

Research Terms of Reference
Barriers to COVID-19 Related Health-Seeking Behaviour Survey
2009a
Syria

March 2021
Version 1.0

REACH Informing
more effective
humanitarian action

1. Executive Summary

Country of intervention	Syria				
Type of Emergency	<input checked="" type="checkbox"/>	Natural disaster	<input type="checkbox"/>	Conflict	
Type of Crisis	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/> Protracted
Mandating Body/ Agency	BHA, ECHO, SDC				
Project Code	16ALO - 16AJJ - 16AKQ				
Overall Research Timeframe	28/03/2021 to 05/05/2021				
Research Timeframe	1. Start collect data: 28/03/2021		5. Preliminary presentation: N/A		
	2. Data collected: 08/04/2021		6. Outputs sent for validation: 26/04/2021		
	3. Data analysed: 15/04/2021		7. Outputs published: 05/05/2021		
	4. Data sent for validation: 15/04/2021		8. Final presentation: N/A		
Number of assessments	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi assessment (more than one cycle)			
Humanitarian milestones	Milestone		Deadline		
	<input type="checkbox"/>	Donor plan/strategy	__/__/____		
	<input type="checkbox"/>	Inter-cluster plan/strategy	__/__/____		
	<input type="checkbox"/>	Cluster plan/strategy	__/__/____		
	<input type="checkbox"/>	NGO platform plan/strategy	__/__/____		
	<input checked="" type="checkbox"/>	Other (Specify): Ongoing work of Risk Communication and Community Engagement (RCCE) COVID-19 Task Force (TF) in Northeast Syria (NES)	02/05/2021		

Audience Type & Dissemination	Audience type <input type="checkbox"/> Strategic X Programmatic X Operational <input type="checkbox"/> [Other, Specify]		Dissemination X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) <input type="checkbox"/> Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting <input type="checkbox"/> Presentation of findings (e.g. at HCT meeting; Cluster meeting) X Website Dissemination (Relief Web & REACH Resource Centre) <input type="checkbox"/> [Other, Specify]	
Detailed dissemination plan required	<input type="checkbox"/>	Yes	X	No
General Objective	To inform Risk Communication and Community Engagement (RCCE) efforts in Northeast Syria (NES) by providing relevant information on key barriers to health seeking behaviour in NES, to attempt to reduce challenges related to seeking care to prevent COVID-19 related deaths.			
Specific Objective(s)	To reach the general objective, this assessment aims to: <ol style="list-style-type: none"> 1. Provide humanitarian actors with a better understanding of public knowledge of resources available for COVID-19 treatment and care (such as the COVID-19 hotline and dedicated COVID-19 hospitals) 2. Provide humanitarian actors with a better understanding of public attitudes towards COVID-19 (degree of concern), the reporting of symptoms related to COVID-19, available resources and the quality of these resources, and willingness to seek care. 3. Provide humanitarian actors with a better understanding of practices in relation to COVID-19 such as public usage of available resources, type of facilities in which the public seeks care, etc. 4. Provide humanitarian actors with a better understanding of key barriers to public usage of resources, with an emphasis on understanding discrimination and social stigma. 			
Research Questions	<ol style="list-style-type: none"> 1. What is the general public understanding of the severity of COVID-19? 2. What is the general public's knowledge of the COVID-19 related resources available to them? 3. What is the public perception of the quality of resources available? 4. At what point does the public see the need to seek medical care if they experience COVID-19 symptoms? 5. What would encourage members of the public to seek treatment and report symptoms shortly after they start experiencing them? 6. What is the general perception of COVID-19 vaccine? 			

	7. What kind of barriers prevent people from health seeking behavior? 8. What forms of discrimination, if any, do people experience as a result of seeking care for COVID-19?			
Geographic Coverage	Areas under self-administration of Hasakeh, Deir-ez-Zor, Ar-Raqqa, and Aleppo governorates.			
Secondary data sources	Main sources include: REACH Knowledge, Attitudes, & Practices (KAP) ¹ survey conducted between April 2020 and December 2020, Population Task Force data and documents ² as well as media, open source reports, humanitarian reports from UN agencies and other humanitarian bodies.			
Population(s)	<input type="checkbox"/> IDPs in camp <input checked="" type="checkbox"/> IDPs in host communities <input type="checkbox"/> Refugees in camp <input checked="" type="checkbox"/> Refugees in host communities <input checked="" type="checkbox"/> Host communities	<input checked="" type="checkbox"/> IDPs in informal sites <input type="checkbox"/> IDPs [Other, Specify] <input checked="" type="checkbox"/> Refugees in informal sites <input type="checkbox"/> Refugees [Other, Specify] <input type="checkbox"/> [Other, Specify]		
Stratification	<input checked="" type="checkbox"/> Geographical #: Hasakeh, Deir-ez-Zor, Ar-Raqqa, and Aleppo governorates Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Specify] #: _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> [Other Specify] #: _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Data collection tool(s)	<input checked="" type="checkbox"/> Structured (Quantitative) ³	<input type="checkbox"/> Semi-structured (Qualitative)		
	Sampling method		Data collection method	
Structured data collection tool # 1	<input checked="" type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input type="checkbox"/> [Other, Specify]		<input checked="" type="checkbox"/> Key informant interview (Target #): 3 per community (1246 communities by REACH, and 1259 by Humanitarian Needs Assessment Programme) ⁴ <input type="checkbox"/> Group discussion (Target #): _ _ _ _ _ <input type="checkbox"/> Household interview (Target #): _ _ _ _ _ —	

¹ See REACH Resource Center for more details.

² Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response, WHO, March 2020,

[https://www.who.int/publications/i/item/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)

³ The data collection tool for this survey is closed-question and adapted for the context. As the survey methodology utilizes key informant (KI) interviews, results will not be statistically representative, and can only be considered indicative due to the purposive sampling method.

⁴ Three (3) key informant interviews will be sought in each location. The proposed number of KI interviews per location was arrived at through internal consultation and complements the succinct approach of the survey.

		<input type="checkbox"/> Individual interview (Target #):_ _ _ _ – <input type="checkbox"/> Direct observations (Target #):_ _ _ _ – <input type="checkbox"/> [Other, Specify] (Target #):_ _ _ _			
Data management platform(s)	X	IMPACT	<input type="checkbox"/>	UNHCR	
	<input type="checkbox"/>	[Other, Specify]			
Expected output type(s)	<input type="checkbox"/>	Situation overview #: 01	<input type="checkbox"/>	Report #: _ _	<input type="checkbox"/> Profile #: _ _
	<input type="checkbox"/>	Presentation (Preliminary findings) #: _ _	<input type="checkbox"/>	Presentation (Final) #: _ _	X Factsheet #: 1
	<input type="checkbox"/>	Interactive dashboard #: _ _	<input type="checkbox"/>	Web map #: _ _	<input type="checkbox"/> Map #: _ _
	<input type="checkbox"/>	[Other, Specify] #: _ _			
Access	X	Public (available on REACH resource center and other humanitarian platforms)			
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)			
Visibility	REACH, HNAP				
	Donor: N/A				
	Coordination Framework: N/A				
	Partners: N/A				

2. Rationale

2.1. Rationale

The ongoing conflict in Syria has resulted in significant damage to infrastructure and local capacity,⁵ placing strain on public services, such as healthcare, which constitutes additional challenges to the implementation of preventive and response measures on the part of communities and local administrative bodies alike.⁶ The COVID-19 outbreak has only further added to these challenges.⁷ Following six months of monitoring of the public's knowledge, attitudes and practices towards COVID-19 in Northeast and Northwest Syria, findings indicate that the general population is aware of COVID-19 symptoms, methods of transmission, and prevention measures.⁸ However, the COVID-19 Task Force has found that the use of preventive and assistance resources such as a support hotline, COVID-19 specific hospitals, and emergency services, are not being effectively utilised. Significant information gaps exist in understanding the barriers to health seeking behavior and an effective COVID-19 response, demanding the need to

⁵ Syria Damage Assessment, World Bank, March 2017, <http://documents1.worldbank.org/curated/en/530541512657033401/pdf/121943-WP-P161647-PUBLIC-Syria-Damage-Assessment.pdf>

⁶ COVID-19 has drastically hit civilians and civil society in Syria, Peace Insight, August 2020, <https://reliefweb.int/report/syrian-arab-republic/covid-19-has-drastically-hit-civilians-and-civil-society-syria>

⁷ A Crisis on Top of a Crisis: COVID-19 Looms over War-Ravaged Idlib, Refugee International, April 2020, <https://reliefweb.int/report/syrian-arab-republic/crisis-top-crisis-covid-19-looms-over-war-ravaged-idlib>

⁸ See [REACH Resource Center](#) for more details.

monitor and understand the public's awareness of available resources, their willingness to utilise them, problems that exist with these resources (if any) and the various barriers that may exist which prevent people from accessing and using them.

At the request of the RCCE COVID-19 Task Force for NES, REACH is undertaking a survey to gauge the barriers to an effective COVID-19 response in Northeast Syria. The following survey aims to build on REACH's KAP surveys⁹ by providing a more comprehensive understanding of people's knowledge, attitudes and practices towards the resources that are available in NES. By addressing information gaps, REACH will provide humanitarian actors involved in the response in these areas with critical information which will enable them to better target their messaging and modify their programming to suite people's needs more effectively.

3. Methodology

3.1. Methodology overview

A key informant (KI) methodology will be employed for this survey. Data collection will take place between 28 March and 16 April (2021) in Hasakeh, Deir-ez-Zor, Ar-Raqqa, and Aleppo governorates. To ensure that all communities can be covered within the designated period, and in response to access restrictions and social-distancing recommendations related to COVID-19, all KI interviews will be conducted remotely. Data will be collected at the community/site level, with enumerators filling out three questionnaires per community/site. KIs will be purposively selected based on their knowledge of resident populations in the community or site and will respond to the sections of the questionnaire that best fit their sector-specific expertise. All collected primary data will then be further triangulated through available secondary data sources.

Enumerators will be instructed to seek respondents for the survey from informal sites, camps, and communities in the above-mentioned governorates. Enumerators will identify KIs through their own existing networks as well as through references of other respondents, where relevant. Enumerators will contact KIs and potential KIs by phone. KI respondents will include healthcare workers, local authorities, business owners, community leaders, and representatives of NGOs and INGOs with experience working in the target communities and sites. They may also include community based organization (CBO) staff / managers, camp managers, social workers, teachers/ headmaster of schools, or IDP representatives.

The final output will comprise of a factsheet detailing key findings and analysis at the governorate level.

3.2 Population of interest

The population of interest for this survey are key informants in NES who are capable of providing relevant information about health care resources and public perception towards COVID-19 and related information.

3.3 Primary Data Collection

⁹ North Dana – IDP Camps and Informal Sites Flood Susceptibility and Flood Hazard Assessment, REACH, November 2020.

Respondents for this survey will be selected through a purposive sampling methodology in which field teams will attempt to achieve the following soft quotas.

Region	Governorate	Number of Communities	Quota/ sample size/ per community	KI type/ community: Health care workers	Male ¹⁰	Female ¹¹
NES	Hasakeh	1335	3	1	1 (or 2)	2 (if available)
NES	Deir-ez-Zor	131	3	1	1 (or 2)	2 (if available)
NES	Ar-Raqqa	461	3	1	1 (or 2)	2 (if available)
NES	Aleppo	578	3	1	1 (or 2)	2 (if available)

Primary data collection will be conducted in four governorates, through a remote interview method (via phone) by REACH staff, and by a combination of remote and in-person interviews by H NAP staff, due to access restrictions and to ensure timeliness. Data will be collected through a KI methodology. REACH will utilise its wide KI network in Northeast Syria to collect information as follows:

- Based on a structured questionnaire, enumerators will ask KIs a limited number of questions pertaining to community knowledge, attitudes, and practices regarding barriers to COVID-19 health care resources at the community or KI level.
- Enumerators will submit three surveys per assessed community, based on KIs' knowledge about the community, camp or informal site in general and specifically with regards to COVID-19. Enumerators will try to contact at least two (2) KIs per community and, if possible, more. In the rare case that enumerators are unable to interview multiple KIs, feedback from one or two KIs will be accepted. If no KIs can be found, then the community will not be assessed. Enumerators will be organised geographically, with each enumerator given a list of unique communities to cover – this will ensure there is no overlapping data collection and that no enumerators speak with the same KI. The KIs will be selected independently by enumerators who possess intimate knowledge of the areas under their coverage and are thus able to identify suitable KIs directly from their existing list of contacts, or indirectly by identifying suitable KIs through contacts and knowledge within their existing network.

3.4. Data Processing & Analysis

All submissions will be checked for internal inconsistencies and outliers and submitted information will be cross-checked with available secondary data on assessed communities. Follow-up will be conducted with enumerators and KIs for all communities where any discrepancies or issues discovered. Submitted raw data will be cleaned based on follow-up responses, and all changes to the data will be logged. The cleaning process will be based on REACH's [Minimum Standards Data Cleaning](#) checklist. The cleaning process will be facilitated by using an R script to record errors, corrections and follow-up requests for the

¹⁰ Two male KI respondents will be used in the event that two female KI respondents are unavailable. The objective is to avoid 3 KIs of the same gender in a given community or site.

¹¹ To try and enhance female participation and provide a more thorough picture of population perceptions

enumerators. Data cleaning will take place on a rolling daily basis as data and feedback on follow-up requests from the data collection team come in.

Data from the assessment will be analysed and reported on at the governorate level, district level, and at the KI level. The analysis will be conducted with R analytical software, and potentially augmented by Excel.¹² All aggregated findings will be collated at the appropriate administrative level and included in the final dataset to ensure information is easily interpreted. Data will be collected by REACH enumerators over the phone with KIs living or working in the community and then aggregated to obtain findings at the assessed area level. H NAP will collect data both over the phone and in person where possible.

Available secondary data sources will be used to triangulate primary data collection and will include data collected through H NAP's COVID-19 Situation reports and previous REACH KAP assessments, as well as other available data from REACH, UN agencies, and other humanitarian bodies, and media and open source reports.

The final output will comprise of a factsheet detailing key findings and analysis at the governorate level.

4. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Assessment Officer	Emergency Team Lead	GIS Officer IMPACT Research Design and Data Unit	Unit Manager
Supervising data collection	Assessment Officer	Emergency Team Lead	GIS Officer IMPACT Research Design and Data (RDD) Unit	Unit Manager
Data processing (checking, cleaning)	Assessment Officer	Emergency Team Lead	GIS Officer IMPACT RDD Unit	Unit Manager
Data analysis	Assessment Officer	Emergency Team Lead	GIS Officer IMPACT RDD Unit	Unit Manager
Output production	Assessment Officer	Emergency Team Lead	GIS Officer IMPACT Research Reporting Unit (RRU)	Unit Manager
Dissemination	Assessment Officer	Emergency Team Lead	GIS Officer IMPACT (RRU)	Unit Manager

¹² Excel will be used if the need should arise for heat-tables and other similar Excel based funtions to be included in the final output.

Monitoring & Evaluation	Assessment Officer	Emergency Team Lead	GIS Officer IMPACT RDD Unit	Unit Manager
Lessons learned	Assessment Officer	Emergency Team Lead	GIS Officer IMPACT RDD Unit	Unit Manager

Responsible: the person(s) who executes the task

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

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

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

5. Data Analysis Plan

Research questions	Question type	IN #	Indicator / Variable	Survey Question	Survey Responses	Data collection level	Skips and Constraints
SECTION A: INTRODUCTION, SURVEY INFORMATION, KEY INFORMANT INFORMATION							
N/A	Text	A.1	Organisation name	Organisation name	(name)	All KIs	-
	Dd/mm/y	A.2	Date of assessment	Date of assessment	(m/d/y)	All KIs	-
	Text	A.3	Team number	Team number	(number)	All KIs	-
	Text	A.4	Enumerator code	Enumerator code	(code)	All KIs	-
	Choose one	A.5	Governorate	Governorate	Admin list (of governorates)	All KIs	-
	Choose one	A.6	District	District	Admin list (of districts) Admin list (of governorates)	All KIs	-
	Choose one	A.7	Sub-district	Sub-district	Admin list (of SDs)Admin list (of districts)	All KIs	-
	Choose one	A.8	Camp/site name	Community or Camp/site name	Admin list (ISIMM list)	All KIs	-
	Choose one	A.9	Type of key informant	Type of key informant	<input type="checkbox"/> Health care worker <input type="checkbox"/> Business owner <input type="checkbox"/> NGO/Humanitarian Aid Worker <input type="checkbox"/> Community Based Organization staff / manager <input type="checkbox"/> Community Leader/ tribe leader/ Mukhtar <input type="checkbox"/> Camp Manager <input type="checkbox"/> Social Worker <input type="checkbox"/> Teachers/ headmaster of the school <input type="checkbox"/> Local administration <input type="checkbox"/> IDPs representative; <input type="checkbox"/> Other, please specify	All KIs	-
	Choose one	A.10	Gender of interviewee	What is the gender of the respondent?	<input type="checkbox"/> Male <input type="checkbox"/> Female	All KIs	-

	Text	A.11	Age of interviewee	How old is the respondent?	##	All KIs	-
	Choose one	A.12	Location of KI	Is the key informant a resident at the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	All KIs	-
	Choose one	A.13	Type of interview	Is this a face to face interview or remote?	<input type="checkbox"/> Face to face <input type="checkbox"/> Remote	All KIs	-
SECTION B: ASSESSING KNOWLEDGE OF COVID-19							
1.What is the general public understanding of the severity of COVID-19	Choose one	B.1. 1	Perception of COVID-19	Do you think the majority (more than half) of members in your community perceive COVID-19 as a deadly disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs	-
	Choose one	B.1. 2	Concern levels	Do you think the majority (more than half) of members in your community are currently worried about contracting COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs	-
	Choose one	B.1.3	Changes in concern level	Compared to three months ago, has your community's level of concern about COVID-19 increased or decreased?	<input type="checkbox"/> Somewhat increased <input type="checkbox"/> Significantly increased <input type="checkbox"/> It is the same <input type="checkbox"/> Somewhat decreased <input type="checkbox"/> Significantly decreased <input type="checkbox"/> Do not know	All KIs	-
	Choose one	B.1.4	Concern levels	Do you think it is likely that you or someone in your community could contract COVID-19 in the next month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs	-
2. What is the general public's knowledge of the resources available to them?	Choose one	B.1.5	Knowledge of resources	Have the majority of members in your community heard of the COVID-19 reporting hotline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Based on my knowledge, the resource does not exist <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	-
	Choose one	B1.5a	Access to resources	If yes, would members of the community know how to call it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	Only if selected "yes" in B1.5
	Choose one	B.1.6	Knowledge of resources	Are the majority of members in your community aware that you can go to a regular health care facility to get a COVID-19 test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Based on my knowledge, the resource does not exist <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	-
	Choose one	B.1.6a	Access to resources	If yes, is there a health care facility closeby that members of the community can easily go to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	Only if selected "yes" in B1.6
	Choose one	B.1.7	Knowledge of resources	Are the majority of members in your community aware that there are dedicated hospitals which have been established to treat COVID-19 cases free of charge, which are separate from regular hospitals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Based on my knowledge, the resource does not exist <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	-
	Choose one	B.1.7a	Access to resources	If yes, is there a dedicated hospital facility closeby that members of	<input type="checkbox"/> Yes	All KIs except health workers	Only if selected "yes" in B1.7

				the community know of and that they can easily go to?	<input type="checkbox"/> No <input type="checkbox"/> Do not know	and medical professionals	
	Choose one	B1.8	Knowledge of resources	Would the majority of members in your community know how to and feel comfortable reporting or seeking treatment if you thought you had COVID-19?	<input type="checkbox"/> Yes, feel comfortable reporting and know how to report <input type="checkbox"/> No, do not know how to <input type="checkbox"/> No not comfortable reporting <input type="checkbox"/> Do not know how to report and not comfortable reporting <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	-
	Choose multiple (up to 3)	B1.8a	Knowledge of resources	If yes, which resources would they use?	<input type="checkbox"/> Public hotline <input type="checkbox"/> Regular Health Facility (e.g. Primary Health Centre) <input type="checkbox"/> Dedicated COVID-19 hospital <input type="checkbox"/> Hospital <input type="checkbox"/> Other, specify	All KIs except health workers and medical professionals	Only if selected "yes" in B1.8 Skip to B1.9 if selected "do not know"
	Choose multiple (up to 3)	B1.8b	Knowledge of resources	Where do you think they have learned about this resource?	<input type="checkbox"/> Social media <input type="checkbox"/> Public flyers <input type="checkbox"/> NGO/INGOs <input type="checkbox"/> Community and religious leaders <input type="checkbox"/> Friends/ family/ relatives <input type="checkbox"/> Other <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	Only if selected "yes" in B1.8
	Choose one	B1.9	Knowledge of resources	What do you think is the general awareness level of majority of members in your community regarding the resources available in case of COVID-19 infection/ in case they are experiencing symptoms?	<input type="checkbox"/> The majority are aware of these resources <input type="checkbox"/> Very few members of the community are aware of the resources <input type="checkbox"/> No members of this community are aware of the resources <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	-
3.At what point does the public see the need to seek medical care?	Choose one	B1.10	Willingness to seek treatment based on symptoms	Do you think that people in your community would seek treatment or report their issue in case of COVID-19 infection/ in case they are experiencing symptoms?	<input type="checkbox"/> Yes, would seek treatment <input type="checkbox"/> Yes, would report <input type="checkbox"/> Both <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	skip to B1.11 if selected "do not know"
	Choose multiple (up to 3)	B1.10a	Usage of resources	If no, why not?	<input type="checkbox"/> Not sure what to do <input type="checkbox"/> Do not know what resources exist <input type="checkbox"/> No access to healthcare facilities (transportation too expensive, health facility too far away) <input type="checkbox"/> Health care too expensive <input type="checkbox"/> Worried that it would affect ability to work <input type="checkbox"/> Not comfortable going to a doctor of the other gender <input type="checkbox"/> Discrimination/stigma from community overall	All KIs except health workers and medical professionals	Only if selected "no" in B1.8

					<input type="checkbox"/> Do not want medical personnel to be seen by neighbours when visiting home to collect sample <input type="checkbox"/> Symptoms not severe enough in their opinion to seek medical care <input type="checkbox"/> Not worried about COVID-19 and do not feel it is important to report symptoms <input type="checkbox"/> Other, specify		
4.What is people's perception of the quality of resources available?	Choose one	B1.11	Usage of resources	Have any of the community members you know made use of any of these resources (mentioned above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	Skip to Section D if selected "do not know"
	Choose multiple (can select multiple)	B1.11a	Usage of resources	If yes, which resource?	<input type="checkbox"/> Public hotline <input type="checkbox"/> Regular Health Facility (e.g. Primary Health Centre) <input type="checkbox"/> Dedicated COVID-19 hospital <input type="checkbox"/> Hospital <input type="checkbox"/> Other, specify	All KIs except health workers and medical professionals	Only if selected "yes" in B1.11
	Choose one	B.1.11b	Satisfaction levels	In general, what is the community perception/satisfaction of these resources? (mentioned above)?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Not satisfied <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	Only if selected "yes" in B1.11 (should repeat for each resource type)
	Choose multiple (up to 3)	B1.11c	Satisfaction levels	If not satisfied, why?	<input type="checkbox"/> Connection weak (for hotline) or no answer <input type="checkbox"/> Using the resource has led to stigma and/or discrimination (applies to all resources) <input type="checkbox"/> The resource was expensive (applies to all resources) <input type="checkbox"/> Using the resource affected ability to work <input type="checkbox"/> Not comfortable engaging with someone of the opposite gender (at hospitals/ during the hotline call) <input type="checkbox"/> Cost of transportation to medical facility is unaffordable <input type="checkbox"/> Travel distance to medical facility is too great <input type="checkbox"/> Other, specify	All KIs except health workers and medical professionals	Only if selected "not satisfied" in B1.11b (should repeat for each resource type)
	Choose one	B.1.12	Satisfaction levels	Do you think community members would feel comfortable recommending this resource to others in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs except health workers and medical professionals	Only if selected "yes" in B1.11 (should repeat for each resource type)
	Choose multiple (up to 3)	B.1.13	Usage of resources	If no, community members have not used any of the resources, why?	<input type="checkbox"/> Community members do not trust local resource options <input type="checkbox"/> Other people in the community discouraged them from using these mechanisms <input type="checkbox"/> The quality of care or resource is of poor	All KIs except health workers and medical professionals	Only if selected "no" in B1.11

					quality/not relevant to their concerns <input type="checkbox"/> Access issues <input type="checkbox"/> Worries about the cost <input type="checkbox"/> Do not know <input type="checkbox"/> Other, specify <input type="checkbox"/> There are no COVID-19 cases in this community		
SECTION C: COVID-19 PRACTICES							
3. At what point does the public see the need to seek medical care?	Choose multiple (can select multiple)	C1.1	Symptoms and level of concern	What symptoms would cause members of your community concern of COVID-19?	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Cold/flu <input type="checkbox"/> Joint/muscle pain <input type="checkbox"/> Persistent headaches <input type="checkbox"/> Rash <input type="checkbox"/> Loss of taste/smell <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> None of the above/would not cause concern <input type="checkbox"/> Other, specify	Health workers/ medical professionals only	Cannot select first 8 options/ other with "none of the above/would not cause concern)
	Choose one	C1.2	Action based on symptoms	What do you think people would do if they had any of the above symptoms?	<input type="checkbox"/> Seek medical care <input type="checkbox"/> Not report or seek medical care, but isolate in my home <input type="checkbox"/> Nothing <input type="checkbox"/> Other, specify	Health workers/ medical professionals only	-
	Choose multiple (up to 3)	C1.2a	Type of care sought	If "Seek medical care", where?	<input type="checkbox"/> Call public hotline <input type="checkbox"/> Regular Health Facility (e.g. Primary Health Centre) <input type="checkbox"/> Dedicated COVID-19 hospital <input type="checkbox"/> Public PHC <input type="checkbox"/> Public Hospital <input type="checkbox"/> Private Clinic <input type="checkbox"/> Traditional Medicine <input type="checkbox"/> Friend or Family member <input type="checkbox"/> Other, specify	Health workers/ medical professionals only	Only If selected "seek medical care" in C1.2
	Choose multiple (up to 3)	C1.2b	Type of care sought	If "nothing", why?	<input type="checkbox"/> Not sure what to do <input type="checkbox"/> Do not know what resources exist <input type="checkbox"/> No access to health care facilities <input type="checkbox"/> Health care too expensive <input type="checkbox"/> Other financial reasons, i.e. cannot miss work <input type="checkbox"/> Cannot be separated from family/children <input type="checkbox"/> Not comfortable going to a doctor of the other gender <input type="checkbox"/> Discrimination/stigma from community <input type="checkbox"/> Think that receiving treatment is dangerous <input type="checkbox"/> Symptoms not severe enough to seek medical care	Health workers/ medical professionals only	Only If selected "nothing" in C1.2

					<input type="checkbox"/> They think they are not in the “vulnerable” category <input type="checkbox"/> Do not think that COVID-19 is dangerous <input type="checkbox"/> Other, specify		
	Choose one	C.1.3	When people are willing to seek care	If community members had these specific COVID-19 symptoms (fever, loss of taste/smell, difficulty breathing, flu-like symptoms) do you think they would seek medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	Health workers/ medical professionals only	Skip to C1.4 if selected “do not know”
	Choose multiple (up to 3)	C1.3a	When people are willing to seek care/ guidance	If yes, what would they do?	<input type="checkbox"/> Call public hotline <input type="checkbox"/> Go to regular Health Facility (e.g. Primary Health Centre) <input type="checkbox"/> Go to dedicated COVID-19 hospital <input type="checkbox"/> Go to Public PHC <input type="checkbox"/> Go to Public Hospital <input type="checkbox"/> Go to Private Clinic <input type="checkbox"/> Use traditional medicine <input type="checkbox"/> Call friend or family member <input type="checkbox"/> Other, specify	Health workers/ medical professionals only	Only If selected “yes” in C1.3
	Choose multiple (up to 3)	C1.3b	When people are willing to seek care/ guidance	If no, why not?	<input type="checkbox"/> Not sure what to do <input type="checkbox"/> Do not know what resources exist <input type="checkbox"/> No access to health care facilities <input type="checkbox"/> Health care too expensive <input type="checkbox"/> Other financial reasons, i.e. cannot miss work <input type="checkbox"/> Not comfortable going to a doctor of the other gender <input type="checkbox"/> Discrimination/stigma from community <input type="checkbox"/> Community members do not trust local resource options <input type="checkbox"/> Other people in the community discouraged them from using these mechanisms <input type="checkbox"/> Think that receiving treatment is dangerous <input type="checkbox"/> Symptoms not severe enough to seek medical care <input type="checkbox"/> They think they are not in the “vulnerable” category <input type="checkbox"/> Do not think that COVID-19 is dangerous <input type="checkbox"/> Other, specify	Health workers/ medical professionals only	Only If selected “no” in C1.3
5.What would encourage members of the public to seek treatment and report symptoms early?	Choose multiple (up to 3)	C1.3c	When people are willing to seek care	If no, what symptoms would need to change to make community members report or seek medical care?	<input type="checkbox"/> Normal symptoms worsen (e.g. cough, fatigue, body pain) <input type="checkbox"/> High fever <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty getting out of bed, moving <input type="checkbox"/> Loss of speech	Health workers/ medical professionals only	Only If selected “no” in C1.3

					<input type="checkbox"/> Severe chest pain <input type="checkbox"/> Nothing, they are still unlikely to seek care regardless of assistance <input type="checkbox"/> Other, specify.		
	Choose multiple (up to 3)	C1.3d	When people are willing to seek care	If no, what circumstances would need to change to make community members report or seek medical care?	<input type="checkbox"/> Logistical help to make travel to hospital easier <input type="checkbox"/> Financial help to reduce cost of care <input type="checkbox"/> Enhanced confidentiality mechanisms <input type="checkbox"/> Nothing, they are still unlikely to seek care regardless of assistance <input type="checkbox"/> Other, specify.	Health workers/ medical professionals only	Only If selected "no" in C1.3
	Choose one	C1.4	When people are willing to seek care	If a doctor recommended that, either due to the severity of a community member's symptoms or underlying conditions (including age), they should be referred to a dedicated hospital for treating COVID-19 facilities would they take their advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	Health workers/ medical professionals only	
	Choose multiple (up to 3)	C1.4a	When people are willing to seek care	If no, why not?	<input type="checkbox"/> Heard the quality of care is lower than a normal hospital <input type="checkbox"/> These facilities are far away from home, and cannot travel there <input type="checkbox"/> Worried that if family member passes away in the hospital, will not get back their body <input type="checkbox"/> Heard rumours about the dangers of treatments administered at medical facilities. <input type="checkbox"/> Do not understand the purpose of these facilities when they already have regular hospitals <input type="checkbox"/> Cannot leave the house; primary caregiver <input type="checkbox"/> Cannot miss work <input type="checkbox"/> Discrimination/stigma from community <input type="checkbox"/> Community members do not trust local resource options <input type="checkbox"/> Other people in the community discouraged them from using these mechanisms <input type="checkbox"/> Other, specify	Health workers/ medical professionals only	Only If selected "no" in C1.4
6.What is the general perception of vaccines	Choose one	C1.5	Vaccine knowledge	Are community members aware that there is a vaccine that can protect against COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs	-

	Choose one	C1.6	Vaccine trust	Do you think the majority of members in your community would be willing to get the COVID-19 vaccination if it was made available to them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs	-
	Choose multiple (up to 3)	C1.6a	Vaccine trust	If no, why not?	<input type="checkbox"/> Cost <input type="checkbox"/> Do not trust the vaccine as not sure of the side effects <input type="checkbox"/> Do not feel it is necessary <input type="checkbox"/> Fear of discrimination from community; do not want to be seen differently by the community <input type="checkbox"/> Do not trust the vaccine due to other reasons, specify <input type="checkbox"/> General disinterest or distrust in immunization as whole <input type="checkbox"/> Would not take depending on source of vaccine (producer/supplier) or location of distribution (e.g. mobile services, public hospital) <input type="checkbox"/> Other, specify	All KIs	Only If selected "no" in C1.6

SECTION D: ATTITUDES TOWARDS COVID-19

1.At what point does the public see the need to seek medical care?	Choose one	D1.1	Attitude towards COVID-19 symptoms	Are there currently members in your community who have COVID-19 symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Not comfortable answering	All KIs except HCW and medical professionals	Skip to 1.2 if selected "Not comfortable answering" or "do not know"
	Choose one	D1.1a	Attitude towards COVID-19 symptoms	If yes, what did they do after finding out they had symptoms?	<input type="checkbox"/> Nothing <input type="checkbox"/> Sought medical care <input type="checkbox"/> Self-isolated <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	-
	Choose one	D1.1b	Attitude towards COVID-19 symptoms	If "sought medical care" what kind?	<input type="checkbox"/> Public hotline <input type="checkbox"/> Regular health facility (e.g. primary health center) <input type="checkbox"/> Dedicated testing centers <input type="checkbox"/> Hospital <input type="checkbox"/> Other, specify <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "sought medical care" in D1.1a
8.Do people experience discrimination as a result of seeking care?	Choose one	D1.1c	Discrimination as a result of COVID-19 care	Did they/ their family experience discrimination or negative impacts in any form?	<input type="checkbox"/> Yes, describe <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	selected "sought medical care" in D1.1a
5.What is the public perception of the quality of resources available?	Choose one	D1.1d	Quality of treatment	How did their family describe their experience receiving treatment for COVID-19?	<input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "sought medical care" in D1.1a
	Choose one	D1.1e	Quality of treatment	Do you think hearing their experience would make community members more or less likely to seek treatment if they thought you may have COVID-19?	<input type="checkbox"/> More likely <input type="checkbox"/> Less likely <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "self isolated" or "sought medical care" in D1.1a

1. At what point does the public see the need to seek medical care?	Choose one	D1.2	Attitude towards COVID-19 symptoms	Are there currently members in your community who have hospitalized due to COVID-19 symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not comfortable answering <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Skip to 1.3 if selected "Not comfortable answering" or "do not know"
	Choose one	D1.2a	Attitude towards COVID-19 symptoms	If yes, what did they do before being hospitalized?	<input type="checkbox"/> Nothing, until they had to be hospitalized <input type="checkbox"/> Self-isolated until symptoms got worse and had to be hospitalized <input type="checkbox"/> Sought medical care immediately (called the hotline, went to doctor, etc.) <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	-
	Choose one	D1.2b	Attitude towards COVID-19 symptoms	If they sought medical care immediately, what kind?	<input type="checkbox"/> Public hotline <input type="checkbox"/> Regular Health Facility (e.g. Primary Health Centre) <input type="checkbox"/> Dedicated Testing Centres <input type="checkbox"/> Hospital <input type="checkbox"/> Other, specify <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "sought medical care" in D1.2a
8. Do people experience discrimination as a result of seeking care?	Choose one	D1.2c	Discrimination as a result of COVID-19 care	Did they/ their family experience discrimination or negative impacts in any form?	<input type="checkbox"/> Yes, Describe <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "sought medical care" in D1.2a
5. What is the public perception of the quality of resources available?	Choose one	D1.2d	Quality of treatment	How did their family describe their experience receiving treatment for COVID-19?	<input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "sought medical care" in D1.2a
	Choose one	D1.2e	Quality of treatment	Do you think hearing their experience would make community members more or less likely to seek treatment if they thought you may have COVID-19?	<input type="checkbox"/> More likely <input type="checkbox"/> Less likely <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "self isolated" or "sought medical care" in D1.2a
1. At what point does the public see the need to seek medical care?	Choose one	D1.3	Attitude towards COVID-19 symptoms	Are there currently members in your community who have died of COVID-19 symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Not comfortable answering	All KIs except HCW and medical professionals	Skip to Section E if selected "Not comfortable answering" or "do not know"
	Choose one	D1.3a	Attitude towards COVID-19 symptoms	If yes, did they try and seek medical care in any form before?	<input type="checkbox"/> No, chose not to <input type="checkbox"/> No, not able to afford/access medical care <input type="checkbox"/> No, symptoms got too severe very fast and died before they could sufficient medical care <input type="checkbox"/> Yes, sought medical care (called the hotline, went to doctor, etc.) <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only if selected "yes" to D1.3
	Choose one	D1.3b	Attitude towards COVID-19 symptoms	If yes, sought medical care, what kind?	<input type="checkbox"/> Public hotline <input type="checkbox"/> Regular Health Facility (e.g. Primary Health Centre) <input type="checkbox"/> Dedicated Testing Centres	All KIs except HCW and medical professionals	Only If selected "sought medical care" in D1.3a

					<input type="checkbox"/> Hospital <input type="checkbox"/> Other, specify <input type="checkbox"/> Do not know		
8.Do people experience discrimination as a result of seeking care?	Choose one	D1.3c	Discrimination as a result of COVID-19 care	Did they/ their family experience discrimination or negative impacts in any form?	<input type="checkbox"/> Yes, Describe <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "sought medical care" in D1.3a
5.What is the public perception of the quality of resources available?	Choose one	D1.3d	Quality of treatment	How did their family describe their experience receiving treatment for COVID-19?	<input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If selected "sought medical care" in D1.3a
	Choose one	D1.3e	Quality of treatment	Do you think hearing their experience would make community members more or less likely to seek treatment if they had COVID-19?	<input type="checkbox"/> More likely <input type="checkbox"/> Less likely <input type="checkbox"/> Do not know	All KIs except HCW and medical professionals	Only If any option other than "Do not know" D1.3a
SECTION E: BARRIERS							
8.Do people experience discrimination as a result of seeking care?	Choose multiple (can select multiple)	E1.1	Discrimination	Do you feel that there is discrimination/stigmatization against those who may have/ have had COVID-19? (people who may have/have had COVID-19 are treated differently)	<input type="checkbox"/> Yes, towards people who may have/have had COVID-19 and their families <input type="checkbox"/> Yes, to the overall community <input type="checkbox"/> Yes, towards IDPs <input type="checkbox"/> Yes, towards health care workers <input type="checkbox"/> Yes, towards migrants <input type="checkbox"/> Yes, other, specify <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Not comfortable answering <input type="checkbox"/> No, there are no COVID-19 cases in this community	All KIs	Skip to E1.3 if selected "Not comfortable answering" or "do not know"
9.In what form does discrimination take place?	Choose multiple (can select multiple)	E1.1a	Discrimination	If yes, in what way?	<input type="checkbox"/> Community members do not speak with them/avoid them. <input type="checkbox"/> Not allowed to enter public spaces <input type="checkbox"/> The family does not want to associate with them <input type="checkbox"/> Businesses do not want to sell to them <input type="checkbox"/> Not allowed to go to work <input type="checkbox"/> Person is refused NGO services that are being given to others <input type="checkbox"/> Other, specify	All KIs	Only if selected "yes" in E1.1
7.What kind of barriers prevent people from health seeking behavior?	Choose multiple (can select multiple)	E1.2	Barriers to seeking treatment	For people in your community who may have symptoms or think that they have COVID-19, what do you think prevents them from reporting the disease or seeking treatment?	<input type="checkbox"/> Lack of awareness of symptoms <input type="checkbox"/> Do not think that the disease is dangerous, or that it is similar to cold/flu <input type="checkbox"/> Are worried about quality of	All KIs	-

					services or safety of services <input type="checkbox"/> Resources too far away <input type="checkbox"/> Financial barriers- the cost of access resources like hospital care, etc <input type="checkbox"/> Cannot miss work, or be separated from family for treatment <input type="checkbox"/> Discrimination/stigma from community <input type="checkbox"/> Do not have support from family/ community to access resources <input type="checkbox"/> Other, specify		
	Choose one	E1.3	Barriers to seeking treatment	Do you think people in your community have sufficient community/ social support if they were to seek medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	All KIs	End survey if selected "do not know"
	Choose multiple (can select multiple)	E1.3a	Barriers to seeking treatment	If yes, what kind?	<input type="checkbox"/> Family/community can provide monetary support <input type="checkbox"/> Family/community can take care of children/ dependents while I am away to seek care <input type="checkbox"/> Family/community can help with the recovery process while in hospital and once I return to the house <input type="checkbox"/> Other, describe	All KIs	Only if selected "yes" in E1.3
	Choose multiple (can select multiple)	E1.3b	Barriers to seeking treatment	If no, what is lacking?	<input type="checkbox"/> Family/community cannot provide monetary support <input type="checkbox"/> Family/community will not provide monetary support due to stigma <input type="checkbox"/> Cannot return to community if suspected of having or being exposed to COVID-19 <input type="checkbox"/> Cannot access essential services due to community stigma <input type="checkbox"/> Family/community cannot take care of children/ dependents while I am away to seek care <input type="checkbox"/> Family/community cannot help with the recovery process while in hospital and once I return to the house <input type="checkbox"/> Other, describe	All KIs	Only if selected "no" in E1.3

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	# of downloads of x product from Resource Center	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
		# of downloads of x product from Country level platforms	Country team		<input type="checkbox"/> Yes
	Number of individuals accessing IMPACT services/products	# of page clicks on x product from REACH global newsletter	Country request to HQ		X Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		X Yes
		# of visits to x webmap/x dashboard	Country request to HQ		<input type="checkbox"/> Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	X Yes
		# references in single agency documents			X Yes
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	<i>All to be included in annual usage survey.</i>
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
	Number of humanitarian documents	Perceived quality of outputs/programs			

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