GROUND TRUTH
SOLUTIONS

Country methodologies

Global analysis report annex

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Country Methodologies

The following statements describe Ground Truth Solutions' quantitative, and where applicable, qualitative perception data collection methodologies in nine country projects, as well as HNAP's methodologies for two projects in Syria.

Afghanistan

Quantitative survey

Design and survey tool
The survey tool was co-designed by Ground Truth Solutions and the WHO, with rounds of input from Awaaz, Viamo, the health cluster, and the Accountability to Affected Populations working group. The survey was designed to incorporate indicators of quality of care, access to care, attacks on healthcare, and complaints and participation. The indicators for quality of care were chosen based on the FAIRSERV model, a model used in consumer satisfaction research to understand what indicators of quality of care contribute most to a feeling of satisfaction with health services.

The survey tool was translated into Dari and Pashto by a translator from Viamo. The translations were reviewed by the enumerators of the Awaaz humanitarian helpline.

The enumerators from Awaaz are experienced in collecting data over the phone. To familiarise them with the work of Ground Truth Solutions, the scope of the project, and collecting perception data, they received training organised by Ground Truth Solutions.

The training included sessions on:

- Collecting perception data
- Mitigating enumerator bias
- Enumerator code of conduct
- Types of questions, including Likert-scale questions
- The survey tool and the translation of the questions into Dari and Pashto

The training was conducted in English. After this training, the survey tool was piloted in 40 interviews. After integrating the feedback from this testing phase, the survey tool was finalised.

Sampling
Our sampling strategy aimed to get a representative sample from the general population living in Afghanistan. The geographic scope was all of Afghanistan. We contacted people using random digit dialling in collaboration with Viamo. We aimed for 1,000 phone surveys, with these demographic targets:

- 50/50 gender split.
- 25/75 urban-rural split.
- 40/60 aid recipient–non aid recipient.

Data collection
The people who consented were called back to participate in a live phone survey with enumerators from the Awaaz humanitarian helpline. Data collection, including the pilot phase, took place from November 2021 to February 2022. The surveys were conducted in Dari and Pashto.

Weighting
We weighed data based on gender, place of residency (urban/rural), and UN region.

We calculated population estimates for UN defined regions using WorldPop data, which allows for population estimates based on satellite images, geolocated covariates, and census data.

Qualitative interviews

Design
The qualitative component of the study was undertaken by Salma Consulting with guidance from Ground Truth Solutions and WHO. It focused on capturing more nuanced data from sub-populations including women and rural populations. These sub-groups were particularly hard to reach through phone surveys but remained key sources of information for understanding experiences of healthcare and opportunities for humanitarians to strengthen health services and community participation in the health sector.

The team at Salma used an exploratory cognitive framework to design and review the data from the study. The methods, sample, and tools were designed in consultation with Ground Truth Solutions and WHO. Question guides tailored to the different participant types were developed in English and translated into local languages.

Sampling
We conducted focus group discussions and key informant interviews across four provinces in Afghanistan, in three districts per province. We selected Helmand, Kunduz, and Nangahar provinces based on previous incidences of attacks on healthcare; the regions' strict adherence to socio-cultural norms with the potential to limit women's access to healthcare; safe access to urban centres and rural districts; and to diverse ethnic communities in Kunduz province, specifically. Kandahar was not initially included in the scope of this study but was added during data collection due to limitations in interviewing women in Helmand province.

Focus group discussions were completed with a series of respondents to capture a more nuanced understanding of social norms and attitudes regarding access and usage of health services.

Key informant interviews were conducted with frontline health workers, who operated across districts targeted for focus group discussions. Frontline health workers were individually invited to participate in one-on-one interviews. They were selected based on Salma's existing networks and experience with healthcare workers, and references from local NGOs.

In collaboration with Salma, we undertook community consultations with women, men, community leaders, and frontline health workers in Kunduz and Nangarhar to discuss the problems and potential solutions we identified in this study. We organised four gender-segregated group meetings with 49 participants in which we discussed four problems and recommendations for improvement.

Data collection and analysis
Salma mobilised field teams made up of a field supervisor, senior researchers, and field staff local to the data collection areas. The teams, which included male and female researchers with previous experience in qualitative approaches, received training on the objectives of the project and how to use the translated question guides. The senior researchers and field staff facilitated the focus groups. The senior researchers, with support from senior research coordinators, conducted the key informant interviews. The focus groups and interviews were recorded and transcribed in English. NVivo was used to code and map out responses identifying key themes and trends among respondents.

Limitations
This research was conducted shortly after the August 2021 government transition in Afghanistan. The operational context was still uncertain, and this lack of certainty informed the research design and methodology. Limitations that may have impacted or influenced the interpretation of the findings are outlined below.

An automated voice response was used to pre-determine if respondents had received aid. During the live calls enumerators were instructed to clarify that "aid" refers to both items and services received. However, the common misconception that aid only refers to items may have influenced the number of aid recipients in the final sample. The phone survey also categorised respondents based on location. We defined urban areas as "provincial capitals" and rural areas as "districts." This distinction however may not reflect how respondents self-identify or other frameworks for understanding demographic distribution in Afghanistan.

There are inherent limitations with phone surveys. Primary among them is the lack of representativeness as households with no phones are excluded, as are groups that have traditionally limited access to

household phones such as women, elderly people, and persons with disabilities. In Afghanistan, urban households are also more likely to have phones.

To mitigate the urban/rural bias, we targeted 75% people living in rural areas and 25% in urban areas, which are the quota's applicable to the general population.[1] To improve representation of under-sampled groups the qualitative component of the study prioritised capturing women's voices and feedback from rural communities. We also worked with enumerators to determine the time-of-day women would mostly likely be available and instructed them to ask anyone who picked up the phone to refer the call to a female member of the household over the age of 18. These steps help to strengthen the sample; however, we were unable to obtain our goal of a 50/50 gender split. Future studies should take steps to ensure the representation of women, particularly women living in rural areas as well as elderly people, persons with disabilities, and youth, as these groups remain underrepresented in the current sample.

On several occasions, women declined to participate in recorded focus group discussions, with some citing uncertainty around what is and is not allowed under the new government. For quality control purposes, we required all interviews to be recorded and the lack of informed consent meant we could not conduct eight interviews. To ensure adequate participation of women we decided to suspend interviews in Helmand province, and to undertake interviews in Kandahar province where women were more willing to consent to having discussions recorded. Studies that aim to include input from vulnerable groups must identify strategies to accurately collect data without compromising the safety and security of respondents. Ideally these strategies should be developed in consultation with the target community.

Requests were submitted to the Ministry of Public Health and NGOs providing health services to facilitate access to frontline health workers. However internal policies and confusion over newly established government requirements caused time delays and we had to rely on existing networks to identify respondents. Future efforts to engage frontline health workers should incorporate ample timelines to accommodate lengthy government and organisational administrative processes.

[1] World Bank. 2018. "Rural population (% of total population) – Afghanistan."

Burkina Faso

Quantitative survey

Survey design
This survey targeted people with the following characteristics:

- Internally displaced or a member of the host community (non-displaced person)
- Resident of the site or neighbourhood of concentration targeted by the survey
- At least 18 years old
- Recipient of humanitarian assistance in the last 6 months

To ensure that all new or modified questions of our questionnaire were understood by respondents, six cognitive interviews were conducted in Mooré with respondents living in or around Ouagadougou. Qualitative interviewers followed a semi-structured interview approach where they were given a guide with the general objectives of the interview and some key questions to ask but were expected to ask probing questions to gather rich and informative data on how the questions were understood by the respondents.

The quantitative survey tool was tested with a sample of 100 respondents in two sites and covered all four languages. The interviewer was asked to assess the level of understanding of the question after the respondent has provided a response to each question.

We employed a multi-stage sampling methodology. The first phase consisted of selecting the regions in which there are the most humanitarian interventions. Based on data from the Humanitarian Needs Assessment, the 2022 Humanitarian Response Plan and operational presences, six (6) regions were selected: Boucle du Mouhoun, Centre-Est, Centre-Nord, Est, Nord, and Sahel.

In the second phase, the commune selection was made using probability proportional to the number of people in need in each region. Three communes per region were selected. Due to security constraints, only two communes were accessible in the Sahel region. To select the sites and villages where the survey will take place, locations were randomly selected using gridded population approaches (gridsample.geodata.uk). Using this data, each commune was first subdivided into small squares of 1km2. In each commune, 20 localities with at least 150 people were selected at random. For the communes with less than 10 localities with more than 150 inhabitants, a random selection of 20 localities among those with more than 100 people was made.

Since the survey targets people who have received humanitarian assistance in the last six months, a final random selection of 5 localities in which to conduct the survey was made based on the following criteria:

- At least three types of assistance provided in the locality
- Presence of at least 20 IDPs

Within each selected village and site, eligible individuals were selected for the survey. In the absence of an exhaustive list of IDPs and the inability to easily identify them, the snowball method and random walk approach was used to select respondents.

For the snowball method, the initial seeds per commune included people with the following characteristics to ensure that all segments of the target population were reached: Age groups 18-30, 30-60, over 60 years old, and people living with a disability. For each of these groups males and females were selected.

To reduce potential sampling bias, the seeds themselves will not be interviewed as they may have been identified by community leaders. To ensure a diverse profile of respondents, seeds were asked to designate individuals who were not related to them, did not belong to the same ethnic group, were not at the same locations nor their immediate neighbour.

Individuals identified by the seeds were interviewed. The selection of people interviewed was done progressively until the defined sample size was reached.

Besides snowball sampling, interviewers in other instances used a random-walk approach, whereby they went to each n-th dwelling, n being calculated based on the number of aid recipients in the locations and the sample size. This random walk approach cannot always be implemented in a precise manner since the exact number of aid recipients within the sites is not always known precisely.

To ensure representativity of the sample and to allow for disaggregations, the sample was stratified by region with equal sample size of 300 people per region, which totals to a sample target of 1800 people for the six selected regions. In addition to the IDPs, the sample covered on average 15% of non-displaced persons per commune

Innovative Hub for Research in Africa (IHfRA), a data collection agency based in Ouagadougou, Burkina Faso, provided expert guidance on the methodology design and implemented data collection.

Data collection
Data was collected in July 2022.

Weighting
The data was weighted based on the six of the regions in terms of the number of displaced people. Post-stratification weights were also applied using age groups and gender based on HNO data.

Coverage and exclusion
Together the six selected regions cover 93% of IDPs in Burkina Faso, based on March 2022 information from CONASUR. Given security and access constraints, our data frame of communes excluded no IDPs in Centre Est, 36% in Boucle du Mouhoun, Est and Nord, close to 47% in Centre Nord and most of the people in Sahel (87%), since only two communes were accessible there.

Precision of estimates
Since probability sampling could not be ensured at all states of the sample, margins of error cannot be provided.

Limitations
Due to security constraints, only two communes were accessible in the Sahel region, limiting the number of responses in this critical area of the response.

Data collection was conducted in "red zones," meaning the collection took place in a highly insecure environment. The data collection team had difficulty reaching the Sahel region because, the day before our deployment, a bridge was destroyed on the Kaya-Dori axis, cutting off access to the region. During data collection in certain localities such as Tougan, Djibasso and Ouahigouya, the team regularly heard gunfire, sometimes from heavy weapons. This insecure environment is likely to have influenced who participated in the study, as well as people's responses.

<u>Qualitative survey</u>

Design
Preliminary results from the 2022 quantitative study were presented to communities living in Pouytenga in September 2022. People gathered to watch a film – "La rue n'est pas le paradis" by Guy Désiré Yameogo – and then discussed the quantitative findings as a community. Approximately 400 people attended the community discussion. Participants were filmed during this activity. The next morning, eight people were individually interviewed using a semi-structured interview format to delve deeper into the feedback and gather their recommendations for aid providers. Interviews were filmed.

The same process was followed in January 2022 in two different communes. The results from the 2021 quantitative study were presented to communities in Ouahigouya and Kaya (500 and 300 people attended, respectively) and individual interviews were conducted the following day. This report includes feedback from these qualitative studies conducted in early 2022.

Sampling

Pouytenga was selected as the location for the qualitative phase because it is the last town in the Centre-Est region before the red zone. Pouytenga is thus the first destination and the municipality that hosts the largest number of IDPs in the region. However, this commune has limited humanitarian intervention and thus provides an opportunity to collect feedback from a population that has yet to experience a large-scale humanitarian intervention, but still receives aid through the Action Sociale. Kaya and Ouahigouya were also selected because they host a large population of IDPs. Unlike Pouytenga, however, Kaya and Ouahigouya have large humanitarian responses.

All communes were chosen after analysing the security risks for the IDPs and the Fama Films team.

The following was the criteria for participants in the individual interviews:

- 18 years of age or older
- Have received humanitarian assistance in the past 6 months
- Male/female
- Displaced/non-displaced
- Not a community leader

Eight people were interviewed, with an equal division between gender and status (displaced/non-displaced). Six people were interviewed in both Kaya and Ouahigouya, equally divided by gender and with a 2:1 status ratio (displaced to non-displaced).

Data Collection Team

The design of the activity and questionnaire and subsequent implementation relied on the expertise of Fama Films, a Burkina Faso-based production company specialising in participatory media.

Data collection and analysis

Transcriptions from the films of the group discussion and individual interviews were analysed using MaxQDA.

Limitations

The qualitative interviews did not include people living with a disability, who are a known marginalised group within the population of crisis-affected Burkinabè. Perspectives from other marginalised groups, such as marginalised ethnic groups living in the Pouytenga, Ouahigouya, and Kaya communes, may have also been excluded from this study. While our findings reached saturation, key views are missing that could have added more nuance and depth to this analysis.

Chad

Quantitative survey

At the time of drafting this report, data collection was ongoing. Presented data is only unweighted raw data for two out of seven regions that are covered in total Subsequent GTS reports on Chad data from this period might report different perceptions and findings.

Survey design
The presented data covers aid recipients in two regions: Logone Oriental and Moyen Chari. Overall, the sample was stratified by region and gender. The sample was further stratified by refugee camp and then proportionally allocated by camp size (based on UNHCR data). Returnee sites were also included in the sample (based on Data provided by OCHA).

In addition to refugees, and returnees, host communities were covered in this survey as well, given the lack of demographic data on host communities, the 15% of the sample were allocated to them and they were surveyed in locations adjacent to the refugee and IDP sites in all the seven regions.

On site level, interviewers used a random-walk approach, whereby they went to each n-th dwelling, n being calculated based on the number of aid recipients in the locations and the sample size. This random walk approach cannot always be implemented in a precise manner since the exact number of aid recipients within the sites is not always known precisely.

Data collection
Data was collected in October and November 2022.

Weighting
The presented data is only unweighted raw data, once data collection is completed in the other five regions in Chad, design weights will be used to reflect the different sizes of the regions. A post-stratification weighting technique to adjust for age will be used, based on the people in need population in Chad as specified in the HNO.

Coverage and exclusion
For Moyen-Chari all refugee camps (data provided by UNHCR) and returnee sites (based on OCHA data) could be included in our sample. For Logone Oriental, villages hosting refugees that scattered in the region could not be included due to logistic constraints, but the refugee camps and returnee sites still cover more than 80% of the refugee and returnee population as reported by UNHCR and OCHA.

Precision of estimates
Given that data collection is still ongoing at the time of writing (November 2022), no calculations of margins of error have been conducted. However, our sample design will result in similar margins of error to a simple random sampling approach with the same sample size, for the two regions combined in the range of 4% points.

Limitations
No limitations to note that impacted the methodology at the time of writing this report.

Qualitative survey

This report includes some qualitative data collected in November 2021 in the Mandoul and Chari-Baguirmi regions of Chad. In Mandoul, data collection supervisors returned to Dilingala and Gon and in Chari-Baguirmi, they returned to Bourgouma, Oundouma, and Ngama Kotoko to share the preliminary findings from the initial survey in 2021. Eight focus group discussions were held in Mandoul and nine in Chari-Baguirmi.

Central African Republic

Quantitative

Survey design
The survey was designed to cover a large proportion of the cash and voucher assistance (CVA) receiving population in CAR in a representative manner, considering locations and gender as well as age group distribution of CVA recipients. Together with in-country CVA actors we purposefully selected three sub-prefectures to be covered with our survey; combined, they cover on average 68% of the CVA recipients in CAR in 2021 (based on CVA working group data).

The sample was stratified by sub-prefectures, locations within them and in addition a gender quota was used. The sample was allocated among the three sub-prefectures with approximately equal size to allow for estimates at that level, the final sample sizes amounted to 511, 461, 515 for Bangui (including also Bimbo), Kaga-Pandoro and Paoua respectively.

For Paoua and Kaga-Pandoro, the locations of CVA distributions were towns, and villages, as well as geographical axis between them, shared with us by relevant cash actors. The sample was proportionally allocated to these locations, based on the number of cash recipients. On site level, interviewers used a random-walk approach, whereby they went to each n-th dwelling, n being calculated based on the number of CVA recipients in the locations and the sample size. This random walk approach could not always be implemented in a precise manner since the exact location of CVA recipients within the villages is unknown.

For Bangui and Bimbo, the sample was allocated proportionally to CVA recipients in each arrondissement of the city. However, due to a lack of data the selection of quartiers, the sub-units of arrondissements, followed a convenience sampling approach.

Respondents in Kaga-Pandoro and Paoua had received CVA within the past six months, whereas those surveyed in Bangui had last received CVA assistance at the end of 2021.

Weighting
Overall results are weighted based on the size of the sub-prefectures in terms of CVA recipients, based on cash-working group data. Note that quarterly averages of CVA recipients were used, rather than accumulated data. We used a post-stratification weighting technique to adjust for age group and gender, based on the demographics of the people-in-need population in CAR, as specified in the HNO.

Coverage and exclusion
The three areas included in our survey cover 68% of the CVA recipients in CAR based on averages of CVA recipients over the four quarters in 2021 (data based on Cash-working group figures).
For Bangui, Paoua, and Kaga Bandoro we were able to source data on CVA-distribution points for 83% to 91% of the CVA recipients as reported to the cash working group. In Pauoa and Kaga-Bandoro not all locations were accessible due to logistical and security constraints. Taken together with the incompleteness of the data and inaccessibility of some areas, overall, for Pauoa, and Kaga Bandoro we have coverage rates ranging between 75% to 77% of the known CVA recipients respectively. In Bangui, all known locations could be accessed. Taken together and considering their unequal size in terms of CVA recipients, the overall coverage rate for the three regions together equals 85%, which means that 85% of all CVA recipients in the three sub-prefectures were included in our sampling frame.

Precision of estimates
To calculate margins of error we used the package "survey" in R, specifying the survey design as outlined above. Note that the precision varies from question to question, sample size per questions (as some of the questions are just follow up questions asked to a sub-set of the total sample). For questions that were asked to all people surveyed, the margins of error range between 1.9 and 4% points. For estimates at sub-prefecture level, margins of error range between 1.9 and 6.7% points for Bangui, Kaga-Pandoro und Paoua. In order to calculate these margins of error, probability sampling has to be assumed. Note that for this survey, the main feature of probability sampling – that each individual has a known probability to be included – could not always be strictly adhered to at site level. Given that there is no

comprehensive sampling frame available with all exiting CVA recipients in CAR, we assume that the chosen sampling design is a reasonably close approximation to a probability sampling design in this context.

Limitations
It was originally foreseen to use the dataset compiled by the cash working group in CAR to inform the sampling strategy. Concerns over duplicated entries and the lack of comprehensive information within sub-prefectures information pushed the project team to consult additional data sources to confirm and complement extracted information from the Cash working group dataset.

While the sampling approach in Kaga Bandoro and Paoua was stratified by specific locations of CVA distributions, such sampling strategy was not possible in Bangui due to a lack of data regarding the ratio CVA recipients at the sub-arrondissement level. There, the sampling process involved mayors of the respective arrondissement to identify *quartiers* home to CVA recipients. Information received was then verified by consulting with the heads of designated *quartiers* to then deploy the survey in selected *quartiers* where CVA programs were implemented in 2021, with a minimum of two sampled *quartiers* per arrondissement.

In Bangui, enumerators faced difficulties to employ a random walk process within the *quartiers*. Not only are Bangui's *quartiers* extremely vast compared to their counterparts in rural Paoua and Kaga Bandoro; missing information about the precise amount of CVA recipients in each quartier added to the constraint. Therefore, village heads as well respondents after completing the survey were sometimes required to indicate many of the areas in which cash or voucher assistance has been distributed within their *quartiers* to fulfil targeted quota.

Still in Bangui, the first two days of data collection yielded an insufficient number of male respondents, putting the targeted equal division of men and women at risk. It is not uncommon for men as designated head of households to be out of their village during daytime in order to earn a living. GTS' enumerators were able to counter initial disproportionate breakdown by gender by targeting a surplus of male respondents in the subsequent days of data collection.

Due to concerns about question comprehension for two sets of expectation-reality questions, the questions were slightly rephrased for the data collection in Bangui to ensure these questions captured perceptions of the indicators we aimed to measure. Thus, only responses from Bangui were included for these two questions and all other responses were excluded:

1. Is it important for you that people in your community are able to influence how aid is provided? Do you think people in your community can influence how aid is provided?
2. Is it important for you to know how aid agencies spend money in your area? Do you know how aid agencies spend money in your area?

<u>Qualitative</u>

Design
In September 2022, preliminary results from the quantitative study were presented to communities from all three sampled "sous-prefectures" – namely Bangui, Paoua, and Kaga Bandoro. Results were shared via focus group discussions. Participants were:

- Returnees, host community members, or internally displaced people
- Received CVA in the past year
- 18 years old or older

The groups separated male aid recipients from female aid recipients, and community leaders from community members. As such, three FGDs took place in each sous-prefecture (all-male FGD, all-women FGD, and a FGD with community leaders only). A total of nine FGDs were conducted. Each group gathered up to ten participants.

Sampling
For each sous-prefecture (3 in total), one community was selected as the location for the focus groups. Because people were selected from the same community, a certain comparative basis per sous-prefecture was given. This allowed to contrast male vs female aid recipients experience, as well as community members perception with the one from community leaders.

The location was selected based on a convenience sampling. In Bangui, focus groups took place in the 3rd arrondissement, *quartier Guida*. In Paoua as well as in Kaga Bandoro, participants gathered in the village centre. The selection of the venue followed consultation of the mayor staff.

Community leaders were invited to accompany facilitators in the participant selection. Local knowledge was explicitly desired in order to avoid the inclusion of very close friends or neighbours as well as people in disharmony; the first could lead to an inorganic "room-domination", the latter can hinder the flow of discussion and open, carefree share of opinion.

Facilitators were joined by note-takers selected from the community. This can constitute an additional layer of trust in the room. Furthermore, the discussion took place in a chair circle, with both moderators included in this circle to avoid a teacher-student atmosphere.

Data Collection Team
The design of the activity was in-house made, with both national consultants of GTS facilitating the discussions on site.

Data collection and analysis
Transcriptions from the the group discussion and notes taken by the notetaker were systematically categorised and analysed using MaxQDA.

Democratic Republic of the Congo

Quantitative survey

Note that the presented data is unweighted raw data

Survey design
The sampling aimed to cover aid recipients in North and Sud Kivu as well as Ituri in a representative manner. Since IDPs and returnees received that vast majority of the aid, only these two population groups were targeted in the sample. The sample was stratified by territory based on aid recipients in 2022 (using OCHA data) and the sample was allocated proportionally to the size of these territories that cover close to 70% of all the aid recipients in North and Sud Kivu and Ituri.

In total, we sampled 1040 people in 52 different sites across the three regions, with a target sample size of 20 per site.

Given the absence of data on aid recipient location below the health zone level, sites of aid recipients were purposefully selected prioritising the sites assumed to be targeted by a great number of humanitarian agencies. This process was led by GTS' partner Victim's Hope (VH), a national organisation that disposes of a wide humanitarian network rich in knowledge and experience.
The starting point for the site selection was a comprehensive list of villages and sites with IDPs and returnees from IOMs DTM data. For South Kivu and North Kivu, VH revolved to its own practical understanding of the area gained through past humanitarian surveys as well as enumerators' local knowledge living in the territories targeted by the survey to identify the sites targeted by a great share of humanitarian aid.
For Ituri, access constraints due to security risks or physical barriers played a greater role in the selection process. VH consulted a number of key humanitarian informants cited below to compile a list of sites safe to survey and targeted by humanitarian assistance.

Key informants contacted to select sampled sites in Ituri include:

- Division Provinciale de la Santé (DPS Ituri) – Autorité politico sanitaire
- Superviseur de la santé dans la zone de santé de Djugu - Autorité politico sanitaire
- Secrétariat du territoire de Irumu - Contact politico administrative
- Président du comité humanitaire - Communautaire humanitaire à base communautaire
- Président de la Société civile – Organisation de la société civile
- Coordinatrice affaire humanitaire Oicha - Chef de division
- Coordinateur de l'organisation ACDD Beni - Organisation humanitaire

Data collection
Data was collected in October and November 2022.

Weighting
Since data collection was only finished a few days before publishing this report, the presented data is only unweighted raw data. Weights will be used for subsequent analysis of DRC data.

Coverage and exclusion
The territories included in our survey cover close to 70% of the aid recipients in Nord and Sud Kivu as well as Ituri. Small territories were not included in the sample (less than 70k aid recipients), together they constitute 7% of the total aid recipients in the three regions. Of the remainder, 74% are included in the sample frame. The remainder of the territories were not accessible due to government restrictions, dangerous road conditions, inaccessibility of flights for non-UN staff members and potential armed group attacks.

Precision of estimates
Given the non-probabilistic nature of our site selection, no number on the precision of our estimates can be provided. For subsequence analysis, inclusion probabilities for sites will be approximated, but that phase of the analysis is still ongoing.

Limitations

Because of the upsurge of violence on the Rutshuru territory in North Kivu with the rebel group M23 seizing key cities and villages, we were not able to start data collection in this area. Instead, the surveys initially planned to conduct in Rutshuru were allocated on the three territories in North-Kivu where most aid has been distributed: Masisi, Beni, and Oicha.

Haiti

Quantitative survey

Design and survey tool
In collaboration with Institut de Formation et de Services (IFOS) and Viamo GTS conducted phone surveys with people living in the areas most affected by the earthquake: Nippes, Sud, and Grand'Anse.

The survey tool was co-designed by The New Humanitarian and GTS and presented to in-country humanitarian partners for input and feedback. The survey was designed to measure satisfaction with aid using expectation-confirmation theory (see Overview of GTS' methodology, Questionnaire). The survey tool was translated in French and Creole by two translators working for IFOS. The enumerators from IFOS are experienced data collectors, both face-to-face and via phone.

The sampling strategy focussed on where the response is concentrated. The research team contacted people living in the affected areas Nippes, Sud, and Grand'Anse by interactive voice response (IVR, or Robocall) using random digit dialling (RDD) in collaboration with Viamo. The study aimed for an equal number of respondents in each administrative 2 level (arrondissements) by targeting phone numbers within ranges of cell phone towers in these regions.

To mitigate the inherent biases of higher income levels and higher literacy rates of people who own a cell phone compared to the general population, the study targeted cell-phone users who had the lowest possible amount of cell phone credit, who did not send text messages, and who did not have a smartphone. The enumerators asked seven filter questions for the IVR to increase representativity:

1. Are you 18 years or older?
2. What is your gender?
3. Do you live in Nippes, Sud, or Grand'Anse?
    a. If you live in the Nippes area, where do you live?
    b. If you live in the Sud area, where do you live?
    c. If you live in the Grand'Anse area, where do you live?
4. Do you consent to be called back for a survey on the current post-earthquake response?

The people who consented were called back to participate in a live phone survey and compensated with phone credit upon completion of the survey.

Both aid recipients and non-aid recipients were included in this report. See limitations for an explanation.

Data collection
Data collection, including pre-testing and piloting, took place from October to December 2021. The surveys were conducted in Creole by enumerators from IFOS.

Weighing
Data was weighed based on administrative 2 levels (arrondissements). Population data for the admin 2 levels was obtained using a GIS approach with data from World Pop[30], a project that attempts to estimate population at high resolution using satellite images, geolocated covariates, and census data. This approach was used as census data was not available or reliable for recent years.

Limitations
Limitations for the quantitative portion of our study include possible sampling and response biases, which could have resulted in errors in the measurement and the representativity of findings.

There could have been an error in the measurement of aid recipient status. Although the research team explained that the purpose of the study was not to provide aid and that GTS is an independent organisation, respondents may have labelled themselves as non-recipients of aid due to the timing of the survey in the weeks and months following the earthquake. This could explain the relatively low proportion of aid recipients in our final quantitative sample.

There are also indications that the wording of certain questions could have been confusing or not well understood by respondents. As a result, the research team decided to remove a question related to influencing aid, which was asked in the phone surveys, from our final results.

Phone surveys are prone to unknown biases, as the characteristics of the target population can differ from the general population. The research team completed interviews with 4% of the total amount of phone numbers targeted using random digit dialling. Although a 4% completion rate is quite normal for a random digit dialling survey, it is unclear how the characteristics of the group who answered and the group who refused (or could not) to participate differ. Therefore, it could be that the people spoken to are, because of unknown confounders, not a representative sample of the affected population in Nippes, Sud, and Grand'Anse.

The research aimed to have a 50/50 gender split. However, during the data collection it turned out to be more difficult to reach women than men. Possible explanations include that more men own cell phones, or that men more often have access to cell phones, when mobile phones are household owned, for example.[32]

Qualitative interviews

Design
For the qualitative phase, this team conducted focus groups discussions using a semi-structured interview guide, aiming to further explore people's perceptions about the humanitarian response based on the preliminary results of the quantitative round. In partnership with a team of Haitian researchers, GTS developed an interview guide with the following areas of inquiry, which were further developed through a series of follow-up questions:

1. What is your experience with humanitarian aid?
2. What do you want aid to look like?
3. Who is best placed to provide humanitarian assistance in your community and why?
4. Does aid enable you and your community to meet your (long-term) needs?
5. How does humanitarian aid make you feel?

Sampling
Sampling for the qualitative component was purposive, aiming to reach conceptual saturation for a number of pre-defined categories. This study sampled for eight focus group discussions, having a 50-50 split in gender (male/female) and age (adult/youth)[31]. The project also aimed for a geographic distribution of four interviews in Les Cayes (high humanitarian presence) and Port-à-Piment (low humanitarian presence).

Of the three departments sampled in the quantitative component, Sud was chosen for qualitative interviews as a region highly affected by the earthquake. According to the Post-Disaster Needs Assessment by the Ministry of Planning and External Cooperation, the department had the largest human death toll and otherwise affected people. The two communes representing a high humanitarian presence (Les Cayes) and low presence (Port-à-Piment) were chosen based on OCHA operational presence data and evidence of areas deemed inaccessible by aid providers. Our final focus group sample included 70 participants.

This study also sampled for additional interviews with community leaders, persons with disabilities, and members of the LGBTQIA+ community, which were treated as key informant interviews. A total of eight interviews were conducted with 16 people.

The sampling was conducted by establishing links with relevant organisations, such as women's associations, OPDs, youth associations, and other community associations. Representatives of these organisations were contacted for identification of focus group participants and key informants.

Data collection and analysis
The qualitative research team was composed of two main researchers and three supporting staff. The main researchers were Jean Wesly, Riche Jean Ruben Peterly, and Claudel Thermond. Jephtanie Francois and Thamar Italis were the coordinators and note takers for this project.

The research team tested the questionnaire in a two-person group interview before proceeding with the data collection. Semi-structured interviews were conducted between 6 and 12 January 2021 by our data collection partners. Written informed consent was obtained for all participants, which included an understanding of the purpose, procedure, voluntary nature, benefits and risks, confidentiality, and our contact information.

Focus group discussions and interviews were conducted in Creole; and were audio recorded, translated, and transcribed verbatim into French. Each focus group discussion and interview reached a duration of 1–1.5 hours.

Transcripts for the focus group discussions were coded systematically using an inductive method of line-by-line, open coding. A grounded-theory approach was utilised to allow the data to speak to themes such as empowerment and narratives about aid. The research team used a qualitative analysis software, MAXQDA, to code the transcripts. Inter-coder agreement was ensured through continuous discussion of codes and review of each other's work.

After all transcripts were coded the first time and logged in a codebook, the emergent themes were identified. Codes were categorised according to the themes, and the code structure was finalised. Due to the explanatory methodology, codes were first applied to the themes from the quantitative round, and then any additional themes were identified. A second round of coding then took place to ensure consistency across transcripts.

Group interview transcripts were coded deductively using a closed method through the themes identified in the focus group discussions.

Limitations

During our qualitative sampling, the research team found evidence of survey and interview fatigue. Certain community leaders refused to participate in our study because their experiences with data collection have made them weary of data collections without receiving any communication or benefit in return.

Nigeria

GTS has never seen perception data so positive. At the time of writing this report, the team was still investigating the reasons why.

Quantitative survey

Survey design
The survey was designed to cover a large proportion of the cash and voucher assistance (CVA) receiving population in North-East Nigeria's BAY states (Borno, Adamawa and Yobe) in a representative manner. Data on locations where CVA was distributed was provided by the Food Security Sector. While CVA is also a modality used by other sectors, according to the Cash Working Group dashboard from the first quarter of 2022, Food Security Sector recipients account for 99% of all CVA recipients.

The design included two stages of sampling: (1) locations within each state stratum, (2) individuals within sampled sites. The sample was stratified by state (Borno, Adamawa and Yobe). Adamawa and Yobe account for 1% and 9% of CVA recipients in the BAY states, and so correspondingly have fewer locations where CVA is delivered. As such, we were able to sample all locations in Adamawa and Yobe. In Borno, locations were selected according to probability proportional to size and we were able to sample from 40% of all locations in Borno. The sample was allocated 50-25-25 between Borno, Adamawa and Yobe respectively to support state-level estimates while accounting for the large difference in population sizes across the states. The final sample sizes amounted to 1061 (Borno), 471 (Adamawa) and 449 (Yobe). A strict gender quota was not in place given that more women receive CVA than men for their household. Even so, we achieved a 58-42 split between women and men, allowing accurate estimates based by gender.

On site level, interviewers used a random-walk approach, visiting each n-th dwelling, n being calculated based on the number of CVA recipients in the locations and the target number of completed interviews. This random walk approach could not always be implemented in a precise manner since the exact location of CVA recipients within the villages is unknown and so data collectors rely somewhat on information provided by community leaders or camp chairmen.

Data collection
Data was collected in October 2022.

Weighting and post-stratification
Overall results are weighted based on the size of the regions in terms of the number of CVA recipients, based on data provided by the Food Security Sector as noted above. The sampling design is self-weighting inside each of the three strata (Borno, Adamawa and Yobe), meaning that the respondents from the same regional stratum have equal design-based weights as given by the population size inside the stratum, divided by the sample size inside the stratum. Post-stratification weights were applied to adjust for age group and gender, based on the demographics of the people-in-need population in Nigeria, as specified in the Humanitarian Response Plan. As there is limited data available on demographic breakdowns of the population of CVA recipients, data on the more general population of people-in-need was used as a proxy to develop the post-stratification adjustment.

Coverage and exclusion
Data on locations where CVA was distributed was obtained from the Food Security Sector's 5W data for June and July 2022. Food Security accounts for some 99% of CVA delivered according to the Cash Working Group dashboard from January-March 2022.

Some locations could not be accessed due to security constraints and were removed from the sample frame. This number was minimal (13 out of 166 locations), and mostly in Yunusari and Geidam LGAs in Yobe State.

Precision of estimates

To calculate margins of error we used the package "survey" in R, specifying the survey design as outlined above. Note that the precision varies from question to question according to the sample size. For questions that were asked to all people surveyed, the margins of error range between 1 and 6.6% points. For state estimates, margins of error range from 1.4% to 7.4%. In order to calculate these margins of error, probability sampling has to be assumed. Note that for this survey, the main feature of probability sampling – that each individual has a known probability to be included – could not always be strictly adhered to at site level. Given that there is no comprehensive sampling frame available with all existing CVA recipients in Nigeria, it is assumed that the actual sampling design is a reasonably close approximation to a probability sampling design.

Limitations

While the sampling frame represents the most accurate picture of CVA recipients using the data available, it relies on regular and accurate reporting by humanitarian agencies to the food security cluster. CVA recipients from agencies that did not report are not represented.

Some of the enumerators conducted interviews in less than the minimum required time of 15 minutes. Interviews of less than 15 minutes were rejected and redone. A total of 207 interviews were rejected, out of a total of 2131.

Qualitative survey

Design

In-depth, qualitative interviews were conducted with community representatives of displaced people and aid recipients in Nigeria and Somalia in May and June 2022. 10 interviews were conducted with community leaders, women and youth leaders, camp chairmen and CVA beneficiaries in Gubio and El-Miskin camps in Maiduguri, Borno State. Interviews also contained a cognitive interviewing component with the aim of testing how well participants understand questions from our standardised quantitative surveys. This study informed the subsequent round of quantitative data collection in September 2022.

Sampling

The research team conducted 10 in-depth qualitative interviews with community leaders, women and youth leaders, camp chairmen and CVA beneficiaries in Gubio and El-Miskin camps in Maiduguri, Borno State in May and June 2022.

Data collection and analysis

The interviews were conducted with the local organisation, Fact Foundation, who has strong ties to local communities. A summary of the topics discussed in the interviews was compiled into a report for sharing with local actors and internal learning.

Limitations

With a total of only 10 interviews, this study represents just a small insight into how community members view our data, and as such should not be generalised. In speaking to leaders who represent wider parts of the community, we gain insight into the issues that face these groups. However, this is not a replacement for speaking to community members directly.

Somalia

Quantitative survey

Survey design
The survey was designed to cover a large proportion of the cash and voucher assistance (CVA) receiving population in Somalia in a representative manner, considering locations and gender, as well as age group distribution of CVA recipients. Data on locations where CVA was distributed was collected from individual aid agencies, which according to the Cash Working Group dashboard from April 2022, account for more than 70% of all CVA delivered across all sectors.

The design included two stages of sampling: (1) locations within each region stratum, (2) individuals within sampled locations. The sample was stratified by region (the three regions in Somalia being South Central, Puntland and Somaliland). Locations within these regions were then selected according to probability proportional to the size of the location in terms of the estimated number of CVA recipients. To prioritise accuracy of country-wide estimates, the sample was allocated proportionally according to the size of the region. 10 locations were selected in both Puntland and Somaliland, and 55 locations in South Central Somalia. At each location, 25 individuals were interviewed. The final sample sizes amounted to 171 for Puntland, 151 for Somaliland and, 939 for South Central.

On location level, interviewers used a random-walk approach, visiting each n-th dwelling, n being calculated based on the estimated number of CVA recipients in the locations and the target number of completed interviews. This random walk approach could not always be implemented in a precise manner since the exact location of CVA recipients within the villages is unknown. CVA recipients were identified by an eligibility question – if the person selected was not a CVA recipient, enumerators would interview the next available CVA recipient at that location. Enumerators were instructed to interview roughly 50% men and women. Feedback on the number of men and women interviewed was provided to enumeration teams at the end of each day to ensure a balanced representation.

Data collection
Data was collected in August and September 2022.

Weighting
National results are weighted based on the size of the regions in terms of CVA recipients, based on data provided by individual CVA providers, as noted above. The sampling design is self-weighting inside each of the three strata (Puntland, Somaliland, South Central), meaning that the respondents from the same regional stratum have equal design-based weights as given by the population size inside the stratum, divided by the sample size inside the stratum. Post-stratification weights were applied to adjust for age group and gender, based on the demographics of the people-in-need population in Somalia. As specified in the HNO, there is limited data available on demographic breakdowns of the population of CVA recipients. Data on the more general population of people-in-need was used as a proxy to develop the post-stratification adjustment.

Coverage and exclusion
Data on locations where CVA was distributed was collected from individual aid agencies, which according to the Cash Working Group dashboard from April 2022, account for more than 70% of all CVA delivered. It was anticipated that some locations would not be accessible due to changing security constraints. In order to provide two alternative locations for each sampled location, a sample of three times the size of the intended sample size was drawn using probability proportional to size. Then, three equally sized random samples were drawn, giving two alternative locations for each sampled location. Should one location be inaccessible, teams would go to the next accessible location paired with the inaccessible site.

Precision of estimates

To calculate margins of error, we used the package "survey" in R, specifying the survey design as outlined above. Note that the precision varies from question to question according to the sample size and size of the estimate. For questions that were asked to all people surveyed, the margins of error range between 2.9% and 9.1% points. In order to calculate these margins of error, probability sampling has to be assumed. Note that for this survey, the main feature of probability sampling – that each individual has a known probability to be included – could not always be strictly adhered to at site level. Given that there is no comprehensive sampling frame available with all existing CVA recipients in Somalia, we assume that the chosen sampling design is a reasonably close approximation to a probability sampling design in this context.

Limitations

In Somalia, the sampling frame comprised of data from the Cash Working Group, the Food Security Cluster, the World Food Programme and ICRC, who are the major CVA stakeholders in Somalia. While the sampling frame is estimated to have covered roughly 70% of CVA recipients in Somalia, perspectives of CVA recipients of smaller organisations are not represented.

It was envisaged to collect data from both humanitarian CVA recipients and recipients of CVA from Social Protection programmes. However, it was not possible to obtain data on recipients of Social Protection CVA, and so the sampling frame contained only humanitarian CVA recipients. Nevertheless, around 50% of respondents reported also receiving CVA from Social Protection programmes.

Some of the locations that were randomly selected for the surveys were not accessible due to insecurity, mostly in South Central Somalia. Replacement locations were selected using the method described above. The locations removed, including their replacement locations, are in the table below.

Original sampled location	Replaced by
Siigale	Wabari
Busley	Howl Wadag
Balcad(Bula Doonka)	Huurshe
dhuur	sanfarow
Rooble	Hawo tako
Berdale	Waberi
Reebay	Xirsi Ruug
Wardheer	Shabeele IDP
Tawakal	Shimbirale
Balan baal	sunijiif
Godwaraabe	Laas Caanood
Jeexdin	Abore IDP
Salax	Horseed
Jowhar(Geedo Barkan)	Towfiq
Shahda	Laas Caanood/Far-Xaskule
Washaqo	DuDu
Shiidaale	Tuulo amin
Tuulo Dhuubey	Bacaad Buko

Data collection was conducted between 8 am - 5 pm, during which time, many men go out to seek for work (mainly casual labour). Thus, more females (54%) were interviewed compared to males (46%). This was accounted for using post-stratification weights.

Some of the enumerators conducted interviews in less than the minimum required time of 12 minutes. Interviews of less than 12 minutes were rejected and redone. A total of 163 interviews were rejected, out of a total of 1363.

Syria

Study on demographic and socioeconomic access to services at the household level

Data referenced in this report on those who reported they were asked for a favour in exchange for assistance, as well as data on lack of trust in complaint mechanisms and people's fear of losing access to aid were collected via the following methodology.

Survey design
The Humanitarian Needs Assessment Programme (HNAP) conducted a nationwide demographic household survey across all 14 governorates in Syria in June 2022.

The sampling frame based on the April 2022 HNAP Population Baseline estimate of the Syrian population – that is, 21,055,596 individuals and 4,211,094 households. The number of households was estimated considering an average household size of five members throughout Syria, which is consistent with previous assessment findings.

HNAP employed a two-stage stratified sample design, with locations as primary sampling units (PSUs) and households as secondary units (SSUs) stratified by sub-district (sampling strata). Within each stratum, PSUs were sampled with an equal probability of selection. For sampled PSUs, the total number of interviews was determined by their population proportions.

Given the sample size at the sub district level, the number of PSU to be selected were determined to allow the theorical allocation of at least two SSUs in each PSU for variance computation. This was done through a compromise between an equal allocation and a proportional allocation, in each selected location a minimum of two household were selected and the remaining were allocated proportionally.

Coverage and exclusion
Fieldwork was carried out through face-to-face interviews by experienced HNAP field teams who were trained on coded surveys by data collection experts. Using Kobo Toolbox, the survey collected data on key demographic and socio-economic indicators, representative at the country, governorate, and sub-district level.

The sample frame was sourced from the list of (p-coded) locations, updated by OCHA in August 2020, while the population figures were obtained from HNAP's population baseline, updated in April 2022. Households were estimated considering an average household size of five members throughout the country. In total, 21,055,596 individuals and 4,211,094 households living in 269 sub-districts were considered for the sample frame. Accordingly, a stratified random sample of 25,965 households was selected to be interviewed across 4,874 locations and 26,171 households were ultimately assessed, representative of the Syrian population at sub-district level with a 95% confidence interval.

Weighting
Weights were calculated with reference to the population estimates at sub-district level. The design weights were computed as the inverse of the probability of inclusion of each household. These weights were than adjusted to represent the exact population of households living in each sub-district. The figures in the report are weighted population estimates, i.e., they represent the reference population not the sample population.

Precision of estimates
The results have a 10% margin of error.

Limitations
No critical limitations related to the survey design was determined. At the same time, improvements of the survey methodology in terms of questions' structure, wording and length of the interview are under constant consideration.

For more information about this data, please contact:

- Modher Alhamadani - alhamadani@un.org

2022 Syria Multi-Sectoral Needs Assessment

Data referenced in this report on why people were not satisfied with the assistance received or the access to services, as well as if the household had been consulted by humanitarian organizations about the type and need for humanitarian assistance were collected via the following methodology.

The following methodology statement comes directly from the REACH MSNA dataset.

Household data collection took place from July 6th to August 17th, 2022. A total of 34,065 households were assessed consisting of 170,454 individuals.

The MSNA is a country-wide, sub-district level, household survey conducted across Syria. A stratified simple random sampling strategy was used to draw the sample. The sample was designed to be representative at subdistrict level (admin3) for the total population and at district level (admin2) for 4 population groups: host communities, returnees (after January 1, 2022), IDPs in camps, IDPs out of camps. The latter target applies only to districts with a population larger than 200 households for a given population group. The sample size for each stratum was calculated for a target margin of error of 10% at 95% confidence level for the estimates of categorical variables (uniform between the strata), and assuming a population proportion of 50% in the characteristics being measured (for a conservative estimate) and a buffer of 10%. Furthermore, the sample size was adjusted based on the household population size of the stratum.

The sampling frame consists of 8,557 Primary Sampling Units (PSUs) including 6,504 communities, 477 neighborhoods, 1,378 IDP camps in NWS, and 12 IDP camps ("Informal camp" and "Planned camp") and 186 IDP sites ("Collective center" and "Informal settlement") in NES. The national area is divided into 269 subdistricts, 62 districts, and 14 governorates. The sampling frame was produced using the May 2022 dataset from the population task force as basis and complemented with three additional datasets released in May 2022: HNAP baseline dataset, CCCM list, and SSWG list.

The sample consists of 4,960 Primary Sampling Units (PSUs), including 4,006 communities, 401 neighborhoods, 472 IDP camps in NWS, and 12 IDP camps and 69 IDP sites in NES.

The questionnaire was developed by REACH with support and input from OCHA and clusters.

Data cleaning was done on a weekly basis throughout data collection to ensure the final dataset was of highest quality. For a summary of the types of checks done, please refer to our internal Data Cleaning Minimum Standards Checklist available at this link: https://www.reachresourcecentre.info/toolkit/data-collection-processing/

For more information about this MSNA data, please contact:

- Damiano Scanferla - damiano.scanferla@reach-initiative.org
- Aubrey Bauck - aubrey.bauck@reach-initiative.org
- Michela Pittalis - michela.pittalis@reach-initiative.org

Ukraine

Quantitative survey

Survey design

The survey was designed to provide a representative picture of the population currently residing on the territory of Ukraine with the current structure by gender, age group, region, type of area, IDP/people in need/aid recipient status.

The nationwide sampling developed for the study includes stratified random sample of mobile phones, with the strata being defined by the three-digit main operator's prefixes, this was followed by random generation of the rest of the number and control of regional and urban-rural distribution.

The national sample universe was all adults (18 years and older) with mobile phones who are residents in one of the 24 Ukrainian oblasts (government-controlled area only) and Kyiv city. The mobile phone's penetration among the adult population of Ukraine is more than 96%.

The sampling design involves next stages:

1. The selection of leading mobile operators (comprising 98% of the market for mobile services) and the selection of the first three digits (prefix) of mobile number is based on the KIIS database. The basic distribution of is taken from the database formed during regular face-to-face surveys. At the end of the regular polls, they usually asked the respondents to leave us the most used number of the mobile phone for field control, or, at least, give the name of mobile operator and 3 digits of prefix. The sample was distributed between mobile operators and prefixes proportionally by the number of subscribers.
2. Next step is the random generation of the last 7 digits of phone numbers. To reduce the number of non-successful calls the special procedure was used. The invisible SMS requests were sent to check the validity and activity of each randomly generated number. Before starting work, the base of numbers was mixed.
3. Since we are dealing with individual mobiles, there are no additional stages of selection. The interviewer sequentially calls the numbers in the assignment, makes sure that this is a personal mobile number, and invites the respondent to take part in the survey. If s/he is in uncomfortable conditions for participating in the survey, then the interviewer postpones the interview at a more convenient time. Interviewers will attempt to reach each number at least three times during the different time of day.

The survey was carried out in 771 settlements in all regions of Ukraine except for autonomous Crimea Republic.

Before the start of interview, an additional screening procedure was used, which made it possible to select people in need. Respondents were offered a list of types of humanitarian assistance. Those who needed aid or services from humanitarian organisations or the government over the last month or received any of humanitarian aid since February 24th were selected to complete the full interview. This meant that the final sample included both aid recipients and non-aid recipients, which is justified given the blanket approach to aid provision during the time of the sample design and this study's interest in including anyone who was left behind (if they were a "person in need" but did not receive aid).

Weighting

Overall results are weighed based on the number of SIM-cards and refusals by gender. This approach was chosen since the start of Russia's full-scale invasion to Ukraine, the Ukrainian population movements have been multidirectional, fluctuating and hard-to-account. Under such conditions, it seems that it would be methodically correct to construct the sample completely randomly because CATI RDD due to its closeness to simple random sampling provides opportunity to obtain a representative snapshot of universe (active SIM-cards of Ukrainians inside Ukraine in this case)

Coverage and exclusion

The theoretical sample size was 2,000 complete interviews. The contacted Sample Size is 2983 respondents. The realized Sample Size is 2,023 respondents (960 respondents were excluded as non-eligible – non-PIN of non-aid recipients). Therefore, the eligibility rate was 68% out of total population 18+ on the territories with mobile connection of the Ukrainian mobile operators. It is not possible to calculate coverage rate since there is no information on presence of mobile connection in the regions close

to the frontline. For example, residents of the occupied Kherson and Lugansk oblast do not have mobile communications of Ukrainian operators and were almost completely excluded from the survey. Also, people in other territories occupied by Russia (part of the Mykolaiv, Kharkiv and Donetsk oblasts) were excluded from the survey for the same reason. Also, some people living in the controlled territories near the war zone were also excluded because there is also often no mobile connection.

We also don't know number of people who live in different regions of Ukraine due to big demographic shifts caused by the full-scale war.

Also, the residents living in the territory temporarily not controlled by the Government of Ukraine (as of 24.02.2022) – Crimea, Sevastopol, some districts of Donetsk and Luhansk regions – were excluded from the sample.

Precision of estimates

To calculate margins of error we used the package "pollster" in R which is built on-top of the "survey" package and uses the Kish's approximate formula for design-effect calculations (appropriate for simple random sampling as in this case) . Note that the precision varies from question to question, sample size per questions (as some of the questions are just follow up questions asked to a sub-set of the total sample). For questions that were asked to the all people surveyed, the margins of error range between 0.4% and 2.2% points. In order to calculate these margins of error, probability sampling has to be assumed. Note that for this survey, the main feature of probability sampling – that each individual has a known probability to be included – could not always be strictly adhered to at site level. Given that there is no comprehensive sampling frame available in Ukraine, we assume that the chosen sampling design is a reasonably close approximation to a probability sampling design in this context.

Limitations

The main problem and limitation of this study is, as mentioned earlier, significant demographic changes in the population of Ukraine which makes unknown composition of the target population of this study: 7.7 million Ukrainians have left the country since February 24, 7.1 million are IDPs, unknown number are on the occupied territories without mobile connection, more than 1 million serve in the different branches of the Ukrainian Defence Forces. Because of this, it was impossible to compare the survey data with the data of the State Statistics Service of Ukraine as of January 2022, even using information on the place of residence until 24.02.

It is also worth noting that the data of the State Statistics Service of Ukraine even before the full-scale invasion raised questions among researchers, because the last census was conducted in 2001. Since then, only its annual estimates have been conducted based on the number of births/deaths/official changes of the place of registration. This did not allow taking into account people who changed their place of residence without changing their registration, including labour migrants abroad.

Taking into account all the mentioned reasons, there were a number of deviations from the official statistics in the survey sample even using the data on the place of residence until 24.02. The largest deviations (6.4%-6.9%) are observed in the underrepresentation of the rural population of the Western region. The reasons for this are not exactly known, but similar discrepancies (to a lesser extent) were observed even before the war. We can assume that this is due to unofficial labour migration of the inhabitants of this region to the EU countries.

Also, the general population interviewed by mobile phones represents the opinion of a more educated, urbanized and high-income Ukrainians since the 4% of people without mobile phones, which would not be reached even under normal conditions, are mostly from older age groups and rural areas. However, the effect of this undercoverage is not significant.

Qualitative consultations

Design

In preparation of the quantitative and qualitative research pieces, we conducted informal open-ended consultations with citizens in Ukraine and representatives of national NGOs and civil society organisations (CSOs). The aim of this activity was to understand the priorities of citizens and local aid providers on humanitarian aid, and to get a general understanding of what people see as humanitarian aid, and what not. The discussions were broadly guided by discussion guides; however, they were kept relatively unstructured.

Sampling

Sampling for the qualitative component was purposive, aiming to get a diverse sample of citizens and representatives of NGOs and CSOs.

- Civil society organisations (CSOs)
  - Everybody Can (children with disabilities, elderly with disabilities)
  - Project Kesher
  - Ship's Land
  - East SOS (Восток SOS) (IDPs from Eastern Ukraine)
  - Kyiv Volunteer ; NGO "SAVE UKRAINE" (products kits in Kyiv oblast)
  - Plast Lviv
- General population, including aid recipients
  - Through Telegram groups or other social media

Data collection and analysis

Data was collected by two team members of GTS, in Ukrainian and English. The discussions took place via phone or video call. Oral informed consent was obtained for all discussions, including at the beginning and the end.

For more information:

Elise Shea, elise@groundtruthsolutions.org

Christian Els, christian@groundtruthsolutions.org

groundtruthsolutions.org