Non-formal intermediary school, Formal intermediary school, Non-formal secondary school, Formal secondary school, Other
	10.5	KI Interview	Access to education facilities in nearby community	Were children able to access education facilities in other/nearby communities in the past month?	Yes, No, Not sure
	10.6	KI Interview	Access to education facilities in nearby community	Do you know in which other communities children were able to access education facilities in the last month?	Yes, No
	10.6.1	KI Interview	Access to education facilities in nearby community	What is the most common location where children were able to access education facilities in the past month outside of the assessed location?	Enter governorate, district, sub-district, location
	10.7	KI Interview	Available education facilities (in other/nearby communities)	Please identify each type of education facility accessible to children (aged 3-18) in the last month in other/nearby communities	Non-formal early childhood care and education, Formal early childhood care and education, Non-formal primary school, Formal primary school, Non-formal intermediary school, Formal intermediary school, Non-formal secondary school, Formal secondary school, Other
	10.8	KI Interview	Percentage of resident-pre/conflict population boys aged 6-11 currently attending	Approximately what percentage of resident/pre-conflict population boys aged 6-12 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure

			school in the community		
	10.9	KI Interview	Percentage of resident-pre/conflict population girls aged 6-12 currently attending school in the community	Approximately what percentage of resident/pre-conflict population girls aged 6-12 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure
	10.10	KI Interview	Percentage of resident-pre/conflict population boys aged 13-15 currently attending school in the community	Approximately what percentage of resident/pre-conflict population boys aged 13-15 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure
	10.11	KI Interview	Percentage of resident-pre/conflict population girls aged 13-15 currently attending school in the community	Approximately what percentage of resident/pre-conflict population girls aged 13-15 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure
	10.12	KI Interview	Percentage of resident-pre/conflict population boys aged 16-18 currently attending school in the community	Approximately what percentage of resident/pre-conflict population boys aged 16-18 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure
	10.13	KI Interview	Percentage of resident-pre/conflict population girls aged 16-18 currently attending school in the community	Approximately what percentage of resident/pre-conflict population girls aged 16-18 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure

	10.14	KI Interview	Most common barriers to accessing education for resident/pre-conflict population children	What were the challenges/barriers, if any, preventing access to and quality of education for resident/pre-conflict population children in the last month?	No problems, Lack of recognised certification of education level completed, Lack of personal documentation required to enroll in schools, Damaged facilities that can't be used or are unsafe to use, Distance to school is too far, Traveling to or from school is unsafe, Families cannot afford to prioritize school and children must work, Closure of schools by local authorities, Children leave school due to early marriage, Education not provided after a certain age, Lack of access to education for children with disabilities, Schools or learning centres are used as shelter for IDPs, Quality of education provided is too low, Overcrowding (too few teachers, classrooms, etc.), Not enough teaching or learning supplies (stationary, textbooks, etc.), Unsuitable environment (insufficient or no: heat, electricity, toilets, furniture, ventilation, etc.), Children unable to learn (stress, hunger, unwelcoming school environment, fear of bullying/harassment, etc.), Children uncomfortable re-entering/attending school (IDPs, out of school for a long time, overage, behind in learning, etc.), Health issues (e.g. physical, mental or emotional condition of children, such as stress-related learning difficulties, or school cannot accommodate children's needs), Social issues (e.g. education not being considered important, children not wanting to go to school, specific groups being marginalised etc.), Challenges specific to girls (e.g. families don't allow

					their attendance/continued education, fear of harassment on the way to/inside school, lack of privacy in toilets), Other, Not sure
	10.15	KI Interview	Percentage of IDP population boys aged 6-12 currently attending school in the community	Approximately what percentage of IDP boys aged 6-12 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure
	10.16	KI Interview	Percentage of IDP population girls aged 6-12 currently attending school in the community	Approximately what percentage of IDP girls aged 6-12 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure

	10.17	KI Interview	Percentage of IDP population boys aged 13-15 currently attending school in the community	Approximately what percentage of IDP boys aged 13-15 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure
	10.18	KI Interview	Percentage of IDP population girls aged 13-15 currently attending school in the community	Approximately what percentage of IDP girls aged 13-15 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure
	10.19	KI Interview	Percentage of IDP population boys aged 16-18 currently attending school in the community	Approximately what percentage of IDP boys aged 16-18 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure
	10.20	KI Interview	Percentage of IDP population girls aged 16-18 currently attending school in the community	Approximately what percentage of IDP girls aged 16-18 are currently attending school (whether in the assessed location or in a nearby/other community)?	0%, 1-25%, 26-50%, 51-75%, 76-100%, Not sure

	10.21	KI Interview	Most common barriers to accessing education for IDP children	What are the most common challenges/barriers preventing access to education for IDP children in the last month?	No problems, Lack of recognised certification of education level completed, Lack of personal documentation required to enroll in schools, Damaged facilities that can't be used or are unsafe to use, Distance to school is too far, Traveling to or from school is unsafe, Families cannot afford to prioritize school and children must work, Closure of schools by local authorities, Children leave school due to early marriage, Education not provided after a certain age, Lack of access to education for children with disabilities, Schools or learning centres are used as shelter for IDPs, Quality of education provided is too low, Overcrowding (too few teachers, classrooms, etc.), Not enough teaching or learning supplies (stationary, textbooks, etc.), Unsuitable environment (insufficient or no: heat, electricity, toilets, furniture, ventilation, etc.), Children unable to learn (stress, hunger, unwelcoming school environment, fear of bullying/harassment, etc.), Children uncomfortable re-entering/attending school (IDPs, out of school for a long time, overage, behind in learning, etc.), Health issues (e.g. physical, mental or emotional condition of children, such as stress-related learning difficulties, or school cannot accommodate children's needs), Social issues (e.g. education not being considered important, children not wanting to go to school, specific groups being marginalised etc.), Challenges specific to girls (e.g. families don't allow

					their attendance/continued education, fear of harassment on the way to/inside school, lack of privacy in toilets), Other, Not sure

What is the current humanitarian situation of people residing in the assessed area in terms of protection?	11.0	KI Interview	Type of KI	What type of KI is answering the following questions about protection?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	11.1	KI Interview	Most common protection risks present in the community in the last month	What protection risks, if any, were faced by the resident/pre-conflict population in the assessed location in the last month?	None, Inter-communal disputes, Lack/loss of civil documentation, Housing, land and property issues, Family separation, Exploitation, Domestic violence/abuse, Emotional/verbal abuse, Sexual violence/abuse, Social pressures not to leave home, Sexual or other forms of harassment, Forced and early marriage, Child labour, Violence in schools, Kidnapping, Movement restrictions by local authorities, Movement restrictions by other actors, Threat from airstrikes, Threat from explosive hazards- including landmines and unexploded or abandoned ordnances, Threat from sniper/gunfire, Other, Not sure
	11.2	KI Interview	Groups facing protection issues in the community in the last month	For the resident/pre-conflict population, which groups (women, girls, men, boys, people with disabilities), faced the indicated protection issues in the assessed location in the last month?	Men (18-59), Women (18-59), Boys (under 18), Girls (under 18), Elderly (60+), People with disabilities, All groups
	11.3	KI Interview	Most common protection risks present in the community in the last month	What protection risks, if any, were faced by the IDP population in the assessed location in the last month?	None, Inter-communal disputes, Lack/loss of civil documentation, Housing, land and property issues, Family separation, Exploitation, Domestic violence/abuse, Emotional/verbal abuse, Sexual violence/abuse, Social pressures not to

					leave home, Sexual or other forms of harassment, Forced and early marriage, Child labour, Violence in schools, Kidnapping, Movement restrictions by local authorities, Movement restrictions by other actors, Threat from airstrikes, Threat from explosive hazards- including landmines and unexploded or abandoned ordnances, Threat from sniper/gunfire, Other, Not sure
	11.4	KI Interview	Groups facing protection issues in the community in the last month	For the IDP population, which groups (women, girls, men, boys, people with disabilities), if any, faced the indicated protection issues in the assessed location in the last month?	Men (18-59), Women (18-59), Boys (under 18), Girls (under 18), Elderly (60+), People with disabilities, All groups
What is the current humanitarian situation of people residing in the assessed area in terms of accountability and humanitarian assistance?	12.0	KI Interview	Type of KI	What type of KI is answering the following questions about accountability and humanitarian assistance?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	12.1	KI Interview	Available humanitarian assistance in the last month	Did any households in the community have access to humanitarian assistance in the past month?	Yes, No, Not sure

	12.2	KI Interview	Available humanitarian assistance in the last month	What humanitarian assistance did households in the assessed location have access to in the past month?	Shelter assistance (rent subsidies, shelter repairs), Health, Non-food items (e.g. cooking pots, lamp, mattress), Electricity assistance (electricity provision), Food /Nutrition (food basket, bread), Agricultural supplies (seeds, vegetables, fertilizer), Livelihood support (business grants, skill training), Education assistance (school fees, stationery), Water, sanitation and hygiene assistance (e.g. access to safe water, hygiene kits, waste disposal), Winterization support (blankets, heating stoves) (when applicable), Protection services (e.g. legal advice including civil documentation and Housing, Land and Property, GBV prevention and child protection services, explosive hazard risk awareness and clearance and access to community centers and safe spaces for women and children), Mental health and psychosocial support services (e.g. structured group activities in a safe space, individual or group counselling e.), Cash assistance (vouchers or cash-in-hand), Other, Not sure
	12.3	KI Interview	Barriers/challenges to humanitarian assistance	What barriers/challenges, if any, did households in this location face in accessing humanitarian assistance this month?	No challenges, No humanitarian assistance was available, Not aware of what assistance was available/eligibility criteria, Not aware of the procedures to follow to receive assistance, Did not have the necessary personal documents to receive assistance, Assistance provided was insufficient, Poor targeting of beneficiaries who receive assistance, Perceived discrimination in the provision of assistance, Types of assistance

					provided were not relevant to needs, Distribution points were too far/routes were inaccessible, General safety concerns (traveling to/from and remaining at distribution points, potential violence, during distribution robberies, etc.), Protection concerns for women during distribution (harassment, exploitation, abuse, sexual violence), Other, Not sure
	12.4	KI Interview	Availability of information services	Do people in the assessed location receive information about humanitarian assistance and the humanitarian situation?	Yes, No, Not sure
	12.5	KI Interview	Most important information needs	What missing information would be most important to provide to households living in the assessed location?	General news on what is happening here, The security situation here, News on what is happening at home, Finding missing people, How to register for aid, How to get water, How to get food, How to get shelter/accommodation/shelter materials, How to get healthcare/medical attention, How to get help after attack or harassment, How to stay safe to prevent attack/harassment, How to replace personal documentation (e.g. birth certificate, ID), How to get access to education, How to access psychological services, Info about where women/girls safe spaces, child-friendly space, and community centres are, How to find work, How to get transport, How to get more money/financial support, Information

					about nutrition, Info about possible return to place of origin, Info about relocation, Info about the aid agencies they are receiving aid from, How to complain about the aid you are receiving, How to complain about bad behaviour of aid workers, What behaviour you should expect from aid workers, Food prices, Local crop/livestock prices, How to get cooking fuel/firewood, The weather, Other, Not sure
	12.6	KI Interview	Preferred means of receiving information	How would people at the assessed location prefer to receive this missing information about humanitarian assistance and the humanitarian situation?	Phone call, SMS, Social media (Twitter, Facebook, etc), WhatsApp (or other mobile phone-based platform), Other internet platforms, In person face-to-face, Radio, Loud speakers, Television, Leaflets, Billboards, Posters, Other, Not sure
	12.7	KI Interview	Awareness of complaints mechanisms	Are households in the assessed location aware of where and how they can provide feedback or complaints regarding humanitarian assistance received?	Yes, No, Not applicable, Not sure
What are the priority needs of people residing in the assessed area?	13.0	KI Interview	Type of KI	What type of KI is answering the following questions about priority needs?	Civil society group, Local Charity, Local council, Local relief committee, NGO, Community leader - elder, Community leader - religious, Documentation Office Registration Focal Point, Mukhtar, Teacher, Health staff (e.g. doctor, nurse), Other
	13.1	KI Interview	Most important IDP priority needs	What were the three most important priority needs of the IDP population households in the location (first, second, third)?	Shelter, Health, NFIs, Food, Education, Water, sanitation and hygiene (WASH), Winterisation (when relevant), Protection, Livelihoods, Other, Not sure

	13.2	KI Interview	Specific shelter needs of IDPs	What were the specific shelter needs of IDP households in the assessed location during the past month?	New/additional tents, Tarpaulins/plastic sheeting, Nails/screws, Timber, Rope, Wire, Roofing materials, Doors/doorframes, Windows/window frames, Concrete, Bricks / other stone blocks, Plaster or other material for repairing cracked walls, Basic electrical items (wiring, switches, sockets, extension cords), Basic tools (hammer, screw driver, wrenches), Items for improved safety/privacy (locks, lighting, partitions for sleeping areas), Cash (for those who are renting), Other, Not sure
	13.3	KI Interview	Specific food needs of IDPs	What were the specific food needs of IDP households in the assessed location during the past month?	Bread, Rice, Bulgur, Flour, Lentils, Pasta, Cooking oil, Fresh vegetables, Chicken, Meat, Sugar, Salt, Other (specify), Not sure
	13.4	KI Interview	Specific NFI needs of IDPs	What are the specific NFI needs of IDP households in the assessed location during the past month?	Bedding items (sheets, pillows), Mattresses/Sleeping mats, Cooking utensils, Cooking fuel, Cooking stoves, Water containers, Sources of light/solar lamps, Solar panels, Clothing, Shoes, Batteries, Other (specify)
	13.5	KI Interview	Specific WASH needs of IDPs	What were the specific water, sanitation and hygiene needs of IDP households in the community during the past month?	Drinking water, Water containers, Functioning latrines, Functioning sewage system, Functioning bathing facilities, Safe access to latrines and bathing facilities, Septic tank desludging services, Garbage removal services, Plastic garbage bins, Disposable diapers, Other infant/child hygiene items (shampoo, toothbrush, toothpaste), Sanitary pads, Soap, Shampoo adults , Toothpaste adults, Washing powder (for clothes), Cleaning liquid (for house), Detergent (for dishes), Other, Not sure

	13.6	KI Interview	Specific healthcare needs of IDPs	What were the specific healthcare needs of IDP households in the assessed location during the past month?	Antenatal care, Skilled care during childbirth (General obstetric care - normal deliveries), Skilled care during childbirth (Emergency obstetric care - c-section - blood transfusion), First aid / emergency care (accident and injuries), Diarrhea treatment, Vaccination (routine EPI), General and/or specialist surgical services, Mental health services, Family planning reproductive health, Specialized healthcare following gender-based violence incidents, Pediatric consultations (including well-child, growth monitoring, care for childhood illnesss), Treatment for chronic disease (e.g. diabetes, blood pressure, heart problems, asthma, kidney problems), Treatment of malnutrition, Rehabilitation (e.g. recovery programmes for those who have recently experienced injuries, especially to muscles or limbs), Provision of assistive devices (e.g. wheelchairs, prosthetics), Laboratory services, Medicines and other commodities, Other, Not sure
	13.6.2	KI Interview	Specific medical commodity needs of IDPs	If yes to medicines and other commodities, what were IDP population household specific needs in terms of medicines and commodities?	Antibiotics, Asthma treatment, Contraceptives (condoms, birth control pills, IUDs), Diabetes medicines, Gastrointestinal medicines such as antacids, Treatments for hypertension/heart disease, Painkillers/analgesics, Psychiatric medicines and/or medicines for epilepsy, Ointments and other medicines to treat skin disease, Other, Not sure

	13.7	KI Interview	Specific education needs of IDPs	For education priority need: what are the key things to do to get more IDP children go to school and more children to stay in school?	Provision of personal documentation, Recognition and/or certification of curriculum, Ensuring travel to/from schools and school themselves are safe, Eliminate violence in schools (corporal punishment, bullying, etc), Suitable school environment (repairs, heat, electricity, toilets, furniture, ventilation, etc.), Additional space for learning (schools, classrooms), Better skilled teachers, Additional teaching and learning materials (stationary, textbooks, etc.), Reducing poverty (food, money, etc. to families), Appropriate WASH facilities, Counselling for psychosocial stress, Outreach to families to increase girls' attendance (stress importance of schooling and continuing education for girls), Other, Not sure
	13.8	KI Interview	Specific winterisation needs of IDPs	What were the specific winterisation needs of IDP households in the assessed location during the past month?	Plastic sheeting/tarpaulin, High thermal blankets, Floor mats, Winter clothes, Winter shoes, Heating fuel, Heaters/stoves, Other (specify), Not sure
	13.9	KI Interview	Specific protection needs of IDPs	What were the specific protection needs of IDP households in the assessed location during the past month?	Information about services, Psychosocial support, Psychological first aid, Psychiatric referrals, Specialised psychiatric services, Specialised services for victims of gender-based violence, Special assistance for vulnerable groups (women living alone, orphans, elderly, disabled, etc.), Family reunification, Other (specify), Not sure

	13.10	KI Interview	Specific livelihoods priority needs for IDPS	What are the specific livelihoods needs of IDP households in the assessed location during the past month?	Tools/equipment for production, Access to space/land for production, Access to selling/trading spaces, Regularity in receiving income from work, Access to credit, Access to livelihoods programmes, Other (specify), Not sure
	13.11	KI Interview	Most important resident/pre-conflict population priority needs	What were the three most important priority needs of the resident/pre-conflict population households in the assessed location (first, second, third)?	Shelter, Health, NFIs, Food, Education, Water, sanitation and hygiene (WASH), Livelihoods, Winterisation (when relevant), Protection, Other, Not sure
	13.12	KI Interview	Specific shelter needs of resident/pre-conflict population	What were the specific shelter needs of resident/pre-conflict households in the assessed location during the past month?	New/additional tents, Tarpaulins/plastic sheeting, Nails/screws, Timber, Rope, Wire, Roofing materials, Doors/doorframes, Windows/window frames, Concrete, Bricks / other stone blocks, Plaster or other material for repairing cracked walls, Basic electrical items (wiring, switches, sockets, extension cords), Basic tools (hammer, screw driver, wrenches), Items for improved safety/privacy (locks, lighting, partitions for sleeping areas), Cash (for those who are renting), Other, Not sure
	13.13	KI Interview	Specific food needs of resident/pre-conflict population	What were the specific food needs of resident/pre-conflict households in the assessed location during the past month?	Bread, Rice, Bulgur, Flour, Lentils, Pasta, Cooking oil, Fresh vegetables, Chicken, Meat, Sugar, Salt, Other (specify), Not sure
	13.14	KI Interview	Specific NFI needs of resident/pre-conflict population	What were the specific NFI needs of resident/pre-conflict households in the assessed location during the past month?	Bedding items (sheets, pillows), Mattresses/Sleeping mats, Cooking utensils, Cooking fuel, Cooking stoves, Water containers, Sources of light/solar lamps, Solar panels, Clothing, Shoes, Batteries, Other (specify)
	13.15	KI Interview	Specific WASH needs of resident/pre-conflict population	What were the specific water, sanitation and hygiene needs of resident/pre-conflict households in the assessed location during the past month?	Drinking water, Water containers, Functioning latrines, Functioning sewage system, Functioning bathing facilities, Safe access to latrines and bathing

					facilities, Septic tank desludging services, Garbage removal services, Plastic garbage bins, Disposable diapers, Other infant/child hygiene items (shampoo, toothbrush, toothpaste), Sanitary pads, Soap, Shampoo adults , Toothpaste adults, Washing powder (for clothes), Cleaning liquid (for house), Detergent (for dishes), Other, Not sure
	13.16	KI Interview	Specific healthcare needs of resident/pre-conflict population	What were the specific healthcare needs of resident/pre-conflict population households in the community during the past month?	Antenatal care, Skilled care during childbirth (General obstetric care - normal deliveries), Skilled care during childbirth (Emergency obstetric care - c-section - blood transfusion), First aid / emergency care (accident and injuries), Diarrhea treatment, Vaccination (routine EPI), General and/or specialist surgical services, Mental health services, Family planning reproductive health, Specialized healthcare following gender-based violence incidents, Pediatric consultations (including well-child, growth monitoring, care for childhood illnesss), Treatment for chronic disease (e.g. diabetes, blood pressure, heart problems, asthma, kidney problems), Treatment of malnutrition, Rehabilitation (e.g. recovery programmes for those who have recently experienced injuries, especially to muscles or limbs), Provision of assistive devices (e.g. wheelchairs, prosthetics), Laboratory services, Medicines and other commodities, Other, Not sure

	13.16.2	KI Interview	Specific medicines needed by residents	If yes to medicines and other commodities, what were resident/pre-conflict household specific needs in terms of medicines and commodities?	Antibiotics, Asthma treatment, Contraceptives (condoms, birth control pills, IUDs), Diabetes medicines, Gastrointestinal medicines such as antacids, Treatments for hypertension/heart disease, Painkillers/analgesics, Psychiatric medicines and/or medicines for epilepsy, Ointments and other medicines to treat skin disease, Other treatments for specialized diseases (please specify)
	13.17	KI Interview	Specific education needs of resident/pre-conflict population	For education priority need: what are the key things to do to get more resident/pre-conflict children go to school and more children to stay in school?	Provision of personal documentation, Recognition and/or certification of curriculum, Ensuring travel to/from schools and school themselves are safe, Eliminate violence in schools (corporal punishment, bullying, etc), Suitable school environment (repairs, heat, electricity, toilets, furniture, ventilation, etc.), Additional space for learning (schools, classrooms), Better skilled teachers, Additional teaching and learning materials (stationary, textbooks, etc.), Reducing poverty (food, money, etc. to families), Appropriate WASH facilities, Counselling for psychosocial stress, Outreach to families to increase girls' attendance (stress importance of schooling and continuing education for girls), Other, Not sure
	13.18	KI Interview	Specific winterisation needs of resident/pre-conflict population	What were the specific winterisation needs of resident/pre-conflict households in the assessed location during the past month?	Plastic sheeting/tarpaulin, High thermal blankets, Floor mats, Winter clothes, Winter shoes, Heating fuel, Heaters/stoves, Other (specify), Not sure

	13.19	KI Interview	Specific protection needs of resident/pre-conflict population	What were the specific protection needs of resident/pre-conflict households in the assessed location during the past month?	Information about services, Psychosocial support, Psychological first aid, Psychiatric referrals, Specialised psychiatric services, Specialised services for victims of gender-based violence, Special assistance for vulnerable groups (women living alone, orphans, elderly, disabled, etc.), Family reunification, Other (specify), Not sure
	13.20	KI Interview	Specific livelihoods priority needs for residents	What are the specific livelihoods needs of resident/pre-conflict households in the community during the past month?	Tools/equipment for production, Access to space/land for production, Access to selling/trading spaces, Regularity in receiving income from work, Access to credit, Access to livelihoods programmes, Other (specify), Not sure

6. Data Management Plan

Detailed data management plan is available upon request.

7. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Centre	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		NA
		# 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		NA
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	Cluster strategy
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	A usage survey was conducted in May, with the report published in July 2019. Additional usage surveys will be carried out in the future.
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			

Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	NA
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings			X Yes

Annex I: Evolution of HSOS

Phase I of the HSOS project (August 2013 – March 2015) was undertaken in partnership with UNOCHA and UNHCR, with data collection conducted in Jordan alone until activities could begin in Lebanon in June 2014 and in KRI in July 2014. Data collection was undertaken at the sub district level, with up to 70% of sub districts covered across all 14 governorates of Syria. HSOS data was used for the 2014 Humanitarian Needs Overview (HNO) and Syria Response Plan (SRP).

Phase II of the HSOS project, which began in April 2015, aimed to both strengthen the methodology and provide a more detailed view of the humanitarian situation inside Syria, by moving from sub district to community level data collection. Results continued to be aggregated to the sub district and governorate levels to enable a humanitarian overview – but community level data was also made available, to better inform the operational implementation of the humanitarian response. To expand coverage and increase possibilities for triangulation during Phase II, data collection was rolled out in Turkey, with a methodology adapted to the local context.

Phase III of the HSOS project, which began in August 2016, aimed to increase the reliability of data by expanding, wherever possible, the use of direct data collection. A network of enumerators was hired in-country to shift towards more direct data collection.

Phase IV of HSOS began in October 2017. Due to shifts in the conflict dynamics in Syria, there was growing interest within the humanitarian community on the situation of returnees (i.e. IDPs or refugees returning to their area of origin). In light of this, REACH amended the HSOS tool in order to collect robust data on the displacement patterns of returnees, as well as on their humanitarian situation. To develop a more user-friendly output and incorporate the new questions into the HSOS factsheets, REACH redesigned the HSOS governorate factsheets in January 2018 to enhance clarity and provide analysis. REACH also expanded the HSOS enumerator network in northern Syria in early 2018 to increase coverage and the project's impact. A fifth data collection hub, located inside Syria, was brought on board to facilitate the coverage expansion into Deir ez-Zor and Ar-Raqqa governorates.

Phase V of HSOS began in August 2018, when the tool was pared down and all market monitoring related indicators were removed. This was done for two reasons 1) there were other REACH Syria projects that were collecting this information 2) shortening the tool allowed for data collection to be run in less working days and allowed for outputs to be disseminated earlier. In addition, the governorate-level factsheets were aggregated up to regional factsheets (northwest and northeast), which more appropriately mirror the Whole of Syria (WoS) coordination structure. In 2018, data collection in south Syria ended, and in June 2019 data collection from the Lebanon hub stopped. Lastly, phase V saw the largest expansion in HSOS history. Coverage expanded from approximately 550 communities in mid-2018 to the current coverage mid-2019 of over 2,000 communities. HSOS was run from three hubs; in Jordan, KRI and northeast Syria. From March 2019 onwards, 5 sectoral factsheets were published monthly in addition to the 2 regional factsheets. Phase V utilized a R "outliers" script to flag potential errors in the submitted data for follow-up with enumerators. This script was run once monthly, after all surveys had been received and any necessary changes were made and logged.

Phase VI of the HSOS project began in November 2019, where the process and tools were revised to 1) adapt to the changing Syrian context 2) reach maximum coverage of communities in NWS and 3) increase its operational use to meet current information needs. Additionally, it reflects lessons learned and best practices from working with sector partners in other assessments. A new questionnaire was developed in coordination from cluster/sector coordinators, and independent consultants to ensure that the resulting data and analytical outputs fit users' informational needs. Further, displacement data is no longer collected under Phase VI as there are other REACH projects collecting this information. The unit of analysis itself remains the same from Phase V (regional and sectoral levels). Data cleaning process were also updated in order to further improve the quality and reliability of data. Where Phase V utilized the R outliers script, the new cleaning process for Phase VI utilizes a specialized Excel cleaning sheet and Python script to flag outliers or possible errors and generate follow-ups for enumerators. Where Phase V ran checks once all data was submitted, in Phase VI, data is downloaded and flagged for follow-up on a bi-weekly basis and cleaning occurs daily as follow-up responses are received.

Annex II: Evolution of HSOS Methodology

To produce the multi-sectoral, monthly updates, a key informant (KI) 'Area of Origin' (AoO) methodology was originally developed in August 2013, in which participants were selected among Syrian refugees residing in neighbouring countries. During **Phase I** of the project (August 2013 – March 2015), participants collected data through their networks of key informants who were still residing in their sub-district of origin in Syria and had relevant, sector-specific knowledge.

Since the launch of HSOS **Phase II** in April 2015, data has been collected at the community/neighbourhood level, rather than the sub-district level, to increase data reliability by ensuring that the area for which key informants provide information corresponds to their actual area of knowledge. The proportion of communities assessed out of the total communities in a given sub-district or governorate is declared for each variable when results are presented. Additionally, a confidence rating system is applied to each individual variable when triangulating data from several key informants (KI) reporting on the same community, based on the level of expertise that each key informant type is expected to hold within the area of investigation where they have provided information. The average confidence level of KIs reporting on each individual variable is declared in the dataset.

From **Phase III** onward, community/neighbourhood-level data continued to be collected from neighbouring countries, while also being collected through a network of enumerators inside Syria in order to enable further triangulation and, thus, increase the reliability of findings.

In **Phase IV**, data collection and analysis continued to take place on a monthly basis, with questionnaires distributed to all participants and enumerators at the beginning of every month. Questionnaires were completed over the course of three weeks by contacting KIs to gather information about the communities/neighbourhoods they cover. Once data collection is completed, the regional data analysis team cleans and prepares the data for analysis and aggregates community/neighbourhood level data from Jordan, Lebanon, Syria, the KRI and Turkey, identifying averages for continuous variables and modes for categorical variables, weighted by corresponding confidence level where multiple records were submitted for the same community or neighbourhood. Before preparing any narrative outlining findings, primary data is triangulated with secondary data from multiple sources.

In **Phase V**, data collection, cleaning, analysis and drafting of HSOS continued, with the main difference compared to Phase IV being the amount of hubs (three instead of five: Jordan, the KRI, Northeast Syria), and the increase in coverage of communities (over 2,000 as of mid-2019).

Phase VI of HSOS aims to achieve maximum coverage of all accessible communities. Given the continuously changing context of October 2019-January 2020, the status of the expansion and assessed communities from each round are tracked continuously. Hubs send their planned coverage before the start of data collection and, after enumerators upload their forms on the Kobo server, the planned and actual coverage is checked. As described above, along with the revised questionnaire, Phase VI utilizes new cleaning tools and processes to ensure the highest quality data, including Excel cleaning sheets and Python scripts for automated follow-ups.

Annex III: Evolution of Primary Data Collection

During **Phase I** (August 2013 – March 2015) of the HSOS project, participants were identified amongst recent arrivals in formal camps in Jordan and the Kurdistan Region of Iraq (KRI); and in host community settings in Lebanon, through consultation with leaders in their communities.

New arrivals were selected for participation where they:

1. Could confirm that they had left Syria within one month of the first interview date;
2. Were in daily contact with relatives that remained in their area of origin; and
3. Demonstrated a community level understanding, such as that found amongst teachers, doctors and engineers.

The reduced rate of new arrivals witnessed in Jordan in 2013, prompted a change to the Phase I methodology in October 2013, when the requirement of arrival within one month of the interview was abandoned to ensure that participants who maintained regular contact with key informants in their area of origin could be retained. Currently, participants in Lebanon and KRI are provided phone cards on a monthly basis, which serve to facilitate continued communication with key informants in their area of origin. The area of knowledge of each participant is mapped in the initial stages, to identify all villages within the area of knowledge that could potentially be covered by a participant. Participants collect information during a two- to three-week period before submitting the completed questionnaire(s) to the REACH team for data entry.[3] A secured key informant and participant database is managed by the regional office to map and monitor the extent of coverage inside Syria. The objective of the **Phase II** methodology was to achieve full coverage of as many villages/neighbourhoods as possible in Syria. New participants were engaged wherever possible to increase the number of village/neighbourhoods that could be included in the monthly monitoring rounds. Selection of neighbourhoods/villages was based on whether refugees originating from villages/neighbourhoods that had arrived in neighbouring countries could be included as participants.

Similar to Phase II, the objective of **Phase III** was to achieve full coverage of as many villages/neighbourhoods as possible in Syria, while increasing the reliability of collected data by expanding direct data collection through in-country enumerators. As such, it is important to note that until full coverage is reached, selection of village/neighbourhoods is in no way based on representative sampling of villages/neighbourhoods. Inclusion is therefore limited by 1) available resources and 2) access to participants or enumerators.

In **Phase IV**, REACH continued to expand the HSOS enumerator network across the hubs, and in the northwest of Syria to include a total of 49 enumerators, as well as 17 enumerators in Northeast Syria. In KRI, remote data collection has been expanded to additional camps to enable inclusion of participants from other areas of Syria.

One multi-sectoral, village/neighbourhood level tool is used for all data collection by participants and enumerators across all hubs. The tool is based on indicators that were tailored to community (village/neighbourhood) level data collection in consultation with sector-leads – household level indicators have been avoided to ensure reliable information can feasibly be provided by a key informant. Each participant/enumerator completes one questionnaire per village/neighbourhood, following clear guidelines that stipulate what type of KI is most likely to have reliable information for each specific section of the questionnaire. Participants/enumerators are encouraged to submit questionnaires for additional village/neighbourhoods only in instances within their area of knowledge. The participant/enumerator records the type of key informant for each question in each questionnaire, information that is converted into a score of 1-3 in the analysis stage with the assistance of a confidence matrix that outlines the level of reliability associated with each type of KI in relation to each individual variable.

In **Phase V**, REACH continued to expand the amount of communities, to over 2,000 assessed communities.

In **Phase VI**, HSOS data collection in NES (from Amuda, Ar-Raqqa and Kurdistan) was paused for three months, pending the security situation. However, coverage of communities in NWS reached maximum capacity, namely 1,056 communities. The amount of enumerators remained stable, at 52, and the amount of team leaders (4) did not change either. The questionnaire/tool was revised as per the feedback of the clusters, and the new questionnaire was used for data collection for the first time on 2 November. It was decided that the confidence matrix/levels would no longer be of use, as the different sections of the tool are no longer asked to multiple KIs. However, each section of the questionnaire is asked to the most relevant KI (e.g. the health section is asked to a health professional), therefore triangulation through confidence levels is no longer necessary. Data collection restarted in NES in January 2020 with coverage of 257 communities, and a planned expansion of coverage in NES moving forward.

[3] In Jordan and Turkey data was collected using ODK on Android based smartphones, hence no additional data entry step was required.