

# Research Terms of Reference

## Hard to Reach Assessment Afghanistan

December 2017  
Version 3

**REACH** Informing  
more effective  
humanitarian action

### 1. Summary

<b>Country of intervention</b>	Afghanistan					
<b>Type of Emergency</b>		<b>Type of Emergency</b>		<b>Type of Emergency</b>		<b>Type of Emergency</b>
<b>Type of Crisis</b>		<b>Type of Crisis</b>		<b>Type of Crisis</b>		<b>Type of Crisis</b>
<b>Mandating Body/ Agency</b>	REACH					
<b>Project Code</b>	02iAFJ 1U0					
<b>REACH Pillar</b>	X	<b>REACH Pillar</b>	X	<b>REACH Pillar</b>	X	<b>REACH Pillar</b>
<b>Research Timeframe</b>	7 months					
<b>General Objective</b>	To address current humanitarian data gaps (specifically on multisector needs and vulnerabilities of all populations in Hard-to-Reach districts) and inform strategic cluster programming approaches in all 45 Hard-to-Reach districts identified by the Inter-Cluster Coordination Team <sup>1</sup> (ICCT).					
<b>Specific Objective(s)</b>	<ul style="list-style-type: none"><li>• To map Basic Service Units<sup>2</sup> and identify existing infrastructures/key services (health, education, market) within each district;</li><li>• To identify multi-sector needs at the district level in all 45 Hard-to-Reach districts of Afghanistan as identified by the ICCT;</li><li>• To facilitate humanitarian interventions in HTR areas by providing access information;</li></ul> To contribute to the development of the Afghanistan Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP)					
<b>Research Questions</b>	<b>For the BSU Mapping:</b> <ol style="list-style-type: none"><li>1. Where are services usually located in a BSU ?</li><li>2. What are the patterns in terms of services locations ? How concentrated are they ? Are they usually centrally located/accessible to everyone ?</li><li>3. What are the basic services we can always find in a BSU ?</li><li>4. How vast is a BSU usually, and how many people usually live within one?</li></ol> <b>For the Needs Assessment:</b> <ol style="list-style-type: none"><li>1. What is the demographic composition of the community?</li><li>2. What are the internal and external displacement trends in the community?</li></ol>					

<sup>1</sup> The ICCT is chaired by OCHA on behalf of the HC, and composed of all Coordinators of the six active clusters in Afghanistan, in addition to the NGO co-leads representing their cluster. The ICCT is a monthly platform for technical information exchange on cluster-specific strategies, and advises the HCT on humanitarian action of an inter-cluster nature (see: <https://www.humanitarianresponse.info/en/operations/afghanistan/inter-cluster-coordination>)

<sup>2</sup> a discrete geographic area populated by a group of people having particular common demographic and socio-economic features and sharing the same services and facilities, namely the same health facilities, the same education facilities, the same Kariz, and/or participating in the same funeral ceremony

	<ol style="list-style-type: none"> <li>3. What is the level of access to a functional market?</li> <li>4. What is the average price of key goods, as well as the price fluctuation?</li> <li>5. What is the level of access to essential needs?</li> <li>6. What are the main protection concerns for the community?</li> <li>7. What other safety concerns do the community experience?</li> <li>8. Are psycho-social support services available to the community?</li> <li>9. What is the ease of mobility and is there equal access to services in the community?</li> <li>10. What is the degree of physical harm experienced in the community due to conflict?</li> <li>11. Are specific spaces dedicated to women and children in the community?</li> <li>12. What is the level of access to food items?</li> <li>13. What is the level of access to shelter?</li> <li>14. What is the level of access to safe water and sanitation?</li> <li>15. What is the level of access to education?</li> <li>16. What is the community's level of access to health services?</li> <li>17. What type of assistance has been received or is currently being received?</li> </ol>					
<b>Research Type</b>	X	<b>Research Type</b>	X	<b>Research Type</b>	X	<b>Research Type</b>
<b>Geographic Coverage</b>	All 45 ICCT-endorsed Hard to Reach districts of Afghanistan					
<b>Target Population(s)</b>	Residents of Afghanistan's Hard to Reach districts					
<b>Data Sources</b>	<p><b>Secondary Data:</b> Review of key previous studies and datasets available on the 45 HTR districts, in order to identify a tentative baseline (if possible) on key information gaps and streamline previous lessons learned. Data will be sourced as much as possible from UN agencies, INGOs, national NGOs and Government of Afghanistan aid agencies (ANDMA, DoRR).</p> <p><b>Primary Data:</b> Needs assessment with 20 to 30 Key Informants selected in each district. Conducted on a quarterly basis, with comparability established with each previous data collection round to monitor the evolution of the situation.</p>					
<b>Expected Outputs</b>	<p>- 45 district maps outlining community boundaries (based on Basic Service Unit mapping), key infrastructure and topography;</p> <p>- 90 factsheets outlining market conditions and needs in each HTR district.</p>					
<b>Key Resources</b>	N/A					
<b>Humanitarian milestones</b>	N/A					
	<b>Milestone</b>			<b>Timeframe</b>		
		Cluster plan/strategy				
		Inter-cluster plan/strategy				
		Donor plan/strategy				
		NGO plan/strategy				
		Other				
<b>Audience</b>	<b>Audience type</b>			<b>Specific actors</b>		
	X	Operational		X		
	X	Programmatic		X		

	X	Strategic	X
		Other	
<b>Access</b>	X	<b>Access</b>	
		Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)	
		Other	
<b>Visibility</b>		<i>Low profile in the field; joint REACH-HAG/HCAWG branding on products (banner/branding to be confirmed after HCAWG meeting in November 2017)</i>	
<b>Dissemination</b>		<i>Every three months</i>	

## 2. Background & Rationale

### 2.1. Rationale

After unprecedented levels of displacement were observed in Afghanistan in 2016, the situation remained unstable in 2017. Since January, approximately 286,000 undocumented Afghans have returned from Pakistan and Iran (IOM, 2017) and an estimated 202,109 people have been displaced internally by conflict (OCHA, 2017).

Sustained levels of internal displacement have been observed across the 34 provinces, with approximately 20% of all displaced persons residing in hard to reach (HTR), and gradually expanding areas of nongovernment controlled territory. These hard to reach areas of Afghanistan have been prioritized by the HRP 2017 which stated that “with the official IDP petition system largely or completely out of reach for those living in non-government held areas, in addition to the limited coverage of disease and food insecurity early warning systems, the capacity of humanitarian partners to detect or respond to the most acute needs may have been considerably weakened over the past six months, resulting in less IDPs being reported despite intensified conflict”.

Due to limitations associated with HTR areas, conventional face-to-face data collection techniques are not always possible in these locations, generating a lack of reliable data, and therefore reducing the adequacy of on-the-ground response. As a result, there is a lack of regular monitoring of the needs of these hard to reach communities which has undermined the ability to continually track the needs and vulnerabilities to ultimately inform the response, both operationally and strategically.

Continuous assessment of the severity of the situation across these hard to reach communities is essential to:

- a) enable needs based prioritisation of humanitarian assistance,
- b) act as a basis for advocacy efforts to assist the delivery humanitarian assistance,
- c) monitor the impact of humanitarian programming.

OCHA and the Humanitarian Access Group (HAG) categorise an area as hard to reach when it is not regularly accessible to humanitarian actors for the purposes of assessments and response activities, based on the following criteria:

- Security concerns (e.g. active conflict, illegal checkpoints, roadblocks, etc.)
- Lack of authorisation from local authorities
- Logistical barriers (e.g. lack of infrastructure, geographical constraints)

Access to HTR areas of Afghanistan is however crucial. Indeed, according to the ATR/NRC study of HTR districts in four provinces of Afghanistan published in January 2017, these areas are particularly susceptible to food insecurity, WASH, shelter and other pressing humanitarian needs, contributing to further internal displacement. For the purpose of this assessment, the Hard to Reach districts identified by the humanitarian community are near-to or completely inaccessible for security reasons.

The Special Inspector General for Afghanistan Reconstruction (SIGAR) considers some 45 districts as fully or partially under the control of Armed Opposition Groups (AOGs), with a further 118 contested and regularly falling in and out of government control.

These 45 districts have been adopted by OCHA as the 45 hard to reach districts that are targeted under the Second Allocation of the Common Humanitarian Fund (CHF) to support the provision of life-saving assistance to people in Hard to Reach (and underserved) areas of the country.

This project therefore directly responds to the fifth priority area in the Second Allocation CHF Strategy, “Enabling Action”, and more specifically to the Coordination and Common Objective 1 “Enabling Action (Assessment) – Strengthen humanitarian actor’s response through the coordinated multi-sector assessments to inform humanitarian programming, strategic decision-making and improve understanding of critical humanitarian needs”.

The Afghanistan Hard to Reach Assessment (AHTRA) is multi-sectoral in nature and is designed to provide information that can support implementing partners, Cluster leads and senior decision makers. At the institutional level, the AHTRA will be established and designed in partnership with the OCHA HAG and ICCT, while all technical review will be channeled and reviewed through the OCHA HCAWG, which is co-led by REACH.

At the institutional level, REACH will create partnerships to ensure:

- a) assistance in building networks of KIs;
- b) feedback on the methodology and tool;
- c) endorsement of the methodology and tool

At the operational level, REACH will work with partners to ensure:

- a) comprehensive, collaborative data collection
- b) triangulation of data gathered
- c) expansion to more areas through partner knowledge and networks
- d) greater dissemination and access through AHTRA members.
- e) analysis support to consolidate findings collected by partners and REACH

## 2.2. Background Research in Afghanistan

### Assess Transform and Reach Consulting, HTR Report - June 2016

By definition, research in HTR area is scarce due to the limitations highlighted above. However, the AHTRA will notably build and expand on the “Humanitarian Assessment in Hard to Access Areas” report, that was conducted by Assess, Transform and Reach (ATR) Consulting on behalf of the Norwegian Refugee Council, with findings published in January 2017.

Building upon its initial pilot Hard to Reach study in four Hard to Reach district and two accessible districts in Kunduz and Paktika provinces conducted between May and July 2016, ATR was commissioned to conduct a multi-sector needs assessment in five provinces containing both accessible and Hard to Reach districts – Baghlan, Badghis, Farah, Faryab and Zabul – using both quantitative and qualitative methods. The provinces were selected based on their level of access to humanitarian actors and their rating in the 2015 Overall Needs Index Report. ATR conducted humanitarian assessment in both accessible and Hard to Reach districts within each province, with a sample size large enough to compare both type of districts – providing evidence to reveal trends in differences of the types and severity of needs between beneficiary populations in accessible and Hard to Reach districts.

The study targeted 20 districts overall, four per province, and surveyed 10,000 households. In each province, the provincial capital, considered the safest place of the province, was selected as an accessible district, in comparison to the three other districts selected, considered Hard to Reach. ATR's fundamental research question was whether the lack of humanitarian programming in Hard to Reach areas is the result of lower needs than in accessible areas, or the result of a lack of capacity from development and humanitarian actors on the ground to safely visit these areas and accurately report on needs. The three main findings of this report have been summarised as follows:

- Humanitarian needs are not being fully understood or addressed by government or humanitarian actors in Hard to Reach districts despite the needs being greater in Hard to Reach districts compared to accessible districts – based on WASH, access to healthcare, protection, shelter, family finances, access to markets, and education indicators;
- Access for humanitarian assessment and assistance must improve for these needs to be addressed;
- 8% of the surveyed population in the Hard to Reach districts is displaced and 14% of the surveyed population in accessible districts is displaced. Displacement has become one of the most pressing features of the humanitarian situation in Afghanistan.

### **2.3. Hard to Reach Assessments in Other Contexts**

REACH's Afghanistan HTRA will also build upon methodologies tested by REACH in other contexts, namely the existing Hard to Reach Assessments using Area of Knowledge (AoK) and Area of Origin (AoO) methodologies in South Sudan, Syria and Iraq.

In **Syria**, REACH conducted a pilot assessment and an interim update assessment between January and April 2016 aimed at determining the specific vulnerabilities of besieged and hard to reach communities. Based on this pilot assessment, REACH continues to monitor the situation in these 18 besieged communities and 12 hard to reach locations (the latter namely in rural Damascus, Damascus and Homs through monthly assessment mechanisms designed to evaluate the severity of access restrictions and the humanitarian needs of those living within affected areas. Using a network of community representatives inside Syria, indicators cover freedom of movement and restrictions on civilians, as well as commercial goods and humanitarian assistance. It also covers health services, reported casualties, food security, access to goods and access to services.

In **South Sudan** REACH has been mapping hard-to-reach areas since 2015 when REACH piloted its Area of Origin (AoO) methodology, taking a territory-based approach that covers several bomas (lower level administrative division comparable to a village). In December 2016, the methodology was further refined and moved from an AoO approach to the Area of Knowledge (AoK) methodology, which collects information at the settlement level from a network of Key Informants who have sector-specific knowledge and gain the information from regularly traveling to and from the settlement, direct or indirect contact with people in the settlement, or recent displacement. The data collected is then aggregated to the settlement level within one of the five States REACH is conducting this assessment in. The findings provide an indicative understanding of the needs and current humanitarian situation in the assessed areas of the given States, namely pertaining to displacement (including population movements and push/pull factors), healthcare, shelter, food security, WASH, education (mainly attendance and availability) and protection concerns.

Finally, since January 2015, REACH has also been regularly collecting data to inform humanitarian planning in hard to reach and newly accessible areas across **Iraq**. Data collection was conducted through community group discussions using the AoO methodology - where internally displaced Key Informants with knowledge of the humanitarian situation and needs in their Area of Origin were interviewed – but also using, when possible, the AoK methodology – with returnees and other members of the community currently living in the selected hard to reach areas. The April 2017 round saw 206 KIs interviewed with participatory mapping also used to help identify levels of damage to key infrastructure and their location. Based on the collected data, each location assessed was assigned a severity score (out of 5 – ranging from fine, minor and moderate

severity, to major and critically severe) for six key sectors: livelihoods, healthcare, shelter and damage, food security, WASH, and education.

### 3. Research Objectives

**Primary Objective:** Informing a more effective and evidence based operational and strategic response in hard to reach communities.

**Specific Objectives:**

- To map Basic Service Units and identify existing infrastructures/key services (health, education, market) within each district;
- To identify multi-sector needs at the district level in all 45 Hard-to-Reach districts of Afghanistan as identified by the ICCT;
- To facilitate humanitarian interventions in HTR areas by providing access information;
- To contribute to the development of the Afghanistan Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP)

### 4. Research Questions

**For the BSU Mapping:**

1. Where are services usually located in a BSU ?
2. What are the patterns in terms of services locations ? How concentrated are they ? Are they usually centrally located/accessible to everyone ?
3. What are the basic services we can always find in a BSU ?
4. How vast is a BSU usually, and how many people usually live within one?

**For the Needs Assessment:**

1. What is the demographic composition of the community?
2. What are the internal and external displacement trends in the community?
3. What is the level of access to a functional market?
4. What is the average price of key goods, as well as the price fluctuation?
5. What is the level of access to essential needs?
6. What are the main protection concerns for the community?
7. What other safety concerns do the community experience?
8. Are psycho-social support services available to the community?
9. What is the ease of mobility and is there equal access to services in the community?
10. What is the degree of physical harm experienced in the community due to conflict?
11. Are specific spaces dedicated to women and children in the community?
12. What is the level of access to food items?
13. What is the level of access to shelter?
14. What is the level of access to safe water and sanitation?
15. What is the level of access to education?
16. What is the community's level of access to health services?
17. What type of assistance has been received or is currently being received?

### 5. Methodology

#### 5.1. Methodology Selection

The rationale underpinning the AHTRA methodology rests on 4 key parameters:

- 1) **Information gaps** and needs as per partner consultations and existing information available

After consultation with the humanitarian community, OCHA adopted 45 districts out of over 100 as the 45 Hard-to-Reach districts that are targeted under the 2017 Second Allocation of the Common Humanitarian Fund (CHF), to support the provision of life-saving assistance to people in Hard-to-Reach (and underserved) areas of the country. The AHTRA will cover all 45 districts.

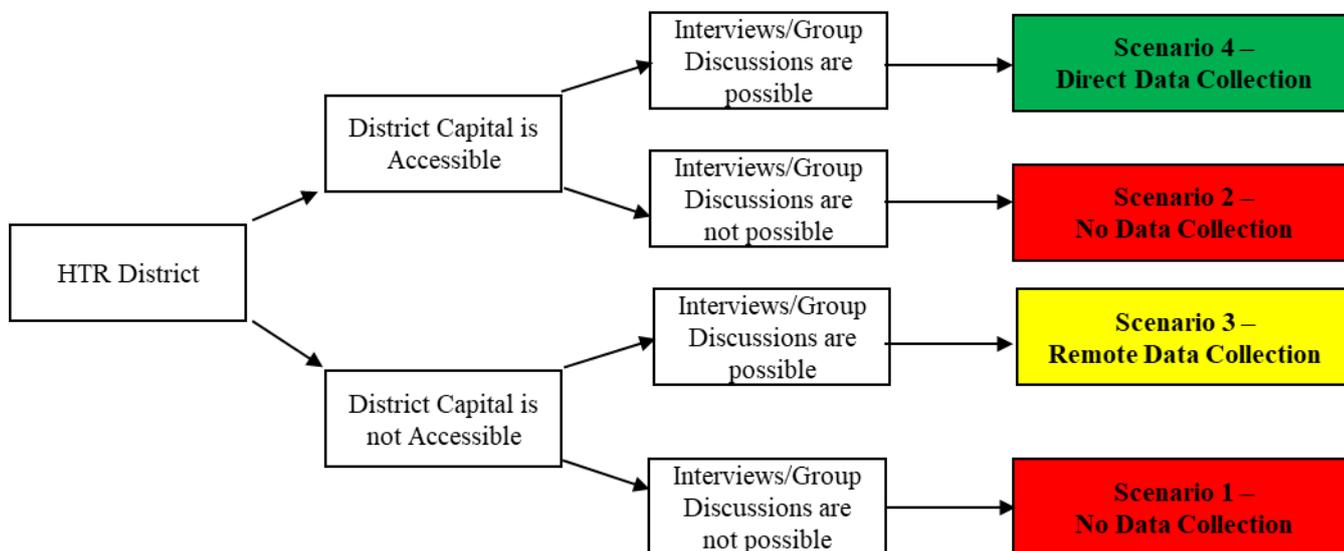
- 2) **Access, and safety and security considerations**, including:
  - a. Level of *physical access* to the area, and surrounding areas (for remote data collection)
  - b. Level of *'information access'* ("Can we ask questions about this area whilst remaining within our safety and security perimeters, even when we use remote data collection?")

Decisions on which specific data collection methodologies to apply will be decided based on the decision-making process outlined in Figures 1 and 2 (see below).

The access-based decision structure of what methodologies to employ under the AHTRA is the following:

- Where information access is not possible, no data collection will be conducted
- Where information access is possible, and physical access to the entire population of interest is possible direct KIIs can be applied;
- Where information is possible, but physical access to the population is not possible, remote data collection methodologies will be employed, through KIIs using phone/VoIP communication means.

Table 1: Decision-making process for data collection methodology



As outlined in figure 1, where direct access is not possible to the whole area of interest (as is currently the case in parts of Afghanistan) remote data collection methodologies can be employed, to ensure information can still be gathered about the specified population of interest. When data of low reliability is collected, this is declared to ensure information can be used responsibly. For this security assessment, the district capital has been used as an element of reference as it is most often the most accessible part of the district in contested areas in which meetings and group discussions are more likely to be

held without jeopardising the safety of enumerators and Key Informants. That said, when roads towards the rest of the district are open and accessible to enumerators based in the district capital, enumerators will be able to travel and conduct interviews within the different communities identified during the BSU mapping.

Where access to the entire population of interest is possible but restricted, direct data collection through enumerators can be employed through interviews with key informants. This method is also applied where access is good but the context is dynamic, with high levels of movement preventing effective probability sampling of the population of interest.

For an indication of the difference of reliability per modality, see figure 2 below.

**3) Pace of data collection**

- a. Fast and dynamic (sudden, high levels of population movement) -> Rapid Assessments
- b. Regular (monitoring framework) -> Quarterly Monitoring

This ToR outlines the regular monitoring framework put in place by the AHTRA. However, in rapidly evolving displacement scenarios, additional ad hoc rapid assessments may be requested by humanitarian partners. Due to the necessary pace of data collection during rapid assessments, only purposive data collection methodologies may be applied, whereas quarterly monitoring might eventually employ household level data collection.

For an overview of the outcome of the different scenarios, both in terms of access and modality (based on required pace), see the outline below:

		LEVEL OF DATA COLLECTION ACCESS			
		No Access Scenario 1 & 2	Restricted Access Scenario 3	Access Scenario 4	
DATA COLLECTION MODALITY	RAPID ASSESSMENTS, <i>after sudden, dynamic population movement</i>	Purposive	NO DATA COLLECTION	Direct key informant interviews Participatory mapping	Direct key informant interviews Participatory mapping
		Probability			
	REGULAR QUARTERLY MONITORING	Purposive	NO DATA COLLECTION	Direct key informant interviews Participatory mapping	Direct key informant interviews Participatory mapping
		Probability			Potential direct household interviews
<i>Highest possible Data reliability</i>					

## 5.2. Population of interest

The AHTRA's primary sampling unit will be at the Basic Service Unit<sup>3</sup> (BSU) level, a unit which serves as a middle ground between the district level – too large an area for Key Informants to provide knowledgeable information on – and the village level, which, in Afghanistan, proves to be too small an administrative unit for the type of big-picture overview this assessment aims to provide.

Rather, BSUs are structured around a common market place and often share common social and economic resources and infrastructure – with coherent demographic and livelihood features. At the BSU level, the HTR assessment will conduct Key Informant Interviews with members of the community estimated to have the most knowledge of the conditions of the local area. Such members include CDC members, schoolteachers, village elders, religious leaders and doctors. The AHTRA also aims to conduct KIIs with shopkeepers and traders, who are estimated to have first-hand knowledge of prices and market conditions in a given BSU. The assessment will be targeting all categories of the population, with a specific focus on identifying internal and external displacement trends and displacement intentions.

## 5.3. Secondary data review

A secondary data review of vulnerabilities in the 45 HTR districts identified in the Second Allocation CHF will be conducted to understand the key previous studies and datasets available. This review will serve to identify key information gaps, as well as to streamline this assessment to previous lessons learned about conducting such an assessment in Hard-to-Reach districts. Key actors such as UN agencies, INGOs and national NGOs will be engaged in this process, along with other aid stakeholders from the Government of Afghanistan and relevant local authorities, to help source available material. The findings from this secondary data review will inform the development of the final endorsed methodology, including specific security and “do no harm” mitigation measures for each targeted district. In addition, this secondary data review and consultation with partners will enable a division of each district into a number of BSUs, endorsed by the Humanitarian Access Group, the Assessment Working Group, the ICCT and the Clusters.

## 5.5. Establishing Partnership Frameworks

The first month of the project will see a number of partnerships with international and national NGOs being created, where REACH will work closely with these organisations to:

1. Refine the methodology and the tool;
2. Gain insight on HTR districts during the secondary data review phase;
3. Build a network of reliable KIs thanks to partner inputs – with the understanding that no one will be contacted without the approval of the organisation that put forward the contact details of a given KI
4. Provide partner organisations first-hand access to the information collected, during the three-month milestone presentation of preliminary findings.

These partnerships will be mostly operational (institutional partnerships are with the HAG, the ICCT, the HCAWG for instance), and will be strictly regulated by a Standard Operating Procedure which is currently being drafted – that will outline what REACH can ask of partners, what REACH can commit to and what is expected out of this partnership (i.e. what it will lead in to).

## 5.6 Primary Data Collection

The assessment will have the following phases:

- An initial mapping of the BSUs;
- Identification of Key Informants thanks to the cooperation of partner organisations in given areas as well as Community Development Council (CDC) members and prominent members of the community with extensive knowledge of the conditions in the local area – such as schoolteachers, village elders, doctors etc.

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<sup>3</sup> a discrete geographic area populated by a group of people having particular common demographic and socio-economic features and sharing the same services and facilities, namely the same health facilities, the same education facilities, the same Kariz, and/or participating in the same funeral ceremony

- Tool creation and approval by partners;
- Initial survey deployment – either in the form of face-to-face interviews or remote phone/VoIP interviews;
- Follow-up survey deployed on a quarterly basis to enable the monitoring of any changes in vulnerabilities, needs, coping strategies or market conditions in a given district.

#### 5.4.1. Mapping Service Catchment Areas

The service catchment area (or Basic Service Unit, BSU) mapping phase is the first step of an extensive assessment of 45 hard to reach districts identified by OCHA as such under the Second Allocation CHF. As part of its Afghanistan Hard to Reach Assessment (AHTRA), REACH will map service catchment areas (BSUs) in all the 45 HTR districts. For the purposes of this project, a BSU is defined as a discrete geographic area showing common demographic and socio-economic features, between the village and district levels, often structured around a common market place.

**TO NOTE:** The full methodology for the service catchment area mapping has been incorporated into a ToR of its own, which has been included in **Annex 5** of this document. The BSU ToR is currently undergoing review from a security perspective by the ACTED Cooperation and Security units.

The first step of this mapping is to determine an average number of BSUs per district as well as the security environment for data collection. The average number is not easy to estimate however REACH has based itself on ACTED's previous BSU mapping in Faryab province to make the following observations:

- There are one to seven BSUs per districts, which yields an average of **3.2 BSUs per district** overall;
- There appears to be one BSU every **500 sq. kilometre**;
- There is an average of **32 village per BSU**.

As such, based on calculations outlined in the BSU mapping ToR in **Annex 4**, REACH expects the number of BSUs for the 45 Hard to Reach districts to be broken down the following way:

- In the 16 “multisectoral” districts – where levels of access should enable multisectoral interventions – REACH expects to find **an average of 74 BSUs** (numbers comprised between 51 and 112);
- In the 29 “sectoral” districts – in which access should enable only one given sectoral intervention, REACH expects to find **an average of 137 BSUs** (numbers comprised between 93 and 203);

As per figure 1 above, the security environment will serve to inform the type of methodology applied, according to the chart below:

Enumerators would then be deployed, either in the field or through remote data collection, to address the following research questions using a KoBo tool designed for the mapping (see **Annex 5**):

- Where are services usually located in a BSU ?
- What are the patterns in terms of services locations ? How concentrated are they ? Are they usually centrally located/accessible to everyone ?
- What are the basic services we can always find in a BSU ?
- How vast is a BSU usually, and how many people usually live within one?
- Are there regional patterns in terms of the BSU size, population density or other variables across the country ?

Once data collection is complete in all green and yellow districts (see figure 1 above), individual district maps (at least 30) will be produced showing all identified BSUs in a given district, their marketplace as well as village names, roads and key infrastructure. The maps will also reflect geographic features such as river networks, mountains, valleys and irrigated land.

#### 5.4.2. Key Informant Identification

Breaking down the Hard-to-Reach districts into BSUs will enable REACH to use them as the lowest level of aggregated analysis as well as the lowest level of assessment. Thus, based on the size of the BSUs and the district as a whole, REACH will aim to identify Key Informants within that boundary to ensure that the area for which KIs are providing information corresponds directly to their community and area of expertise, mitigating the risk of unreliable data being collected.

Key Informants will be identified within the BSUs so as to ensure that the area for which KIs are providing information corresponds directly to their community, mitigating the risk of unreliable data being collected. REACH will categorise them according to a sectoral KI grid, broken down according to different sectors such as WASH, Shelter, or Education to name a few. The grid will be constructed based on REACH's own network of KIs. REACH will also work with operational and institutional partners (based on the partnership SOP to be presented to partners in January 2018) to supplement specialist KIs in areas where REACH coverage is insufficient.

Once sets of KIs are identified for a given round of data collection, a team of enumerators will deploy the approved tool in either face-to-face or phone/VoIP interviews. Key informants will be asked to provide information on their community as well as sector of expertise, which will form the basis of the core information required for each BSU. To ensure the data can be triangulated to avoid erroneous results from a single Key Informant, multiple Key Informants per BSU will be used.

No data collection can take place in 'red' areas (see above). However, in areas in which physical access is not possible but information access is, KIs will be identified amongst recent arrivals in neighbouring districts – typically within accessible (or 'green' districts). These new arrivals will be selected for participation when they:

1. Can confirm having left their district of origin within 30 days of their first interview;
2. Are in daily contact with reliable networks (relatives, personal connections) that remain in the AoO;
3. Have a demonstrated community-level understanding of their AoO.

### **5.4.3. Tool and Data Analysis Plan Design**

#### *5.4.3.1. BSU Mapping Tool and Data Analysis Plan*

The BSU mapping will take place at the sub-district level and aim to identify Basic Service Units.

Three tools are being deployed for the mapping, two for the Group Discussions and one to complement the discussions as needed:

- The first tool aims to ask which village in each district belongs to which service catchment area, along with its name. Group discussion participants can either all give the same answer or debate to clarify the issue. The views of the majority will determine the final answer;
- The second tool aims to identify 14 basic services (WASH, health, education, etc.) within given BSUs;
- The third tool will be deployed in cases where the group discussion participants cannot reliably inform on one or more villages. In such cases, enumerators will either go in person (in 'green' areas) or conduct phone interviews with village leaders (in 'yellow' areas) to ask about services.

All three tools are composed of closed questions, with the exception of one question aimed at writing the BSU name. These will only be used for internal purposes, and will not be reflected on published maps or material, though there will be a need for some data cleaning to harmonise names and ensure consistent spelling of BSU names. The bulk of the work for the analysis team in Kabul lies in checking for inaccuracies/outliers. Should any inaccuracies be spotted during the cleaning and analysis phase by the analysis team, the problematic villages will be cross-checked during a second, shorter, data collection round. Once all data is cleaned, the data will be aggregated at the district level and incorporate into district maps – one per district – showcasing the findings.

#### *5.4.3.2. Needs Assessments Tool and Data Analysis Plan*

### **AHTRA Needs Tool:**

To facilitate comparability with existing nation-wide assessments – such as the 2017 Multi-Cluster Needs Assessment (MCNA) – the AHTRA tool will be designed based on the REACH Afghanistan 2017 MCNA model, drawing a number of

relevant indicators from this assessment. The tool will therefore be multisectoral and structured, mostly comprised of closed questions pertaining to markets (accessibility and price), essential needs/livelihoods, protection, food security and nutrition, WASH, shelter, education and health. The tool will also include a demographics section, as well as a section examining existing humanitarian assistance (if any) and key challenges to the provision of humanitarian assistance.

As agreed with members of the ICCT and the HAG, the tool design stage will begin with a draft list of indicators being sent out to ICCT and HAG partners in late December 2017, and followed-up with a methodology and tool design workshop in early January 2018 where partners will have the opportunity to provide feedback and comments on the indicators. On the basis of that workshop, REACH will finalise the list of indicators and put together a tool on KoBo which will be presented for final feedback to ICCT and HAG partners, as well as REACH HQ in Geneva, by the third week of January, to be ready for deployment in late January/first week of February.

Unlike the HEAT tool, which is a rapid emergency assessment tool at the household level, **the AHTRA tool will provide less emergency-specific information following a shock, but more medium-term information on markets and services to inform humanitarian actors on livelihoods and needs**. The tool will therefore be providing information that feeds in to medium-term programming on livelihoods but could also highlight the need for emergency rapid assessments (through HEAT for instance) should a given BSU find itself in the midst of a shock.

Similarly, the tool is not a displacement monitoring tool and thus will not duplicate IOM's Displacement Tracking Matrix (DTM) – one of the two collectively used tools with HEAT in Afghanistan. Indeed, though the tool contains some questions on the presence of IDPs, their provinces of origin, as well as displacement intentions, external and internal displacement tracking is not the AHTRA's main objective and the Key Informant-based, big-picture, nature of the AHTRA means it will not duplicate the DTM as it cannot be used for direct beneficiary selection but rather to understand and monitor trends.

The research tool will be composed by a set of basic demographic indicators, as well as humanitarian indicators that will then be used throughout the project for the monitoring of BSUs. The tool will notably serve to capture displacement, patterns, changes in access to market and basic services, price information, and Cluster-specific variables (such as water shortage, shelter damage, food security-related issues, etc.). Gender-specific questions will be included wherever relevant. The research tool will serve as a medium-term tool meant to monitor variations on a monthly basis.

For an outline of the selected indicators for this assessment, designed in collaboration with all relevant partners and finalized during an indicator workshop with all Clusters, see the following table:

Indicator group / sector	Indicator / Variable
Key characteristics	Enumerator name
	Date of Key Informant Interview
	Mode of data collection
	District
	Basic Service Unit
	Key Informant name
	Key Informant phone number
	Key Informant gender
	Key Informant professional occupation

Demographics	Estimated total population, disaggregated by gender
	Age groups
	Number of people with disabilities
	Number of people displaced from community in the past 3 months
	Number of IDPs in the community
	Number of IDPs in the community
Markets	Access to market
	Markets in the community
	Functionality of market
	Freedom of movement and goods
	Cost of core items
	Price fluctuations over past 30 days
Livelihoods	Main sources of income in the community (30 days prior to interview)
	Average income in the community (30 days prior to interview)
	Average expenditure on essential items (30 days prior to interview)
	Access to financial services
	Access to legal services
	Access to civil documentation services
	Shortage in services in the community
Protection	Exposure to protection concerns for the community
	Presence of landmines in the community
	Other safety concerns
	Availability of psycho-social support services in the community
	Restriction/challenges on movement in the community
	Equal access to services
	Degree of physical harm due to conflict
	Women and child-friendly spaces in the community
Food Security	Access to food in past 30 days (compared to previous month)
	Level of food stocks
	Main food source for men/women/boys/girls
Shelter	Primary shelter type
	Tenure status types in the community
	Average number of rooms in shelters in the community

	Fear of eviction in the community
	State of shelter damage
	Livestock sharing same living space as HH members
WASH	Primary source of drinking water for the community
	State of primary drinking water source
	Sufficiency of available water
	Most common waste management practices in the community
	Access to latrine
	Main type of latrine for the community
	Main challenges in WASH
Education	Number, type, and condition of educational facilities in the community
	Number of children in the community attending school
	Number of teaching staff in the community
	Availability of supplies and materials
	Challenges in accessing and delivering education
Health	Number, type, and condition of medical facilities in community
	Availability of medical staff in the community
	Availability of basic medication in the past 30 days
	Barriers to healthcare access in the community
	Number of healthcare facilities burnt/closed down in past 3 months
	Number of healthcare workers killed/threatened in the past 3 months
	Use of family resource for healthcare instead of other essential commodities
Assistance	Assistance received
	Barriers to assistance
	Freedom of movement and goods
	Community priority needs

REACH will also streamline gender and protection concerns throughout the assessment, namely with the following example of indicators:

- Estimated % of female-headed households;
- Estimated % of child-headed households;
- Estimated % of elderly-headed households;
- Estimated % of households with chronically ill and/or disabled members;
- Access to female hygiene products; Access to educational facilities;
- Number of days girls and boys go to school in the last 30 days in the community;
- Estimated % of households with private rooms for girls and women;

## AHTRA Needs Tool Analysis Plan

All BSU-level questionnaires will be submitted to the analysis team in Kabul who will consolidate all submissions into one master database. A data cleaning log will then be completed with all corrections identified and logged as needed during the de-briefing process with enumerators. The analysis team in Kabul will check all variables for outliers and put together an outlier report. Corrections are then implemented by the analysis team using the data cleaning log and the outlier report. Both raw and cleaned datasets are stored at the end of each data collection phase for future reference.

Given that multiple questionnaires per BSU will be submitted based on interviews with a number of different profiles – categorised in the sectoral Key Informant grid – confidence levels for each KI type against each question will be implemented, on the basis of the type of Key Informant versus the type of information provided. This will be implemented to ensure data judged to be the most reliable is given the most weight. A full breakdown of the confidence level can be found in Annex 5.

BSU-level data will be aggregated by district and summarised in a quarterly district-level factsheet. The exact composition of these factsheets is currently unclear but will become increasingly clearer as the tool is finalised with OCHA and the cluster leads in Kabul. As the analysis is directly tied into cluster intervention strategies and the framework will be designed with OCHA and the cluster leads, the visualisation of the data in factsheets will also be discussed with them – based on existing models from Syria, Iraq and South Sudan – to create the most context-appropriate factsheets that best tie in to cluster needs.

Appraisal of the data collection process and the related outputs will take place in the final week of each data collection cycle during the data cleaning process in order to (1) identify any improvements that need to be implemented ahead of the next quarterly data collection cycle; and (2) relay this feedback to the Senior Field Officers, who may elect to retrain enumerators as needed. Between the first and the second data collection rounds will be a period of feedback from OCHA, cluster leads and Humanitarian Access Group partners, with sufficient time allocated to discussing this feedback, agreeing on adjustments needed, incorporating these eventual adjustments in the tool and related outputs, as well as retraining of staff as needed.

### 5.4.4. Data Collection

Key Informant participants will be interviewed face-to-face in their host community subject to stable security conditions. Following the methodology above, multiple Key Informants per BSU will be used in order to triangulate the data and avoid erroneous results from a single Key Informant. The district capital will serve as the base from which interviews will be conducted and, should the security situation (monitored regularly) allow, enumerators will also travel out into the different communities identified during the BSU mapping to conduct interviews.

Following the first round of the needs assessment, a second round will be deployed on a quarterly basis to enable REACH to monitor any changes in vulnerabilities, needs or coping strategies since the previous quarter, using the same approved tool. As outlined above, each question in the initial survey and the follow-up survey will be linked to a confidence matrix, which will give an indication as to the reliability of the answers provided. For instance, it is assumed that the confidence with which a schoolteacher can provide information on educational needs is higher than an agricultural worker's. Conversely, the agricultural worker is better able to answer questions on crop varieties compared to the schoolteacher.

## 6. Product Typology

Table 1 : Type and number of products required

<b>Type of Product</b>	<b>Number of Product(s)</b>	<b>Additional information</b>
Report	n/a	
Situation Overview	n/a	

Profile	n/a	
Factsheet	90	45 district-level factsheets by the end of Month 3, with another 45 by the end of Month 7 providing an update on the initial batch of factsheets.
Presentation	2	Key findings presentation (1) to the HAG at the end of the first round of data collection and (2) to the HCAWG at the end of the entire data collection process.
Map	45	One map per HTR district representing BSUs and key infrastructure as well as terrain.
Interactive Dashboard	n/a	
Web Map	n/a	
Other(s)	n/a	

## 7. Management arrangements and work plan

### 7.1. Roles and Responsibilities, Organogram

Table 2: Description of roles and responsibilities

<b>Task Description</b>	<b>Responsible</b>	<b>Accountable</b>	<b>Consulted</b>	<b>Informed</b>
<i>Development of the service catchment area tools and methodology</i>	REACH GIS Officer, Assessment Officer	REACH Afghanistan Country Focal Point	ACTED Afghanistan GIS unit; REACH Assessment Manager; ACTED Coordination	
<i>Development of assessment methodology and tools</i>	REACH Assessment Officer, Assessment Specialist	REACH Afghanistan Country Focal Point	REACH Assessment Manager, donors and partners	
<i>Training of Senior Field Officers</i>	REACH Assessment Officer, GIS Officer, Assessment Specialist	REACH Assessment Specialist	REACH Assessment Officer, GIS Officer	REACH Afghanistan Country Focal Point
<i>Recruitment and training of enumerators for mapping and data collection</i>	REACH Afghanistan Operations Manager, Assessment Specialist, Senior Field Officers	REACH Assessment Specialist	REACH Assessment Officer, GIS Officer	REACH Afghanistan Country Focal Point
<i>Leading and coordinating data collection</i>	REACH Senior Field Officers, Assessment Specialist	REACH Assessment Specialist	REACH Assessment Officer	REACH Afghanistan Country Focal Point
<i>Data cleaning and analysis</i>	REACH Assessment Specialist,	REACH Assessment Officer		REACH Afghanistan

	Assessment Officer, GIS Officer			Country Focal Point
<i>Final output production</i>	REACH Assessment Officer, GIS Officer	IMPACT Programme Officer	REACH Afghanistan Country Focal Point	Donors and partners

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

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

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

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

## 7.2. Resources: HR, Logistic and Financial

### 7.3. Work plan

#### 7.3.1. Partnerships, Methodology and Tools/Template Design

Task	December				January				February			
	1	2	3	4	1	2	3	4	1	2	3	4
<b>Partnership Management</b>												
Kick-off presentation	x											
Prepare partnership frameworks				x	x	x						
Hold partnership framework workshop						x						
<b>Methodology and Tool Design</b>												
Design Questionnaire and Tools					x	x	x	x				
Draft Terms of Reference	x	x	x	x								
Hold methodology and tool design workshop						x						
Incorporate Feedback						x						
<b>Factsheet Template Design</b>												
Design Factsheet Template								x	x			
Present Factsheet Template to OCHA and Clusters										x		
Incorporate Feedback										x		

#### 7.3.2. Phase 1: Service Catchment Areas Mapping

Task	December				January				
	1	2	3	4	1	2	3	4	
<b>Service Catchment (BSU) Mapping</b>									
Tool Design	x	x							
Recruit Enumerators			x	x					
Train Enumerators and SFOs				x					
Testing phase						x			
Mapping phase							x	x	
Data cleaning, digitising							x	x	
Approved map disseminated to HAG and ICCT									x

#### 7.3.3. Phase 2: First Round of Data Collection

Task	January				February				March				April
	1	2	3	4	1	2	3	4	1	2	3	4	1
<b>First Round of Data Collection</b>													
Train SFOs and Enumerators				x									
Data Collection				x	x	x	x	x	x	x	x		
Data Cleaning				x	x	x	x	x	x	x	x		
Create Factsheets											x	x	
Present Findings to HAG													x

### 7.3.4. Phase 3: Second Round of Data Collection

Task	April			May				June			
	2	3	4	1	2	3	4	1	2	3	4
<b>Second Round of Data Collection</b>											
Feedback from HAG / incorporation of feedback	x	x	x								
Re-training of SFOs and Enumerators (as needed)			x								
Data Collection				x	x	x	x	x	x	x	x
Data Cleaning				x	x	x	x	x	x	x	x
Create Factsheets										x	x
Present Findings to ICCT and HCAWG											x

## 8. Risks & Assumptions

Table 3 : List of risks and mitigating action

Risk	Mitigation Measure
<i>Districts become inaccessible during assessment due to conflict</i>	Initially, it is hoped that REACH and partners' presence and experience in the field will help overcome these constraints as visibility will encourage community support. Furthermore, there will be regular monitoring of the security situation to identify any changes that may affect the safety of enumerators and Key Informants. Should the situation in any given district deteriorate, data will be collected by phone calls.
<i>Gathered data may be unreliable</i>	Specific KI profiles will be selected to ensure a certain level of sectoral knowledge (ex: doctors for health and protection, schoolteachers for education and protection) or community knowledge (ex: community elders). In addition, multiple interviews per community will be conducted to ensure the information can be triangulated.
<i>Key Informants may be unwilling to cooperate</i>	KIs are identified through the existing REACH network in country, as well as, when needed, through operational partners and local authorities. Should some KIs be unwilling to take part in the survey, REACH will adapt and replace the KI through its existing network, or tap into a partner's network in the given district through the partnership framework.

## 9. Monitoring and Evaluation

Table 4 : Monitoring and evaluation targets

External M&E Indicator	Internal M&E Indicator	Methodology	Focal point	Tool	Research-specific information
Number of humanitarian organisations accessing IMPACT services/products	# of downloads of x product from Resource Center	User monitoring	Country request to HQ	User_log	Y
	# of downloads of x product from Relief Web		Country request to HQ		Y
	# of downloads of x product from Country level platforms		Country team		N
	# of page clicks on x product from REACH global newsletter		Country request to HQ		Y
	# of page clicks on x product from country newsletter, sendingBlue, bit.ly		Country team		Y
	# of visits to x webmap/x dashboard		Country request to HQ		N
Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Reference monitoring	Country team	Reference_log	Afghanistan HNO 2019, Afghanistan HRP 2019, Afghanistan CHF Strategy 2018/19
	# references in single agency documents				

Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery  Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived relevance of IMPACT country-programs	Usage M&E	Country team	Usage_Feedback and Usage_Survey template	Indicated by Afghanistan HNO and HRP 2019 being directly informed by products. Humanitarian Access Group being able to leverage actionable access information to feed into their access strategy.
	Perceived usefulness and influence of IMPACT outputs				
	Recommendations to strengthen IMPACT programs				
	Perceived capacity of IMPACT staff				
	Perceived quality of outputs/programs				
	Recommendations to strengthen IMPACT programs				
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	Engagement Monitoring	Country team	Engagement_log	Y
	# of organisations/clusters inputting in research design and joint analysis				Y
	# of organisations/clusters attending briefings on findings;				Y

## 10. Documentation Plan

The following key documents and outputs should be filed for future reference:

- Assessment Terms of Reference
- Consolidated secondary data review
- Data collection tools
- Primary data collection tracking matrix
- Clean primary datasets
- Primary data cleaning logs

Internal documents produced include:

- Workplan
- Cleaning and analysis plan
- Xls form

## **11. Annexes**

1. Data Management Plan
2. Questionnaire(s) / Tool(s)
3. Dissemination Matrix
4. Basic Service Unit Mapping ToR
5. Confidence Levels

## Annex 1 : Data Management Plan

Administrative Data	
Project Name	REACH Support to Information Management in Hard to Reach Areas
Project Code	02iAFJ 1U0 CHF
Donor	UNOCHA
Project partners	
Project Description	Multi-sector needs assessment in at least 30 HTR districts of Afghanistan
Project Data Contacts	<a href="mailto:vincent.annoni@impact-initiative.org">vincent.annoni@impact-initiative.org</a> , <a href="mailto:tim.poirson@reach-initiative.org">tim.poirson@reach-initiative.org</a>
DMP Version	31 December 2017, V1
Related Policies	
Data Collection	
What data will you collect or create?	<p>This research contains two different stages: (1) a service catchment area mapping, and (2) a needs assessment</p> <ol style="list-style-type: none"> <li>1. The service catchment area (BSU) mapping, which will collect quantitative data aimed at determining BSU boundaries in all 45 HTR districts and the presence of basic services. This will be conducted by REACH enumerators with oversight from the REACH GIS Officer.</li> <li>2. The needs assessment will contain two phases and aim to collect quantitative data at the BSU-level on needs in at least 30 of the 45 HTR districts</li> </ol>
How will the data be collected or created?	<p><u>For the mapping:</u> one round of data collection over two weeks, involving face-to-face group discussions or phone interviews with Key Informants in assessed communities. A short questionnaire will be used and filled in via the KoBo Toolbox application.</p> <p><u>For the needs assessment:</u> two rounds of data collection over eight weeks each, involving face-to-face or phone interviews with Key Informants in assessed communities. A questionnaire will be used and filled in via the KoBo Toolbox application.</p>
Documentation and Metadata	
What documentation and metadata will accompany the data?	<p>For better understanding and reuse of this assessment result as secondary data by stakeholders, REACH will produce a package of data, which contains cleaned databases, a set of maps (one per district) and sets of factsheets (one per district).</p> <p>REACH will also add meta-data in the data-set of this assessment which contain:</p> <ol style="list-style-type: none"> <li>1. Methodology of the assessment</li> <li>2. Limitations of the methodology</li> <li>3. Year of the survey</li> <li>4. Geographical coverage of the survey</li> <li>5. Tag of sectors/thematic covered by the assessment</li> <li>6. Description of any composite variables created</li> </ol>
Ethics and Legal Compliance	

How will you manage any ethical issues?

In accordance with the Code of Ethics and Conduct, REACH will ensure that every person from whom data is gathered for the purposes of research consents freely to the process on the basis of adequate information. They will also be able, during the data gathering phase, to withdraw freely or modify their consent and to ask for the destruction of all or part of the data that they have contributed.

Throughout training of assessment teams, it will be emphasized that participants are not obliged to provide information they feel poses a risk to their well-being or if they feel this may cause a threat to their personal safety.

Personal identifiable information will not be publicly disseminated to minimise/eliminate protection concerns for the assessed population. All data will be aggregated to the district and sub-district level, so no individual identifiers will be publicly visible from the reports and maps.

If agencies request the raw data containing personal identifiers, then the sensitive name/contact details will be removed and replaced with a unique key so that the identifier information can be re-connected at a later date, based on protection standards. If there is a further request for the names, REACH will contact OCHA to examine whether the requesting agency can receive the identifier data or not, and if so, under which conditions.

REACH will work closely with relevant clusters to ensure assessment methodologies, indicators and analysis is sensitive to gender concerns and wider protection issues. Specifically, all questionnaires and assessments will be designed in coordination and collaboration with relevant cluster leads, including Protection, Food security, WASH, Education and Health with close coordination with OCHA. The sensitivity of questions is reviewed in coordination with protection colleagues..

How will you manage copyright and Intellectual Property Rights (IPR) issues?

#### Storage and Backup

How will the data be stored and backed up during the research?

REACH will be responsible for data storage, back up, and data recovery. Multiple data storages will be used to maximize data security, as outlined below:

1. ODK-based server: The ODK server will be administrated by Impact HQ GIS team in Geneva, to which a limited number of REACH staff will have access (the device setting will only contain the URL of the forms and no password) and whenever any data is requested as per guidelines, it will be extracted from ODK-based server.
2. REACH country server:
  - a. Pre Data Collection: Before starting any assessment, specific separate folders will be made for each phase (considering REACH documentation system) and will be protected by passwords
  - b. During Data Collection: A daily backup will be extracted from ODK server into and saved as an xls file in the specific assessment folder.
  - c. Post Data Collection: After completion of data collection data analysis team will clean the data according to data cleaning guidelines and stop accepting submissions into ODK server for the specific phase. Raw and cleaned data sets will be stored on the REACH country server xls format.

REACH global cloud: The final cleaned database of the assessment will be stored by REACH HQ Geneva on the REACH Global Server in the CERN.

How will you manage access and security?	Access to the back-end of the KoBo server is restricted to the data analysis team only. Access to REACH's in-house server is restricted to REACH staff only.
<b>Selection and Preservation</b>	
Which data should be retained, shared, and/or preserved?	<p>REACH will not destroy any of the data set included in this research but will apply information anonymisation policy (replacing sensitive fields in the data into codes) to ensure the sensitive information of households will not be shared with irrelevant parties.</p> <p>The raw data will be cleaned and all changes to the original dataset logged. The raw data will be kept as an original data sheet and included in the same document as the cleaned data sheet with accompanying data cleaning log to record any changes made.</p>
What is the long-term preservation plan for the dataset?	Due to data security REACH will not keep any paper form (hard filling) from this assessment's data-set, The data set of this assessment will be archived virtually on the REACH country server, and global cloud as REACH primary data. REACH or other stakeholders can benefit from this information in future assessments, reports, and proposals. A final dataset, anonymised and void of Personal Identifying Information, will also be shared with OCHA.
<b>Data Sharing</b>	
How will you share the data?	A final cleaned and related raw dataset will be kept in-house. An anonymised dataset void of Personal Identifying Information will be shared with institutional partners (OCHA, ICCT, etc.).
Are any restrictions on data sharing required?	REACH will apply restrictions on datasets which contain sensitive information such as beneficiary contact details, personal information and complainant identity. REACH will apply an anonymisation policy, unlinking all sensitive information from the dataset while ensuring a unique record identifier is in place that enables reconnection of the information. If there is a further request for the sensitive information, REACH will contact OCHA to examine whether the requesting agency can receive the identifier data or not, and if so, under which conditions. No data will be disseminated before completing the data process (data cleaning and data validation).
<b>Responsibilities</b>	
Who will be responsible for data management?	REACH Assessment Officer, REACH Assessment Specialist

Adapted from:

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

## Annex 2 : Questionnaire(s) / Tool(s)

Indicator group / sector	Indicator / Variable
Key characteristics	Enumerator name
	Date of Key Informant Interview
	Mode of data collection
	District
	Basic Service Unit
	Key Informant name
	Key Informant phone number
	Key Informant gender
	Key Informant professional occupation
Demographics	Estimated total population, disaggregated by gender
	Age groups
	Number of people with disabilities
	Number of people displaced from community in the past 3 months
	Number of IDPs in the community
	Number of IDPs in the community
Markets	Access to market
	Markets in the community
	Functionality of market
	Freedom of movement and goods
	Cost of core items
	Price fluctuations over past 30 days
Livelihoods	Main sources of income in the community (30 days prior to interview)
	Average income in the community (30 days prior to interview)
	Average expenditure on essential items (30 days prior to interview)
	Access to financial services
	Access to legal services
	Access to civil documentation services
	Shortage in services in the community
Protection	Exposure to protection concerns for the community
	Presence of landmines in the community
	Other safety concerns

	Availability of psycho-social support services in the community
	Restriction/challenges on movement in the community
	Equal access to services
	Degree of physical harm due to conflict
	Women and child-friendly spaces in the community
Food Security	Access to food in past 30 days (compared to previous month)
	Level of food stocks
	Main food source for men/women/boys/girls
Shelter	Primary shelter type
	Tenure status types in the community
	Average number of rooms in shelters in the community
	Fear of eviction in the community
	State of shelter damage
	Livestock sharing same living space as HH members
WASH	Primary source of drinking water for the community
	State of primary drinking water source
	Sufficiency of available water
	Most common waste management practices in the community
	Access to latrine
	Main type of latrine for the community
	Main challenges in WASH
Education	Number, type, and condition of educational facilities in the community
	Number of children in the community attending school
	Number of teaching staff in the community
	Availability of supplies and materials
	Challenges in accessing and delivering education
Health	Number, type, and condition of medical facilities in community
	Availability of medical staff in the community
	Availability of basic medication in the past 30 days
	Barriers to healthcare access in the community
	Number of healthcare facilities burnt/closed down in past 3 months
	Number of healthcare workers killed/threatened in the past 3 months

	Use of family resource for healthcare instead of other essential commodities
Assistance	Assistance received
	Barriers to assistance
	Freedom of movement and goods
	Community priority needs

## Annex 3 : Dissemination Matrix

**Afghanistan Hard to Reach Assessment (AHTRA)** – Multisector assessment highlighting needs and vulnerabilities of all populations as well as main access constraints in 45 Hard-to-Reach districts selected by OCHA and the ICCT under 2017 Second Allocation CHF.

**A. Key events and planning dates** of the broader humanitarian community, which should be taken into consideration when developing the dissemination plan:

	Internal Planning dates	External Milestones
January		
February		
March	<ul style="list-style-type: none"> <li>- AHTRA draft factsheet template to Geneva for review by 14 March</li> <li>- AHTRA factsheet template finalised by 30 March</li> </ul>	
April	<ul style="list-style-type: none"> <li>- First round dataset to Geneva for review by 03 April</li> <li>- First round factsheets to Geneva for review by 06 April</li> <li>- First round dataset reviewed and uploaded to HDX by 06 April</li> <li>- First round factsheets review complete by 13 April</li> </ul>	<ul style="list-style-type: none"> <li>- Dataset HDX link published by 06 April</li> <li>- Factsheets published by 13 April</li> <li>- Preliminary findings presentation to HAG mid-April</li> </ul>
May	<ul style="list-style-type: none"> <li>- AHTRA skeleton report to Geneva for review by 31 April</li> <li>- AHTRA skeleton report reviewed by 16 May</li> <li>- Second round dataset to Geneva for review by 23 May</li> <li>- Second round dataset reviewed and uploaded to HDX by 28 May</li> <li>- Second round factsheets to Geneva for review by 29 May</li> </ul>	<ul style="list-style-type: none"> <li>- Dataset HDX link published by 28 May</li> </ul>
June	<ul style="list-style-type: none"> <li>- Second round factsheets review complete by 01 June</li> <li>- Final report to Geneva for review by 07 June</li> <li>- Final report reviewed by 29 June</li> </ul>	<ul style="list-style-type: none"> <li>- Factsheets and final report published by 29 June</li> <li>- Findings presentation by 30 June</li> </ul>
July		
August		
September		
October		
November		
December		

### B. Dissemination plan:

#	Products	Message	Stakeholders	Means of dissemination	Purpose	Responsible	Timeframe
<b>Afghanistan Hard to Reach Assessment (02DDY)</b>							
<b>Program goal: Identify broad needs and vulnerabilities of all populations across key sectors in 45 Hard-to-Reach districts as well as key access constraints.</b>							
1	Dataset	Provide the full assessment dataset, inclusive of all variables, facilitating transparency and conveying all available data to interested parties.	All Clusters in Afghanistan	Link to HDX to be emailed to all clusters by OCHA	Build Understanding Inform Action	REACH AO	06/04/2018
			Humanitarian Access Group (HAG)	Link to HDX to be emailed to HAG mailing list by HAG chairs	Raise Awareness Inform Action	REACH AO / HAG Chairs	06/04/2018
2	Factsheets with BSU Mapping	Synthesis key findings from the first round of the needs assessment into informative factsheets at the district level, offering an overview of each HTR district to indicate the	All clusters in Afghanistan	Link to Resource Centre to be emailed to all Clusters by OCHA and directly emailed by REACH	Raise Awareness Build Understanding Inform Action	REACH AO	13/04/2018

		<p>magnitude of needs and vulnerabilities.</p> <p>These will also include one map per district mapping Basic Service Units along with health, education and market services.</p>	Humanitarian Access Group (HAG)	Link to Resource Centre to be shared to HAG mailing list by HAG chairs	<p>Raise Awareness</p> <p>Inform Action</p>	REACH AO/ HAG Chairs	13/04/2018
3	HAG Preliminary Findings Presentation	Present outcome of first round of needs assessment as well as of the BSU mapping. Seek feedback on needs assessment from HAG participants, which include a mix of donors (ECHO, OCHA), implementers, and Cluster representatives (namely Protection).	Humanitarian Access Group (HAG)	<p>Preliminary findings presentation given to HAG for feedback.</p> <p>Presentation to be shared via HAG mailing list</p>	<p>Build Understanding</p> <p>Raise Awareness</p> <p>Inform Action</p>	REACH AO	Mid-April 2018
4	Round 2 Factsheets with Assessment Report	<p>Synthesis key findings from the second round of the needs assessment into informative factsheets at the district level, offering an overview of each HTR district to indicate the magnitude of needs and vulnerabilities.</p> <p>These will be included as part of the project's final assessment report – that will contain introduction, methodology, baseline findings, as well as a comparison section (between both rounds) and a conclusion.</p>	All Clusters in Afghanistan	Resource Centre link to 45 factsheets and the assessment report to be shared with all	<p>Build Understanding</p> <p>Raise Awareness</p> <p>Inform Action</p>	REACH AO	01/06/2018
			OCHA	Resource Centre link to 45 factsheets and the assessment report to be shared with OCHA.	<p>Build Understanding</p> <p>Raise Awareness</p> <p>Inform Action</p>	REACH AO	01/06/2018
			Donor community	Resource Centre link to 45 factsheets and the assessment report to be share via general product mailing.	<p>Raise Awareness</p> <p>Inform Action</p>	REACH AO	01/06/2018
			Humanitarian actors (including NGOs and consultancies)	Resource Centre link to 45 factsheets and the assessment report to be share via general product mailing.	<p>Build Understanding</p> <p>Inform Action</p>	REACH AO	01/06/2018
5	Final outputs presentation	<p>Outline the most relevant findings for each Cluster in a concise presentation, intending to present a clear picture of the access situation, as well as to convey the needs and vulnerabilities of all populations in the 45 Hard-to-Reach districts.</p> <p>Also relevant to highlight the information gaps filled by this assessment and advocate for</p>	All Clusters in Afghanistan	<p>Findings presentation given at ICCT meeting. Findings also discussed at HCAWG meeting, which is co-chaired by REACH.</p> <p>Presentation emailed to all Clusters through OCHA, and shared with OCHA for contribution to the HNO/HRP.</p>	<p>Build Understanding</p> <p>Raise Awareness</p> <p>Inform Action</p>	REACH AO	End June 2018
			Donor community	Separate key findings presentation given at ACBAR	<p>Build Understanding</p>	REACH AO	End June 2018

		maintaining quarterly assessments in Hard-to-Reach districts.		meeting targeting ACBAR partners including donors.  Presentation shared by ACBAR following the presentation.			
			Humanitarian actors (NGOs and consultancies)	Separate key findings presentation given at ACBAR meeting targeting ACBAR partners including donors.  Presentation shared by ACBAR following the presentation.	Build Understanding	REACH AO	End June 2018

## Annex 4 : Basic Service Unit Mapping ToR

### 1. Background

#### 1.1. Hard to Reach Background

OCHA and the Humanitarian Access Group (HAG) categorise an area as hard to reach when it is not regularly accessible to humanitarian actors for the purposes of assessments and response activities, based on the following criteria:

- Security concerns (e.g. active conflict, illegal checkpoints, roadblocks, etc.)
- Lack of authorisation from local authorities
- Logistical barriers (e.g. lack of infrastructure, geographical constraints)

Access to HTR areas of Afghanistan is however crucial. Indeed, according to the ATR/NRC study of HTR districts in four provinces of Afghanistan published in January 2017, these areas are particularly susceptible to food insecurity, WASH, shelter and other pressing humanitarian needs, contributing to further internal displacement. For the purpose of this assessment, the Hard to Reach districts identified by the humanitarian community are near-to or completely inaccessible for security reasons.

Initially, the Humanitarian Access Group and OCHA counted around 100 Hard to Reach districts, but the number was significantly reduced down to 45 under the Second Allocation CHF based on the following assumptions:

- There are three levels of access in Afghanistan for physical and information-level access, namely:
  - Green – full access (physical and information-level);
  - Yellow – partial access, may have physical but no information-level access, or vice-versa;
  - Red – no access whatsoever
- HTR districts of Afghanistan, by virtue of their label, fall into the 'yellow or 'red categories;
- However, for a HTR assessment to truly serve the humanitarian community insofar as it helps improve access, focusing on too many 'red districts would be counter-productive;
- Thus, the main assumption is that the vast majority of the remaining 45 districts are 'yellow.

This number is in line with the Special Inspector General for Afghanistan Reconstruction (SIGAR), which considers some 45 districts as fully or partially under the control of Armed Opposition Groups (AOGs), with a further 118 contested and regularly falling in and out of government control.

#### 1.2 The BSU Mapping

The Basic Service Unit (BSU) mapping phase is the first step of an extensive assessment of 45 hard to reach districts identified by OCHA as such under the Second Allocation CHF. As part of its Afghanistan Hard to Reach Assessment (AHTRA), REACH will map service catchment areas (BSUs) in all the 45 HTR districts. For the purposes of this project, a BSU is defined as a discrete geographic area showing common demographic and socio-economic features, between the village and district levels, often structured around a common market place.

Once BSUs are identified in all of the 45 HTR districts, a comprehensive map will be presented to the Humanitarian Access Group (HAG) and UNOCHA partners for comments before proceeding with the second phase assessment, which revolves around assessing basic services and needs within these districts. Following this delineation and approval by humanitarian partners, **at least 30 district maps** will be produced showing all identified BSUs, their marketplace, as well as village names, roads and key infrastructure. The maps will also reflect geographic features such as river networks, mountains, valleys and irrigated land.

The total number of BSUs right now is not easy to estimate, however REACH has based itself on ACTED's previous BSU mapping in Faryab province to make the following observations:

- There are one to seven BSUs per districts, which yields an average of **3.2 BSUs per district** overall;
- There appears to be one BSU every **500 sq. kilometre**;
- There is an average of **32 village per BSU**.

According to those numbers we can make several rough estimates of the number of BSU by using different variables. The

best way to estimate the number of BSUs seems to be by analysing the number of villages. As BSUs are areas where people organise and gather around basic services, the numbers of BSUs per district would therefore depend on the density of population more than on an average size of the district. Nevertheless, in order to ensure the delineation is as accurate as possible, other estimates can be made based on other patterns in order to cross-check.

It is possible to extrapolate the number of BSUs in other districts by analysing the size and number of villages per BSU as well as the average number of BSUs per districts in ACTED's assessment of its provinces of operation. For instance, in Ghor province, the Khawja district counts 69 villages in a total area of 400 sq. kilometres according to the latest available data on the district. By dividing these numbers by the average number of villages per BSU – 32 – and the average size of a BSU/BSU – 500 sq. kilometres – there should be between one to two BSUs in that districts, slightly below the average expected number of BSUs/BSUs in any given district, which typically is situated around three.

Based on such calculations, REACH expects the number of BSUs for the 45 Hard to Reach districts to be broken down in the following way:

- In the 16 “multisectoral” districts – where levels of access should enable multisectoral interventions – REACH expects to find **an average of 74 BSUs** (numbers comprised between 51 and 112) as per the breakdown below:
- In the 29 “sectoral” districts – in which access should enable only one given sectoral intervention, REACH expects to find **an average of 137 BSUs** (numbers comprised between 93 and 203) as per the breakdown below:

## 2. Research Objectives

**Primary objective :** To identify the BSUs and their services inside targeted districts.

There are **three specific objectives to this assignment:**

1. A mapping of BSU/BSU boundaries;
2. Service catchment area mapping (key services such as hospitals, schools, water and sanitation points, markets);
3. Start building the KI network per BSU/BSU in anticipation of the broader assessment component of this project.

This BSU mapping will yield the following deliverables:

- A comprehensive map of the 45 HTR BSUs
- **At least 30 individual district** maps with BSU boundaries, villages, services and geographic features.

## 3. Research Questions

**Core research questions :**

As BSUs are the level where the communities usually organise themselves it is crucial to count, locate and delineate them to allow humanitarian actors to deliver goods and help in the most effective way.

The goal of the mapping phase will be to identify the BSUs (numbers, names) in each district, delineate them and locate all the key services/infrastructures that are inside.

Those objectives can be addressed with the three research questions below :

- How many BSUs are there in the Hard to Reach districts ?
- What are their boundaries ?
- What type of services and infrastructures are there in each BSU?

**Specific research questions :**

With the services locations and BSU boundaries we will be able to have the average profile of a BSU and investigate more deeply the distribution of services in BSUs.

The following specific research questions can be investigated :

- Where are usually located the services in a BSU ?

- What are the patterns in term of services locations ? How concentrated are they ? Are they usually centrally located/accessible to everyone ?
- What are the basic services we can always find in a BSU ?
- How vast is a BSU usually, and how many people usually live within one?
- Are there regional patterns in term of the BSU size, population density or other variables across the country ?

### **Group Discussion questions:**

In the context of the three core questions above, enumerators will present a list of each village in a given district and ask each group the following two short questions:

- To which BSU *village X* belong to, and what is its name?
- What are the key infrastructures in or around *village X* (hospitals/clinics, schools, markets, water collection points and public latrines)?

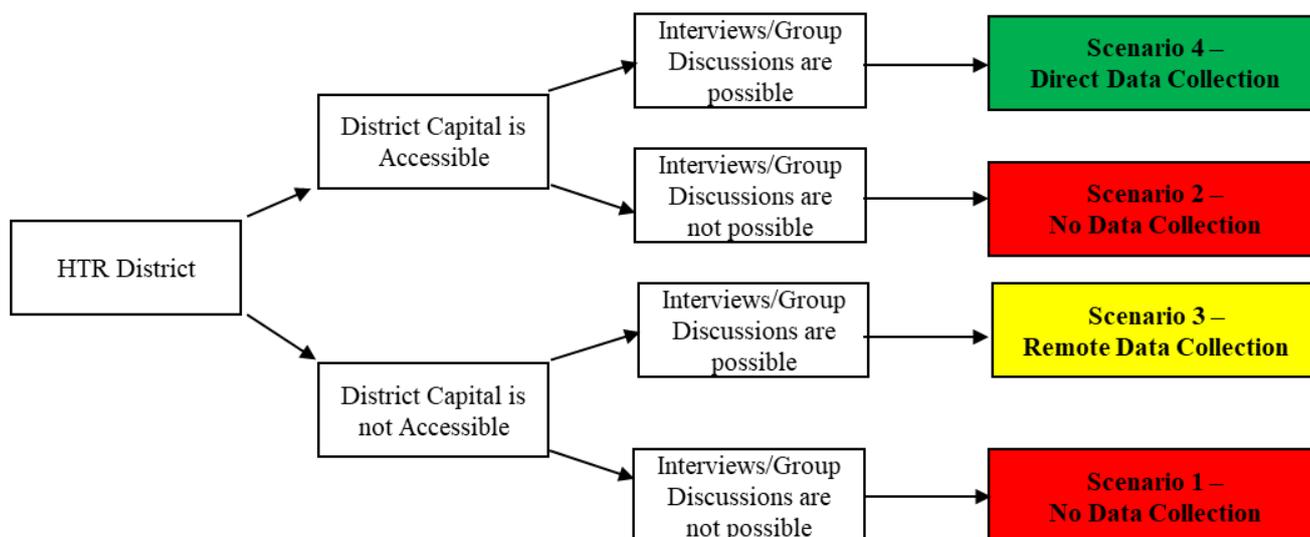
Those questions are designed to be as simple as possible but are enough to collect all the useful information. According to the ACTED GIS officer, who has experience implementing BSU mappings in areas ACTED has been working in for years, those questions are not sensitive and can be asked easily given that we do not record any sensitive information (services names, statistics on the number of employees, etc). Granted ACTED has the necessary local buy-in and legitimacy to ask such questions in their areas of operations, however keeping the questions short and succinct is a deliberate effort not to raise any eyebrows.

As the number of villages in each district is expected to vary from 30 to 300, Group Discussions are expected to last anywhere from a couple of hours to a half a day.

## **4. Methodology**

It goes without saying that Hard to Reach districts – by virtue of being classified as such for security reasons – present different security issues and accessibility concerns. Some may nevertheless be accessible by local enumerators and allow for direct data collection, others on the other hand may be completely inaccessible both physically and remotely. REACH has envisaged four different data collection scenarios for this BSU mapping:

- **Scenario 1:** No physical access in target district and not possible to even ask questions remotely => **excluded from data collection;**
- **Scenario 2:** Physical access but not possible to ask questions => **excluded from data collection;**
- **Scenario 3:** Physical access not possible, but ok to ask questions => **remote data collection;**
- **Scenario 4:** Physical access possible, ok to ask questions => **direct data collection**



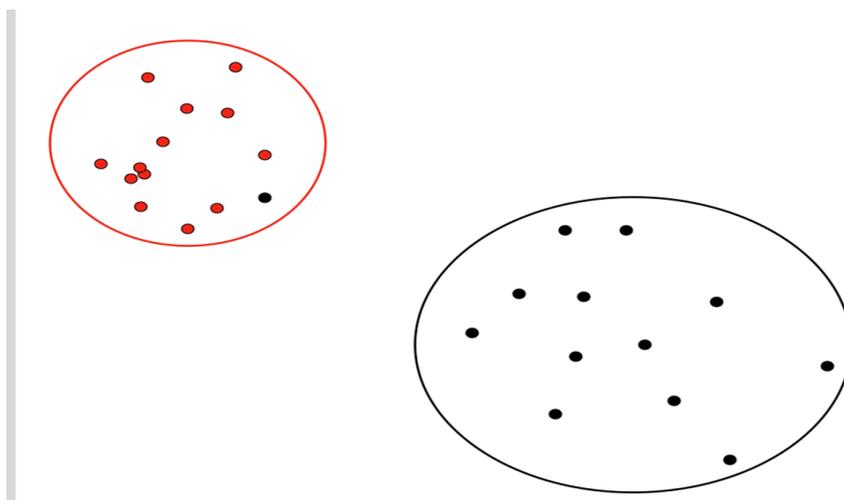
#### 4.1 Methodology for Scenario 4 – Direct Data Collection

In Scenario 4, REACH would have physical access and be able to ask questions. Given the level of access, direct data collection is possible. This methodology involves the presence of enumerators on the field, namely in the district capital and, when possible, in the country sides for cross-checking as needed. From REACH consultations with OCHA, who put together the list of 45 Hard to Reach districts, it's expected that a considerable number of these districts will fall into Scenarios 3 and 4.

For this scenario, REACH intends to implement the methodology that has been developed with success by ACTED in 2015 to map BSUs in Faryab province. The methodology is as follows :

1. Enumerators contact the district governor to present the mapping and obtain support to gather key informants in the capital district (local NGOs, community leaders...) to take part in a group discussion (GD) of five to 10 people – preferably as close as possible to 10;
2. Enumerators present a paper list of district villages for the FG to examine. Enumerators then ask the GD to which BSU given villages belong to and input the outcome on a KoBo form. In cases where there is disagreement over this within the FG, the enumerator will base the outcome on what the majority says;
  - ⇒ **Note 1:** According to ACTED, such disagreement situations are rare enough and can usually be resolved by a short discussion amongst GD members.
  - ⇒ **Note 2:** According to the ACTED GIS unit, printed maps cannot be used during the group discussion for security reasons due to their sensitive nature. Indeed, serious security concerns will arise should an enumerator be stopped at an ANSF or AOG checkpoint and be found with a map.
3. Enumerators ask what the services (markets, water, sanitation, schools, etc.) are inside each BSU;
4. In cases in which the FG was unable to say with absolute certainty that a given village belonged to a given BSU, an enumerator can go to the given village and discuss with village leaders. Support from partners with a strong presence in the area or a high degree of local buy-in would be sought for such an activity. In cases where visits are not possible for security reasons and/or for lack of reliably-implemented partner in the area, such a discussion can be held remotely by phone.

Should odd results be found during the data cleaning and analysis, a second round of data collection will be launched over a one-week period. REACH anticipates that the most common mistake will be that some clearly isolated village(s) belonging to BSU A will be listed as belonging to BSU B (see figure for illustration below). In such cases, enumerators will contact FG members of the given district by phone to clarify.



## 4.2 Methodology for Scenario 3 – Remote Data Collection

In this scenario, remote data collection methods will be applied :

### Option 1 :

Group discussions can be put together in Informal Settlements located in safe area outside the district with displaced people who originate from the Hard to Reach districts. Such KIs will be identified through REACH's existing work on Informal Settlements and selected based on their willingness to take part in the FG and their degree of knowledge of their Area of Origin – evaluated based on their having left the district within 12 months of the FG and maintained connections with their Area of Origin.

The methodology would be implemented in the following way:

1. Enumerators create group discussions of five to 10 people in Informal Settlements based on the participants' Area of Origin and degree of knowledge/remaining connection to their Area of Origin. A decision to conduct a FG in given Informal Settlements would be taken on the basis of whether REACH staff is able to find people willing to take part in the FGs, as past experience shows not all Informal Settlements are happy to take part in such activities.
2. Enumerators present a paper list of district villages for the FG to examine. Enumerators then ask the FG to which BSU given villages belong to and input the outcome on a KoBo form. In cases where there is disagreement over this within the FG, the enumerator will base the outcome on what the majority says;
  - ⇒ **Note 1:** According to ACTED, such disagreement situations are rare enough and can usually be resolved by a short discussion amongst FG members.
  - ⇒ **Note 2 :** According to the ACTED GIS unit, printed maps cannot be use during the group discussion for security reasons due to their sensitive nature. Indeed, serious security concerns will arise should an enumerator be stopped at an ANSF or AOG checkpoint and be found with a map
3. Enumerators ask what the services (markets, water, sanitation, schools, etc.) are inside each BSU;
4. If odd results are found during the data cleaning/analysing phases a second data collection of one week could be decided. Enumerators will reconvene the FG and run a second session.

In this scenario, it will be very difficult to cross-check information in person or on the phone as it is in Scenarios 3 and 4, given the KIs are displaced and the specific districts falling in this category don't allow for physical and/or remote data collection methods. As such, this scenario is likely the most vulnerable in terms of data reliability.

### Option 2 :

1. REACH Senior Field Officers contact the district governor as well as national NGOs and Community Development Council members to present the mapping and obtain support to build a Key Informant (KI) network of 10 to 15 people willing to take part in the mapping;

2. Over the phone, enumerators run individual KIs through the list of villages and ask them to match them with their corresponding BSUs and feed the outcome into KoBo;
3. Enumerators then ask what the different services (markets, water, sanitation, schools, etc.) are inside each BSU;
4. From Kabul, GIS Officer to collate the outcome of the individual consultations and draw up a definite list of BSUs per village;
5. If odd results are found during the data cleaning/analysing phases a second data collection of one week can be implemented, with enumerators to call back KIs and consult with them further.

## **5. Staff and Equipment Requirements;**

### **5.1 Staff Needs**

Based on ACTED's experience implementing a BSU mapping in Faryab, REACH has identified a need for one enumerator per district. Around 2 weeks are necessary for one enumerator to identify the BSUs and complete the different tasks described above.

Enumerators would ideally be recruited from the district itself. Should that not be possible, security clearance should be discussed with recruited enumerators from outside the district, and if the safety cannot be guaranteed despite being a Scenario 4 district, then remote data collection methodologies should be applied (Scenario 3).

The REACH Senior Field Officers based in Mazar-e-Sharif, Kandahar, Kabul, Herat and Jalalabad will also be involved in the enumerators training phase, and may also be needed to assist the REACH GIS officer during the data cleaning phase.

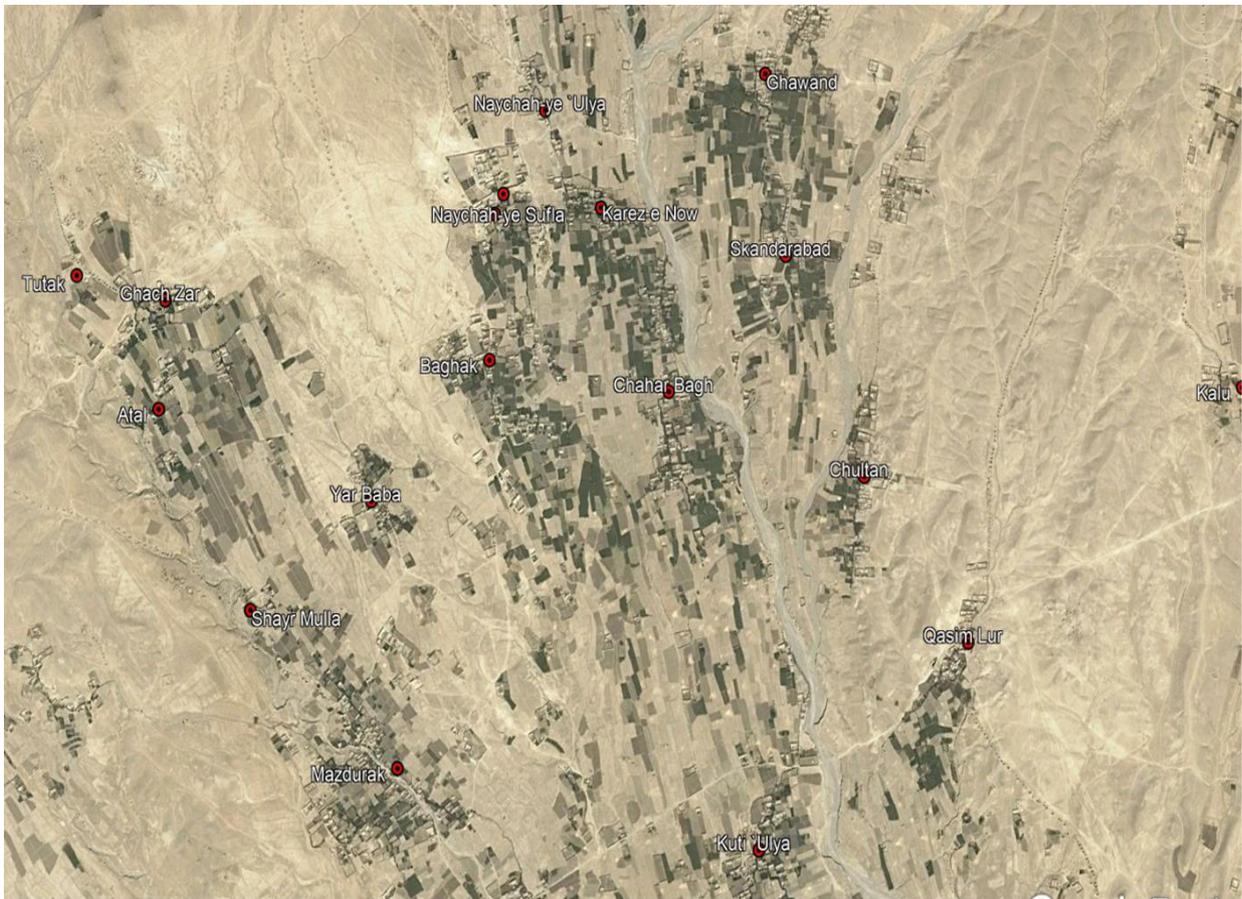
### **5.2 Equipment Needs**

One smartphone per enumerator is needed, with KoBo installed – meaning a total of 45 smartphones. No shortage is anticipated as REACH has more than 60 smartphones for enumerators to use.

### **5.3 Resources Requirements**

REACH will need the most up-to-date list of villages for each district. This has been obtained from the Afghanistan Geodesy Cartography Head Office (ACHO), the organisation that also provided ACTED the most up-to-date (December 2017) shapefile containing names and locations for more than 45,000 cities and villages nationwide.

According to the ACTED GIS unit, this file is almost 95% accurate. The REACH GIS officer cross-checked the shapefile with satellite images in a random district (Kajaki) and found that all the settlements visible from the satellite images were indeed registered in the file provided by ACHO (see image below).



## 6. Data Collection Tools and Planning

### 6.1 KoBo Tool

Regardless of scenario, the methodologies will rely on KoBo for data collection.

In **Step Two**, the enumerator will have to write the name of the BSU for each village. The KoBo form will consist of a list of villages in the district with an open text answer for the name of the BSU. In case of remote data collection by phone, enumerators should note the response of every KI in a separate KoBo file for the information to be collated during cleaning/analysis.

What is the monteqa for each of the village below

**Albilagh / البيلاغ**

**Karghu / كرجو**

**Anarak / انارک**

**Qaryah-ye Baydak / قريه بيدک**

**Zurungay / زورونگي**

**Barig Ab / باريگ آب**

**Nikatu / نيکه تو**

In **Step Three**, the enumerator will have to select services among a list of determined services located in each village. The

services include : markets, medical facilities and schools among others (see figure below). In the case of remote data collection, the enumerators will fill out one form per KI for the answers to be collated during cleaning/analysis.

BSU\_Mapping\_service!

**Albilagh / البيلاغ**

Medical facility

Schools

Hand pump (water)

Big market

Small market

**Karghu / کړغو**

Medical facility

Schools

Hand pump (water)

Big market

Small market

**Anarak / انرک**

Medical facility

Schools

Hand pump (water)

Big market

Small market

In **Steps Four** and **Five**, the enumerator will have to go take a GPS point in the village with the name of the BSU. The KoBo form for this will consist of two entries : the GPS location and the name of the BSU.

## 6.2 Processing data

This part describe how data collected will be used by the GIS officer to produce final maps.

There are basically only two types of questions:

- The first one allow us to create a BSU map (“What are the villages in this BSU ?”).

This question will allow us to affiliate each village to a BSU. We will obtain the following table:

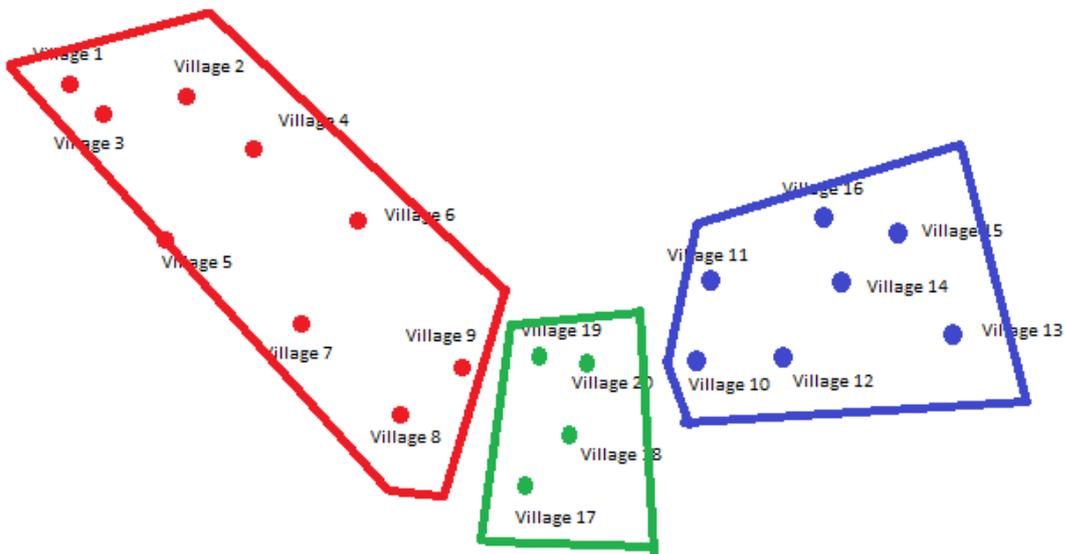
Villages name	BSU ?
Village 1	A
Village 2	A
Village 3	A
Village 4	A
Village 5	A
Village 6	A
Village 7	A
Village 8	A
Village 9	A
Village 10	C
Village 11	C
Village 12	C
Village 13	C
Village 14	C
Village 15	C
Village 16	C

Village 17	D
Village 18	D
Village 19	D
Village 20	D

Once we have that information, we can spatialize the results and obtain the following map:



The BSU boundaries will be drawn around the villages that belong to the same BSUs at this moment.



As mentioned above, some errors could be spotted at this stage. If a blue point is found surrounded by red villages, we will double check with the enumerators/field officers.

- The second type of questions consist in gathering information for each village (services and number of HH).

Following the same principle, we will ask for each village what are the services located there and the numbers of each services. We will obtain the following table:

Villages name	Nb of HH	Nb of Government schools	Nb of Clinics	Nb of public handpumps
<b>Village 1</b>	<50	0	0	4
<b>Village 2</b>	<50	0	0	5
<b>Village 3</b>	101- 300	1	0	7
<b>Village 4</b>	101- 300	1	0	3
<b>Village 5</b>	101- 300	2	0	4
<b>Village 6</b>	101- 300	1	0	7
<b>Village 7</b>	1001- 5000	3	1	6
<b>Village 8</b>	51- 100	0	0	2
<b>Village 9</b>	51- 100	0	0	1
<b>Village 10</b>	51- 100	1	0	5
<b>Village 11</b>	51- 100	1	0	9
<b>Village 12</b>	51- 100	2	0	8
<b>Village 13</b>	101- 300	3	0	6
<b>Village 14</b>	101- 300	2	0	3
<b>Village 15</b>	301 - 1000	4	2	4
<b>Village 16</b>	301 - 1000	2	0	5
<b>Village 17</b>	<50	0	0	8
<b>Village 18</b>	301 - 1000	1	0	9
<b>Village 19</b>	<50	2	0	3
<b>Village 20</b>	101- 300	0	0	4

We will then be able to locate each services as they are linked to a village location and the number of households.

Pin maps will then be created by using the OCHA icons. The symbology for the other layers (topography, rivers, roads, villages) will follow the REACH mapping guidelines. As we will own data on the number of HH/village proportional circles can be display to show the population concentration.

### 6.3 Planning

Based on ACTED's experience conducting a BSU mapping in Faryab province, it has been established that the process of creating a group discussion as well as identifying BSUs and their services took approximately one week per district.

In the case of REACH's BSU mapping, REACH expects that two weeks will be necessary for one enumerator per district to implement the entire methodology, factoring in potential security issues as well as the upcoming winter – both of which possibly delaying the process.

The below planning has been made based on a two-week maximum assumption for completion per district and that 45

enumerators can be hired to work simultaneously.

STEPS	Description	Duration
<b>Gathering data, preparing the tools</b>	The Reach GIS officer prepare the list of villages in each districts and create Kobo forms. If it is impossible to go in some districts, the GIS officer will also identify ISETs hostings displaced persons from those districts	<b>1 week</b>
<b>Recruitment of enumerators</b>	45 enumerators	<b>?</b>
<b>Training</b>	1 training for trainers (on skype) / 1 training for enumerators on how to use Kobo and explain the methodology (done at REACH regional offices)	<b>3 days</b>
<b>Testing phase</b>	Mapping 1 district with few estimated BSU like Khwaja or Khaskunar	<b>1 week</b>
<b>Corrections, feedbacks</b>		<b>1 week</b>
<b>BSUs mapping in the 45 districts</b>		<b>2 weeks</b>
<b>Data cleaning, digitizing</b>	Transforming Kobo forms into shapefiles	<b>1 week</b>
<b>2<sup>nd</sup> data collection in BSU where odd results have been found</b>		<b>1 week</b>

**TOTAL FOR THIS ASSIGNMENT : 8 weeks**

## Annex 5 : Aggregation and Confidence Levels

### 1. Recording of Key Informant Type

Enumerators will record the type of Key Informant (KI) who answered the questionnaire. Though REACH endeavours to selecting very specific profiles (district government employee, doctor, school teacher) to act as KIs in order to obtain the best information, different types of KIs are assumed to have better access to the answers to different types of questions. For instance, a doctor or a nurse will be in a position to most reliably assess the health situation in the community so their answers should be considered more trustworthy than those of other KIs.

Thus, for each question in the form, each respondent will be assigned a Confidence Level (CL) of 1 to 3, with a score of 3 indicating they are the most likely community member to be able to provide accurate information on a given question. The assigned CL for all KI types on all questions will be compiled into a confidence matrix, which outlines the level of reliability associated with each type of KI in relation to each individual variable. CL for each KI types against each questions will be nominated by the data analysis team in consultation with assessment management staff at HQ level.

### 2. Use of Confidence Levels

Within each service catchment area (BSU), a confidence rating system will be applied to each individual based on the level of expertise that each Key Informant is expected to hold for each question. To ensure that data judged to be the most reliable is given the most weight, aggregations of records from the same district is weighted depending on the Confidence Level.

Two scenarios are envisageable: one for **continuous variables** and the other for **categorical variables**.

#### 2.1. Continuous Variables

With continuous variables – such as item prices in the past 30 days, or minimum number of IDPs arriving in the location in the past 30 days – the aggregated value will be ultimately be closer to the value provided by the KI with the highest CL through the following calculation:

$$(KI1 \times CL1) + (KI2 \times CL2) + (KI3 \times CL3) / (CL1 + CL2 + CL3)$$

#### 2.2. Categorical Variables

With categorical variables – such as questions with Yes/No or True/False answers – a binary variable will be created for each of the categories – such as 1 = Yes and 0 = No. The “1” in each binary variable will be replaced with the value of the confidence level that was assigned to each KI for that given question. The scores will then be summed for each category of response to identify the category with the highest score. That category will then be assigned to the district-level record.

Exceptions to this are twofold:

- For **Top 3 Categories** questions, answers from the different questionnaires will be aggregated by identifying the top three categories that were provided most often across the district;
- For **Select all that Apply** questions, answers from each questionnaires across a given district will be retained in the final aggregated district-level record.