Research Terms of Reference
Cash and Beneficiary Preferences Ad Hoc Assessment, Upper Nile
Research Cycle ID: SSD1701c
South Sudan

28/02/2020
Version: 02

REACH Informing more effective humanitarian action

1. Executive Summary

Country of intervention	South Sudan				
Type of Emergency	□	Natural disaster	X	Conflict	
Type of Crisis	□	Sudden onset	□ Slow onset	X	Protracted
Mandating Body/ Agency	*REACH*				
Project Code	*32D2Y*				
Overall Research Timeframe *(from research design to final outputs / M&E)*	03/03/2020 to 17/04/2020				
Research Timeframe *Add planned deadlines (for first cycle if more than 1)*	1. Start collect data: 03/03/2020		5. Preliminary presentation: NA		
	2. Data collected: 19/03/2020		6. Outputs sent for validation: 03/04/2020		
	3. Data analysed: 03/04/2020		7. Outputs published: 10/04/2020		
	4. Data sent for validation: 03/04/2020		8. Final presentation: 17/04/2020		
Number of assessments	X	Single assessment (one cycle)			
	□	Multi assessment (more than one cycle) *[Describe here the frequency of the cycle]*			

Humanitarian milestones *Specify **what** will the assessment inform and **when** e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;*	**Milestone**		**Deadline**
	□	Donor plan/strategy	_ _/_ _/_ _ _ _
	X	Inter-cluster plan/strategy - Cash Working Group - HNO 2021 - HRP 2021	November 2020
	□	Cluster plan/strategy	_ _/_ _/_ _ _ _
	X	NGO platform plan/strategy - NGOs operating in assessment locations	Ad Hoc presentations to partners after data has been validated and analysed
	□	Other (Specify):	_ _/_ _/_ _ _ _

Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	**Audience type**	**Dissemination**
	X Strategic	X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)
	X Programmatic	□ Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting
	X Operational	
	□ [Other, Specify]	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	□	Yes	X	No
General Objective	Develop a deeper understanding of the previously identified preference for in-kind over cash and voucher assistance in SSD[1], aiming to determine if these results are consistent at a more granular level[2] and the reasons for this.			
Specific Objective(s)	- Understand the extent to which settlement-level data matches with household-level data on assistance modality preferences in Renk Town. - Determine which assistance modality is currently preferred by households in Renk Town and better understand the factors that determine a households' preferences on assistance modality to inform the design of future needs assessments in South Sudan. - Provide humanitarians with data to inform strategic, programmatic and potentially operational decisions surrounding the implementation of cash and voucher interventions in Renk Town. Furthermore, the report produced from the proposed assessment will help strengthen the way humanitarian actors intervene in Renk Town.			

Research Questions	- What are Renk Town residents' experiences with cash and voucher assistance (CVA)?
	    o What proportion of the population in the Renk Town know what CVA is?
	    o What proportion of the population in Renk Town have benefited from CVA?
	    o What type of CVA have households in Renk Town benefited from?[3]
	    o What type of CVA have households in Renk Town heard about?
	    o How does knowledge of CVA differ between beneficiaries and non-beneficiaries of CVA?
	 - Do the residents in Renk Town prefer cash and voucher assistance (CVA) or in-kind assistance? Why?
	    o What do households in Renk Town think CVA is and does their level of knowledge surrounding CVA impact their preference of assistance modality?
	    o If respondents prefer CVA, would they rather receive cash or voucher assistance?
	    o How do preferences for types of assistance differ between beneficiaries and non-beneficiaries of cash and voucher assistance?
	 - What are the factors that may influence households' preference for either CVA or in-kind assistance?
	    o Do beneficiaries perceive protection concerns to be associated with each kind of assistance? If yes, what concerns do they perceive?
	    o How are money and markets currently used by residents of Renk Town and does this impact their preference of assistance modality?			

Geographic Coverage	Renk Town[4], South Sudan, Upper Nile Region.			

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[1] This preference was documented using the REACH Area of Knowledge (AoK) methodology which collects primary data from key informants who have recently arrived from, recently visited, or receive regular information from a settlement or "Area of Knowledge". After data collection was completed, all data was aggregated at settlement level, and settlements were assigned the modal or most credible response. When no consensus could be found for a settlement, that settlement was not included in the reporting. Only counties with interview coverage of at least 5% of all settlements1 in a given month were included in analysis. The most recent output for the Upper Nile region of South Sudan using this methodology can be found on the REACH Resource Centre.

[2] In this case "granular" means that data will be collected across a defined cluster of settlements, all within Renk Town and which are also captured in AoK.

[3] Data to answer this question may only be indicative as the sample will not be stratified from the outset and we cannot guarantee that a sufficient number of HHs that have previously benefitted from CVA will be captured through random sampling alone. However, the data collection team will assess the captured amount of HH who have previously benefited from CVA in Renk Town half way through the data collection process and, if necessary, attempt to supplement the surveys capturing this group through collaboration with the humanitarian actor who has implemented CVA in Renk Town using a purposive sampling method (the number of individuals who have previously benefited from CVA is known to stand at 200 meaning that with a confidence level of 95% and a margin of error of 5, the necessary sample size would be 132 individuals).

[4] Renk Town was chosen for this assessment because REACH is familiar with the area, has comparable data and because the town features several characteristics that may make it a good location for cash and voucher interventions to take place. These characteristics are further outlined in section "2.2. Population of Interest".

	Provided the assessment in Renk Town is conducted within the proposed timeframe and results are used to inform evidence-based programming, it will ideally be replicated in other locations in the fututre. Possible next locations include the following market towns in Southeastern UNS: Jikmir or Mandeng (Nasir county) or Ulang or Makak (Ulang county) because these locations also fulfill the criteria proposed under section "2.2 Populations of Interest". Any such further assessments would be subject to revised ToRs and do not fall under the timeline proposed above. The exact location of further assessment cycles could be decided based on factors such as market relevance, seasonality of market access, size of population and the existance of partners on the ground who may be able to help with access and logistics.

Secondary data sources	- South Sudan Inter-Agency Cash Working Group - CBI Feasibility Report Nasir County (SSUDA) - CBI Market Trader and HH needs assessment (Shelter Cluster South Sudan) - Danish Church Aid (DCA) Programme Monitoring Reports (all outputs 2018-2019) - Humanitarian Voice Index - HRP South Sudan 2020 - REACH South Sudan Situation Overview Upper Nile State (all outputs 2019) - REACH South Sudan AAP Report (all outputs 2019) - REACH South Sudan Joint Market Monitoring Initiative (JMMI) (all outputs 2019)

Population(s)
Select all that apply

X	IDPs in camp	□	IDPs in informal sites
□	IDPs in host communities	□	IDPs [Other, Specify]
□	Refugees in camp	□	Refugees in informal sites
X	Refugees in host communities	□	Refugees [Other, Specify]
X	Host communities	□	[Other, Specify]

Stratification
Select type(s) and enter number of strata

□	Geographical #:_ _ _ Population size per strata is known? □ Yes □ No	□	Group #: _ _ _ Population size per strata is known? □ Yes □ No	□	Group #: _ _ _ Population size per strata is known? □ Yes □ No

Data collection tool(s)

X	Structured (Quantitative)	X	Semi-structured (Qualitative)

	Sampling method	**Data collection method**
Structured data collection tool # 1 *Select sampling and data collection method and specify target # interviews*	□ Purposive X Probability / Simple random □ Probability / Stratified simple random[5] □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]	□ Key informant interview (Target #):_ _ _ _ _ □ Group discussion (Target #):_ _ _ _ _ X Household interview (Target #):424 □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _
Semi-structured data collection tool (s) # 1 *Select sampling and data collection method and specify target # interviews*	X Purposive □ Snowballing □ [Other, Specify]	□ Key informant interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ x Focus group discussion (Target #):3-4 in Renk Town (2 all-female and 2 all-male FGDs) □ [Other, Specify] (Target #):_ _ _ _ _
Semi-structured data collection tool (s) # 2 *Select sampling and data collection method and specify target # interviews*	X Purposive □ Snowballing □ [Other, Specify]	X Key informant interview (Target #): 3-5 individuals in total □ Individual interview (Target #):_ _ _ _ _ □ Focus group discussion (Target #):_ _ _ _ _

If more than 2 structured tools please duplicate this row and complete for each tool.		□ [Other, Specify] (Target #):_ _ _ _ _
Target level of precision if probability sampling	95% level of confidence	05+/- % margin of error
Data management platform(s)	X IMPACT	
	□ [Other, Specify]	□ UNHCR
Expected ouput type(s)	□ Situation overview #: _ _	
	□ Presentation (Preliminary findings) #: _ _	X Report #: _ _ □ Profile #: _ _
	□ Interactive dashboard #:_	X Presentation (Final) #: 3 □ Factsheet #: _ _
	□ [Other, Specify] #: _ _	□ Webmap #: _ _ □ Map #: _ _
Access	X Public (available on REACH resource center and other humanitarian platforms)	
Access	□ Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)	
Visibility *Specify which logos should be on outputs*	***REACH***	
Visibility *Specify which logos should be on outputs*	***Donor:*** REACH and OFDA	
	Coordination Framework: *none*	
	Partners: *none*	

2. Rationale

2.1. Rationale

Context

The political crisis and conflict in South Sudan has been ongoing since 2013. The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for humanitarian information management. Accessibility and security issues within South Sudan have impeded systematic data collection efforts, limiting the effectiveness of humanitarian planning and implementation. As the crisis continues to evolve, it is becoming increasingly important to fill information gaps in a systematic manner to promote a more effective humanitarian response.

Information Gap

In 2016 humanitarian aid agencies and some of their largest donors pledged to increase humanitarian assistance given through cash and voucher assistance (CVA) globally and formalized their agreement in the Grand Bargain[6]. Since then the proportion of aid given through CVA has increased steadily, totaling US$4.7 billion in 2018[7]. Examples of successful cash implementations abound and there are even some examples of CVA projects in South Sudan[8]. However, in December 2019 the newly published Humanitarian Response Plan for South Sudan 2020 included a statistic that read that "a vast majority of assessed settlements (84 per cent) [in South Sudan] reported a preference for in-kind rather than cash-based assistance" (HRP, 2019, p.32). This finding was informed by primary data collected by REACH in quarter four of 2019. The same primary data also suggests that in Renk county[9] 75% of assessed settlements expressed a preference for in-kind over cash-based

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[6] A description of the Grand Bargain, its goals and signatories can be found on the Website of the Inter-Agency Standing Committee
[7] Global Humanitarian Assistance Report, 2019
[8] One example is Danish Church Aid. The organization implemented CVA projects across three of the ten states of South Sudan in 2018 and plans to expand these activities in 2019.
[9] Renk town is the largest residential area in Renk County.

assistance. These numbers stand in contradiction with a number of reports on the positive effects of cash that can be found on the Cash Learning Partnership (CaLP) platform[10].

According to CaLP, next to the implementing organization's operational capacity, market capacity and political acceptance, beneficiary preference is one of the four "preconditions and key criteria" for effective CVA[11]. Unfortunately, data on beneficiary preference regarding assistance modality in South Sudan is scarce at best. Although REACH has collected some primary data on assistance preference during quarters two and four of 2019, key informants were asked about the reasons for their preference during only one of the rounds of data collection. The most frequently cited reasons for beneficiary preference for cash over in-kind in the Upper Nile region of South Sudan include "high prices in market" (26% of assessed settlements), "in-kind assistance better"(25% of assessed settlements) and "receiving in-kind assistance less time"(24% of assessed settlements)[12]. However, the Area of Knowledge (AoK) methodology, used in this previous assessment, is designed to provide indicative findings on changing needs across larger geographic areas and is less accurate when measuring individual preferences at one point in time and for a specific location. Essentially, an assessment that tackles this information gap both quantitatively and qualitatively will enable a more complete understanding of the drivers behind preferences on assistance modality. Finally, more research on beneficiary and potential beneficiary preferences is called for as indicated by data published by the Humanitarian Voice Index, which currently includes 19000 surveys conducted in 12 countries. This data indicates that although a majority of beneficiaries say they are treated with respect by aid agencies, they are "considerably more negative" about whether their opinions are being taken into account[13].

Worldwide, cash and vouchers as assistance modalities are being promoted. Before this can be accepted in South Sudan and put into practice on a large scale, a better understanding of beneficiary preference and the possible challenges to CVA as a modality in South Sudan is essential. Considering that beneficiary preference is one of the cornerstones of successful CVA and given that there is limited data on the subject that is specific to the Upper Nile region of South Sudan, this assessment will fill a critical information gap.

3. Methodology

Key Definitions
- **Cash and Voucher Assistance (CVA):** All programs where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term is used to refer to the provision of cash transfers or vouchers given to individuals, household or community recipients; not to governments or other state actors. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash)[14].
- **Cash implementing partners:** Any person who has supported the planning or implementation of a cash and voucher assistance intervention in South Sudan (preferably in the Upper Nile region).

Methodology Overview
This assessment will implement a mixed methods approach using household level interviews to collect quantitative data on beneficiary preference regarding assessment modality and complementing this information with qualitative focus group discussions and key informant interviews to understand the factors that may influence a beneficiaries' preference for either assistance modality. Quantitative and qualitative data will be collected in Renk Town located in Renk County, Upper Nile State, South Sudan over the period of two weeks in March 2020. Depending on access constraints, some key informants may be interviewed via skype. The REACH assessment officer currently responsible for the Upper Nile State of South Sudan

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[10] The Cash Learning Partnership is a global partnership of humanitarian actors committed to appropriate and timely use of CVA.
[11] CaLP Handout 3: "Preconditions and key criteria required for effective CTP"
[12] This data was collected by REACH teams using Area of Knowledge (AoK) methodology in the Upper Nile Region of South Sudan during November 2019.
[13] The Humanitarian Voice Index is a database made up of Ground Truth Solutions' major perceptual surveys since 2017. Ground Truth Solutions' goal is to systematically collect the views of affected people on key aspects of humanitarian programming.
[14] http://www.cashlearning.org/resources/glossary

will be leading the implementation of the assessment under the guidance of the assessment manager in Juba and the research team in Geneva.

Household interviews: The household interview will consist of a 20-25 minute-long survey with the head of the household[15]. As there is no reliable population count for Renk Town, a random sample will be taken and the sample size will be calculated assuming an infinite population in town. Based on this and on the desire to achieve a 95% confidence level with a 5% margin of error, a minimum of 385 HH surveys will be collected to represent the non-beneficiary population in Renk Town. Adding a 10% buffer to this yields a total of 424 HH surveys[16].

Focus Group Discussions (FGDs): A minimum of four FGDs will be held in Renk Town. All FGDs will be disaggregated by gender (i.e. two with only men and two with only women). Efforts will be made to include participants of all ages (except underage children) and disabled participants in all four FGDs. Further efforts will be made to identify enough individuals who have previously benefitted from CVA so as to hold two FGDs with previous CVA beneficiaries (one all-female and one all-male) and two FGDs with non-beneficiaries of CVA.

Key Informant Interviews (KIIs): KIIs will be held with as many implementing partners providing (or previously providing) CVA as possible (the objective is to interview a minimum of 3 individuals). These interviews will serve to contextualize any challenges that may arise during the implementation of CVA programmes in the South Sudanese context. They will not serve as an evaluation of the partners' cash and voucher programmes. Interviews will be held in person or via skype at any time throughout the data collection period and, ideally, will be audio-recorded and transcribed (depending on the interviewees consent).

2.2. Population of interest

Geographical area assessed: Based on REACH data, the Humanitarian Response Plan 2020 published the finding that in 84% of assessed settlements in South Sudan, most people would reportedly prefer in-kind assistance over CVA[17]. This assessment seeks to understand if this result can be replicated on the local level in Renk Town where CVA may be feasible as indicated by the following factors:

- Existence of a functioning market (preferably year round)[18]
- Market relevance (based on AoK data collected in Q4 of 2019 - Is there a market within 30 min walking distance? Are people buying and selling food and NFI items in this market?; The market should preferably be reported to be "permanent" and "large".)
- JMMI assessment location[19]
- Previous CVA interventions

Renk town was chosen because it fulfils all of the criteria named above[20].

Population assessed: The population of interest is the population of Renk Town which may include IDPs and/or refugees, in addition to host populations. All potential beneficiaries of humanitarian action can and should be included in the assessment. The perspectives of women and men will be captured in gender-disaggregated FGDs. Efforts will be made to include participants of all age groups and disabled participants in each FGD. Since it is known that beneficiaries who have

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[15] Where possible, if not, the survey will be conducted with an adult willing to represent the household (over 18 years).
[16] See the section on "sampling" for more details on piloting.
[17] Humanitarian Response Plan: South Sudan 2020, December 2019
[18] This was determined based on AoK data and triangulated with secondary sources such as FGDs and the JMMI
[19] The Joint Market Monitoring Initiative (JMMI) was created by the South Sudan Cash Working Group (CWG) in August 2019. The initiative is guided by the JMMI Technical Working Group (JMMI-TWG), led by REACH and supported by the CWG members. The initiative is funded by WFP. Marketplaces across South Sudan are assessed on a monthly basis. In each location, field teams record prices and other market indicators through trader interviews.
[20] The presence of a functioning market is determined based on AoK data (see footnote 17). Market relevance is also based on AoK data collected in Q4 of 2019. Relatively high proportions of assessed settlements in Renk Town responded with yes when asked if there is a market within 30 min walking distance, if people are buying and selling food and NFI items in this market and if the market in questions is "permanent" and "large". Renk Town is a JMMI assessment location. See footnote 20 for more details. There has been one previous CVA intervention in Renk Town as reported in bilateral meetings with the humanitarian partner which was responsible for the intervention.

previously come in contact with CVA reside in Renk Town, efforts will be made to organize separate FGDs with beneficiaries who have and who do not have previous experience (possibly with the help of implementing partners' guidance). Finally, the perspectives of humanitarian professionals who have experience with implementing CVA in the South Sudanese context will be captured through KI interviews. These interviews will be open to any individual, working with any humanitarian organization in any part of South Sudan and in any position related to any type of CVA intervention.

Unit of measurement: The unit of measurement for this assessment will be the household for the household survey. The unit of measurement for FGDs will be the population groups according to which FGDs will be disaggregated (gender as well as non-beneficiary/beneficiary). The unit of measurement for key informant interviews will be the individual. Previous findings[21], collected through REACH's AoK project, pertain to the country- (South Sudan), state- (Upper Nile), and county- (Renk County) level while this assessment will look at the settlement level (Renk Town).

2.3. Secondary data review

All available reports on or related to CVA produced by NGOs operating in the area will be used alongside REACH Area of Knowledge (AoK) data to help identify key areas of inquiry. Moreover, a REACH assessment officer in South Sudan with relevant expertise on accountability to affected populations (AAP) and market assessments will be consulted during the creation of the tools to ensure the ad hoc assessment is holistic.

The Cash Learning Partnership (CaLP) website, supplemented by reports produced in 2019 (such as the global humanitarian assistance report 2019 produced by Development Initiatives and the Humanitarian Response Plan: South Sudan 2020), will be used for all definitions and information material on CVA. These sources, will be further supplemented by and compared to existing available secondary data produced by NGOs operating in the geographical area of assessment or experienced in CVA in South Sudan. This information will be triangulated with primary data collected by REACH during this ad hoc assessment.

2.4. Primary Data Collection

Method

- **Household Surveys:** The HH survey tool will be structured. A total of 424 household surveys, including a 10% buffer, will be conducted with a random sample within Renk Town, to generate findings that are generalizable to the population of this town with a 95% level of confidence and 5% margin of error[22]. Enumerators hired locally as casual labour in Renk Town will be collecting data for the household level survey. ODK collect[23] will be used, and enumerators will be provided with handsets to use for data collection. Data collection will take place for 8 days, with the aim that 12 hired enumerators will collect a minimum of 7 forms per day. Enumerators will be interviewing randomly sampled households around Renk Town in order to conduct the assessment with an urban population. The planned number of enumerators, data collection days and surveys per day will ensure the number of survey collected surpasses the minimum required number and will allow for some errors and deletions as well as a training period for all enumerators. Prior to the start of data collection, all enumerators will be taken through the tool by the assessment officer and the field coordinator to ensure their thorough understanding of the concepts and the wording as well as clear up any translations questions. Moreover, the first day of data collection will also be treated as a trial period to pilot the structured HH survey tool.
- **Focus Group Discussions:** The FGD tool will be semi-structured. A field coordinator and an assistant note taker (most likely an experienced enumerator) in the presence of the assessment officer will conduct the FGDs, in the local language (in the case of Renk Town this is Arabic) of the assessed population using paper form. Key questions and probes will be printed out to help guide the discussion and facilitate easier note-taking. Focus group discussions will begin 3-4 days after quantitative data collection starts to allow a review of initial quantitative findings and if necessary the amendment of questions for the FGDs.

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[21] These findings were quotes in the Humanitarian Needs Overview, South Sudan 2020
[22] Please see the methodology note in Annex 5 for a breakdown of the sampling methodology by strata.
[23] ODK Collect supports KOBO, and is an application for android phone that supports surveys built using ODK coding.

- **Key Informant Interviews:** The KII tool will be semi-structured. The assessment officer will schedule KIIs with implementing partners who have relevant knowledge according to the work schedules of the interviewer and interviewee. These interviews can take place in person or over skype and will be audio-recorded, provided the interviewee gives their consent. Previously prepared key questions and probes will guide the discussion, but the questions will be open-ended and will allow for flexible interpretation by the interviewee.

Sampling

- **Household Surveys:** Unfortunately, no reliable population numbers exist for Renk Town. Therefore, an infinite population size will be assumed. Using a probability sampling methodology, a minimum of 385 HHs will be interviewed to accurately represent non-beneficiaries of previous CVA interventions in Renk Town. Adding a 10% buffer for deletions a target of 385 forms will be collected[24]. Households to be interviewed will be selected according to a methodology used in a previous REACH assessment completed in Renk Town[25]. In summary, to sample non-beneficiaries, enumerators will travel to the estimated center of each neighborhood, as defined through participatory mapping exercises, spin a pen and walk in the indicated direction, counting how many shelters are to be found along their route. The enumerators will then travel back into the center of the neighborhood assessing households at intervals (total number of households counted / minimum amount of surveys to be completed per day)[26]. Since it is not possible to conduct random sampling or purposive sampling via the beneficiary list to obtain a representative sample of beneficiaries of previous CVA interventions in Renk Town, the results will be processed without stratification and will merely provide indicative information on the preferences of HHs who have previously benefited from CVA in Renk Town[27].

- **Focus Group Discussions:** Participants for the FGDs will be selected using purposive sampling. These participants consist of Renk Town community members who belong to the following four population groups: females who have previously received CVA, females who have not received CVA, males who have previously received CVA and males who have not received CVA. The REACH network will be used to contact relevant CVA-implementing partners to gather details on potential participants, based on receiving and not receiving assistance in the past. FGD participants for FGDs with individuals who have previously received CVA will be mobilized during quantitative data collection. HH survey participants who have indicated that they have previously received CVA will be asked whether they are open to participating in an FGD and if they are, their phone number will be recorded. FGD participants for the FGDs with previous CVA beneficiaries will then be mobilized as follows: numbered and stratified lists (according to gender) of individuals who have reported previously having received CVA will be compiled from the quantitative data. Random numbers will then be generated in excel and individuals will be contacted via telephone to invite them to the FGD. This process will be repeated until a minimum of eight and a maximum of ten individuals have agreed to the time and date proposed for the FGD. In the case that not enough individuals who have previously received CVA and are asked during quantitative data collection are willing to participate in an FGD, FGD participants for FGDs with individuals who have previously received CVA will be mobilized using the original beneficiary list. Participants for FGDs with people who have not yet benefited from CVA will be mobilized in public places simply by asking a) if they would be willing to participate given the scheduled time and place and b) if they have ever benefited from CVA before in order to avoid including individuals who have previously received CVA. This method will avoid including individuals who have heard of CVA through the HH survey in the FGDs with individuals who have not previously received CVA.

- **Key Informant Interviews:** Individuals will be identified through external engagement, building upon the REACH network. Efforts will be made to include individuals of both genders and from various implementing partners, such as but not limited to Danish Church Aid, WFP and World Vision, which are known to have experience with

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[24] The minimum number of HH surveys (385) will be supplemented by a 10% buffer resulting in 424 HH surveys. Further, to allow for errors made by enumerators inexperienced with the tool, a further buffer of one day's worth of data collection (12 enumerators x 7 forms each per day = 84 forms) will be added to the minimum number of surveys collected resulting in a minimum number of 508 HH surveys.
[25] See Annex 5 for more details on the sampling methodology.
[26] See Annex 5 for more details on the sampling methodology.
[27] In the case that the data is not stratified, a minimum number of 385 HH surveys is required without a 10% buffer or pilot day, to achieve the desired 95% level of confidence and 5% margin of error given the assumed infinite population of Renk Town.

implementing CVA in South Sudan. Since the number of humanitarian partners with CVA experience in South Sudan is limited these interviews will not be tied to location meaning that any individual working with any implementing partner in any part of South Sudan on any type of CVA will be eligible to participate as an interviewee. The goal of these interviews is simply to supplement the perspectives of beneficiaries with those of humanitarian implementing partners and gain an understanding of any operational or programmatic challenges to CVA implementation in South Sudan.

Tools
- **Household Surveys:** For the HH surveys, a form will be built using ODK coding that is supported by the ODK collect application. Each enumerator will be equipped with a phone that has the ODK app installed and the ad hoc assessment tool downloaded so that it can be used offline. The survey tool will be built by the assessment officer with support from the REACH GIS team in Juba and with input from REACH assessment officers with relevant experience in AAP and market assessments. It will be coded and uploaded to the phones to be used during the assessment prior to the assessment officer's departure to Renk. In the case of technical errors, paper versions of the HH survey will be available to the enumerators to use instead[28].
- **Focus Group Discussions:** A question list including probes will be prepared and available to the FGD discussion leader and to the note-taker (an enumerator trained in FGD methodology and fluent in the relevant local language). The FGD discussion leader will collaborate with the note-taker to write up the FGD discussion points once a laptop is accessible. The FGD discussion and write-up will follow the REACH FGD standard operating procedures.
- **Key Informant Interviews:** A question list including probes will be prepared and available to the assessment officer at all times. Once a KII has been scheduled, the assessment officer will ask for permission to audio-record the interview using a smartphone. If permission is granted, the interview will be transcribed based off of the audio recording. If permission is not granted, information will be recorded using paper and pen and subsequently written up in digital form.

Triangulation/ briefing and debriefing of enumerators – explain how incoming data will be monitored / triangulated and enumerators briefed/ debriefed.
- **Household Surveys:** Enumerators will be trained by the assessment officer and the field officer to create an open dialogue for data collection for the household surveys. One day prior to the beginning of the assessment, enumerators will have the chance to collect data on a trial basis and familiarize themselves with the tool. The assessment and field officers will monitor the data daily by uploading the collected surveys and checking the data for errors in line with the REACH data cleaning standards. This process, and the enumerator identification number entered at the beginning of each survey will enable individualized, daily feedback for every enumerator. Once cleaned, the data will be triangulated with secondary data, qualitative data collected during FGDs and KIIs and contextual knowledge provided by enumerators, the field officer and partners working in the area.
- **Focus Group Discussions:** FGDs will be led by the field officer. Although the field officer is experienced in conducting FGDs and thus no additional training is necessary on FGD methodology the field officer and assessment officer will go through the tool together to ensure a thorough understanding of the questions. FGD note-takers however, will be given a two-hour training using the REACH South Sudan FGD standard operating procedures prior to the start of qualitative data collection. After each FGD the assessment officer will meet with the field officer and note-taker to fill out an FGD debriefing form. This will serve to systematically capture the essential qualitative data points before the audio recording is translated and transcribed by the field officer. Finally, FGD transcripts will be triangulated with the quantitative data collected as well as secondary sources.
- **Key Informant Interviews:** KIIs will be held by the assessment officer who has training in interview methodologies and will have a thorough understanding of the subject matter. The assessment officer will also be formulating the

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[28] For examples of paper based tools see Annexes 2-4

interview questions and consulting with other REACH assessment officer experienced with key informant interviews to ensure a professional handling of the KIIs. Similar to qualitative data collected during FGDs, a debriefing form will be completed after each completed KII, the assessment officer will then proceed to transcribing the audio-recorded interview and a saturation grid will be used to identify prevalent themes across all KIIs. Data collected during KIIs will be triangulated with all other qualitative and quantitative data collected as well as with secondary sources.

Security
-   As the political situation in South Sudan remains relatively uncertain, the research team must be prepared to deal with various safety and security issues. In the event that Renk Town should become insecure, most likely due to civilian protests but potentially also due to military movements, data collection through HH surveys and FGDs must be halted. KIIs will likely not be affected by security infringements as it is possible to conduct them via skype. If data collection via HH surveys and FGDs must be halted due to insecurity, it is possible for the research team to hibernate in the base until the situation returns to normal. Locally hired enumerators will be advised to remain in their homes until contacted by the field officer or assessment officer. Alternatively, it is possible for the research team to be evacuated with the help of local humanitarian partners or to hibernate in the UNMISS base. Such a scenario is not very likely to occur but if it does, the research team may continue work after a time delay.

2.5. Data Processing & Analysis

Data entry and cleaning process
-   **Quantitative data:** will be entered by enumerators who will be trained in the use of the application and in the use of the survey itself, using ODK collect. Hints to help guide enumerators, constraints and relevant questions (based on answers to previous questions) will be built into the tool to mitigate logical inconsistencies during data collection. A cleaning sheet will be set up using Microsoft Excel to enable daily data cleaning in line with the REACH minimum cleaning standards. Both the assessment officer and the field officer are familiar with the minimum cleaning standards and will ensure that data is scrutinized on several points including length of the interviews, logical inconsistencies, repetitions, contextual inconsistencies etc. All flagged issues will be discussed with the relevant enumerator at the end of the day or the following morning.
-   **Qualitative data:** Qualitative data collected via FGDs will be translated from Arabic into English and transcribed by the field officer who is fluent in both languages. The assessment officer will then check the data for contextual errors with input from the field officer. Next, the assessment officer will triangulate the transcripts produced by the field officer with the debriefing form filled out by the FGD discussion leader and the assessment officer directly after the completion of each FGD. For analysis a content analysis approach will be used and a saturation matrix will serve as the tool to identify prevalent themes across different FGDs. For KIIs, similar to qualitative data collected during FGDs, a debriefing form will be completed after each completed KII, the assessment officer will then proceed to transcribing the audio-recorded interview and a saturation grid will be used to identify prevalent themes across all KIIs. Data collected during KIIs will be triangulated with all other qualitative and quantitative data collected as well as with secondary sources

Data analysis process – how will you produce the analysis in your Data Analysis Plan → Annex 1 in the TORs
-   Quantitative data will be analysed using Microsoft Excel pivot tables ensuring that results for each stratum is reported independently (e.g. results will not be aggregated to be reported for Renk Town as a whole). Instead, the report will detail results for non-beneficiaries and beneficiaries of previous CVA interventions in Renk Town. Qualitative data will be analysed using a qualitative data saturation matrix also produced in excel. Connections between different indicators will be analysed using data visualization.
-   Please see the data analysis plan below (list item 5) or the attached excel sheet for details.

4. Roles and responsibilities

Table 2: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Assessment Officer	Assessment Manager	GIS Officer, AAP AO, Markets AO, IMPACT HQ Research Design and Data (RDD) Unit	Cash Working Group
Supervising data collection	Assessment Officer & Field Officer	Assessment Officer	Assessment Manager	Cash Working Group
Data processing (checking, cleaning)	Assessment Officer Field Officer	Assessment Officer	Assessment Manager	Cash Working Group
Data analysis	Assessment Offcier	Assessment Officer	Assessment Manager IMPACT HQ Research Design and Data (RDD) Unit	Cash Working Group
Output production	Assessment Officer	Assessment Officer	Assessment Manager IMPACT HQ Research Design and Data (RDD) Unit	Cash Working Group
Dissemination	Assessment Officer Comms Manager	Communications Manager	Assessment Manager	Cash Working Group
Monitoring & Evaluation	Assessment Officer Comms Manager	Communications Manager	Assessment Manager, IMPACT HQ Research Design and Data (RDD) Unit	Cash Working Group
Lessons learned	Assessment Offcier	Assessment Officer	Assessment Manager IMPACT HQ Research Design and Data (RDD) Unit	Cash Working Group

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

EXAMPLE 1: RESEARCH QUESTIONS ADDRESSED WITH SEMI-STRUCTURED TOOL(S)

Research Questions	SUB Q#	Data collection method	Sub-research question group	Sub-research Question	Questionnaire QUESTION	Probes	Key disaggregations
	A.1.2.	*KI Interview*	*Key characteristics*	*Key Informant position*	*What was the role of the key informant during the cash and voucher assistance implementation?*	*N/A*	
	A.1.3.	*KI Interview*	*Key characteristics*	*Key informant geographic area of expereince*	*In what geographic area does the KI have experience with CVA in in South Sudan?*	*N/A*	
N/A	*B.1.1.*	*FGD*	*Key characteristics*	*Facilitator name*	*Facilitator name*	*N/A*	
	B.1.2.	*FGD*	*Key characteristics*	*Note taker name*	*Note taker name*	*N/A*	
	B.1.3.	*FGD*	*Key characteristics*	*Participant gender*	*Which gender do participants represent?*	*N/A*	
	B.1.4.	*FGD*	*Key characteristics*	*Participant age*	*Which age groups do participants represent?*	*N/A*	
	B.1.5.	*FGD*	*Key characteristics*	*Participant county and town of residence*	*Participants represent the population in which geographic area?*	*N/A*	

What are the expereinces that the residents of Renk Town have had with cash and voucher assistance (CVA)?	A.1.1.	FGD	Males / Females (ideally also beneficiaries who have /have not had previous experience with CVA)	How much does the beneficiary population know about CVA?	Can you explain what Cash and Voucher Assistance (CVA) is?	How is it different from in-kind assistance?	Gender, Age, previously benefited from CVA
					What goods can you get with cash and voucher assistance compared to in-kind assistance?		Gender, Age, previously benefited from CVA
					How free are you to decide what to buy with either type of assistance?		Gender, Age, previously benefited from CVA
					Can you explain what the difference between cash assistance and voucher assistance is?	What goods can you get with either type? How free are you to decide what to buy with either type?	Gender, Age, previously benefited from CVA
	A.2.1.	FGD	Males / Females (ideally also disaggregated by beneficiaries who have /have not had previous experience with CVA)	How does the beneficiary population prefer to learn about CVA?	How do you most often hear about humanitarian assistance?	Word of mouth? Radio? Flyers? Mobile Phones?	Gender, Age, previously benefited from CVA
			Males / Females (ideally also beneficiari		How do most humanitarian organizations currently communicate	Word of mouth? Radio? Flyers? Mobile phones?	Gender, Age, previously benefited from CVA

			es who have /have not had previous experience with CVA)			*with you and is this the best way?*	
			Males / Females (ideally also disaggregated by beneficiaries who have /have not had previous experience with CVA)			*What is the best way to learn about humanitarian aid and why?*	*Word of mouth? Radio? Flyers? Mobile Phones?*	*Gender, Age, previously benefited from CVA*
			Males / Females / beneficiaries who have previous experience with CVA			*How did you first hear about CVA and was this method of communication effective?*	*Word of mouth? Radio? Flyers? Mobile phones? Here effective means was it convenient for the beneficiary? Were they able to learn everything they needed to know?*	*Gender, Age, previously benefited from CVA*
			Males / Females / beneficiaries who have previous experience with CVA			*You mentioned that you heard about CVA though method X. Was this a good way of communicating this information to you? Why or why not?*	*The methods of communication distorted the message/made it confusing. The method allowed you to ask follow up questions etc.*	*Gender, Age, previously benefited from CVA*
Do the residents of Renk	*B.1.1.*	*FGD*	*Males / Females (and ideally*	*What is the preferred modiality for*		*If you had a choice, would you prefer in-*	*Definitions of in-kind and CV & reasons for*	*Gender, Age, previously*

Town prefer CVA or in-kind assistance? AND What are the factors that may influence households' preference for either CVA or in-kind assistance?			*also disaggregated by beneficiaries who have /have not had previous experience with CVA)*	*assisstance in the assessment location?*	*kind or CVA and why?*	*picking: convenience, flexibility, protection*	*benefited from CVA*
					If you had a choice, would your prefer cash or voucher assistance and why?	*Definitions of cash and voucher assistance& reasons for picking: convenience, flexibility, protection*	*Gender, Age, previously benefited from CVA*
	B.2.1.	*FGD*	*Males / Females (and ideally also disaggregated by beneficiaries who have /have not had previous experience with CVA)*	*You stated that, if you had a choice, you woulf prefer _____ (CVA or in-kind). What circumstances would have to be in place for you to choose the other?*	*Are there protection concerns associated with receiving cash and voucher assistance (CVA)?*	*Protection issues related to gender, age or disability? Protection issues for the population at large (conflict, seasonality, distance to market, extortion from authorities, fear of robberies, fear of intimidation by humanitarian staff)? Protection issues to do with interactions with traders?*	*Gender, Age, previously benefited from CVA*
					Are there protection concerns associated with receiving in-kind assistance?	*Protection issues related to gender, age or disability? Protection issues for the population at large (conflict, seasonality, distance to market, extortion from authorities, fear of robberies, fear of intimidation by*	*Gender, Age, previously benefited from CVA*

						humanitarian staff)? Protection issues to do with interactions with traders?	
					Is there a market within walking distance of your home and is it always accessible to you? If not, what hinders you from accessing the market?	*Road conditions? Weather? Community moves away from markets? Traders only come to the area for some months? Only at certain hours of the day?*	*Gender, Age, previously benefited from CVA*
					Do traders in the market offer all items that you need/want?If not, what items are missing sometimes?	*Types of items: food items, sanitation or hygiene items, tools, clothes etc.*	*Gender, Age, previously benefited from CVA*
					Do traders in the market offer all the items that you need/want in the correct quality? Of what quality are the items?	*Types of items: food items, sanitation or hygiene items, tools, clothes etc.*	*Gender, Age, previously benefited from CVA*
What are the expereinces that the residents of Renk Town have had	*C.1.1.*	*KII*	*Humanitarian professionals with experience of implementing CVA in*	*How much does the beneficiary population know about CVA?*	*How many CVA projects have you worked on in the Upper Nile Region in South Sudan (or simply in South Sudan if*	*This refers to projects with either distinct beneficiary groups or distinct objectives and/or donors*	

with cash and voucher assistance (CVA)?			*South Sudan*		*there are none in UNS)?*			
					What was the scope (time, geographic area) of these CVA projects?	*Time (year and months of implementation); Geographic area (state, county and if possible settlement); Number of beneficiaries*		
					What type of CVA was used?	*Cash or vouchers? Delivery method?*		
					Was the CVA restricted and/ or conditional?	*Restricted to what items? What were the criteria that needed to be fulfilled to qualify for the CVA? Why were restrictions/conditions put in place?*		
					What were the beneficiary targeting criteria?	*Gender, age, displacment status, type of household etc.*		
					How was the beneficiary population informed about the project and any changes/updates?	*Radio? Word of mouth? Home visits? Mobile phones (text message or voice call)? Internet? Public service announcements?*		
					In your opinion, was this method of	*Did beneficiaries understand the message? Was there confusion?*		

					communication effective?	*Were there any complaints from beneficiaries regarding the method of communication?*
					During the CVA projects you participated in in South Sudan, were beneficiaries ever asked about their preferences regarding assistance modality?	*Were beneficiaries hesitant to accespt CVA as a modality? If there were any concerns, how were they addressed? Overall where beneficiaries satisfied with CVA as a modality?*
What are the factors that may influence households' preference for either CVA or in-kind assistance?	*C.2.1.*	*KII*	*Humanitarian professionals with expereince of implementing CVA in South Sudan*	*Are there any challenges/advantages to implementing CVA in South Sudan?*	*During the CVA projects you participated in in South Sudan, were there or were you ever aware of any protection concerns resulting from the choice of assistance modality?*	*Women walking to the market with cash on them? Traders not respecting female customers? Increased incidences of violence and/or crime?*
					During the CVA projects you participated in in South Sudan, was the beneficiary population ever confused by/did not understand	*Barter societies not familiar with money? Restrictions on choice of vendor or item in voucher systems not clear? Were there information sessions on the modality for*

					the choice of assistance modality?	traders/beneficia ries? How many? What was discussed?	
					Was there a feedback mechanism in place for the CVA projects you participated in in South Sudan? If so, was the feedback mostly negative/positi ve?	If so, what did the feedback mechanism consist of? What topics did most of the feedback revolve around? Were there any failures/success es that stood out to you?	

Research questions	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses	Data collection level	Sampling
	A.1.1.	*HH Interview*	*Key characteristics*	*Enumerator ID*	*Enumerator ID*	*select one*	*list of enumerator IDs*	*HH*	*stratified simple random*
	A.1.2.	*HH Interview*	*Key characteristics*	*Enumerator location*	*What neighborhood of Renk Town are you currently in?*	*select one*	*list of Renk Town neighborhoods*	*HH*	*stratified simple random*
	A.1.3.	*HH Interview*	*Key characteristics*	*Respondent Age*	*How old is the respondent?*	*enter integer*	*whole numbers*	*HH*	*stratified simple random*
NA	*A.1.4.*	*HH Interview*	*Key characteristics*	*Respondent Gender*	*What is the gender of the respondent?*	*select one*	*female, male, don't want to say*	*HH*	*stratified simple random*
	A.1.5.	*HH Interview*	*Key characteristics*	*HH head*	*Are you the head of this household?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
	A.1.6.	*HH Interview*	*Key characteristics*	*HH head*	*Who is the head of this household?*	*select one*	*other adult male; other adult female; other male child; other female child*	*HH*	*stratified simple random*
	A.1.8.	*HH Interview*	*Key characteristics*	*HH poligamous*	*Is this HH part of a poligamous family?*	*select one*	*sey; no; don't know*		*stratified simple random*

	A.1.7.	HH Interview	Key characteristics	HH size	What is the size of the household?	enter integer		HH	stratified simple random
	A.1.8.	HH Interview	Key characteristics	HH children	What is the number of household members who are children (e.g. under 18)?	enter integer		HH	stratified simple random
	A1.10.	HH Interview	Key characteristics	HH elderly	What is the number of household members who are lederly (above 60)?	enter integer			stratified simple random
	A.1.11.	HH Interview	Key characteristics	HH disabled	Is a mentally or physically disabled person part of this household?	select one	yes; no; don't know	HH	stratified simple random
	A.1.12.	HH Interview	Key characteristics	Respondent residence	Which state in SSD are you currently living in?	select one		HH	stratified simple random
	A.1.13.	HH Interview	Key characteristics	Respondent residence	Which county in ssd_state are you currently living in?	select one		HH	stratified simple random
	A.1.14.	HH Interview	Key characteristics	Respondent residence	What is the name of the town/settlement you are currently living in?	select one		HH	stratified simple random

What are the factors that may influence households' preference for either CVA or in-kind assistance?	*B.1.1.*	*HH Interview*	*Preference Reasons*	*% of respondents who say someone earns money*	*Is there someone in the HH who earns money?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
	B.1.2.	*HH Interview*	*Preference Reasons*	*Freqeuncy of named relevative earning money*	*Who in the HH earns money?*	*select multiple*	*Me, Mother, Father, Oldest brother, Oldest sister, Unlce, Aunt, Grandmother, Grandfather, Other*	*HH*	*stratified simple random*
	B.1.3.	*HH Interview*	*Preference Reasons*	*Frequency of named currenty activities*	*What are the three MAIN activities done by household members to generate cash?*	*select multiple*	*Livestock, Charcoal making, Market, Hunting / Fishing for cash, Remittances □ Salaries from a fixed job, Crops for cash, Salaries from casual labour, Other, Don't know/want to say*	*HH*	*stratified simple random*
	B.1.4.	*HH Interview*	*Preference Reasons*	*Freqeuncy of named relevative controlling money*	*Who primarily makes decisions about how to spend the money?*	*select one*	*Me, Mother, Father, Oldest brother, Oldest sister, Unlce, Aunt, Grandmother, Grandfather, Other*	*HH*	*stratified simple random*
	B.1.5.	*HH Interview*	*Preference Reasons*	*Freqeuncy of named relevative spending money*	*Who primarily spends the money?*	*select one*	*Me, Mother, Father, Oldest brother, Oldest sister, Unlce, Aunt, Grandmother, Grandfather, Other*	*HH*	*stratified simple random*
	B.1.6.	*HH Interview*	*Preference Reasons*	*Frequency of named items bought with money*	*In the last week, what were the three things that MOST of the*	*select multiple*	*cooking utensils, personal hygenie products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation*	*HH*	*stratified simple random*

				money in the household were spent on?		*items (e.g. buckets, brooms), clothes, tools, seeds, food etc.*		
B.1.7.	*HH Interview*	*Preference Reasons*	*% of respondents who say there are disagreements*	*Are there EVER disagreements within the household about how the money should be spent?*	*select one*	*yes; no; don't know*		*stratified simple random*
B.2.1.	*HH Interview*	*Preference Reasons*	*% of respondents who have market access*	*Do you currently have access to a market within walking distance from your home?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
B.2.2.	*HH Interview*	*Preference Reasons*	*% of respondents who have market access year round*	*Do you have access to a market within walking distance from your home during all season of the year?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
B.2.3.	*HH Interview*	*Preference Reasons*	*Frequency of named months during which respondents do not have market access*	*During which months do you not have access to a market within walking distance from your home?*	*select multiple*	*January, February, March, April, May, June, July, August, September, October, November, December*	*HH*	*stratified simple random*
B.3.1.	*HH Interview*	*Preference Reasons*	*% of male/female respondendts who would not feel safe*	*Do you feel safe accessing a market within walking distance from your home?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*

	B.3.2.	HH Interview	Preference Reasons	frequency of reasons for not feeling safe named by males/females	Why would you not feel safe accessing a market that is within walking distance from your home?	select multiple	Killing/injury same tribe; Killing/injury other tribe; Sexual violence; Abduction; No road; Flooded road; Market very far away; Wild animals on the road; Protection issues with interacting with traders; Other	HH	stratified simple random
	B.4.1.	HH Interview	Preference Reasons	% of respondents who believe the market has all needed goods	Does the market you go to have all the items you want?	select one	yes; no; don't know	HH	stratified simple random
	B.4.2.	HH Interview	Preference Reasons	Freqeuncy of named unavailable items	What items could you not buy in a market even if you had enough money?	select multiple	cooking utensils, personal hygenie products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation items (e.g. buckets, brooms), clothes, tools, seeds, food etc.	HH	stratified simple random
	B.4.3.	HH Interview	Preference Reasons	% of respondents who believe the market has all needed items in high enough quality	Is the quality of the items you buy in the market acceptable to you?	select one	yes; no; don't know	HH	stratified simple random

	B.4.4.	HH Interview	Preference Reasons	Frequency of items named that are not in high enough quality	What items could you not buy in high enough quality from a market, even if you had enough money?	select multiple	cooking utensils, personal hygenie products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation items (e.g. buckets, brooms), clothes, tools, seeds, food etc.	HH	stratified simple random
What are the expereinces that the residents of Renk Town have had with cash and voucher assistance (CVA)?	C.1.1.	HH Interview	CVA knowledge	% of respondents who have heard of cash assisstance	When talking about humanitarian aid have you ever heard of cash assisstance?	select one	yes; no; don't know	HH	stratified simple random
	C.1.2.	HH Interview	CVA knowledge	% of respondents who have heard of voucher assisstance	When talking about humanitarian aid, have you ever heard of voucher assistance?	select one	yes; no; don't know	HH	stratified simple random
	C.2.1.	HH Interview	CVA knowledge	Frequency of communication modality named	How did you hear about cash and/or voucher assistance?	select multiple	Word of mouth? Radio? Flyers?Mobie Phones? Friends/family? Community leader? Other?	HH	stratified simple random
	C.3.1.	HH Interview	CVA knowledge	% of respondents having benefited from CVA previously	Have you ever benefited from cash and voucher assistance?	select one	yes; no; don't know	HH	stratified simple random
	C.1.1.	HH Interview	CVA knowledge	Frequency of named CVA types	What type of cash and voucher assistance have you previously received?	select multiple	unconditional cash; conditional cash (i.e. cash for work, cash in tranches etc.); unconditional	HH	stratified simple random

						voucher; conditonal voucher, other		
	C.1.1.	*HH Interview*	*CVA knowledge*	*Frequency of named organization types*	*What type of organization did you receive the cash or voucher assistance from?*	*select one*	*local NGO, international NGO, South Sudanese government, foreign government, Commercial (for-profit) organization, Other*	*HH*	*stratified simple random*
Do the residents of Renk Town prefer cash and voucher assistance (CVA) or in-kind assistance?	*D.2.1.*	*HH Interview*	*Modality Preference*	*% of respondents who were satisfied with the CVA*	*Were you satisfied with the cash and voucher assistance you received?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
	D.2.2.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for being (dis)satisfied)*	*Why were you NOT satisfied with the cash and voucher assistance you benefited from?*	*select multiple*	*Market inaccessible (flooding); market inaccessible (insecurity); Market not open; Desired items not available; High prices; Low quality of items in market; Protection concerns about going to market; protection concerns about carrying CVA, CVA takes more time than in-kind, Other*		*stratified simple random*
	D.2.3.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for being (dis)satisfied)*	*Why were you satisfied with the cash and voucher assistance you benefited from?*	*select multiple*	*Easy to carry CVA; CVA feels more dignificed; More freedom to choose; Ability to save money; CVA takes less timethan in-kind;*	*HH*	*stratified simple random*

						Protection concerns about in-kind, Other		
D.3.1	*HH Interview*	*Modality Preference*	*% of respondents having benefited from in-kind assistance*	*Have you ever benefited from in-kind assistance?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
D.3.2.	*HH Interview*	*Modality Preference*	*% of respondents who were satisfied with the in-kind assistance*	*Were you satisfied with the in-kind assistance you received?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
D.3.3.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for being satisfied*	*Why were you satisfied with the in-kind assistance you received?*	*select multiple*	*Market far, Market not accessible, Good quality, In-kind meets most urgent need, Ability to trade, Distribution in a good location, Distribution quick, Can bring children to distribution, Other, Don't know/want to say*	*HH*	*stratified simple random*
D.3.4.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for NOT being satisfied*	*Why were you NOT stisfied with the in-kind assistance you received?*	*select multiple*	*Not enough, Protection concerns about in-kind assistance, Not what I needed, There is not enough information about in-kind, Distribution point far, In-kind takes more time than cash, Hard to carry, Cannot bring children to distribution, Distribution*	*HH*	*stratified simple random*

					stopped too soon, Not free to choose what I get, Other, Don't know/want to say			
D.3.5.	*HH Interview*	*Modality Preference*	*% of respondents who have traded an item before*	*Have you ever traded an item received as in-kind assistance for another item?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
D.3.6.	*HH Interview*	*Modality Preference*	*Frequency of named traded items*	*What item(s) did you trade the received in-kind assistance for?*	*select multiple*	*Cash, cooking utensils, personal hygenie products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation items (e.g. buckets, brooms), clothes, tools, seeds, food etc. other*	*HH*	*stratified simple random*
D.3.7.	*HH Interview*	*Modality Preference*	*% of respondents who have sold an item before*	*Have you ever sold or tried to sell an item received as in-kind assistance for another item?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
D.3.8.	*HH Interview*	*Modality Preference*	*Frequency of named traded items*	*What item(s) did you sell or try to sell the received in-kind assistance for?*	*select multiple*	*Cash, cooking utensils, personal hygenie products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation items (e.g.*	*HH*	*stratified simple random*

						buckets, brooms), clothes, tools, seeds, food etc.other		
D.3.9.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for trading*	*Why did you trade /sell the item you received as in-kind assistance?*	*select multiple*	*Not most needed, Not quantity I needed, Quality low, Don't know/want to say, Other*	*HH*	*stratified simple random*
D.4.1.	*HH Interview*	*Modality Preference*	*Frequency of named preferred modality*	*If you had a choice, would you prefer in-kind or CVA?*	*select one*	*CVA; in-kind*	*HH*	*stratified simple random*
D.4.2.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for preference*	*Why would you prefer (named preferred modality)?*	*select multiple*	*In-kind: Market far, Market not accessible, Good quality, In-kind meets most urgent need, Ability to trade, Distribution in a good location, Distribution quick, Can bring children to distribution, Other, Don't know/want to say CVA: CVA easy to carry, More freedom of choice, CVA less time, Protection concerns about in-kind assistance, Ability to save money, Want to support local traders, Feel more dignified, Distribution in a good location, Distribution quick, Can bring children to*	*HH*	*stratified simple random*

							distribution, Other, Don't know/want to say		
	D.4.3.	*HH Interview*	*Modality Preference*	*Freqeuncy of named preferred delivery mechanism*	*If these were your only options, would you prefer cash or voucher assistance?*	*select one*	*cash; voucher*	*HH*	*stratified simple random*
	D.4.4.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for preference*	*Why would you prefer (named preferred transfer mechanism)?*	*select multiple*	*Cash: More freedom, Ability to save, Transportable, Don't know/want to say, Other Voucher: Safer to carry, Quality of goods better, Don't know/want to say, Prices fixed (traders cannot charge more), Other*	*HH*	*stratified simple random*
Do the residents of Renk Town prefer cash and voucher assistance (CVA) or in-kind assistance?	*E.1.1.*	*HH Interview*	*Modality Preference*	*Frequency of named preferred modality*	*Considering the information I have given you on cash and voucher assistance, I would like to ask if you preference has changed at all: If you had a choice, would you prefer in-kind or CVA? Note: right before*	*select one*	*CVA; in-kind*	*HH*	*stratified simple random*

				asking this question for the second time, the enumerator will read out an explanation fo what CVA is.				
E.1.2.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for preference*	*Why would you prefer (stated preferred modality)?*	*select multiple*	*In-kind: Market far, Market not accessible, Good quality, In-kind meets most urgent need, Ability to trade, Distribution in a good location, Distribution quick, Can bring children to distribution, Other, Don't know/want to say CVA: CVA easy to carry, More freedom of choice, CVA less time, Protection concerns about in-kind assistance, Ability to save money, Want to support local traders, Feel more dignified, Distribution in a good location, Distribution quick, Can bring children to distribution, Other, Don't know/want to say*	*HH*	*stratified simple random*
E.1.3.	*HH Interview*	*Modality Preference*	*Freqency of named preferred delivery mechanism*	*If these were your only options, would you prefer cash or voucher assistance?*	*select one*	*cash; voucher*	*HH*	*stratified simple random*

	E.1.4.	*HH Interview*	*Modality Preference*	*Frequency of named reasons for preference*	*Why would you prefer (stated preferred transfer mechanism)?*	*select multiple*	*Cash: More freedom, Ability to save, Transportable, Don't know/want to say, Other Voucher: Safer to carry, Quality of goods better, Don't know/want to say, Prices fixed (traders cannot charge more), Other*	*HH*	*stratified simple random*
NA	*B.4.1*	*HH Interview*	*CVA knowledge*	*% of respondents with expereince of CVA and willing to participate in an FGD*	*Would you be willing to participate in a focs group discussion on your opinions regarding CVA?*	*select one*	*yes; no; don't know*	*HH*	*stratified simple random*
NA	*A.1.2.*	*HH Interview*	*Key characteristics*	*GPS coordinates*	*GPS location buttons*	*press button*		*HH*	

6. 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 Center	Country request to HQ	User_log	□ Yes
		# of downloads of x product from Relief Web	Country request to HQ		□ Yes
		# of downloads of x product from Country level platforms	Country team		□ Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		□ Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		□ Yes
		# of visits to x webmap/x dashboard	Country request to HQ		□ Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	*[List here relevant HPC-documents to be monitored: E.g. Iraq HNO 2018, Iraq Flash Appeal Mosul, Shelter Cluster strategy]*
		# references in single agency documents			*[List here relevant agency-documents to be monitored: E.g. UNHCR Country Strategy, UNICEF WASH Response Strategy]*
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	*[Outline here the usage survey to be implemented for this research cycle*
		Perceived usefulness and influence of IMPACT outputs			*E.g. Usage survey to be conducted in November 2017,*
		Recommendations to strengthen IMPACT programs			

	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products				*following the release of x outputs, targeting at least 10 partners*
		Perceived capacity of IMPACT staff			*E.g. Usage survey to be conducted at the end of the research cycle related to all outputs, targeting at least 20 partners]*
		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	□ Yes
		# of organisations/clusters inputting in research design and joint analysis			□ Yes
		# of organisations/clusters attending briefings on findings;			□ Yes

ANNEX 1: DATA ANALYSIS PLAN IN EXCEL FORM

Quantitative

Research questions	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses	Data collection level	Sampling	Maps planned
NA	A.1.1.	HH Interview	Key characteristics	Enumerator ID	Enumerator ID	select one	list of enumerator IDs	HH	simple random	
	A.1.3.	HH Interview	Key characteristics	KI Age	How old is the KI?	enter integer	whole numbers		simple random	
	A.1.4.	HH Interview	Key characteristics	KI Gender	What is the gender of the KI?	select one	female, male, don't want to say		simple random	
	A.1.5.	HH Interview	Key characteristics	HH head	Are you the head of this household?	select one	yes; no; don't know		simple random	
	A.1.6.	HH Interview	Key characteristics	HH head	Who is the head of this household?	select one	not me, other adult male; not me, other adult female; not me, other male child; not me, other female child	HH	simple random	
	A.1.7.	HH Interview	Key characteristics	HH size	What is the size of the household?	enter integer				
	A.1.8.	HH Interview	Key characteristics	HH children	What is the number of household members who are children (e.g. under 18)?	enter integer				
	A.1.9.	HH Interview	Key characteristics	HH disabled	Is a mentally or physically disabled person part of this household?	select one	yes; no; don't know			
	A.1.10	HH Interview	Key characteristics	KI residence	Which state in SSD are you currently living in?	select one		HH	simple random	
	A.1.11	HH Interview	Key characteristics	KI residence	Which county in ssd_state are you currently living in?	select one		HH	simple random	
	A.1.12	HH Interview	Key characteristics	KI residence	What is the name of the town/settlement you are currently living in?	select one		HH	simple random	
What are the experiences that the residents of Renk Town have had with cash and voucher assistance (CVA)?	B.1.1.	HH Interview	CVA knowledge	% of respondents who have heard of cash assistance	When talking about humanitarian aid have you ever heard of cash assistance?	select one	yes; no; don't know	HH	simple random	
	B.1.2.	HH Interview	CVA knowledge	% of respondents who have heard of voucher assistance	When talking about humanitarian aid, have you ever heard of voucher assistance?	select one	yes; no; don't know	HH	simple random	
	B.2.1.	HH Interview	CVA knowledge	Frequency of communication modality named	How did you hear about cash and/or voucher assistance?	select multiple	Word of mouth? Radio? Flyers?Mobile Phones? Friends/family? Community leader?	HH	simple random	
	B.3.1.	HH Interview	CVA knowledge	% of respondents having benefited from CVA previously	Have you ever benefited from cash and voucher assistance?	select one	yes; no; don't know	HH	simple random	
	B.4.1	HH Interview	CVA knowledge	% of respondents with experience of CVA and willing to participate in an FGD	Would you be willing to participate in a focs group discussion on your opinions regarding CVA?	select one	yes; no; don't know	HH	simple random	
	C.1.1.	HH Interview	CVA knowledge	Frequency of named CVA types	What type of cash and voucher assistance have you benefited from?	select multiple	unconditional cash; conditional cash (i.e. cash for work, cash in tranches etc.); unconditional voucher; conditional voucher	HH	simple random	
	C.2.1.	HH Interview	Modality Preference	% of respondents who were satisfied with the CVA	Were you satisfied with the cash and voucher assistance you received?	select one	yes; no; don't know	HH	simple random	
	C.2.2.	HH Interview	Modality Preference	Frequency of named reasons for being (dis)satisfied	Why were you NOT satisfied with the cash and voucher assistance you benefited from?	select multiple	Market inaccessible (flooding); market inaccessible (insecurity); Market not open; Desired items not available; High prices; Low quality of items in market; Protection concerns about going to market; protection concerns about carrying CVA, CVA takes more time than in-kind; Other	HH		
	C.2.3.	HH Interview	Modality Preference	Frequency of named reasons for being (dis)satisfied	Why were you satisfied with the cash and voucher assistance you benefited from?	select multiple	Easy to carry CVA; CVA feels more dignified; More freedom to choose; Ability to save money; CVA takes less time/than in-kind; Protection concerns about in-kind, Other	HH	simple random	
	C.3.1.	HH Interview	Modality Preference	% of respondents having benefited from in-kind assistance	Have you ever benefited from in-kind assistance?	select one	yes; no; don't know	HH	simple random	
	C.3.2.	HH Interview	Modality Preference	% of respondents who were satisfied with the in-kind assistance	Were you satisfied with the in-kind assistance you received?	select one	yes; no; don't know	HH	simple random	

Research questions	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses	Data collection level	Sampling	Maps planned
	C.3.3.	HH Interview	Modality Preference	Frequency of named reasons for being satisfied	Why were you satisfied with the in-kind assistance you received?	select multiple	Market far; Market not accessible; Good quality, In-kind meets most urgent need; Ability to trade, Distribution in a good location; Distribution quick; Can bring children to distribution, Other; Don't know/want to say	HH	simple random	
Do the residents of Renk Town prefer cash and voucher assistance (CVA) or in-kind assistance?	C.3.4.	HH Interview	Modality Preference	Frequency of named reasons for NOT being satisfied	Why were you NOT stisfied with the in-kind assistance you received?	select multiple	Not enough, Protection concerns about in-kind assistance, Not what I needed; There is not enough information about in-kind; Distribution point far; In-kind takes more time than cash; Hard to carry, Cannot bring children to distribution, Distribution stopped too soon; Not free to choose what I get; Other, Don't know/want to say	HH	simple random	
	C.3.5.	HH Interview	Modality Preference	% of respondents who have traded an item before	Have you ever traded an item received as in-kind assistance for another item?	select one	yes; no, don't know	HH	simple random	
	C.3.6.	HH Interview	Modality Preference	Frequency of named traded items	What item(s) did you trade the received in-kind assistance for?	select multiple	Cash, cooking utensils, personal hygiene products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation items (e.g. buckets, brooms), clothes, tools, seeds, food etc	HH	simple random	
	C.3.7.	HH Interview	Modality Preference	Frequency of named reasons for trading	Why did you trade the item you received as in-kind assistance?	select multiple	Not most needed; Not quantity I needed, Quality low; Don't know/want to say, Other	HH	simple random	
	C.4.1.	HH Interview	Modality Preference	Frequency of named preferred modality	If you had a choice, would you prefer in-kind or CVA?	select one	CVA, in-kind	HH	simple random	
	C.4.2.	HH Interview	Modality Preference	Frequency of named reasons for preference	Why would you prefer [named preferred modality]?	select multiple	In-kind: Market far; Market not accessible; Good quality, In-kind meets most urgent need; Ability to trade, Distribution in a good location, Distribution quick; Can bring children to distribution, Other; Don't know/want to say CVA: CVA easy to carry; More freedom of choice; CVA less time, Protection concerns about in-kind assistance, Ability to save money; Want to support local traders, Feel more dignified; Distribution in a good location; Distribution quick, Can bring children to distribution, Other; Don't know/want to say	HH	simple random	
	C.4.3.	HH Interview	Modality Preference	Frequency of named preferred delivery mechanism	If these were your only options, would you prefer cash or voucher assistance?	select one	cash; voucher	HH	simple random	
	C.4.4.	HH Interview	Modality Preference	Frequency of named reasons for preference	Why would you prefer [named preferred transfer mechanism]?	select multiple	Cash: More freedom, Ability to save, Transportable, Don't know/want to say, Other Voucher: Safer to carry, Quality of goods better, Don't know/want to say. Prices fixed (traders cannot charge more), Other	HH	simple random	
What are the factors that may influence households' preference for either CVA or in-kind assistance?	D.1.1.	HH Interview	Preference Reasons	% of respondents who say someone earns money	Is there someone in the HH who earns money?	select one	yes; no; don't know	HH	simple random	
	D.1.2	HH Interview	Preference Reasons	Frequency of named relevative earning money	Who in the HH earns money?	select multiple	Me, Mother, Father, Oldest brother; Oldest sister, Unice, Aunt, Grandmother, Grandfather, Other	HH	simple random	
	D.1.3.	HH Interview	Preference Reasons	Frequency of named currenty activities	What are the three MAIN activities done by household members to generate cash?	select multiple	Livestock, Charcoal making, Market, Hunting / Fishing for cash, Remittances □ Salaries from a fixed job, Crops for cash, Salaries from casual labour; Other, Don't know/want to say	HH	simple random	
	D.1.4.	HH Interview	Preference Reasons	Frequency of named relevative controlling money	Who primarily makes decisions about how to spend the money?	select one	Me, Mother, Father, Oldest brother; Oldest sister, Unice, Aunt, Grandmother, Grandfather, Other	HH	simple random	
	D.1.5.	HH Interview	Preference Reasons	Frequency of named relevative spending money	Who primarily spends the money?	select one	Me, Mother, Father, Oldest brother; Oldest sister, Unice, Aunt, Grandmother, Grandfather, Other	HH	simple random	
	D.1.6.	HH Interview	Preference Reasons	Frequency of named items bought with money	In the last week, what were the three things that MOST of the money in the	select multiple	cooking utensils, personal hygiene products (e.g. soap, razors), feminine hygiene products (e.g.	HH	simple random	

Research questions	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses	Data collection level	Sampling	Maps planned
	D.1.6.	HH Interview	Preference Reasons	Frequency of named items bought with money	In the last week, what were the three things that MOST of the money in the household were spent on?	select multiple	cooking utensils, personal hygiene products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation items (e.g. buckets, brooms), clothes, tools, seeds, food etc	HH	simple random	
	D.1.7.	HH Interview	Preference Reasons	% of respondents who say there are disagreements	Are there EVER disagreements within the household about how the money should be spent?	select one	yes; no; don't know	HH		
What are the factors that may influence households' preference for either CVA or in-kind assistance?	D.2.1.	HH Interview	Preference Reasons	% of respondents who have market access	Do you currently have access to a market within walking distance from your home?	select one	yes; no, don't know	HH	simple random	
	D.2.2.	HH Interview	Preference Reasons	% of respondents who have market access year round	Do you have access to a market within walking distance from your home during all season of the year?	select one	yes; no, don't know	HH	simple random	
	D.2.3.	HH Interview	Preference Reasons	Frequency of named months during which respondents do not have market access	During which months do you not have access to a market within walking distance from your home?	select multiple	January; February; March; April; May; June, July; August; September, October; November, December	HH	simple random	
	D.3.1.	HH Interview	Preference Reasons	% of male/female respondents who would not feel safe	Do you feel safe accessing a market within walking distance from your home?	select one	yes; no; don't know	HH	simple random	
	D.3.2.	HH Interview	Preference Reasons	frequency of reasons for not feeling safe named by males/females	Why would you not feel safe accessing a market that is within walking distance from your home?	select multiple	Killing/injury same tribe; Killing/injury other tribe; Sexual violence; Abduction; No road; Flooded road; Market very far away; Wild animals on the road; Protection issues with interacting with traders; Other	HH	simple random	
	D.4.1.	HH Interview	Preference Reasons	% of respondents who believe the market has all needed goods	Does the market you go to have all the items you want?	select one	yes; no; don't know	HH	simple random	
	D.4.2.	HH Interview	Preference Reasons	Frequency of named unavailable items	What items could you not buy in a market even if you had enough money?	select multiple	cooking utensils, personal hygiene products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation items (e.g. buckets, brooms), clothes, tools, seeds, food etc	HH	simple random	
	D.4.3.	HH Interview	Preference Reasons	% of respondents who believe the market has all needed items in high enough quality	Does the market you go to have all the items you want in good enough quality?	select one	yes; no; don't know	HH	simple random	
	D.4.4.	HH Interview	Preference Reasons	Frequency of items named that are not in high enough quality	What items could you not buy in high enough quality from a market, even if you had enough money?	select multiple	cooking utensils, personal hygiene products (e.g. soap, razors), feminine hygiene products (e.g. pads/tampons), sanitation items (e.g. buckets, brooms), clothes, tools, seeds, food etc	HH	simple random	
Do the residents of Renk Town prefer cash and voucher assistance (CVA) or in-kind assistance?	E.1.1.	HH Interview	Modality Preference	Frequency of named preferred modality	If you had a choice, would you prefer in-kind or CVA?	select one	CVA, in-kind	HH	simple random	
	E.1.2.	HH Interview	Modality Preference	Frequency of named reasons for preference	Why would you prefer [stated preferred modality]?	select multiple	In-kind: Market far; Market not accessible, Good quality, In-kind meets most urgent need; Ability to trade, Distribution in a good location, Distribution quick; Can bring children to distribution, Other; Don't know/want to say CVA: CVA easy to carry; More freedom of choice, CVA less time, Protection concerns about in-kind assistance, Ability to save money, Want to support local traders, Feel more dignified; Distribution in a good location, Distribution quick, Can bring children to distribution, Other; Don't know/want to say	HH	simple random	
	E.1.3.	HH Interview	Modality Preference	Frequency of named preferred delivery mechanism	If these were your only options, would you prefer cash or voucher assistance?	select one	cash; voucher	HH	simple random	
	E.1.4.	HH Interview	Modality Preference	Frequency of named reasons for preference	Why would you prefer [stated preferred transfer mechanism]?	select multiple	Cash: More freedom, Ability to save, Transportable, Don't know/want to say, Other	HH	simple random	

Qualitative

Research Questions	SUBQ#	Data collection method	Sub-research question group	Sub-research Question	Questionnaire QUESTION	Probes	Key disaggregations
N/A	A.1.1.	KI Interview	Key characteristics	Interviewer name	Interviewer name	N/A	
	A.1.2.	KI Interview	Key characteristics	Key Informant name	What is the name of the key informant?	N/A	
	A.1.3.	KI Interview	Key characteristics	Organisation	Which organisation does the key informant represent?	N/A	
	A.1.4.	KI Interview	Key characteristics	Key Informant position	What is the role of the key informant in the organisation?	N/A	
	A.1.5.	KI Interview	Key characteristics	Key informant geographic area of experience	In what geographic area does the KI have experience with CVA in South Sudan?	N/A	
	B.1.1.	FGD	Key characteristics	Facilitator name	Facilitator name	N/A	
	B.1.2.	FGD	Key characteristics	Note taker name	Note taker name	N/A	
	B.1.3.	FGD	Key characteristics	Participant gender	Which gender do participants represent?	N/A	
	B.1.4.	FGD	Key characteristics	Participant gender	Which age groups do participants represent?	N/A	
	B.1.5.	FGD	Key characteristics	Participant county and town of residence	Participants represent the population in which geographic area?	N/A	
What are the experiences that the residents of Renk Town have had with cash and voucher assistance (CVA)?	A.1.1.	FGD	Males / Females (ideally also beneficiaries who have /have not had previous experience with CVA)	How much does the beneficiary population know about CVA?	Can you explain what CVA is?	How is it different from in-kind assistance?	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
					Can you explain what the difference between cash assistance and voucher assistance is?	What goods can you get with either type? How free are you to decide what to buy with either type?	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
	A.2.1.	FGD	Males / Females (ideally also disaggregated by beneficiaries who have not had previous experience with CVA)	How does the beneficiary population prefer to learn about CVA?	What is the best way to learn about humanitarian aid and why?	Word of mouth? Radio? Flyers? Mobile Phones?	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
			Males / Females / beneficiaries who have previous experience with CVA		How did you first hear about CVA and was this method of communication effective?	Word of mouth? Radio? Flyers? Mobile phones? Here effective means was it convenient for the beneficiary? Were they able to learn everything they needed to know?	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
			Males / Females (ideally also beneficiaries who have /have not had previous experience with CVA)		How do most humanitarian organizations currently communicate with you and is this the best way?	Word of mouth? Radio? Flyers? Mobile phones?	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
	B.1.1.	FGD	Males / Females (and ideally also disaggregated by beneficiaries who have /have not had previous experience with CVA)	What is the preferred modality for assistance in the assessment location?	If you had a choice, would you prefer in-kind or CVA and why?	Definitions of in-kind and CV & reasons for picking: convenience, flexibility, protection	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
					If you had a choice, would you prefer cash or voucher assistance and why?	Definitions of cash and voucher assistance & reasons for picking: convenience, flexibility, protection	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other

Research Questions	SUBQ#	Data collection method	Sub-research question group	Sub-research Question	Questionnaire QUESTION	Probes	Key disaggregations
Do the residents of Renk Town prefer CVA or in-kind assistance? AND What are the factors that may influence households' preference for either CVA or in-kind assistance?	B.2.1.	FGD	Males / Females (and ideally also disaggregated by beneficiaries who have /have not had previous experience with CVA)	You stated that, if you had a choice, you would prefer _____ (CVA or in-kind). What circumstances would have to be in place for you to choose the other?	Are there protection concerns associated with receiving (preferred assistance modality)?	Protection issues related to gender, age or disability? Protection issues for the population at large (conflict, seasonality, distance to market, extortion from authorities, fear of robberies, fear of intimidation by humanitarian staff)? Protection issues to do with interactions with traders?	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
					Is there a market within walking distance of your home and is it accessible to you all year long? If not, what hinders you from accessing the market?	Road conditions? Weather? Community moves away from markets? Traders only come to the area for some months?	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
					Do traders in the market offer all items that you need/want and are these items there in the quantity and quality that you want? If not, what items are missing sometimes? Of what quality are the items?	Types of items: food items, sanitation or hygiene items, tools, clothes etc.	Gender, Age, Disability, Geographic location (when and if this assessment is replicated in other locations)
What are the experiences that the residents of Renk Town have had with cash and voucher assistance (CVA)?	C.1.1.	KI	Humanitarian professionals with experience of implementing CVA in South Sudan	How much does the beneficiary population know about CVA?	How many CVA projects have you worked on in the Upper Nile Region in South Sudan (or simply in South Sudan if there are none in UNS)?	This refers to projects with either distinct beneficiary groups or distinct objectives and/or donors	
					What was the scope of these CVA projects?	Time (year and months of implementation); Geographic area (state, county and if possible settlement); Number of beneficiaries	
					What type of CVA was used?	Cash or vouchers? Restrictions? Conditions? Delivery method?	
					What were the beneficiary targeting criteria?	Gender, age, displacement status, type of household etc.	
					How was the beneficiary population informed about the project and any changes/updates?	Radio? Word of mouth? Home visits? Mobile phones (text message or voice call)? Internet? Public service announcements?	
					During the CVA projects you participated in in South Sudan, were beneficiaries ever asked about their preferences regarding assistance modality?	Were beneficiaries hesitant to accept CVA as a modality? If there were any concerns, how were they addressed? Overall where beneficiaries satisfied with CVA as a modality?	
What are the factors that may influence households' preference for either CVA or in-kind assistance?	C.2.1.	KI	Humanitarian professionals with experience of implementing CVA in South Sudan	Are there any challenges/advantages to implementing CVA in South Sudan?	During the CVA projects you participated in in South Sudan, were there any protection concerns resulting from the choice of assistance modality?	Women walking to the market with cash on them? Traders not respecting female customers? Increased incidences of violence and/or crime?	
					During the CVA projects you participated in in South Sudan, was the beneficiary population ever confused by/did not understand the choice of assistance modality?	Barter societies not familiar with money? Restrictions on choice of vendor or item in voucher systems not clear? Were there information sessions on the modality for traders/beneficiaries? How many? What was discussed?	
					Was there a feedback mechanism in place for the CVA projects you participated in in South Sudan? If so, was the feedback mostly negative/positive?	If so, what did the feedback mechanism consist of? What topics did most of the feedback revolve around? Were there any failures/successes that stood out to you?	

ANNEX 2: PAPER BASED TOOL – QUALITATIVE FGDS

FGD Question Guide
Ad Hoc Assessment - Beneficiary Preference on Assistance Modality

FGD Theme and Location:
Discussion Leader Name:
Note Taker Name:
Date of FGD:
Start Time: End Time:

No.	Name	Age	Gender	Town of residence
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

Facilitator's welcome, introduction and instructions to participants [5 minutes]

Introductory note [2 minutes]

- Thanks: Welcome and thank you for volunteering to take part in this focus group discussion about your preferences for assistance modalities. We appreciate your time.
- Aim: We have asked you to participate in this discussion so we can get a better understanding of your and your community's preferences regarding how you receive aid. You have been asked to participate as your point of view and knowledge about your community needs and preferences will be used to inform response strategy and planning.
- Disclaimer: Please note that this meeting does not have any impact on whether you or your family receives assistance. This discussion is only meant to better understand your, your households', and the community's preferences.
- Anonymity: I would like to assure you that the discussion will be anonymous. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.
- Timeframe: The discussion will take no more than one hour and a half.

Ground rules [2 minutes]

1. The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
2. There are no right or wrong answers. Everyone is entitled to have their own opinion.
3. You do not have to speak in any particular order.
4. When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of every person here.
5. You do not have to agree with the views of other people in the group, and you can say that.
6. Does anyone have any questions?

FGD Question Guide
Ad Hoc Assessment - Beneficiary Preference on Assistance Modality

Questions Group 1: State of Knowledge on Assistance Modalities

1. Can you explain what cash and voucher assistance (CVA) is?
    a. How is it different from in-kind assistance?
    b. Can you explain what the difference between cash assistance and voucher assistance is?
    c. What goods can you get with each type of assistance?
    d. How free are you to decide what to buy with each type of assistance?

Questions Group 2: Preference of Assistance Modalities

1. If you had a choice, would you prefer in-kind or CVA and why?
    a. Definitions of in-kind and CV & reasons for picking: convenience, flexibility, protection
    b. Are there protection issues associated with either type of modality?
    c. Do participants fully understand both types of modalities? (e.g. level of freedom of choice, convenience etc.)

2. If you had a choice, would you prefer cash or voucher assistance and why?
    a. Definitions of cash and voucher assistance& reasons for picking: convenience, flexibility, protection
    b. Are there protection issues associated with either type of modality?
    c. Do participants fully understand both types of modalities? (e.g. level of freedom of choice, convenience etc.)

Questions Group 3: Reasons for Preference

1. Are there protection concerns (e.g. things that may put people in danger because of their age, gender or disability) associated with receiving (preferred assistance modality)?
    a. Protection issues related to gender, age or disability and for the population at large (conflict, seasonality, distance to market, extortion from authorities, fear of robberies, fear of intimidation by humanitarian staff)?
    b. Are people in more danger (of being robbed/swindled in the market etc.) if they carry cash?
    c. Are elderly people able to access markets and distribution points easily?
    d. Protection issues to do with interactions with traders?
    e. How do the assistance modalities affect household dynamics?

2. Is there a market within walking distance of your home and is it accessible to you all year long?
    a. If not, what are the barriers to accessing markets?
    b. Road conditions? Weather? Community moves away from markets? Traders only come to the area for some months?

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3. Do traders in the market offer all items that you need/want and are these items there in the quantity and quality that you want?
   a. If not, what items are missing sometimes?
   b. Of what quality are the items?
   c. Types of items: food items, sanitation or hygiene items, tools, clothes etc.

4. In summary: You mentioned *(preferred assistance modality)* as your preferred way to receive aid. What things would have to change for you to choose *(other assistance modality)*?

Questions Group 3: Preferred Communication Modality

1. What is the best way to learn about humanitarian aid and why?
   a. Word of mouth? Radio? Flyers? Mobile Phones?

2. How did you first hear about cash and voucher assistance (CVA) and was this method of communication effective? *(this question is will only be asked to groups who have previously been exposed to CVA)*
   a. Word of mouth? Radio? Flyers? Mobile phones?
   b. Here "effective" = Was it convenient for the beneficiary?
   c. Were the beneficiaries able to learn everything they needed to know?

3. How do most humanitarian organizations currently communicate with you and is this the best way?
   a. Word of mouth? Radio? Flyers? Mobile phones?

ANNEX 3: PAPER BASED TOOL – QUALITATIVE KIIs

KII Question Guide
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Interviewer name:
Key informant name:
Date of interview:
Start time: End time:

Facilitator's welcome, introduction and instructions to KI [3 minutes]

Introductory note

- Thanks: Hello and thank you for volunteering to be interviewed about your experiences with cash and voucher assistance (CVA) in South Sudan. I appreciate your time.
- Aim: To understand beneficiary preferences regarding assistance modality. Interviewing you, a key informant who has experience with implementing cash and voucher assistance (CVA) projects in South Sudan, will help gage possible challenges as well as advantages to using CVA in South Sudan. This interview will in no way serve as an evaluation or review of the projects you were involved in. Rather, it will serve to gage your opinion about what factors may influence beneficiary choice of assistance modality.
- Anonymity: Although I will ask for your name, organization and position, these merely serve to verify the quality of the data. All personally identifiable data will be struck from the record meaning that you and the implementing organization will remain anonymous. However, if you feel uncomfortable or wish not to answer one or several of the questions, you do not have to.
- Timeframe: Maximum one hour. The ultimate length of the interview will depend on your answers.
- Consent: Do you consent to an audio recording of this interview? If so, please state that now and I will start he recording. Please read and sign the consent form I have sent to you via email/skype (it includes a written version of the points that I have just gone over as well as an overview of how the data will be anonymized). If you agree, please sign it and send it back to me. If you do not, the interview will not be included in data analysis.

Questions Group 1: Key Informant Characteristics and Scope of Knowledge

1. Which organization does the key informant represent?
2. What is the role of the key informant in the organization?
3. In what geographic area does the KI have experience with CVA in in South Sudan?

4. How many CVA projects have you worked on in The Upper Nile Region of South Sudan (or South Sudan in general if not in UNS) and what was their scope?
    a. This refers to projects with either distinct beneficiary groups or distinct objectives and/or donors
    b. Time (year and months of implementation)
    c. Geographic area (state, county and if possible settlement)
    d. Number of beneficiaries

5. What type of CVA was used?
    a. Cash or vouchers?
    b. Restrictions?
    c. Conditions?

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    d.   Delivery method?

6. What were the beneficiary targeting criteria?
    a.   Gender, Age, Displacement status, Type of household etc.

7. How was the beneficiary population informed about the project and any changes/updates?
    a.   Radio? Word of mouth? Home visits? Mobile phones (text message or voice call)? Internet? Public service announcements?

Questions Group 2: Key Informant Experience with CVA in South Sudan

1. During the CVA projects you participated in in South Sudan, were beneficiaries ever asked about their preferences regarding assistance modality?
    a.   Were beneficiaries hesitant to accept CVA as an assistance modality?
    b.   If there were any, how were these concerns addressed?
    c.   Overall, were beneficiaries satisfied with CVA as a modality? Why or why not?

2. During the CVA projects you participated in in South Sudan, were there any protection concerns resulting from the choice of assistance modality?
    a.   Women walking to the market with cash on them?
    b.   Traders not respecting female customers?
    c.   Increased incidences of violence and/or crime?

3. During the CVA projects you participated in in South Sudan, was the beneficiary population ever confused by/did not understand the choice of assistance modality?
    a.   Barter societies not familiar with money?
    b.   Restrictions on choice of vendor or items in voucher systems not clear?
    c.   Were there information sessions on the modality for traders/beneficiaries?
        i.   How many?
        ii.   What was discussed?

4. Was there a feedback mechanism in place for the CVA projects you participated in in South Sudan?
    a.   If so, what did the feedback mechanism consist of?
    b.   If so, was the feedback mostly negative/positive?
    c.   What topics did most of the feedback revolve around?
    d.   Were there any failures/successes that stood out to you?

ANNEX 4: PAPER BASED TOOL – QUANTITATIVE HH SURVEY

Household Survey
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Hi my name is _____. I work for REACH, an initiative of ACTED INGO. We are currently conducting a survey to understand the opinions of people living in Renk Town. We would like to know more about your' and your household members' opinions on how you like to receive humanitarian aid. The survey usually takes between 20 and 25 minutes to complete. Any information that you provide will be kept confidential. This is voluntary and you can choose not to answer any or all of the questions if you want; you may also choose to quit at any point. However, we hope that you will participate since your views are important. Responses are not directly tied to any form of assistance and answers given in this interview will not directly affect any status as a beneficiary or non-beneficiary. Do you have any questions? Do you consent to participate in this survey?

□ Yes □ No

Section A: Key Characteristics

IN #	Survey Question	Response	IN #	Survey Question	Response
A.1.1.	Enumerator ID		A.1.3.	How old is the key informant?	*Write a whole number:*
A.1.4.	What is the gender of the key informant?	□ Male □ Female □ Don't want to say	A.1.5.	Is the Key informant the head of this household	□ Male □ Female □ Don't know/want to say
A.1.6.	Who is the head of this household?	□ Not KI, other adult male □ Not KI, other adult female □ Not KI, other male child □ Not KI, other female child	A.1.7.	What is the size of the household?	*Write a whole number:*
A.1.8.	What is the number of household members who are children (under 18)?	*Write a whole number:*	A.1.9.	Is a mentally or physically disabled person part of this household?	□ Yes □ No □ Don't know/want to say
A.1.10.	What state in SSD is the key informant currently living in?				
A.1.11.	Which county in (SSD_state) is the key informant currently living in?		A.1.12.	What is the name of the town/settlement the key informant currently lives in?	

Section B: CVA Knowledge

IN #	Survey Question	Response

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B.1.1.	When talking about humanitarian aid, have you ever heard of cash assistance?	□ Yes □ No □ Don't know/want to say
B.1.2.	When talking about humanitarian aid, have you ever heard of voucher assistance?	□ Yes □ No □ Don't know/want to say
B.2.1.	How did you hear about cash and/or voucher assistance? *KI may choose multiple*	□ Radio □ Mobile phone (text message) □ Flyer □ Mobile phone (voice call) □ Friends/family □ Community leaders □ Internet □ Humanitarian organization □ Other □ Don't know/want to say
B.2.2.	If "other", please specify:	
B.3.1.	Have you ever benefited from cash and voucher assistance?	□ Yes □ No □ Don't know/want to say
B.3.2.	Would you be willing to participate in a Focus Group Discussion on your opinions regarding CVA? *If yes, record their name/phone number separately.*	□ Yes □ No □ Don't know/want to say

Section C: Modality Preference

IN #	Survey Question	Response
C.1.1.	What type of cash and voucher assistance have you benefited from? *KI may choose multiple*	□ Unconditional cash □ Conditional cash □ Unrestricted cash □ Restricted cash □ Unconditional voucher □ Conditional voucher □ Unrestricted voucher □ Restricted voucher Hint: conditions are things that a beneficiary must fulfill/do BEFORE receiving the cash or voucher. Examples of conditions can be age range, household size, doing work or attending an information session. Restrictions are rules on how, when or for what to use the cash or voucher (DURING USE). Examples of restrictions include if a voucher only works for certain vendors or if the beneficiary can only use the voucher for a certain item (e.g. food but not clothes)
C.2.1.	Were you satisfied with the cash and voucher assistance you received?	□ Yes □ No □ Don't know/want to say
C.2.2.	Why were you NOT satisfied with the cash and voucher assistance you benefited from? *KI may choose multiple*	□ High Prices □ Market inaccessible (flooding, no road, far) □ Market not open □ Desired items not available □ Low quality items □ Available items low quality □ CVA not enough □ Protection concerns (about carrying CVA) □ CVA received late □ Intra-HH conflicts over how to use CVA □ Distribution point far □ Cannot bring children to distribution □ No information on CVA □ Distribution stopped too soon □ Don't know/want to say □ CVA restricted to unwanted items □ Other □ CVA requires more time than in-kind
C.2.2.1	If "other", please specify:	

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C.2.3.	Why were you satisfied with the cash and voucher assistance you benefited from? *KI may choose multiple*	□ CVA easy to carry □ More freedom of choice □ CVA less time □ Protection concerns about in-kind assistance □ Ability to save money □ Want to support local traders □ Feel more dignified □ Distribution in a good location □ Distribution quick □ Can bring children to distribution □ Other □ Don't know/want to say
C.2.3.1	If "other", please specify:	
C.3.1.	Have you ever benefited from in-kind assistance?	□ Yes □ No □ Don't know/want to say *Hint: In-kind assistance is any type of humanitarian aid including food and non-food items like clothes, cooking pots, soap, sanitary pads etc.*
C.3.2.	Were you satisfied with the in-kind assistance you received?	□ Yes □ No □ Don't know/want to say
C.3.3.	Why were you satisfied with the in-kind assistance you received?	□ Market far □ Market not accessible □ Good quality □ In-kind meets most urgent need □ Ability to trade □ Distribution in a good location □ Distribution quick □ Can bring children to distribution □ Other □ Don't know/want to say
C.3.3.1	If "other", please specify:	
C.3.4.	Why were you NOT satisfied with the in-kind assistance you received?	□ Not enough □ Protection concerns about in-kind assistance □ Not what I needed □ There is not enough information about in-kind □ Distribution point far □ In-kind takes more time than cash □ Hard to carry □ Cannot bring children to distribution □ Distribution stopped too soon □ Not free to choose what I get □ Other □ Don't know/want to say
C.3.4.1	If "other", please specify:	
C.3.5.	Have you ever traded an item received as in-kind assistance for another item?	□ Yes □ No □ Don't know/want to say
C.3.6.	What item(s) did you trade the received in-kind assistance for? *KI may choose multiple*	□ Cash □ Cooking utensils (e.g. pots, charcoal) □ Food □ Feminine hygiene products (e.g. pads/tampons) □ Tools □ Sanitation items (e.g. bucket, washing powder) □ Seeds □ Personal hygiene products (e.g. soap, razors) □ Clothes □ Don't know/want to say □ Other
C.3.6.1	If "other", please specify:	
C.3.7.	Why did you trade the item you received as in-kind assistance?	□ Not most needed □ Not quantity I needed □ Quality low □ Don't know/want to say □ Other
C.4.1.	If you had a choice, would you prefer in-kind or CVA?	□ CVA □ In-Kind □ Don't know/want to say

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C.4.2.	Why would you prefer *(stated preferred modality)*?	In-kind: □ Market far, □ Market not accessible □ Good quality □ In-kind meets most urgent need □ Ability to trade □ Distribution in a good location □ Distribution quick □ Can bring children to distribution □ Other □ Don't know/want to say CVA: □ CVA easy to carry □ More freedom of choice □ CVA less time □ Protection concerns about in-kind assistance □ Ability to save money □ Want to support local traders □ Feel more dignified □ Distribution in a good location □ Distribution quick □ Can bring children to distribution □ Other □ Don't know/want to say
C.4.2.1	If "other", please specify:	
C.4.3.	If these were your only options, would you prefer cash or voucher assistance?	□ Cash □ Voucher □ Don't know/want to say
C.4.4.	Why would you prefer *(stated preferred transfer mechanism)*?	Cash: □ More freedom □ Ability to save □ Transportable □ Don't know/want to say □ Other Voucher: □ Safer to carry □ Quality of goods better □ Don't know/want to say □ Prices fixed (traders cannot charge more) □ Other
C.4.4.1	If "other", please specify:	

Section D: Preference Reasons

IN #	Survey Question	Response
D.1.1.	Is there someone in the HH who earns money?	□ Yes □ No □ Don't know/want to say
D.1.2.	Who in the HH earns money? *KI may choose multiple*	□ Me □ Uncle □ Oldest brother □ Mother □ Aunt □ Oldest sister □ Father □ Grandfather □ Grandmother □ Other □ Don't know/want to say
D.1.2.1.	If "other", please specify:	
D.1.3.	What are the three MAIN activities done by members of the household to generate cash?	□ Livestock □ Charcoal making □ Market □ Hunting / Fishing for cash □ Remittances □ Salaries from a fixed job □ Crops for cash □ Salaries from casual labour □ Other □ Don't know/want to say
D.1.3.1	If "other", please specify:	
D.1.4.	Who primarily makes decisions about how to spend the money?	□ Me □ Uncle □ Oldest brother □ Mother □ Aunt □ Oldest sister □ Father □ Grandfather □ Grandmother

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		□ Other □ Don't know/want to say
D.1.4.1	If "other", please specify:	
D.1.5.	Who primarily spends the money?	□ Me □ Uncle □ Oldest brother □ Mother □ Aunt □ Oldest Sister □ Father □ Grandfather □ Grandmother □ Other □ Don't know/want to say
D.1.5.1	If "other", please specify:	
D.1.6.	In the last week, what were the three things that most of the money in the HH was spent on? *KI may choose multiple*	□ Clothes □ Cooking utensils (e.g. pots, charcoal) □ Food □ Hospital / medicine □Tools □ Sanitation items (e.g. bucket, washing powder) □ Seeds □ Personal hygiene products (e.g. soap, pads) □ Livestock □ Transportation □ School fees □ Communication (e.g. phone credit, internet use) □ Other □ Don't know/want to say
D.1.6.1	If "other", please specify:	
D.1.7.	Are there EVER disagreements within the household about what to spend the money on?	□ Yes □ No □ Don't know/want to say
D.2.1.	Do you currently have access to a market within walking distance from your home?	□ Yes □ No □ Don't know/want to say
D.2.1.	Do you have access to a market within walking distance from your home during all season of the year?	□ Yes □ No □ Don't know/want to say
D.2.1.	During which months do you not have access to a market within walking distance from your home? *KI may choose multiple*	□ January □ February □ March □ April □ May □ June □ July □ August □ September □ October □ November □ December □ Don't know/want to say
D.3.1.	Do you feel safe accessing a market within walking distance from your home?	□ Yes □ No □ Don't know/want to say
D.3.2.	Why would you not feel safe accessing a market that is within walking distance from your home? *KI may choose multiple*	□ Abduction □ Killing/injury same tribe □ No road □ Killing/injury other tribe □ Road flooded □ Sexual violence □ Wild animals □ Market very far □ Harassment □ Robberies □ Protection issues with traders □ Must leave children home alone □ Other □ Don't know/want to say
D.3.2.1	If "other", please specify:	
D.4.1.	Does the market you go to have all the items you want?	□ Yes □ No □ Don't know/want to say

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D.4.2.	What items could you not buy in a market even if you had enough money? *KI may choose multiple*	□ Clothes □ Cooking utensils (e.g. pots, charcoal) □ Food □ Feminine hygiene products (e.g. pads/tampons) □ Tools □ Sanitation items (e.g. bucket, washing powder) □ Seeds □ Personal hygiene products (e.g. soap, razors) □ Other □ Don't know/want to say
D.4.2.1.	If "other", please specify:	
D.4.3.	Does the market that you go to have the items you want in good enough quality?	□ Yes □ No □ Don't know/want to say
D.4.4.	What items could you not buy in high enough quality from a market, even if you had enough money? *KI may choose multiple*	□ Clothes □ Cooking utensils (e.g. pots, charcoal) □ Food □ Feminine hygiene products (e.g. pads/tampons) □ Tools □ Sanitation items (e.g. bucket, washing powder) □ Seeds □ Personal hygiene products (e.g. soap, razors) □ Other □ Don't know/want to say
D.4.4.1.	If "other", please specify:	

Read out the following to the Key Informant:
In-Kind assistance is humanitarian assistance provided in the form of physical goods. In-kind assistance is restricted because beneficiaries are not able to choose what they are given.
Cash and voucher assistance (CVA) refers to all programs where cash transfers or vouchers for goods or services are given to beneficiaries. More specifically cash assistance means beneficiaries are given money - either physical currency or e-cash (like mobile money). Vouchers can be paper, token or e-vouchers that can be exchanged for a set quantity or value of goods or services. The voucher can be charged with either a cash value (e.g. $15) or predetermined commodities (e.g. 5 kg maize) or specific services (e.g. milling of 5 kg of maize), or a combination of value and commodities.

E.1.1.	If you had a choice, would you prefer in-kind or CVA?	□ CVA □ In-Kind □ Don't know/want to say
E.1.2.	Why would you prefer *(stated preferred modality)*?	In-kind: □ Market far, □ Market not accessible □ Good quality □ In-kind meets most urgent need □ Ability to trade □ Distribution in a good location □ Distribution quick □ Can bring children to distribution □ Other □ Don't know/want to say CVA: □ CVA easy to carry □ More freedom of choice □ CVA less time □ Protection concerns about in-kind assistance □ Ability to save money □ Want to support local traders □ Feel more dignified □ Distribution in a good location □ Distribution quick □ Can bring children to distribution □ Other □ Don't know/want to say
E.1.2.1	If "other", please specify:	
E.1.3.	If these were your only options, would you prefer cash or voucher assistance?	□ Cash □ Voucher □ Don't know/want to say
E.1.4.	Why would you prefer *(stated preferred transfer mechanism)*?	Cash: □ More freedom □ Ability to save □ Transportable □ Don't know/want to say

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		□ Other Voucher: □ Safer to carry □ Quality of goods better □ Don't know/want to say □ Prices fixed (traders cannot charge more) □ Other
C.5.4.1	If "other", please specify:	
A.1.2.	GPS Coordinates	
END OF SURVEY		

ANNEX 5: METHODOLOGY NOTE

Methodology Note
Ad Hoc Assessment – Beneficiary Preference on Assistance Modality

This section outlines the sampling strategy and process that will be used during the ad hoc assessment on beneficiary preferences of assessment modalities in Renk Town, Upper Nile State, South Sudan.

Data sources:
- REACH South Sudan recently (Q4 2019) conducted a mixed methods assessment in Renk Town[29]. The methodology used during that assessment has served as a template for the simple random sampling method proposed for this ad hoc assessment.
- According to the recent assessment executed by REACH in Renk Town, no reliable population estimates exist for this location[30]. During the preparations for this previous REACH assessment, it was concluded that it is not currently possible to obtain reliable estimates of the population living in Renk Town.
- However, the previous assessment used recent satellite imagery which is dated 29 April 2019[31]. Therefore, it was possible to get an understanding of the population distribution within the Renk urban area.

Sampling framework choice:
- Considering the information outlined above, this assessment will be based on the assumption of an infinite population in order to calculate the sample size needed for the household survey (385 HHs). A 10% buffer will be added to this in case of deletions due to enumerator error. Thus, a total of 424 household surveys will be conducted.
- During the previous assessment, neighbourhoods within the city were identified through several FGDs and participatory mapping exercises. See map on page 3 of this document.
- A density score was then assigned to each neighbourhood based on the satellite imagery and after triangulation of this information with local sources. The density scores can be read as follows: 5 as the highest possible population density and 1 as the lowest possible population density. The result was synthetized in the following table where *Sample size = Targeted sample size * Population density score / Sum of Population density score.*

Table 2: Population density score and sample size calculation for non-beneficiaries

Neighbourhood	Block	Population density	Sample size
Kumchuer	North	1	10
Kurdit	North	1	10
Suraya	North	2	20
Nying	North	1	10
Hai Soma	North	2	20
Marabat 2	North	3	31
Marabat 1	East	3	31
Emtitad El Jadit	East	5	51
Emtitad Gedim	East	4	41
Hai Sora	East	2	20
Hai Masara	East	3	30
Hal Salam	South	2	20
Mat Akodi	South	3	30
Tong	South	1	10
Abayok	South	3	30
Hai Mushati	West	1	10
Hai Sabi	West	1	10
Jebrona	West	2	20
Shawary	West	2	20
Sum:		42	424

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[29] REACH ABA Renk, 2019.
[30] Census 2017 is the last available but is not considered reliable and is not break downed by neighbourhood.
[31] Satellite imagery: WorldView-2 from 29 April 2019

Figure 1: Urban area boundaries delimitations, created using FGDs exercise and participatory mapping during the previous REACH assessment in Renk Town.