Research Terms of Reference

Assessment of Experiences, Needs and Aspirations of Children, Adolescents and Caregivers Displaced from Ukraine
REG2205
Out of Ukraine regional & Europe-wide response

17.01.2023

IMPACT Shaping practices
Influencing policies
Impacting lives

1. Executive Summary

Countries of intervention	Poland, Romania, Moldova, Slovakia, Germany and others.					
Type of Emergency	□	Natural disaster	x	Conflict	□	Other *(specify)*
Type of Crisis	x	Sudden onset	□	Slow onset	□	Protracted
Mandating Body/ Agency	*Save the Children International*					
IMPACT Project Code	97AWO					
Overall Research Timeframe *(from research design to final outputs / M&E)*	14/08/2022 – 13/08/2023 (The *quantitative* component of this research project – two survey modules on child protection and income/expenditure – is being integrated into the IMPACT longitudinal survey on people displaced from Ukraine, which is ongoing since February 2022.)					
Research Timeframe	1. Pilot/ training: Quantitative component pilot: 02/11/2022-04/11/2022 Qualitative component: Romania: Training: 23/11/2022-29/11/2022 Pilot: 05/12/2022-06/12/2022 Poland: Training: 05/12/2022-09/12/2022 Pilot: 13/12/2022-14/12/2022			6. Preliminary presentation: 2 child-friendly factsheets with preliminary findings will be shared within a couple of weeks after DC with children/adolescents who participared in the research. Preliminary findings will be presented to child protection and cash working groups in Romania and Poland.		
Add planned deadlines (for first cycle if more than 1)	2. Start data collection: Quantitative component: 07/11/2022 Qualitative component 07/12/2022			7. Outputs sent for validation: Quantitative: 4 weeks after DC Qualitative: 4 weeks after DC		

3. Data collected:
 	
Quantitative component: rolling on a monthly basis: weeks 1-4 of each month
 	
   - Child protection module: November 2022 and March 2023
   - Cash module: December 2022, January and February 2023
 	
Qualitative component:
   - Romania: 05/12/2022-16/11/2022, 16/01/2023-21/01/2023
   - Poland: 16/01/2023-03/02/2023
	8. Outputs published:
	
	Quantitative: Factsheets 4-6 weeks after DC
	
	Qualitative:
	Child-friendly factsheets, based on preliminary findings: 6 weeks after DC
	Briefs: 2-3 months after DC
	Final report: August 2023

4. Data analysed: Quantitative component: rolling, 2 weeks after DC Qualitative component: 1-2 months after DC	9. Final presentation: No
5. Data sent for validation: Quantitative component: 1 week after data collection Qualitative component: 2 weeks after data collection	

Number of assessments	□	Single assessment (one cycle)	
	x	Multi assessment (more than one cycle) *Longitudinal study with monthly updated data collection cycles*	

Humanitarian milestones *Specify **what** will the assessment inform and **when** e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;*	**Milestone**		**Deadline**
	□	Donor plan/strategy	_ _/_ _/_ _ _ _
	□	Inter-cluster plan/strategy	_ _/_ _/_ _ _ _
	□	Cluster plan/strategy	_ _/_ _/_ _ _ _
	□	NGO platform plan/strategy	_ _/_ _/_ _ _ _
	x	Other (Specify):	Policy makers within the EU; Humanitarian response planning in Ukraine's neighbouring countries; tailored to SCI's programming
	Audience type		**Dissemination**

Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	x Strategic x Programmatic □ Operational □ [Other, Specify]	**x** General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) □ Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting x Presentation of findings (e.g. at HCT meeting; Cluster meeting) x Website Dissemination (Relief Web & REACH Resource Centre) x Bilateral consultations, targeted information campaigns
Detailed dissemination plan required	□ Yes	x No
General Objective	The objective of this study is to analyze the vulnerabilities, risk and protective factors, and child protection needs of children, adolescents and their caregivers who are displaced by the conflict in Ukraine, in order to improve evidence-based interventions related to child protection and monetary transfers.	
Specific Objective(s)	Specifically, the study aims to meet the following specific objectives: - To determine the demographic profiles of households with children displaced from Ukraine, including household composition and members with special vulnerabilities (e.g., PhD, UASC, pregnant/lactating women) in the host country - To identify main protection and wellbeing concerns for households with children displaced from Ukraine in the host country, as well as underlying factors that may increase vulnerability to those risks - To determine crucial protective factors that help children, adolescents and caregivers displaced from Ukraine mitigate protection and wellbeing concerns in the host country - To identify the most pressing needs of households with children displaced from Ukraine in the host country - To evaluate access and barriers to services for children, adolescents, and caregivers displaced from Ukraine in the host country - To determine facilitators and barriers to integration into the host community of households with children displaced from Ukraine - To identify income-expenditure patterns and strategies to reconcile work and childcare of households with children displaced from Ukraine	

Research Questions	1. What are the demographic profiles of HHs with children and adolescents displaced outside of Ukraine?
	2. What are the main risk and protective factors that affect the extent to which children, adolescents and their caregivers displaced outside of Ukraine are protected from violence, abuse, exploitation, and neglect?
	   • What ongoing and newly emerged risks are children, adolescents and caregivers facing since their displacement outside of Ukraine, compared to their risks before the conflict?
	   • What are the underlying factors that increase the affected population's exposure to violations and abuse since their displacement outside of Ukraine, compared to before the conflict?	

- • What are the most important protective factors for children, adolescents and caregivers since their displacement outside of Ukraine, compared to protective factors before the conflict?

3. To what extent are the child protection needs of children, adolescents and their caregivers displaced outside of Ukraine being met in the host country, and do specific vulnerabilities affect how their needs are met?
   - • Which are the most pressing child protection needs reported?
   - • Which child protection services do refugee children have access to?
   - • What individual, household, and community-level factors determine children's, adolescents' and caregivers' access and use of these services?
   - • What barriers do HHs face in accessing these services?
   - • How do HH perceive the quality of these services?
   - • What are possible solutions for improving access to CP services?

4. What are the main facilitators and barriers to integration in host countries of children, adolescents and their caregivers displaced by the conflict in Ukraine?
   - • What are the main facilitators for integration of children, adolescents and their caregivers into the host community?
   - • What are the main barriers for integration of children, adolescents and their caregivers into the host community?

5. To what extent are HHs with children and adolescents displaced by the conflict in Ukraine able to pay for their living expenditures abroad?
   - • What amount of money do HHs receive from each income source?
   - • How much money do HHs spend on each type of expenditure?
   - • To what extent do single caregivers manage to reconcile work and childcare?

6. What are the perceptions of households with children and adolescents displaced outside of Ukraine regarding their return to the country?
   - • What are the main reasons for HH with children and adolescents to return to Ukraine?
   - • What are the main reasons for HH with children and adolescents to not return to Ukraine?

Geographic Coverage	Qualitative: 3 locations, respectively, in Romania and Poland, where people with children displaced by the war have settled in. Quantitative: Countries outside Ukraine where people displaced by the war have settled in, especially in the immediate regional neighbourhood (i.e. Poland, Moldova, Romania, Slovakia, Hungary) and reported destination countries further into the EU (France, Germany, Italy, Spain).
Secondary data sources	*Rose (2001), Researching Social and Economic Change: the use of household panel studies.* Lynn (2009), Methodology of Longitudinal Surveys. OECD (2018), *Working Together for Local Integration of Migrants and Refugees*, OECD Publishing, Paris. *http://dx.doi.org/10.1787/9789264085350-en* IASC (2010), *Durable Solutions For Internally Displaced Persons.* UNHCR (September 2022), *Lives on Hold: Intentions and Perspectives of Refugees from Ukraine.* UNHCR (June 2022), *Regional Inter-Agency Child Protection Update*.

Population(s) *Select all that apply*	□	IDPs in camp		□	IDPs in informal sites
	□	IDPs in host communities		□	IDPs [Other, Specify]
	x	Refugees in camp (collective sites)		x	Refugees in informal sites
	x	Refugees in host communities		□	Refugees [Other, Specify]
	x	Host communities		□	[Other, Specify]
Stratification *Select type(s) and enter number of strata *No stratification will be included at the research design stage*	X	Geographical : Quantitative: By country and admin1 unit (depending on the number of respondends who report that they are currently located in a specific admin1 unit) Qualitative: By country Population size per strata is known? □ Yes x No	X	Group: By gender of respondent, respondent education, HH with PwD member, single caregiver, HH income quantile, HH with pregnant lactating woman Qualitative: By vulnerability profile, age-group and gender of children Population size per strata is known? □ Yes x No	□ *[Other Specify]* #: _ _ Population size per strata is known? □ Yes □ No
Data collection tool(s)	X	Structured (Quantitative)		x	Semi-structured (Qualitative)

	Sampling method	**Data collection method**
Structured data collection tool (s) # 1: Longitudinal survey	□ Purposive: x Convinience sampling: Any person displaced from Ukraine who gave their consent during the REACH UNHCR Border Monitoring/ Protection Profiling[1] exercise to be interviewed for the longitudinal study, and also consents for further participation; also: Viber & Facebook opt-in respondents (link to consent form shared via these social media platforms) □ [Other, Specify]	□ Key informant interview (Target #): □ Individual interview (Target #): □ Focus group discussion (Target #): X Individual level (Target #): 6000, growing with each data collection round.
Semi-structured data collection tool (s) # 2: Child consultations	x Purposive: In each country, SC will select three locations (geographical areas) where group activities will take place. These are locations in which SC or partners implement projects. At the locations, SC and partners will select children who have been in these countries for two weeks minimum. This will ensure children have been in the country long enough to be able to discuss meaningfully the needs they have and their access to services. Children selected will be between the ages of	□ Key informant interview (Target #): □ Individual interview (Target #): x Focus group discussion (Target #): 8 child consultations per site, 24 per country and 48 total. Based on groups of 6-8 children per age (8-11, 12-14, 15-17) and gender for each consultation, 144-192 children will be inteviewed per country and 288-384 in total. □ Individual level (Target #):

[1] For recent outputs see here and here.

	8 and 17 and will include both genders at an equal basis. When selecting participants, staff will try to invite a diverse group of children, rather than only the most outspoken children. □ Convinience sampling: □ [Other, Specify]	
Semi-structured data collection tool (s) # 3: FGDs with caregivers	x Purposive: SC will select caregivers from Ukraine in the same locations as for the child consultations. As for the children, selected caregivers arrived in the respective countries at least 2 weeks before data collection. The respondents will include both genders at an equal basis. □ Convinience sampling: □ [Other, Specify]	□ Key informant interview (Target #): □ Individual interview (Target #): x Focus group discussion (Target #): 2 FGDs with caregivers per site, 6 per country and 12 in total. Based on groups of 6-8 respondents, 36-48 caregivers will be inteviewed per country and 72-96 in total. □ Individual level (Target #):
Semi-structured data collection tool (s) # 4: FGDs with host population	x Purposive: REACH will select host community members in the same locations as for the child consultations. Only respondents will be selected who have already had some level of engagement with refugees from Ukraine in the location. This ensures that they can respond to all of the interview questions. Respondents will be either identified through advertisement in public spaces at the locations (i.e., self-selection) or via outreach at activities both attended by refugee and host populations. The respondents will include both genders at an equal basis. □ Convinience sampling: □ [Other, Specify]	□ Key informant interview (Target #): □ Individual interview (Target #): x Focus group discussion (Target #): 1 FGD with host community members per site, 3 per country and 6 in total. Based on groups of 6-8 respondents, 18-24 host community members will be inteviewed per country and 36-48 in total. □ Individual level (Target #):
Semi-structured data collection tool (s) # 5: KIIs with service providers	x Purposive: Key Informant selection of 2 service providers per sector (child protection, health, education) per location. The KIs are selected to be knowlededabe about the services accessible to children and caregivers in the location. □ Convinience sampling: □ [Other, Specify]	x Key informant interview (Target #): 6 per location, 18 per country (36 total for Romania and Poland) □ Individual interview (Target #): □ Focus group discussion (Target #): □ Individual level (Target #):

Data management platform(s)	x	IMPACT		□	UNHCR	
	□	[Other, Specify]				

Expected ouput type(s)	□	Situation overview #: _ _	x	Report #: 1 final report	□	Profile #: _ _
	□	Presentation (Preliminary findings) #: _ _	□	Presentation (Final) #: _ _	□	Factsheet #:
	x	Interactive dashboard #:1 (To be updated on a	□	Webmap #: _ _	□	Map #: _ _

		monthly basis) – only quantitative findings				
	x	[Other, Specify] Quantitative: 5 monthly data bulletins with key findings (2 on child protection and 3 on income/expenditure) Qualitative: 2 briefs on child protection (one focusing on younger childen and one on adolescents)
Access	x	Public (available on IMPACT website and other humanitarian platforms)
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on IMPACT or other platforms)
Visibility *Specify which **logos** should be on outputs*	***IMPACT***
	Donor: *Quantitative outputs: Save the Children International (SCI), Swiss Development Cooperation (GAC), Global Affairs Canada (GAC); Qualitative outputs: SCI*
	Coordination Framework: *NA*
	Partners: *NA*

2) Rationale

2.1 Background

As of 25 October 2022, the hostilities in Ukraine which escalated on 24 February 2022 have displaced more than 7.7 million people out of Ukraine across Europe.[2] Many of them settle in neighbouring countries or move further into European countries and beyond. While in the immediate term many settle with family and friends, as conflict draws on humanitarian and government actors need to know the needs and challenges people face, both in covering their basic needs, but also in terms of settling and integrating into host communities. This is particularly important as most of those displaced are women and children and as such part of particular vulnerable groups.

This study forms the third research stream of IMPACT's Ukraine response, by informing the response to the needs of people displaced by the crisis in Ukraine in the EU, in Ukraine's neighbouring countries and other EU countries where people may decide to settle.[3]

2.2 Intended impact

The aim of the study is to inform humanitarian, government and civil society actors responding to the needs of children, adolescents and caregivers displaced by the conflict in Ukraine in Europe and beyond, to support evidence-based direct provision of assistance at a programmatic and strategic level, and policymaking in the short, mid- and longer-term. The study seeks to address the issues from the perspective of affected children, adolescents, and caregivers and fill two important data gaps in the current humanitarian response supporting refugee[4] populations from Ukraine: Information on protection, wellbeing and service access of children, adolescents and caregivers and information on household income-expenditure patterns.

As such, the intended impact of the study is that humanitarian actors, civil society and, crucially, governments and policy makers have the relevant information on the situation of refugee households with children in the EU and beyond to provide assistance and develop policies in line this population's needs, both to respond to short-term priorities, but also longer—

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[2] [UNHCR](#), 25 October 2022.
[3] The other two workstreams focus on informing the humanitarian response (1) within Ukraine and (2) in its neighbouring countries.
[4] For ease of reference people displaced by the conflict in Ukraine out of the country are here referred to "refugees", even if they have not formally applied for international protection.

term policies, such as on integration and safe sustainable return. The study will also aim to shed a particular eye on the response and programming to reach those not taken charge of in collective/government/NGO-run sites, who otherwise risk to be completely invisible to responders. These groups are also those that are at particular risk of abuse, as many stay in informal arrangements with friends or people who offer to host them, away from institutional eyes.

3) Methodology

3.1 Methodology overview

The study employs a mixed-methods approach, based on a longitudinal phone survey with refugee caregivers, in-person refugee child consultations, Focus Group Discussions (FGDs) with refugee caregivers and host community members, as well as Key Informant Interviews (KIIs) with service providers.

1) **Longitudinal household survey**

The following two step approach will be implemented for the longitudinal household survey:

   a) **Collection of respondents' consent and contact details for remote phone interviews:**
      i) **Protection Profiling interviews**: as part of a partnership REACH holds with UNHCR in Poland, Moldova, Romania, Slovakia, REACH staff interview refugees as they cross borders and are hosted in first reception sites on the following topics: immediate needs assessment, population estimation, collection of contact details. This data collection exercise allows us to gather respondents' contact and consent for follow up phone interviews.[5]
      ii) **Partnerships with Viber and Facebook Data for Good:** IMPACT has established pro bono partnerships with Viber and Facebook, which allow for the dissemination of an introduction to the survey and optional, GDPR-compliant sign-up with people who fled the war from Ukraine through sharing of the survey through Viber Ukrainian refugee community groups and targeted Facebook surveys.
   b) **Follow up surveys with refugees**: regular follow-up data collection will be conducted on a monthly basis with everyone who agreed to be contacted for follow-up interviews and, at the end of each new interview round, is re-asked to confirm their consent to continue participating in the study. Data is collected through computer-assisted telephone interviewing (CATI), to determine changes in migration decision-making, challenges, integration in host countries and intentions over time. While some indicators will be monitored continuously, to determine changes over time, others will be adapted for each data collection round (i.e., modules on CP and income/expenditures), to mirror the changing situation and challenges faced by the population of interest.

2) **Child consultations:** The consultations with children displaced from Ukraine will employ a qualitative approach, based on purposeful sampling, and will be conducted in 3-4 locations in Romania and Poland, respectively, where Save the Children (SC) or its partners implement projects. The aim is to conduct in each location 8 consultations with children between the ages of 8 and 17 to gain information on the specific experiences of refugee children. The consultations will be separated by age and gender group and will rely on age-appropriate child participatory methods delivered in group settings, which have been tried and tested (e.g. in inter-agency children's consultations as well as children's consultations conducted by SC).

3) **Focus group discussions with caregivers:** The FGDs with caregivers of children displaced from Ukraine will employ a qualitative approach, based on purposeful sampling, and will be conducted at the same locations as the child

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[5] As such, the detailed methodology for this approach is outlined in a separate TORs, focused on the protection profiling assessment.

consultations. The aim is to conduct in each location 2 consultations with caregivers, separated by gender, to gain information on the specific experiences of refugee caregivers.

4) **Focus group discussions with host population:** The FGDs with host community members will employ a qualitative approach, based on purposeful sampling, and will be conducted at the same locations as the child consultations. The aim is to conduct in each location 1 consultation with host population to gain information on their perspective of the facilitators for and barriers to integration of refugee children, adolescents and their caregivers in the host community.

5) **Key Informant Interviews with service providers:** KIIs will be conducted with 2 government or non-government representatives (total of 6) from each major sectors relevant to the child-specific refugee response (child protection, health, education) in each of the selected locations to better understand protection risks, needs and access to services, and extent to which these are shaped by contextual factors and refugees' profiles. KIs will be selected purposively after a preliminary exploration of local stakeholders.

3.2 Population of interest

Population: The population of interest are children, adolescents and caregivers who fled Ukraine in response to the escalation of hostilities which started on 24 February 2022. More specifically, the pool of respondents for the longitudinal survey is based on the respondents of REACH's UNHCR border protection monitoring and protection profiling assessment conducted for UNHCR, for which REACH teams interview people who leave Ukraine at border crossing points, as well as at key transit locations (bus and train stations, etc) and reception centres in neighbouring countries. This includes Ukrainian and third-country nationals. Only adults (i.e., 18 years or older) are interviewed for the phone survey, however, the presence of children and their needs is also recorded during the interview process. The pool of respondents for the qualitative assessments is confined to refugee children and caregivers, as well as host community members and service providers in the locations selected for data collection. Therefore, findings from the qualitative assessment are limited to the situation of refugees in these locations.

Unit of measurement:
- Quantitative survey: Individual caregiver (some questions are about the individual's household as a whole)
- Key informant interview: City/Sector
- Focus group discussion: City/Population segment (gender, refugee/host)
- Child consultations: City/Population segment (age/gender)

3.3 Secondary data review

The following documentation has served as guidance to inform the assessment methodology and the questionnaire design:
- Save the Children
    - Data gaps and research questions
    - Child-appropriate interview methodologies
    - Sites accessible in Poland and Romania
- UNHCR
    - Registration of Temporary Protection
    - UNHCR Operational data Portal
- REACH
    - REACH Multisector Needs Assessments
    - REACH Site Monitoring
    - REACH Protection profiling (URL factsheet)
- European Union:
    - European Union Laboure Force Survey (EU-LFS)

       o   European Union Statistics on Income and Living Conditions ([EU-SILC](#))
- IASC: [IASC Framework for Durable Solutions](#)

3.4 Primary Data Collection

The study employs a mixed-methods approach, based on five types of data collection: a longitudinal phone survey with refugee caregivers, in-person refugee child consultations, FGDs with refugee caregivers and host community members, as well as KIIs with service providers.

1. Longitudinal phone survey with refugee caregivers

Method

The longitudinal phone survey uses a quantitative approach aimed at providing an overview of caregivers' experience of being displaced from Ukraine and living with children in the host community. During the initial interview (in person or web-based), respondents are asked whether they are willing to be contacted again for follow up surveys few weeks after the first interview. Those who agree are called 1 month after the first interview with the first follow-up data collection survey. The tool is designed to be as short and unobtrusive as possible and has been piloted to ensure Do No Harm principles are respected. Respondents are called using Viber, WhatsApp and Telegram online calling services, as these are more readily accessible than actual phone calls. After this first follow up survey, respondents will be called again on a monthly basis. Some indicators (such as living situation, key challenges faced) remain constant, to monitor changes over time, while others are adapted from data collection round to data collection round, to ensure that questions adapt to the changing situation of people interviewed.

Each data collection round will take place on a fixed monthly schedule. This means that as new consents to participate are collected through our protection profiling surveys on the ground, these participants will be included in the panel and interviewed during the next round of data collection following their consent, together with ongoing respondents. Adding new respondents to the panel as consents are given on a monthly basis will allow for a more representative sample of the target population incorporating people displaced later than when the survey started. To ensure we have the same level of information for all respondents, the tool used during each round will be made up of different modules, with all modules to fill for new respondents, compared to only the most recently added module for respondents who have already been interviewed in previous rounds. The current panel of 6,000 respondents (as of October 2022) will continue to grow as we incorporate new consents in later rounds, allowing us to reach up to 12,000 respondents. We will hereby follow a "panel + birth" design, whereby while we have a panel that we follow from the start of data collection, new respondents are added with each monthly round of data collection.

Data will be collected between November 2022 and June 2023.

Sampling

Different access strategies to include respondents (interviews at the border, Facebook and Viber, other in-person data collection efforts) are used to diversify our access to respondents and therefore limit the risk of bias through the use of one singular data source. To note, there is currently no comprehensive and complete understanding of our population of interest's primary characteristics. As such, we cannot ensure statistical representativeness at sampling stage. This is also because the initial sampling of respondents (be that protection profiling or Viber/Facebook is based on a convenience sampling method). Rather, as we expect more information on the population's profile being produced over the next months (as EU government publish data on registration rates etc), we aim for the following approach:
1- Interview as many respondents as possible through various access sources
2- Of them, interview as many as possible through our longitudinal survey
3- As respondents drop out from one round to another, "refill" the sample of respondents through calling new respondents, all the while adding new respondents.

The addition of new respondents to the panel allows for two aims: (1) incorporating people displaced after the beginning of data collection, who are likely to have a different profile of those who left at first; (2) It also allows for an overall larger sample size: while the present data is based on around 6,000 respondents, the aim is to eventually interview more than 12,000 respondents on a monthly basis. This way, more disaggregated data can be provided by, for instance, country and specific socio-economic or vulnerability profiles. The purpose of the refill will hence not be to re-fill respondents based on the characteristics of those who dropped out, but rather to be able to interview as many respondents as possible. Adjustment of the sample, to avoid any biases or increase accuracy based on data on the overall population, may be done in subsequent data collection rounds, should available accurate and representative data on the population of interest increase. Weighting may be included at a later stage to account for under- or over-representation of specific groups, to be determined at a later stage, based on sources available.

Data collection tools
1- Welcome module: asked to every respondent we interview for the first time over phone – asked once
2- Core module: a set of questions asked on mobility, needs, intentions, which will be asked during each data collection round to determine changes over time in key indicators
3- Ad hoc modules: which will change and focus on specific topics of interest to the response. The project with SCI includes two ad-hoc modules: One on child protection and one on income-expenditures. The income-expenditure module will be integrated within the core module in the respective data collection rounds (thereby replacing the simplified income question in the core module during those rounds) - to ensure natural flow of the interview.

Team setup
A total of 30 enumerators who are remotely located within Ukraine are collecting the data through phone calls done via messaging platforms Viber/Whatsapp/Telegram. The interviews are conducted in Ukrainian and Russian (depending on the respondents' mother tongue), as well as English if needed. In adherence to GDPR, enumerators are given access to only the minimum information and personal data necessary for each to begin an interview. The minimum information necessary for each round of data collection is placed in a calling list stored in IMPACT's server and only accessible through credentials and password. The calling list contains the numbers to call on a regular basis, as well as the preferred messaging platform and language. Whether and to what extent respondents participate and interviews are successfully concluded is tracked by each enumerator through a phone call tracking sheet, where enumerators record when they tried to reach out to respondents and how, etc. This tracking sheet ensures that every enumerator follows the same system in outreach and (repeated) follow-up with respondents. Should respondents not reply to a call/message for three times or more, their number is removed from the list for subsequent interviews. At every follow-up survey the respondent's consent to participate in the survey is confirmed. On this basis, the phone calling sheets are regularly updated.

Enumerators will be grouped in groups of 5, each of them headed by a head enumerator, who is more experienced than the others and will operate as a team lead, to assign and overall manage the daily workload of colleagues, and report to the AO in charge with the data and any challenges faced.

Enumerators are briefed and debriefed on a regular basis with team and bilateral calls to check on homogenisation, data collection progress, challenges and trends. At the beginning of each round of data collection, enumerators are provided with clear list of respondents to be interviewed, weekly targets and any other information needed to conduct the interviews.

2. Consultations with refugee children and adolescents

Method
The children's consultations are a qualitative approach aimed at capturing children's unique experience of being displaced from Ukraine and living in the host community. The semi-structured consultations will rely on age-appropriate child participatory methods (e.g. games) delivered in group settings, which have been tried and tested (e.g. in inter-agency children's consultations as well as children's consultations conducted by Save the Children).

Data collection will take approximately three to four weeks in each country, covering three different locations where Save the Children or partners are providing humanitarian support to displaced children and caregivers from Ukraine. Data collection will happen over the course of December 2022, and January and February 2023.

Sampling

The primary data collection for the children's consultation will focus on children who have been in Poland and Romania for two weeks minimum. This will ensure children have been in the country long enough to be able to discuss meaningfully the needs they have and their access to services. In addition, children will be identified through Save the Children and partner organizations, meaning that some if not all of these children have had access to some degree of services. When selecting participants, staff will try to invite a diverse group of children, rather than only the most outspoken children. SCI/partner staff at the sites will already have a good knowledge of the characters of the children they are working with, which will help them in their selection.

We will consult with boys and girls aged 8 to 17 (included). In each country, our teams will select three locations (geographical areas) where group activities will take place. These are locations in which Save the Children or partners implement projects. In each location, six group activities will take place: one with boys 8-11, one with girls 8-11, one with boys 12-14, one with girls 12-14, one with boys 15-17 and one with girls 15-17. If all 6 group activities cannot happen in one location (e.g. they do not have children across all age groups), then additional sites may be needed to ensure that all age groups are consulted. This will ensure data will yield results that are indicative of the needs of different age and gender groups, by country.

Each group activity will consist of 6-8 participants. This will give participants enough opportunities to share their ideas and explore new ones together. Using a gender-sensitive approach, boys and girls will be consulted with separately.

Country	8-11 years old		12-14 years old		15-17 years old		Total # Child Consultations
	Boys	Girls	Boys	Girls	Boys	Girls	
Romania	4	4	4	4	4	4	24
Poland	4	4	4	4	4	4	24
TOTAL	8	8	8	8	8	8	48

The following geographical locations will be covered (more specific sites to be identified closer to data collection with partners):

Poland	Romania
Warsaw	Suceava
Krakow	Bucharest
	Galati

Data collection tools

The following tools will be used to answer the research questions and collect primary data against the indicators.

Tool	Duration	8-11 years	12-14 years	15-17 years
Introduction and Informed Consent	10 min	X	X	X
Body Mapping*	45 min	X	X	
Focus Group Discussion*	45 min		X	X

Dot voting	35 min		X	X
Yes No Maybe	35 min	X		
Helping Hands	15 min	X	X	X
Feedback Activity 1	5 min		X	X
Feedback Activity 2	5 min	X		

*For 12–14-year-olds, either the body mapping or the FGD tool can be used.

These tools have been tried and tested during previous (inter-agency) children's consultations that Save the Children has taken part in or led on. The tools outlined above are child-friendly and assigned to a particular age group based on their age-appropriateness. Tools focus on topics that are appropriate to discuss in group-settings (for example excluding any questions specifically soliciting answers that could lead children to disclose sensitive information), whilst creating opportunities for children to share reflections more privately if they want to at the end of the session.

The tools have been adapted to fit the purpose of the consultations and the context by Save the Children Technical Advisors, Save the Children teams in Poland and Romania, and staff from REACH.

During the pilot phase, additional testing will confirm these tools are appropriate and capture the right data. For example, the body mapping activity and the Focus Group Discussion cover the same objectives and topics, but one may be more appropriate and effective depending on the age group of children.

During the consultations, the note taker(s) will document in detail what children say. Note takers will use note taking templates to organize their notes according to the different components of each of activity. At the end of each session with a group of children, the facilitator and note taker will review the notes together and fill in any blanks. Based on SC's recommendation, the consultations will not be recorded to ensure that the children feel comfortable.

Team setup
Each data collection team will consist of one or two facilitator(s) and one note taker. In each country, there will be two teams to collect data with children and caregivers: one for data collection with male respondents and one for data collection with female respondents.

Data will be collected by newly recruited staff and some existing REACH staff. REACH is responsible for recruitment. As part of the recruitment process, the team has looked for people who have prior experience working with children and who speak Ukrainian or Russian, to ensure they can communicate with children taking part in the sessions, without having to rely on a translator.

In addition to receiving REACH training in conducting FGDs and KIIs, enumerators will take part in an in-person training from technical staff of Save the Children to prepare them for data collection with children. The three-day training will cover:

•   Child Protection
•   Psycho-social first aid (PFA)
•   Safeguarding
•   Child Participatory Methodology and Tools
•   9 Basic Requirements for Meaningful and Ethical Participants
•   The Referral Protocol and Risk Assessment
•   Safe Identification and Referral

Based on the training, tweaks may be made to the data collection tools (e.g. slightly changing the phrasing of a question, using a different word to describe something, etc.). During the training special attention will be paid to how to appropriately handle situations in which children disclose sensitive information.

After the training, data collection teams will conduct a pilot (one day in each country), with at a minimum of two groups of children (different genders and age groups, e.g. boys 15-17 and girls 11-14 years old). Locations selected for this are Warsaw and Bucharest. This will allow each facilitation team to run a session in full length. As mentioned above, additional tweaks will be made based on the pilot.

3. Focus Group Discussions with refugee caregivers

Method

The semi-structured discussions with caregivers employ a qualitative approach aimed at capturing caregivers' experience of being displaced from Ukraine and living with children in the host community. Data collection sites and time are the same as for the child consultations. The discussions will take around 90 minutes each. Facilitators will inform participants about the purpose, content and conditions of the interview and obtain their verbal consent before the start of the discussion.

Sampling

The primary data collection for the FGDs with caregivers will focus on caregivers who have been in Poland and Romania for two weeks minimum. This will ensure they have been in the country long enough to be able to discuss meaningfully the needs they and their children have and their access to services. 2 FGDs are planned per site and 6 per country. The groups will include 6-8 participants and are separated by gender due to gender-sensitive issues discussed (e.g., sexual violence) in the discussion. SC will identify participants for each site among caregivers they are supporting. The groups will be inclusive to people with disabilities or other vulnerabilities.

Country	Refugee Caregivers		Total # FGDs with Caregivers
	Men	Women	
Romania	3	3	6
Poland	3	3	6
TOTAL	6	6	12

Data collection tool

One qualitative tool will be used. Discussions will be audio-recorded, and notes about body language and contextual information will be taken by the notetaker during the discussion. Audio recordings will be deleted once enumerators have created transcripts in the original language.

Team setup

The same teams as for the child consultations will be used for data collection with caregivers. However, only one facilitator and one notetaker will be required, as the groups are less complex to facilitate compared to the child consultations.

4. Focus Group Discussions with host community members

Method

The semi-structured discussions with host community members employ a qualitative approach aimed at capturing host populations' view of the barriers and facilitators of integration of refugee children, adolescents and caregivers in their communities. Data collection sites and time are the same as for the child consultations.

The discussions will take around 60 minutes each. Facilitators will inform participants about the purpose, content and conditions of the interview and obtain their verbal consent before the start of the discussion.

Sampling

1 FGD is planned per site and 3 per country. The groups will include 6-8 participants. REACH will identify participants for each site among community members available to be interviewed. The groups will be gender balanced, to ensure the inclusion of views from both genders.

Country	Total # FGDs with Host Population
Romania	3
Poland	3
TOTAL	6

Data collection tool

One qualitative tool will be used. Discussions will be audio-recorded, and notes about body language and contextual information will be taken by the notetaker during the discussion. Audio recordings will be deleted once enumerators have created transcripts in the original language.

Team setup

Each data collection team will consist of one facilitator and one note taker. In each country, there will be one team to collect data with host communities and Key Informants. Data will be collected by newly recruited staff and some existing REACH staff. REACH is responsible for recruitment. As part of the recruitment process, the team has looked for people who have prior experience in qualitative research and who speak Polish/Romanian and English, depending on the respective country, to ensure they can communicate with the host communities and KIs.

5. Key Informant Interviews with child service providers

Method

The semi-structured interviews with service providers employ a qualitative approach aimed at capturing service providers' understanding of protection risks, needs and access to services for children, adolescents and caregivers in host communities, and the extent to which these are shaped by contextual factors and refugees' profiles. Data collection sites and time are the same as for the child consultations. The interviews with child protection service providers will take around 45 minutes each, and the interviews with the other three types of KIs will take around 30 minutes each (due to the shorter tools). Facilitators will inform participants about the purpose, content and conditions of the interview and obtain their verbal consent before the start of the discussion.

Sampling

KIs will be conducted with 2 government or non-government representatives (total of 6 per site and 18 per country) from each major sectors relevant to the child-specific refugee response (child protection, health, education) in each of the selected locations. KIs will be selected purposively after a preliminary exploration of local stakeholders.

Country	Key Informants			Total # KIIs
	Child protection	Health	Education	
Romania	6	6	6	18
Poland	6	6	6	18
TOTAL	12	12	12	36

Data collection tool

Four qualitative tools will be used – one for each sector of service provider. Discussions will be audio-recorded, and notes about relevant contextual information will be taken by the interviewer during the discussion.

Team setup

The two enumerators that also conduct the FGDs with host communities will conduct the KIIs individually.

3.5 Data Processing & Analysis

3.5.1 Data Analysis
Longitudinal survey

Enumerators enter the data directly on KOBO. The data is entered in the language enumerators conduct the interview in and later translated by a dedicated staff prior to analysis. Data is cleaned on a rolling basis based on daily feedback sessions with enumerators. Any changes in the data during the cleaning process will be recorded in a cleaning log.

For the first data collection rounds, analysis is done using basic frequencies, as well as by comparing reporting in first vs second follow up rounds. As the pool of respondents grows, more intricate analysis will be run, including comparing reporting based on time respondents left Ukraine and socio-economic background, as well as based on country of destination and other key indicators. Excel and R will be used for analysis.

As respondents are both tracked over time, while new ones are added with each month of data collection, data will be analysed in two ways: first, cohorts' experiences will be tracked over time, tracking the same set of respondents and changes in their responses over time ("cohort analysis"). Second, data will also be presented when relevant in a "snapshot" fashion, where findings are presented for all respondents in a given month to give an up-to-date picture of the situation for respondents at a specific point in time. Longitudinal analysis, however, will be conducted looking at changes over time of different cohorts, to ensure the same people and changes in their situation are tracked (without other external factors potentially confounding the analysis).

Child consultations, adult FGDs and KIIs

The recordings of adult FGDs and KIIs will be transcribed in Ukrainian/Russian by the data collection teams. The notes from the children's consultations and the transcripts from the adult FGDs and KIIs will then be translated by a REACH translator of the regional Ukraine response. Once translated, the lead analysist will ensure random checks are conducted through back translation to ensure accuracy of the translation.

Through multiple rounds of coding, codes will be iteratively build based on what is mentioned in the interviews, and categorized based on saturation grid / analysis plan by referring to the different components of the indicator (e.g. service barrier) and cross-cutting issues (e.g., ways of accessing a service). Codes will be added for new topics that were not included in the saturation grid / analysis plan. REACH will use a Software like Atlas, Nvivo or MaxQDA, depending on availability of license and preference of coders.

For validation of the qualitative data, the analysts will send the following to the IMPACT HQ research unit: enumerator debriefs, finalized transcripts, data saturation and analysis grid and method report.

3.5.2 Data protection

Project staff will follow IMPACT data protection SOPs. REACH will ensure that personal data is processed and transferred in accordance with the applicable data protection laws, regulatory guidelines and industry standards. For the quantitative assessment, no personal data of survey participants will be shared by SCI with IMPACT/REACH or vice-versa. For the qualitative assessment, SCI will share contact data with REACH when a respondent agreed to be contacted for sharing findings of the research. Furthermore, no personal data is shared with third parties.

REACH will ensure at all stages of the research that consent is sought from the respondent before the recording of any data. REACH will place appropriate technical and organisational measures to protect the personal data against accidental or unlawful destruction or accidental loss, alteration, unauthorised disclosure or access, and which provide a level of security appropriate to the risk represented by the processing and the nature of the data to be protected. REACH will notify SCI upon becoming aware of any unauthorized or unlawful processing, loss of, damage to or destruction of personal data and agrees to provide reasonable assistance as is necessary to facilitate the handling of the personal data breach in an expeditious and compliant manner. Any sharing of the raw (non-anonymized) microdata is done via Microsoft SharePoint, in order to restrict access only to authorized people. REACH informed SCI that the data for this phone survey will be collected through its team in Ukraine and not by its teams in Geneva, Poland or Romania. Beyond Ukraine, survey data is downloaded by project staff in Poland and Switzerland for the purpose of data collection, cleaning and analysis. Respondents are informed about their data being shared with REACH project staff in these countries.

No location tracking of respondents is done for the survey, and respondents are asked which social media/communication platform they prefer for communication with our enumerators. The risks of using Viber, Facebook, and other platforms for the purpose of this research therefore does not exceed the existing risks of respondents being tracked through the use of these services.

All international REACH staff involved in the data collection or treatment are bound by the [IMPACT Code of Conduct (CoC) and data protection policy](#), while national REACH staff (including enumerators) are bound by [ACTED CoC and data protection policy](#). IMPACT and ACTED policies have been aligned to each other.

For further reference and details on the data protection obligations for this project, please see the attached section of the grant contract between SCI and IMPACT on data protection.

4) Key ethical considerations and related risks

For detailed guidance on how to complete this section, see also Step 5 of the IMPACT Research Design Guidelines

The proposed research design meets / does not meet the following criteria:

The proposed research design…	Yes/ No	Details if no (including mitigation)
… Has been coordinated with relevant stakeholders to **avoid unnecessary duplication** of data collection efforts?	Y	The tools were developed in collaboration with SC, who are very familiar with the data gaps in the child-specific humanitarian response in Poland and Romania. Moreover, as part of the secondary data review, an indicator mapping on CP and Cash in REACH assessments in the region was conducted to ensure complementarity of the data collected for this assessment.
… **Respects respondents, their rights and dignity** (*specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided*)?	Y	
… Does not **expose data collectors to any risks as a direct result** of participation in data collection?	Y	Staff collecting data will receive training on self-care, which can help them deal with distress. In addition, psycho-social first aid training may also support staff. Attention will be paid to this during debriefings as well to ensure staff receive additional support where necessary.
… Does not **expose respondents / their communities to any risks as a direct result** of participation in data collection?	Y	
… Does not involve **collecting information on specific topics which may be stressful and/ or re-traumatising** for research participants (both respondents and data collectors)?	N	Children and adults risk becoming distressed during data collection, due to the nature of the topics discussed. Questions in the survey with caregivers on safety, protection and wellbeing concerns for children, adolescents and caregivers carried the risk of harm to mental health and reveal of sensitive information about the respondents and the children under their care. SCI and REACH agreed that respondents will be only asked about concerns of children, adolescents and caregivers generally – not about their own concerns or those of their children. The tools and questions of the child consultations have been designed to encourage children to talk about those issues they deem important, by asking open questions. In addition, they encourage children to talk about the experiences of

		children in general, rather than forcing them to recount their own experiences. Facilitators will be trained to recognize signs of distress, abuse or anything else warranting psycho-social first aid or further referral, and on the appropriate course of action if a participant discloses an experience which requires referral and/or reporting. They will ensure children know that they can approach them privately if they want to share something without fellow participants overhearing what they share. Additional channels to access support (e.g. helpline numbers) will be shared following the activity.
… Does not involve **data collection with minors** i.e. anyone less than 18 years old?	N	See section above for tool-related risks. There will be a risk of children missing school. As much as possible, activities with children will be organised outside of school hours. However, it may be unavoidable that children miss a short period of school during the consultation. To minimise the negative impact, the duration of the consultation has been limited and the consultations have been designed in a way that will have some learning and development benefits for children. This will also be discussed with partners to ensure that we find a time that best suits them and the participating children. There will be the risk of road traffic accidents of children arriving at the site of the interview. SC/partners will encourage parents or caregivers to accompany their child to and from the consultation location, if possible, to minimise the risk of road traffic accidents on their way to and from the site. There will be the risk of abuse or exploitation of child or adult participants (in breach of SCI Child Safeguarding and Prevention of Sexual Exploitation and Abuse policies). All staff involved in the consultations will have been trained in and have signed SCI's Safeguarding policies, as well as those of IMPACT/ACTED. All staff will be aware of how to report any safeguarding concerns they observe during the assessment. This topic will be covered in training. All staff involved in the consultations will have had criminal record checks completed. There will be the risk of a child hurting themselves in or around the space where the consultation is conducted. First aid kits will be brought to the locations where we conduct the data collection, if they are not already available. Consultations will happen in child-friendly/safe space (e.g. in Child Friendly Spaces run by Save the Children).
… Does not involve **data collection with other vulnerable groups** e.g.	N	During consent, respondents are not asked whether they belong to any vulnerable group, because such a question

persons with disabilities, victims/ survivors of protection incidents, etc.?		would, by itself, potentially create psychological harm. Moreover, the sample of respondents aims to be as inclusive as possible. As many respondents experienced violence in whatever form in the past months due to the war in Ukraine, it is likely that some of them are survivors of protection incidents. Participation in the survey is voluntary and questions are designed as to not inflict any harm to the respondent even if they belong to any vulnerable group. Moreover, enumerators are trained to refer respondents to country-specific UNHCR help websites for refugees from Ukraine, as agreed with UNHCR.
… Follows IMPACT SOPs for management of **personally identifiable information**?	Y	Care will be taken to not elicit personal stories during data collection, instead seeking data about the general situation. Participants' names will not be written on the same form as their data collected during the discussions and informed consent forms will be kept separate. Hard copy data will be kept with the assessment team or in a locked location at all times. Hard copy data will be destroyed once transcribed into soft copy. REACH will be responsible for handling hard copy data. Soft copy data will be kept on password protected computers and shared using a secure organisational SharePoint site or work e-mail addresses. Soft copy data will be deleted 6 months after the report is finalised.
…Prevents the spread of **COVID-19** to people present during data collection.	Y	Any staff interacting with respondents will self-test the day before each data collection. Staff will ask children and their parents & caregivers to not attend the consultations if they have COVID-19 symptoms. Staff will ensure hand sanitiser is used at the start of the consultations.

As national REACH staff, enumerators in Ukraine and bordering countries are trained in and have committed to abiding to the following ACTED policy documents:
- ACTED's Code of Conduct;
- ACTED's Child Protection Policy;
- ACTED's Data Protection Policy;
- ACTED's Anti-Fraud, Bribery & Corruption Policy;
- ACTED's Grievance Policy;
- ACTED's Policy Against Sexual Exploitation and Abuse;
- ACTED's Anti-Terrorism and Anti-money laundering Policy;
- ACTED's Environmental Safeguarding Policy
- ACTED's procedures, manuals and handbooks e.g. Finance, Logistics, Administration & Human Resources, Transparency & Audit, Security & Safety and AME;
- Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, of which ACTED is a signatory,

- U.N. Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises.

All international REACH staff working on the project are bound to the corresponding IMPACT documents, which are aligned to those of ACTED.

Based on the grant contract between SCI and IMPACT, REACH will also share with and ask its project staff to abide by SCI's Child Safeguarding policy and SCI's Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH) Policy. Based on the abovementioned policies, enumerators will know how to report concerns of respondents and refer them to specialized actors that respondents can contact in case of need.

REACH also agreed with SCI that it will abide by SCI's Anti-Harassment, Intimidation and Bullying Policy and Modern Slavery & Human Trafficking Policy.

5) Monitoring & Evaluation Plan

The following indicators are used for M&E of the ongoing study, in order to comply with internal standards and those of other donors. Additional indicators can be added in agreement with SCI.

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	x Yes
		# of downloads of x product from Relief Web	Country request to HQ		x Yes
		# of downloads of x product from Country level platforms	Country team		□ Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		x Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		□ Yes
		# of visits to x webmap/x dashboard	Country request to HQ		x Yes
IMPACT activities contribute	Number of humanitarian organisations	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	*[List here relevant HPC-documents to be monitored:*

to better program implementation and coordination of the humanitarian response	utilizing IMPACT services/products				*E.g. Iraq HNO 2018, Iraq Flash Appeal Mosul, Shelter Cluster strategy]*
		# references in single agency documents			*[List here relevant agency-documents to be monitored: E.g. UNHCR Country Strategy, UNICEF WASH Response Strategy]*
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	*[Outline here the usage survey to be implemented for this research cycle E.g. Usage survey to be conducted in November 2017, following the release of x outputs, targeting at least 10 partners*
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			*E.g. Usage survey to be conducted at the end of the research cycle related to all outputs, targeting at least 20 partners]*
		Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	# of organisations providing resources (i.e. staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	x Yes
		# of organisations/clusters inputting in research design and joint analysis			x Yes
		# of organisations/clusters attending briefings on findings;			x Yes