CONFLICT MANAGEMENT CONSULTING

Australian Aid

AHP Australian Humanitarian Partnership

Real-Time Review

Protection Support Services for Australian Humanitarian Partnership (AHP)

Final Report

July 24, 2023

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Acknowledgements

This real-time review was commissioned by DFAT and conducted by the CMC team composed of Katerina Stolyarenko (Team Leader), Mykhailo Koriukalov (Team Member & Senior Gender and Protection Expert) and Maria Hrimech (Quality Assurance).

The real-time review team wishes to express its thanks and deep appreciation to all organisations and individuals who spent their valuable time to share their experiences and views on the AHP response in Ukraine, Moldova, and Romania.

The content and findings of the report remain the sole responsibility of the external review team, and do not necessarily reflect the views of the DFAT/AHPSU, ANGOs, and AHP partners.

Acronyms

AHP	Australian Humanitarian Partnership
AHPSU	Australian Humanitarian Partnership Support Unit
ANGO	Australian Non-Governmental Organisation
AoM	Arms of Mercy
CHS	Core Humanitarian Standards
CMC	Conflict Management Consulting
CPiE	Child Protection in Emergencies
DAC	Development Assistance Committee
DFAT	Department of Foreign Affairs and Trade
EiE	Education in Emergencies
FAA	First Aid Arts
FGD	Focus Group Discussion
IASC	Inter-Agency Steering Committee
IDP	Internally Displaced Person
IH	Individual Healing
IMC	International Medical Corps
IP	Implementing Partner
KII	Key Informant Interview

MD	Moldova
MEL	Monitoring, Evaluation and Learning
MHPSS	Mental Health and Psychosocial Support
NCE	No-Cost Extension
NGO	Non-Governmental Organization
OECD-DAC	The Organisation for Economic Co-operation and Development – Development Assistance Committee
PFA	Psychological First Aid
Plan	Plan International
PSEA	Protection against Sexual Exploitation and Abuse
PwD	People with Disability
RO	Romania
RTR	Real-Time Review
RT	Review Team
TOR	Terms of Reference
UA	Ukraine
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
WV	World Vision

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Executive Summary

On 20 March 2022, the Australian Government Department of Foreign Affairs and Trade (DFAT) through the Australian Humanitarian Partnership (AHP) launched the humanitarian response to the Ukraine conflict to respond to the critical health, protection and psychosocial needs in Ukraine and neighbouring countries (Moldova, Romania).

DFAT commissioned this real-time response review (RTR) with the following primary objectives: (i) harvest and document real time learning from the MHPSS response, and (ii) identify improvements for the AHP response. This review was conducted over eight months by an external review team and followed the Organisation for Economic Co-operation and Development – Development Assistance Committee (OECD-DAC) criteria and Core Humanitarian Standards (CHS). The RTR was based on multi-phased data collection stages which took place in November 2022 and April 2023.

The RTR concludes that overall, the AHP mental health and psychosocial support (MHPSS) response design in Ukraine, Moldova and Romania was relevant, effective, and well-tailored to the local context in each target country and aligned with DFAT's priorities and the relevant strategies of the respective governments. The MHPSS activities in each target country proved to be highly relevant, given the significant psychological distress experienced by the affected populations due to the Russo-Ukrainian war.

Inclusion of affected people was a focus of the AHP response in each target country. Mechanisms to support communication and participation were reinforced in the second half of the response.

Complaint mechanisms were in place and started to be better utilised by affected people after the first stage of RTR. Parents and children actively started sharing feedback through various channels (directly to the aid workers, Viber, or Telegram groups). Accountability mechanisms were set up by all AHP partners to address feedback and complaints from affected people. This proactive approach demonstrated a commitment to listen to the voices of those impacted and to continuously improve the humanitarian response.

The review found that all partners will be able to meet the MHPSS targets by the end of June 2023 and the three months no-cost extension (NCE) to the programme timeline played an important role in this.

External coordination was well established with the government in all countries from national to local levels and AHP partners participate regularly in the MHPSS technical working groups, and Child Protection and/or Education Clusters. However, there was scope for improvement and strengthening of coordination with other humanitarian actors in one out of three target countries (Romania).

Internal coordination between consortium leads and AHP local partners in all countries evolved during the course of the response implementation. Reporting and coordination of AHP local partners complied with contractual requirements of AHP consortium leads, but mostly does not go beyond that.

Individual MEAL systems were well established in four out of five responses (PLAN/IMC, WV Ukraine, WV Moldova, WV Romania) in terms of providing detailed indicator definitions, data collection tools and a performance tracker to collect and report on sex-, age-, and disability-disaggregated data to monitor effectiveness and inclusion. Programme specific cross learning between consortiums was lacking apart from Real-Time Review Learning Workshops.

While both ANGOs (World Vision Australia and Plan International Australia) have in place staff support policies including a staff safety and security policy, a code of conduct, Protection against Sexual Exploitation and Abuse (PSEA) and safeguarding policies, some challenges have been detected related to heavy workload and lack of psychosocial support to the staff. These challenges have been partially addressed during the response implementation.

Expenditure monitoring was partly effective as the budget burn rate of three out of five AHP partners remained low during the first 12 months of the AHP response. There is an expectation by all partners that the budget will be fully utilised by the end of the NCE.

Sustainability of MHPSS activities varies across countries. Follow-on funding was secured for the continuation of the MHPSS activities in Moldova, but only partial funding was found for ongoing implementation in Ukraine

and Romania. At the same time, both ANGOs focused on enhancing local capacity for provision of PSS to affected people beyond the AHP response.

Key Recommendations

AHPSU

- **Maintain flexibility with ANGOs in implementation of the response**. This enables the ANGOs to plan, adjust and implement their programs as fit to context.
- Ensure a **continuation of resources and focus on the Ukraine crisis** due to the protracted nature of Ukraine's conflict.
- **Increase funding for the education, supervision, and training of MHPSS specialists** from entry-level to high-level professionals in Ukraine and neighbouring countries affected by Ukraine's crisis.
- **Disseminate valuable good practices** of MHPSS program design, implementation, and coordination with DFAT/AHP partners around the world.

ANGOs

- **Design a theory of change for future MHPSS programmes**, including a problem tree analysis along with results-based management framework, risks, and assumptions.
- **Strengthen the inclusion of sustainability mechanisms in MHPSS programme design**, especially focusing on local capacity building on PSS.
- In ongoing and future MHPSS programmes**, increase efforts to build capacity in MHPSS, child protection and education within existing Government systems** in target countries.
- **Increase learning sharing** via exchange visits and routine learning events between AHP partners at national and local level in ongoing or future MHPSS programmes.
- **Monitor the use of feedback and complaints mechanisms** and the response of implementing organisations.
- **Allocate sufficient funding for capacity building** of AHP local partners.
- **Monitor and revise budgets on an ongoing basis** to ensure timely budget utilization by AHP local partners.
- **Ensure adequate and appropriate human resources** are in place in future MHPSS programmes.

Joint

- **Target more men**, in addition to vulnerable populations, and dedicate specific programming and spaces for males to cover GBV, family problem solving, and community awareness, especially for the future interventions inside Ukraine.
- **Develop specialized interventions** (e.g., elderly club, chess club, peer-support groups) in future MHPSS programme.
- AHP partners (INGO country office, local implementing partner (CSO) should have **dedicated MEL experts** in their projects and ensure sufficient resource allocation for MEL activities.
- Ensure future MHPSS programmes have a margin for **ethnic minorities**, such as Roma refugees.
- ANGOs should continuously **collect age-, sex-, disability and LGBTQI-disaggregated targets** at output indicator levels of MHPSS programmes.
- Consider **revision of the reporting requirements** in future programming. While AHP partners and local implementing partners (CSO) are comfortable with regular reporting, they report being overwhelmed by outstanding urgent requests for information.

1. Introduction

This report outlines real time learning, the objectives and methodology, context of the review, challenges, key findings, conclusions, lessons learned and ends with recommendations. The findings presented here highlight high level, aggregated data on the MHPSS programme that were able to be explored during this real-time AHP response review. Each section in the findings is structured to highlight the relevant DAC criterion, and specific evaluation questions that guided data collection and prioritisation of key findings.

2. Context and Background

2.1. Humanitarian crisis in Ukraine and neighbouring countries

Since 24 February 2022, the conflict in Ukraine has escalated, which has had devastating consequences for the civilian population, with over 23,300 civilian casualties[1] as well as severe destruction or damage to civilian and energy infrastructure in the affected areas. Currently over 5.4 million people are displaced internally[2] and more than 8.2 million refugees from Ukraine, or 18.8 percent of the total population of the country, have sought refuge in neighbouring countries for safety[3]. This war has triggered "the fastest growing refugee crisis since World War II"[4]. It has exposed people to extremely distressing situations – many have lost loved ones, their homes, and jobs and others have witnessed traumatic events. Most of those fleeing Ukraine are women and children. Women make up 59 per cent of internally displaced persons within Ukraine[5] and around 86 per cent of the people who have fled Ukraine are women and children[6]. Men aged 18 to 60 are not allowed to leave Ukraine because of the imposition of martial law, with some exceptions.

Moldova and Romania, as neighbouring countries to the Ukraine, have seen a large influx of refugees crossing Ukraine's southern and western borders. Over the fourteen months of the conflict, 822,393 refugees have crossed the Moldavian border[7], and 2,377,264 refugees have crossed the Romanian border[8]. According to United Nations High Commissioner for Refugees (UNHCR), as of mid-May 2023, 108,889 Ukrainian refugees are estimated to have remained in Moldova and 94,179 refugees have registered for temporary protection in Romania[9]. Romania has the second highest number of Ukrainian refugees of the neighbouring countries. Moldova, one of the poorest economies in Europe, hosts among the highest number of refugees per capita.

According to the World Health Organization (WHO), one in five people are affected by mental health disorders in post-conflict settings. If left without treatment and support, Ukrainian people face long-lasting effects that could be harmful for individuals, families, and communities.

2.2. AHP Response in Ukraine

On 20 March 2022, former Foreign Minister Marise Payne announced that Australia would provide an AUD 65 million humanitarian response to support those affected by the conflict. The assistance includes AUD 10 million delivered by NGOs through the Australian Humanitarian Partnership (AHP)[10].

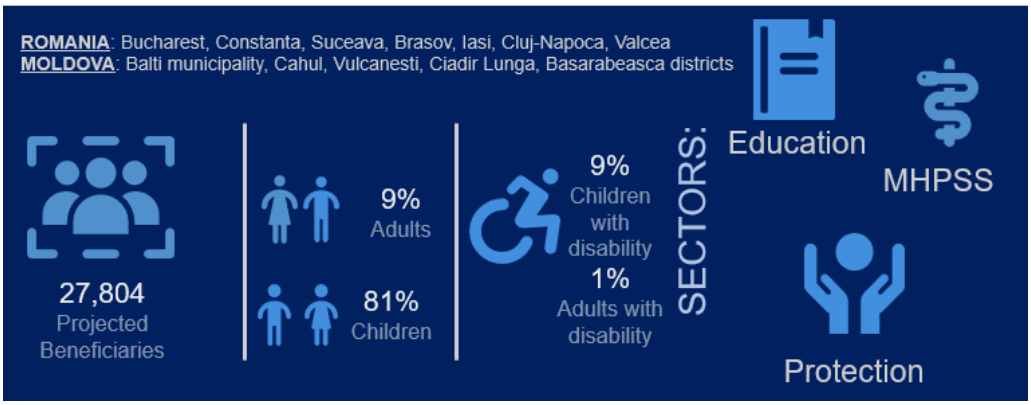
[1] https://www.ohchr.org/en/news/2023/05/ukraine-civilian-casualty-update-2-may-2023 (total civilian casualties recorded by OHCHR from 24 February 2022 to 1 May 2023: 8,709 killed and 14,666 injured)
[2] https://displacement.iom.int/sites/g/files/tmzbdl1461/files/reports/IOM_DTM_Romania_Evolution_of_Needs_Report.pdf
[3] https://reliefweb.int/report/ukraine/ukraine-situation-flash-update-47-19-may-2023
[4] https://www.unhcr.org/hk/en/73141-ukraine-fastest-growing-refugee-crisis-in-europe-since-wwii.html
[5] https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk
[6] https://app.powerbi.com/view?r=eyJrIjoiZjYwMDFhMzMtMTJjZS00NzU1LTkzYzgtNTNhN2FiNjU3Y2RlIiwidCI6ImU1YzM3OTgxLTY2NjQtNDEzNC04YTBjLTY1NDNkMmFmODBiZSIsImMiOjh9
[7] https://data.unhcr.org/en/situations/ukraine/location/10784 (as of May 14, 2023)
[8] https://data.unhcr.org/en/situations/ukraine/location/10782 (as of May 14, 2023)
[9] as of May 20, 2023
[10] https://www.foreignminister.gov.au/minister/marise-payne/transcript/press-conference-12

The AHP response is being delivered by two consortia: the first consortium is led by World Vision Australia in partnership with World Vision Romania, AVE Copiii in Moldova, and Arms of Mercy (AoM) in Ukraine. The second consortium is led by Plan International Australia, in partnership with the International Medical Corps UK and Plan International Romania (in collaboration with ADRA Romania).

The World Vision project aimed to address the critical protection and education needs of 27,804 refugees with a particular focus on children (81% of the target group), people with disabilities (10%) and adults (9%). This was achieved through the establishment of inclusive and accessible support centres, branded as Happy Bubbles, in neighbouring Romania and Moldova.

The project encompassed various activities, such as the provision of protection services and violence referral mechanisms implemented through the safe spaces model, provision of MHPSS and emergency education programmes, as well as distribution of learning kits to vulnerable girls and boys.

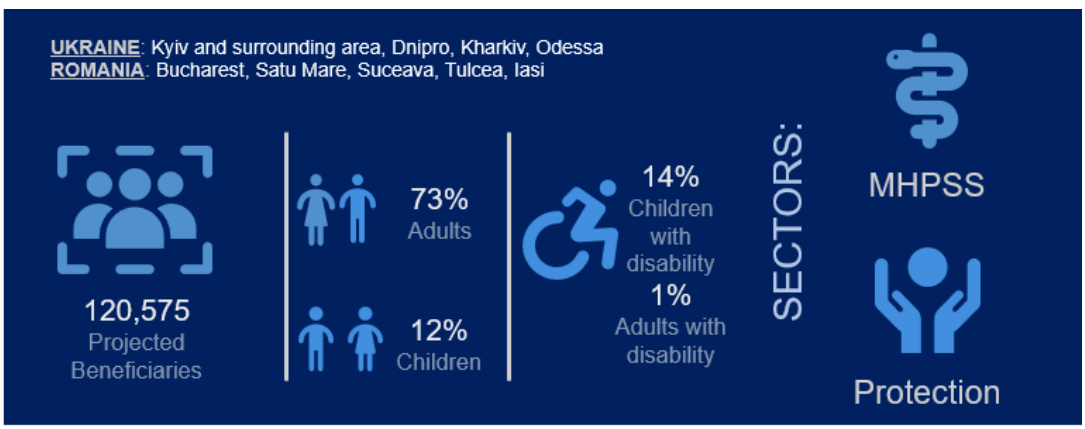
Figure 1. Snapshot of World Vision Australia Project



Source: PIP, 3 June 2022

The Plan International (Plan) project aimed to respond to the critical health, protection, and psychosocial needs of 120,575 individuals affected by the Ukraine crisis. This encompassed adults (73% of the target group), children and adolescents (12%), people with disabilities (15%), the elderly, their caregivers, and frontline workers. The objective was to ensure their access to quality gender- and age-appropriate support services and relief supplies. The assistance provided by Plan included MHPSS, gender-based violence (GBV) services, child protection in emergencies (CPiE), as well as complementary assistance for raising awareness about COVID and protection issues like trafficking. Furthermore, cash programming was implemented as a complementary measure.

Figure 2. Snapshot of Plan International Australia Project



3. Review Purpose and Scope

The primary purpose of the Real-Time Review (RTR) was to "learn from the MHPSS response and identify improvements for the AHP programme". The review had two objectives:

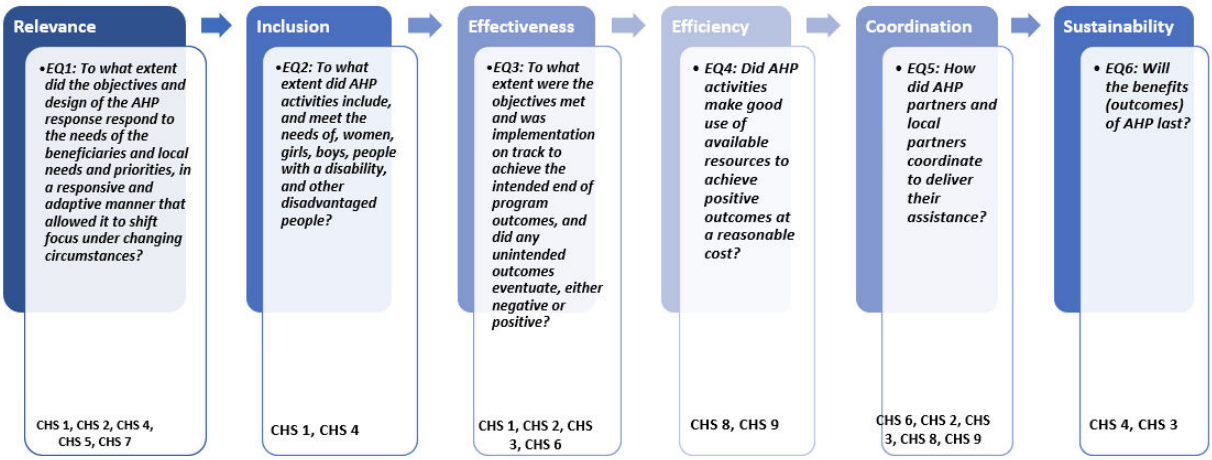
- to support organizational learning by identifying areas for improvement and encouraging the sharing of (good and bad) practices and achievements.
- to assess the performance of the AHP partners' interventions compared to initial expectations, engage stakeholders, and encourage feedback, and offer an independent and objective judgement based on available evidence.

The main users of the RTR include implementing partners, AHP NGOs, DFAT and other stakeholders in the humanitarian sector. The RTR covered the AHP's response from March 2022 to April 2023.

The RTR was conducted as a rolling learning initiative over eight months from November 2022 to June 2023.

The questions for the RTR were developed in line with the Core Humanitarian Standards (CHS) and the OECD DAC evaluation criteria. The RTR aimed to answer six key evaluation questions across six DAC criteria (See Figure 3).

Figure 3. Real-time Review Questions



4. Methodology and Approach

The RTR was split into three phases: an inception phase; a data collection phase; and a synthesis phase.

The inception phase mainly consisted in reviewing existing documentation. This included DFAT's Policies and Standards, AHP Partner NGO project documents, contextual documentation, and other documents relevant to the needs of the affected population and gaps in humanitarian assistance. Documents produced by the MHPSS coordination networks that have been established in Ukraine and neighbouring countries were also reviewed. Initial briefings with the Australian Humanitarian Partnership Support Unit (AHPSU) and AHP Partners were held at the end of October 2022. These briefings provided AHP partners with an opportunity to identify their priorities for the RTR, and for the Review Team (RT) to explain its understanding of the ToR. Prior to the first data collection stage, the RT submitted an inception report further clarifying the ToR, approach, methodology, and process.

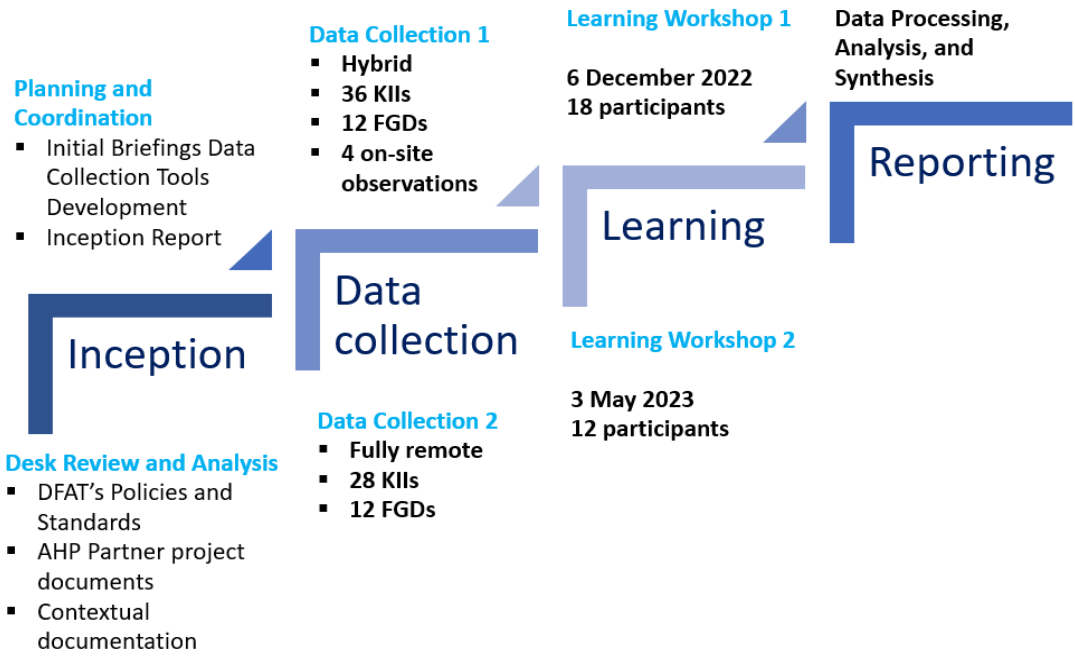
The main component of the RTR process involved two phases of data collection. The first stage of data collection took place from 14th November to 2nd December 2022, with field visits conducted in Romania and Ukraine. The second stage occurred remotely between 10th and 28th April 2023. Throughout both data collection stages, the

RT conducted key informant interviews with representatives from APHSU/DFAT, Australian NGO partners, AHP NGO partners in Romania, Moldova, and Ukraine, as well as government representatives at national and local levels in all three countries. The RT also engaged with other stakeholders, including UN Agencies, INGOs, and charitable organizations. Additionally, focus group discussions were held with affected populations and aid workers. Site visits were also conducted during the first data collection stage while learning workshops were held at the end of each data collection stage. The workshops provided an opportunity for AHP partners to share and validate preliminary findings and emerging conclusions and discuss recommendations and follow-up actions.

The synthesis phase involved several key activities. A workshop was conducted on 26th June 2023, involving DFAT and AHP partners. This workshop provided an opportunity to discuss the RTR findings, share insights, and gather feedback. The draft report was then finalized based on the input received from AHP partners and the AHPSU. This final report will provide a comprehensive summary of the RTR findings.

The purpose of the RTR is primarily for sharing lessons and recommendations among AHP consortium members and local partners to improve their MHPSS response. It is also hoped that it will contribute to the planning for future MHPSS activities for refugees and IDPs in the Ukraine and neighbouring countries.

Figure 4. Real-time Review Methodology Overview



5. Review Limitations

The RTR process faced certain limitations, but it is important to note that these limitations do not undermine the credibility of the findings and conclusions presented in this report.

The real-time review exercise is different to a process or outcome evaluation that assesses the performance of (individual) consortium members. The real-time review does use OECD DAC criteria but does not include an assessment of whether organisations met specific project goals and/or delivered value for money, which would require a different methodology, timeframe, and data collection tools.

Secondly, given the limited timeframe for data collection, the RT has developed an overall understanding of the state of the operations of the consortium members and their partners in MHPSS in each target country. These impressions do not extend to a technical appraisal of the services delivered and the RT did not look at all the sectors in which consortium members operate in detail.

A third limitation has been the high turnover of staff members of some ANGOs and AHP partners. In an emergency response context, the staff managing operations can change rapidly. The knowledge of what happened in the first days or weeks of a response is important, as these early actions and steps can have serious implications for the future. The Real-Time Response Review need to understand the past to be able to look forward. The RT

has spoken with some key informants who were on the ground during the early weeks of the crisis, but some important information may have been missed due to staff turnover.

Finally, the RTR faced difficulties with issues of timing. The MHPSS activities did not start as originally envisaged in each target country and project staff then became very busy commencing implementation. This provided challenges for the RT to match RTR work to the AHP response phases.

6. Findings

6.1. Relevance/appropriateness

EQ1: To what extent did the objectives and design of the AHP response respond to the needs of the beneficiaries and local needs and priorities, in a responsive and adaptive manner that allowed it to shift focus under changing circumstances?

Ukraine

Finding 1.1. Overall, the response in Ukraine is aligned with the needs of the affected population, the context of the overall humanitarian response, policy commitments and strategic priorities of DFAT, the priorities of the Government and the UN Humanitarian Response Plan coordinated by UN OCHA.

Since Russia's full-scale invasion began in February 2022, the Ukrainian population have needed humanitarian assistance and protection, including mental health and psychosocial support (MHPSS). According to UN OCHA, approximately 17.6 million people (49% of the current population) require humanitarian assistance as of early June 2023, and 11.1 million people have been targeted so far[11]. Disaggregated data on the groups requiring assistance shows that:

i) 6.3 million are IDPs (35.8%), 6.9 million are non-displaced people (39.2%) and 4.4 million are returnees (25%);
ii) 44.6% are women, 32% are men, 11.4% are girls and 12% are boys;
iii) 54.3% are adults, 23.4% are children and 22.3% are older people;
iv) 14.9% of people in need are persons with disabilities.[12]

According to interviews with representatives of the government and humanitarian actors (UN Agencies, international NGOs, UN Agencies, local/national organisations), while the affected people have high needs for all types of humanitarian support, relatively more resources have been allocated to sectors such as shelter, protection, food, and non-food items. There have been less resources allocated to MHPSS and GBV. The demand for MHPSS and GBV support surpassed the available resources, particularly in the initial months of the humanitarian response when the AHP response was being designed. The AHP response in Ukraine's focus on MHPSS was fully relevant to the needs of affected people and the overall humanitarian context. MHPSS activities of the two consortia in Ukraine have been aligned with the AHP strategic priority to "*save lives and alleviate suffering by supporting partner countries, local organisations, and communities to prevent, prepare for, respond to and recover from disasters and other humanitarian crises*" as the response was focused on supporting mental well-being of people affected by the humanitarian crisis. This included establishing and strengthening the system to support affected people.

Mental health and psychosocial support is well aligned with the priorities of the Ukraine's Government. In April 2023, the National Strategy for Improving Mental Health entitled "*How Are You*" was launched by the Office of First Lady, Olena Zelenska, on behalf of the Government.[13] The capacity and resources of national and municipal MHPSS providers were quickly overwhelmed due to the rapid escalation of the war. There has been an urgent need to increase support for MHPSS service delivery to effectively implement national priorities. The AHP's MHPSS programme has been particularly relevant to address this need, especially considering the focus of Plan/IMC on capacity building of local MHPSS providers. This is aligned with the Government's long-term priority to establish and sustain a wide network of local MHPSS structures.

[11] https://reports.unocha.org/en/country/ukraine/
[12] https://reports.unocha.org/en/country/ukraine/
[13] https://eu-ua.kmu.gov.ua/novyny/ty-yak-startuvala-vseukrayinska-programa-mentalnogo-zdorovya

The AHP response in Ukraine has also been aligned with the UN Humanitarian Response Plan, notably the Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap.[14] This Roadmap is coordinated by the Technical Working Group (TWG) on MHPSS.[15] As of April-June 2022 when the AHP response was designed, the TWG on MHPSS included 29 members and was co-chaired by IMC, an implementing partner of PLAN in Ukraine. The active involvement of AHP response implementing partners in the work of TWG on MHPSS helps ensure the relevance of the response.

An important strength of the AHP response in Ukraine has been the adaptation of its design and activities to reflect changes in the economic, social, or political context. One of the best examples is the decision made by World Vision in Autumn 2022 to start a programme in Ukraine, after initial implementation commenced only in Romania and Moldova. This decision was made due to the realisation that affected people had started returning to Ukraine, and there was an increased need for MHPSS and other types of humanitarian support in Ukraine as well. World Vision followed the needs of the affected people and started a programme in Ukraine.

The two consortia, supported by DFAT, offered different types of MHPSS activities in Ukraine. PLAN/IMC focused on helpers providing PSS to affected people and World Vision focused on affected children and adults. Interviews with IPs, affected people, governments and other humanitarian actors prove that both approaches are relevant to the Ukrainian context.

Finding 1.2. The response by Plan/IMC has been flexible to accommodate local context and limitations and the partners managed to develop an approach focused on capacity building of helpers, which is relevant to the evolving humanitarian context.

IMC developed an initial concept paper for the response in April 2022. This was adjusted to align with the Ukrainian context after the project team joined IMC in June-July 2022. Certain child protection interventions that were part of the original design were discontinued as they were not relevant for the Ukrainian context. IMC focused more on building capacity of PSS providers (helpers) instead, working primarily with teachers, parents, doctors, community leaders, and social service workers. These adjustments were approved by Plan/DFAT.

The MHPSS response developed by IMC, based on needs assessments and consultations with local authorities, affected people and humanitarian actors, is deemed appropriate. Notably, it is aligned with the government's priority to establish a system of MHPSS providers around Ukraine. The flexibility shown by DFAT and Plan was beneficial in ensuring the response's appropriateness, especially when compared to other donors. IMC staff and local authorities confirmed that this flexibility allowed IMC to tailor their response to the local context, which was not always the case with other humanitarian programmes funded by different donors in Ukraine during 2022-2023. Decision-making on response design and implementation is delegated to IMC by Plan, in recognition of the IMC's role as an experienced humanitarian actor with a strong MHPSS team that is respected within the Ukrainian MHPSS community.

Finding 1.3. World Vision started its response in Ukraine later than other actors, analysing the needs of affected people and ongoing programmes to find gaps in available MHPSS services and cover these gaps.

World Vision Ukraine initiated its MHPSS programme in Ukraine in November 2022, which enabled them to design a response that addressed the specific gaps not covered by other MHPSS actors. The design of their MHPSS response has been highly relevant to the ongoing high demand for MHPSS services in Ukraine. To address existing gaps, World Vision offered a convenient one-stop-shop approach for affected people to access protection and MHPSS services. World Vision also focused on reaching regions and localities that were challenging for other INGOs to access, including small towns and large villages, with local partners playing a crucial role in identifying these underserved areas.

The staff at World Vision Ukraine appreciated the flexibility and support provided by World Vision Australia. The Ukraine office was established in October 2022 and the programme team was formed after this so the Ukraine response is still in a fluid stage with ongoing learning. The flexibility and support from World Vision Australia helped capitalize on this learning process, ensuring that the response was appropriate for the local context and

[14] https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/mhpss_framework_ukraine_eng.pdf
[15] https://response.reliefweb.int/ukraine/mental-health-and-psychosocial-support-technical-working-group

met the needs of affected communities. Regular revisions to the action plan and budget have been made to ensure effective use of funding in line with lessons learned and the evolving MHPSS needs of affected people.

Moldova

Finding 1.4. The response in Moldova fully aligns with the needs of the affected people, the humanitarian response context, and the priorities of DFAT, Moldova's Government, UN Agencies and INGOs operating in Moldova.

During the initial months of the crisis in Moldova (February-May 2022), the situation was highly dynamic and rapidly changing. However, since April 2022, the crisis has become more stable and partners have been able to shift their focus from providing emergency assistance to delivering comprehensive MHPSS services to children based on assessed needs. There have also been fluctuations in the number of refugees entering Moldova. An estimated 190,000 refugees entered the country between February to October 2022 but the number has now decreased to 80,000, with some affected people returning to Ukraine, while others relocated to various European countries. Over 820,000 refugees have also passed through Moldova since February 2022[16], although most of them have continued their journey to other European countries. Moldova has faced substantial need in terms of transit support, including in the MHPSS field. As of May 2023, approximately 109,000 Ukrainian refugees have been recorded in Moldova.[17]

These evolving circumstances have had a significant impact on the programme design of World Vision/AVE Copiii in Moldova, necessitating adaptations to meet the changing needs of the affected population. World Vision Moldova and AVE Copiii affirm the timeliness and relevance of their programme in addressing the needs of affected people. The MHPSS response has contributed to an improvement in the well-being of Ukrainian and Moldovan children, following experiences of deprivation and stress. World Vision Moldova, AVE Copiii and front-line workers indicate that the children are now more balanced, aware of their rights, and actively engaged with educators and peers, leading to enhanced academic performance and stabilized psycho-emotional conditions. Moldova's Government has also been putting MHPSS high on its agenda, according to World Vision Moldova and AVE Copiii. However, given limited capacity, it fully relies on the resources and capacity of humanitarian actors – UN Agencies, INGOs and national/local organisations operating in this sector. Therefore, the AHP response is very relevant and contributes effectively to the Government's efforts to support affected people.

The AHP programme is well aligned with the priorities of other MHPSS actors. WORLD VISION Moldova and AVE Copiii actively coordinate with other actors at the national and sub-national levels, including bilaterally and through the MHPSS Technical Reference Group, which currently includes 12 members.[18]

Both World Vision Moldova and AVE Copiii recognise that MHPSS will remain relevant in Moldova for years to come. The AHP response implemented in May 2022 – June 2023 laid solid ground for continued MHPSS effort in Moldova after the programme's end.

Finding 1.5. The response in Moldova was based on extensive analysis and consultations between World Vision Moldova and AVE Copiii, which initially took time. The response has been fully relevant to the needs of affected people and the Moldova context since the start of implementation.

The launch of the response was delayed because of mandatory due diligence processes and because it took time for World Vision to comprehend the local context and dynamics and ensure appropriate adjustments to the response design. In particular, the design was adjusted to ensure that Moldova's affected population included not only refugees from Ukraine but also Moldovan nationals in vulnerable situations who were adversely impacted by the crisis, such as members of host communities. As a result, the MHPSS response implemented by World Vision/AVE Copiii in Moldova also addresses the needs of vulnerable Moldovan children who lack proper care from their parents and whose families have limited livelihoods. Initially, the ratio of refugees from Ukraine to Moldovans in the response was approximately 40/60. During October 2022 – March 2023, it became closer to a 50/50 split, but returned to 40/60 in late spring 2023. This approach was approved by World Vision Australia because it ensured the appropriateness of the response to the Moldova context and the needs of the affected people.

[16] https://data2.unhcr.org/en/situations/ukraine/location/10784
[17] https://data2.unhcr.org/en/situations/ukraine/location/10784
[18] https://data.unhcr.org/en/working-group/400?sv=54&geo=10784

Romania

Finding 1.6. The response in Romania is aligned with the needs of the affected population, the government's priorities, the strategic priorities of DFAT, and the UN Regional Refugee Response Plan.

Following the onset of the Russa-Ukrainian War, Romania has become one of the countries providing refuge to many Ukrainian refugees. Over 101,000 Ukrainians and third-country nationals arriving from Ukraine have been granted status under the Temporary Protection Directive in Romania. This directive establishes a framework for their legal stay and ensures their access to a wide variety of rights and services within the country.

Ukrainian refugees in Romania comprise approximately two-thirds women with a high proportion of single-headed households - with husbands and fathers often remaining in Ukraine. Children comprise roughly one-third of the total number of refugees who have crossed into Romania from Ukraine[19]. Fifty-three per cent of the refugee population in Romania is between the ages of 18 and 59 years old[20]. Over 90% of Ukrainian refugees under temporary protection live in urban and peri-urban areas, primarily in private accommodation within the host communities. A multi-sectoral needs assessment in Romania conducted by REACH[21] found that urgent needs included strengthening and supporting access to mental health and psychosocial support. Stakeholder interviews also made clear that MHPSS is necessary in Romania. Currently, the Romanian government does not offer any psychosocial services to Ukrainian refugees for a range of reasons. The social protection departments do not have interpreters and are not able to offer support to Ukrainian refugees. The Child Protection Authority has a limited number of psychologists, and they cannot provide PSS outside of their offices. The refugee aid providers in Romania mostly do not have a background in psycho-social support and it is a great challenge for them to respond to the psychological needs of refugees who have been traumatized by the war.

> *"Women and children, especially, are the category that is the most at risk. Offering them the protection and the mental health services that they need in this difficult situation was considered one of the utmost important things."*
>
> FGD with World Vision RO local partners

World Vision research[22] indicates that children who have witnessed war have higher levels of anxiety and depression throughout adulthood. Trauma symptoms, toxic stress, and a sense of insecurity are only some of the effects of war on children's mental well-being. This is particularly true for Romania, where Ukrainian refugee children have adverse emotions due to their experiences of physical threats, loss, displacement, and separation from their caregivers. The interviewed aid workers also noticed that there is a difference between the first wave of refugees, who fled at the beginning of the war in Ukraine, and the subsequent waves. Each group of Ukrainians arriving in Romania is more exhausted and disappointed and generally in a worse condition. Therefore, the AHP MHPSS Programme in Romania was highly relevant and timely. The selected sites for the MHPSS Programme (Bucharest, Brașov, Constanța, Suceava, Tulcea, Cluj-Napoca, Iași, Valcea), where many Ukrainian refugees are accommodated, were very appropriate.

The AHP Response in Romania is aligned with and complements the National Plan of Measures (NPM)[23] for the Protection and Inclusion of Displaced Persons from Ukraine and Beneficiaries of Temporary Protection in Romania which covers a wide range of essential interventions, focusing in key areas such as child protection, access to health care (including MHPSS), education and housing. The AHP Response is also fully in line with Australia's aid interests and policies through emergency health and humanitarian assistance that has a strong emphasis on protecting the most vulnerable. Furthermore, the AHP Response in Romania supports implementation of the UN Regional Refugee Response Plan[24] and is particularly aligned with Objective Two, which focuses on provision of timely and life-saving humanitarian assistance for refugees and vulnerable third country nationals, with a specific focus on the most vulnerable.

Both consortia in Romania focus on affected children, adolescents, and adults and their MHPSS activities include PFA, basic MHPSS counselling, referrals, raising awareness on MHPSS, and strengthening parenting/family support.

Finding 1.7. World Vision Romania initially had an ambitious MHPSS programme design, which was revisited in the course of implementation to align with the local context and needs of the affected population.

[19] UNHCR, Romania Data Portal, Situation Ukraine Refugee Situation (unhcr.org)
[20] https://data.unhcr.org/en/dataviz/236?sv=54&geo=10782
[21] https://reliefweb.int/report/romania/unhcr-romania-situation-overview-bucharest-area-based-assessment-september-october-2022
[22] https://www.wvi.org/publications/report/emergencies/no-peace-mind
[23] Background information: On 26 July 2022, the Government of Romania launched the NPM. The NPM represents a progression from the acute emergency to the longer-term protection and inclusion phase of the response.
[24] Background information: The inter-agency Regional Refugee Response Plan (RRP) outlines the comprehensive response and activities to support countries' efforts to protect and assist refugees, and other persons in need of humanitarian aid, coming from Ukraine. https://humanitarianaction.info/plan/1103

World Vision has been active in Romania for more than 30 years and has been able to deliver direct assistance from the early days of the war. The AHP MHPSS programme was designed in early March 2022 by World Vision staff. At that time, it was assumed that there would be a large influx of children without parents on the border with Ukraine who may need first aid and MHPSS support. However, this assumption has not materialised, and World Vision Romania revisited its MHPSS targets[25] in December 2022. The MHPSS activities were delivered by World Vision through service hubs (Happy Bubbles, day care centres and child protection mobile units) as well as via First Aid Arts (FAA) activities. All of them were highly relevant as evident from focus groups with aid workers, caregivers, and children. During the focus groups, aid workers highlighted that children in a state of stress or after a psycho-trauma are characterized by a decrease in the level of cognitive processes and struggle with activities that use these processes. Caregivers that were interviewed also noted that they had not had the opportunity to share their emotions with other people but felt the need to speak out. They also felt that they always had to be strong for their children but were fatigued and lacked internal resources. Offering caregivers and their children mental health support and/or protection was considered very important by the interviewed project team, aid workers, and local partners.

Finding 1.8. The overall design of the MHPSS activities of Plan Romania/ADRA Romania was highly relevant but was moderately adjusted during implementation to better respond to the local context. Involvement of the local partner in the design was minimal.

The programme design was undertaken by PLAN based on field visits to Romanian border areas in March 2022, while ADRA-Romania was not involved in the design process of the AHP response nor identification of targets. Plan International did not have a local presence in Romania at the outset of the response, while ADRA-Romania was working in the country long before the crisis and had been assisting Ukrainian refugees since the beginning. PLAN received funding from different sources for the Ukraine Crisis Response in Romania and this funding was then pooled. These pooled funds come primarily from two institutional donors – Disasters Emergency Committee (DEC) and DFAT. The funding was received while the Plan International Country Response Plan was being developed. ADRA Romania was identified as the main local implementing partner for MHPSS activities.

6.2. Inclusion

EQ2: To what extent did AHP activities include, and meet the needs of, women, girls, boys, people with a disability, and disadvantaged people?

Ukraine

Finding 2.1. Both ANGOs prioritise inclusion efforts and effectively ensure participation of vulnerable people in their programmes.

The response places a strong emphasis on inclusion, and partners are encouraged and supported to prioritise it. However, additional support is needed to ensure effective integration of inclusion at the implementation level. The response efforts prioritize vulnerable populations at the core. In the Ukrainian context, vulnerable groups include people with disabilities, representatives of ethnic minorities (notably Roma people[26]), LGBTQI+ people, the elderly, residents of rural and remote areas, and survivors of gender-based violence. These groups are given priority in terms of MHPSS as they often face greater needs for assistance, have limited resources, and encounter challenges in accessing support from government and municipal providers as well as other organizations. Both IMC and World Vision have taken proactive steps to prioritize inclusion right from the beginning of their programmes. They have recognized the importance of addressing the specific needs and challenges faced by these vulnerable groups in their MHPSS interventions.

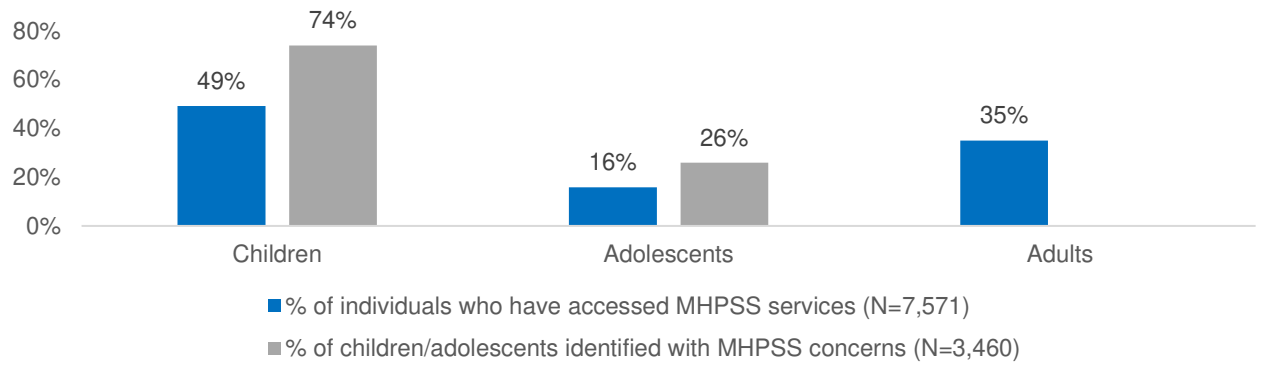
The response is informed by a thorough understanding of the needs of affected people, achieved through consultations, questionnaires, observations, and discussions with MHPSS providers, governments, and the affected people. The needs of affected people are central to both project design and implementation, as well as engagement with target communities. During the first stage of the RTR, it was identified that there was room for improvement in terms of inclusion, particularly in engaging the Roma ethnic minority in the response. The Roma popula-

[25] Background information: The following revisions took place: the number of people benefiting from MHPSS activities was reduced from 10,000 to 3,720; the number of children whose wellbeing has improved as a result to access to protection services (inc. MHPSS) and education was reduced from 25,731 to 12,386; the number of established service hubs was reduced from 13 to 11.

[26] Roma people have a long history of living in Europe with a presence recorded from the 13th Century. They are now widely recognised as one of the EU's largest minority groups with an estimate of more than 10m Roma living in Europe. The term "Roma", first chosen at the inaugural World Romani Congress held in London in 1971, is now widely accepted across the European Union (EU) as a generic and pragmatic term to describe a diverse range of communities, tribes, and clans. Explainer: who are the Roma? (theconversation.com)

tion in Ukraine generally experience social isolation and limited access to education, healthcare, and social services. The Roma community is also amongst the most challenging populations to reach for MHPSS and other interventions due to a lack of accurate population statistics and identification documents. However, a deliberate effort was made to include Roma people following the first stage of the RTR. IMC sought information about Roma communities and reached out to these communities to invite them to participate in MHPSS activities, which helped cover more Roma beneficiaries with MHPSS activities.

Figure 5. ADRA Romania MHPSS beneficiaries disaggregated by beneficiary category as of March 2023



Finding 2.2. Both ANGOs have robust and comprehensive systems to collect feedback from beneficiaries and integrate the feedback into their programming.

Both ANGOs have established comprehensive systems of collecting feedback from affected people. This includes various channels such as written feedback boxes, phone hotlines, direct conversations, displays, and QR codes linked to websites of World Vision and IMC. Both NGOs have strong MEAL teams that collect and analyse this feedback and share findings with programme implementation teams regularly. Physical feedback mechanisms are brought to target communities, encouraging beneficiaries to provide their input. Feedback is also collected from local authorities and government/municipal MHPSS providers participating in events of World Vision Ukraine and IMC.

The feedback received from MHPSS beneficiaries has been predominantly positive, with some suggestions for changes to the timing of activities. Affected people have expressed their appreciation for the responsiveness of both IPs when they communicate specific needs or requests. Both IMC and World Vision make efforts to accommodate these requests – for example, adding new topics to the trainings, adding specific activities during meetings with affected people, or adjusting the timing of the activities.

Both IPs had strong feedback collection mechanisms from the onset of their programmes and adapted them to local context over the course of response implementation.

Finding 2.3. IMC puts vulnerable people at the centre of its response and focuses on determining the needs of affected people at the community level.

IMC has a specific focus on engaging girls (including safe spaces for girls and women and GBV programming), elderly people, people with disabilities (PwDs), people on the de-occupied territories and other people who were heavily affected by the crisis. IMC maintains data on beneficiaries with disaggregation by sex, age and disability. According to the MHPSS team, 36.5% of the beneficiaries representing affected people are adults, while 40% are elderly. Children and adolescents make 19% of the beneficiaries. PwDs account for 4.5% of the total number of beneficiaries.

People with disabilities initially had to overcome barriers to access MHPSS activities, including lack of knowledge about available support and low levels of trust in aid workers. IMC implemented active outreach efforts specifically targeting PwDs, proposing activities that are relevant to vulnerable individuals and helping to restore normalcy to their lives. No statistics are available on LGBTQI+ beneficiaries of the IMC response. The IMC GBV team also

refers survivors of GBV to MHPSS activities as necessary. IMC frontline workers report that when they encounter individuals who are particularly vulnerable, or are known to have an unmet need for PSS, they proactively contact and refer these individuals for meetings with a psychologist or a doctor.

> *"There is no activity plan without discussing it with communities (leaders and members). First, we learn their needs, then we propose different MHPSS activities. We always identify needs of communities."*
>
> KII with IMC

A particular approach that IMC uses to learn the needs of affected people is to conduct consultations with a range of stakeholders that work with affected people (notably, municipal social protection units of local authorities in target communities) and/or represent their voice. Importantly, these consultations focus on the question, "*How do you feel*?", rather than, "*What are your needs*?", and the ensuing discussion yields significant insights into the community's requirements for effectively addressing the MHPSS needs of affected people in a sustainable manner. The MHPSS team also initiates and conducts regular consultations with local authorities – notably, education, healthcare, and social protection departments, social service providers, administrations of schools and healthcare facilities - and the affected population. These consultations help identify beneficiaries in targeted communities and their MHPSS needs. This is a good practice to be disseminated within the AHP partners and wider humanitarian sector in the Ukraine.

> *"We ourselves also monitor how we work – what goes well, what not so well, how affected people and helpers react to our various interventions? What do they need and do we really bring it to them? We are constantly in the process of optimizing our work. Informal meetings, communication on-the-go."*
>
> KII with IMC

Finding 2.4. The response by World Vision Ukraine is inclusive and flexible to accommodate the feedback of affected people.

World Vision Ukraine also has a focus on inclusion. Data on beneficiaries is collected with disaggregation by sex, age and disability. Most beneficiaries are women, comprising 62%. People with disabilities account for 5% of beneficiaries. The response of World Vision Ukraine prioritizes the inclusion of vulnerable individuals, providing child-friendly spaces that cater to children with disabilities and mental disorders. World Vision Ukraine was able to capitalize on the experience of its Moldovan counterpart that support the Happy Bubbles programme in Moldova. Notably, World Vision Ukraine is providing training to its teachers on how to work with children with disabilities and mental disorders, enabling joint participation in activities.

A challenge of the World Vision Ukraine response is that no specific action is taken to reach out to those who might be excluded for additional reasons – for example, people without digital devices, people living in remote areas and adults with mental disorders. Such people are outside of the project's targeted groups so far, but World Vision Ukraine recognises this gap and is looking for possible action to ensure equality of access to MHPSS for all vulnerable populations.

World Vision Ukraine's system of feedback collection is holistic and includes hotlines, email, social media platforms, monitoring visits and verbal feedback during the activities/meetings. Feedback is used consistently to inform adjustments to the programming and World Vision Ukraine has delegated to AoM – an implementing partner – the authority to make decisions regarding such as minor adjustments in coordination with World Vision. To date, these adjustments have been minor, yet important For example, meals have been added to the services that child friendly spaces offer following requests from the children. AoM allocated additional funds from their own budget to address this request, recognizing the importance of meals in fostering openness for psychological aid.

Moldova

Finding 2.5. The response in Moldova targets vulnerable children, including children with disabilities. Progress was also made to include Roma children.

In Moldova, the response efforts are driven by thorough needs assessments and consultations with affected people. World Vision Moldova places a strong emphasis on prioritising the voices and perspectives of children during the assessment process. An example is the World Vision Real-Time Evaluation of Ukraine Crisis Response Plan, when several FGDs were conducted with children across three countries, including one FGD with children supported by AVE Copiii. These consultations are conducted both with the children and their parents. While children are direct beneficiaries of World Vision Moldova/AVE Copiii programme, their parents are indirect beneficiaries.

The response is extremely inclusive, since the target groups encompass the most vulnerable children, including both Ukrainians and Moldovans. Admission to the programme is solely based on vulnerability criteria. In the Moldova context, vulnerable children encompass Ukrainian refugee children in need of support and Moldovan children from low-income families and/or at risk of neglect. To identify and reach these vulnerable children, Happy Bubbles gathers information from local authorities regarding Ukrainian and Moldovan children listed by social service providers.

> *"We have a center where there are many children with health problems, behavioral problems. There was a story when a mother of one girl with a mental illness came in. When they first came to our space, her mother was saying that the girl could not sit still even for a minute. So, this time she came in, saw her daughter calmly drawing to the music (according to our methodology), and burst into tears."*
>
> FGD with aid workers in Moldova

The children's spaces are very inclusive for all groups of disadvantaged people, including girls and boys with physical disabilities, mental and behaviour disorders. According to AVE Copiii, girls make 55% of targeted children, and children with disabilities comprise 5%. According to World Vision Moldova, children with disabilities never had any specific barriers to participate in the activities of Happy Bubbles. Animators of Happy Bubbles receive training on how to work with children with disabilities, and they are effectively included in joint activities. This experience of Moldova was transferred to World Vision Ukraine to support the implementation of a similar approach in the work with affected children with disabilities in Ukraine.

During the first stage of the RTR, one inclusion-related challenge was identified. It was noticed that Roma children were not included in the response, despite Moldova having a large number of Roma communities. The key reason was that Roma families were reluctant to allow their children, especially girls, to attend children's spaces, often due to cultural tradition. After Stage One, World Vision Moldova and AVE Copiii made a special effort to include Roma children in the Happy Bubbles programme. In Basarabeasca, Roma refugees and local children received individual support and vouchers for non-food items and were invited to child-friendly spaces for further assistance. One-time aid and vouchers were found to be effective entry points for Roma families to engage in regular activities. In Balty, negotiations were conducted with Roma families to encourage their children's participation in Happy Bubbles activities. One-time aid and providing meals at the program were important factors in facilitating Roma children's attendance, as many Roma families in Moldova have limited income. However, future projects may need to consider transportation needs, since Roma often live in the outskirts of cities and have limited access to transport.

Finding 2.6. World Vision Moldova and AVE Copiii have extensive feedback collection systems. Parents developed trust in AVE Copiii staff over time and started to actively share feedback, which was mostly appreciation for the support that children received at Happy Bubbles.

World Vision Moldova and AVE Copiii have implemented various feedback collection systems, including Viber and WhatsApp groups, face-to-face meetings with local coordinators and social educators, and complaint boxes. After Stage One of the RTR, World Vision Moldova and AVE Copiii also established a phone number or email inbox for collecting and providing feedback directly to World Vision.

According to AVE Copiii and frontline workers, there has been an increase in active feedback sharing from parents and children through various channels in the later phase of the response. This can be attributed to the parents developing trust in the Happy Bubbles staff. The parents now seek advice from frontline workers on issues such as child education and healthcare providers contacts. The most popular channel for sharing feedback is through direct verbal communication with frontline workers at Happy Bubbles. Children are also encouraged by the staff to share their feedback, and they often express it through pictures.

> *"The most valuable thing about this project is learning. Every time in the field we learn the needs."*
>
> KII with World Vision Moldova

The KII with AVE Copiii and separate focus group discussions with parents and frontline workers indicated that children and parents are satisfied with the services provided. The feedback has mainly been expressions of appreciation for the activities at Happy Bubbles and the support received by the families. No complaints have been received. Occasionally, beneficiaries suggest including specific topics or activities in the curricula, which the animators promptly incorporate.

Romania

Finding 2.7. Both ANGOs in Romania conducted periodic needs assessments to ensure that MHPSS activities were aligned with the needs of the affected populations. The AHP response in Romania targeted children, adults and PwDs with MHPSS services.

Both IPs had conducted comprehensive needs assessments to ensure the identification of the needs of vulnerable displaced persons from Ukraine, and make sure their protection rights and specific needs are met. ADRA Romania conducted the needs assessment for the country office in both April and October 2022, to better capture the needs of the affected population. World Vision Romania conducted the Rapid Needs Assessments three times, in March-April 2022, November 2022 and January 2023, and in three locations (Bucharest, Constanta and Iasi). This helped them to understand the immediate needs of displaced persons from Ukraine, their mental health state and specific PSS needs. It also helped them to inform World Vision's response within Romania.

The document review demonstrated that World Vision Romania collected disaggregated data by sex, age, and disability, while ADRA Romania only collected sex and age disaggregated data. The MERL data showed that the main beneficiaries of the World Vision MHPSS activities were children (70%), followed by adults (27%) and PwDs (3%). The review interviews indicated that World Vision Romania has also started to work in Brasov with children on the autism spectrum. The main beneficiaries of the ADRA MHPSS services were children (49%), followed by adults (35%) and adolescents (16%). Seventy-four per cent of children and 26% of adolescents accessing ADRA services were identified with MHPSS concerns.

Finding 2.8. World Vision Romania was able to establish a robust MERL system and feedback mechanism. A Complaints Response Mechanism was also developed based on communication channels preferred by the affected population.

World Vision Romania's MERL System for the AHP response was fully operational since January 2023 with the arrival of the new MEL Officer. The MEL team conducted regular onsite monitoring at local partners sites, post-implementation monitoring of MHPSS activities, surveys and focus groups among caregivers, as well as outcome level monitoring. A complaints mechanism was also put in place, developed through the inclusion of relevant accountability questions during rapid needs assessments. The main communication channels included posters in each service hub, email, hotline number, digital/QR code survey, WhatsApp/Telegram number. No complaints on MHPSS activities under the AHP response were received by World Vision Romania. Overall, the affected population has more requests than complaints. The MEL data suggests that 89% of beneficiaries report satisfaction with the information received about World Vision, the project, eligibility criteria and how to complain. FGD participants frequently described 'feeling heard and supported' and that they could share their opinion about the programme with World Vision staff.

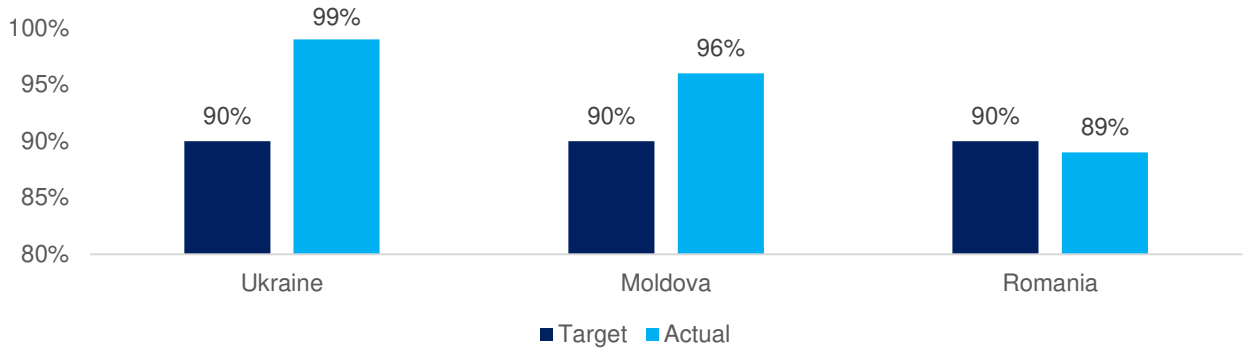
World Vision Romania put emphasis on networking and exchange of experiences among World Vision and partner staff by organizing lessons learned sessions and regional coordination events for local partners. The main challenges faced by the MEL team included difficulties with reporting and systemic tracking of disaggregated data (age, sex, disability) by field staff for ITT until the end of 2022. It was overcome through the hiring of a MEL Manager for the project, provision of trainings to the field staff on reporting requirements and monitoring of data collected by the field staff.

Finding 2.9. Communication systems with affected population and learning mechanisms were well established, whereas the reporting mechanism has room for refinement.

As evident from the document review, interviews with AHP local partners and FGDs with aid workers and the affected population, the communication systems for affected population were well established by ADRA Romania. Each centre has a Suggestions, Recommendations and Complaints box and a banner with ADRA's phone number and Facebook page. There were also simple forms available through either Google Forms or paper-based child friendly forms[27] where beneficiaries could write suggestions or complaints. Wider project accountability building blocks have been actioned, with emails set up for Plan's response across Romania, Moldova and Poland. At the same time, two main challenges were identified by this RTR relating to the MERL and reporting of Plan Romania/ADRA Romania. The first issue was that ADRA Romania was not required to prepare and submit narrative progress reports to Plan Romania. The second was the accumulation of disaggregated data by ADRA Romania on MHPSS beneficiaries based solely on their gender and age. This was overcome by Plan Romania through the development of a reporting template in Excel which included all key indicators together with targets and actuals, shared with ADRA Romania on a monthly basis.

[27] The feedback forms which were developed used simple language and illustrations in order that children and youth can share with their feedback.

Figure 6. Percentage of World Vision beneficiaries reporting satisfaction with the information received about World Vision, the AHP project, eligibility criteria, and how to complain per target country as of March 2023



6.3. Effectiveness

EQ3: To what extent were the objectives met and was implementation on track to achieve the intended end of programme outcomes, and did any unintended outcomes eventuate, either negative or positive?

Ukraine

Finding 3.1. Both IMC and World Vision Ukraine faced initial delays with programme implementation. IMC has already reached its targets, but World Vision is still working to achieve its targets due to a shorter implementation period beginning in November 2022.

In Ukraine, IMC and World Vision Ukraine are at different stages in achieving the intended outcomes of the response. While IMC has achieved its targets and even surpassed some of them, World Vision Ukraine is at approximately 50% of target achievement. One of the reasons for this discrepancy is that World Vision Ukraine started its operations six months later than IMC, resulting in a shorter implementation period.

Both NGOs experienced some delays in the launch of implementation due to the extensive recruitment process for the project team members and the need to adapt the programme design to the local context. Notably, the IMC programme was launched in May 2022, but the actual implementation began in the second half of July 2022.

World Vision Ukraine initiated its response later than other humanitarian actors and was able to benefit from context and needs analysis conducted by other MHPSS actors, but it still needed several months after the official launch to start working at full speed. At the time of writing, the World Vision programme is operating at full capacity, with completed capacity-building activities, established partnerships with local government and MHPSS actors, and the successful launch of child-friendly spaces.

A key supporting factor for both IMC and World Vision Ukraine was the strong commitment of Ukrainian social agencies and municipal humanitarian hubs. They have developed proficiency in Psychological First Aid (PFA), Individual Healing (IH), and other interventions, enabling them to provide support to affected people and refer them to other service providers. Another supporting factor was the ability of both IPs to promptly tailor their interventions to the Ukrainian context and address specific needs of the population.

One of the challenges faced by both IMC and World Vision Ukraine was finding the best way to organise MHPSS support. Initially, social service providers were very busy, and there was a natural resistance among them to change their established practices. Both IPs needed to consult with local partners (governments and social service providers) to identify the most convenient methods of capacity building to enhance their work with affected individuals, including PFA and stress management. IMC also facilitated networking among partners – namely,

education, healthcare and social protection departments of local authorities, social service providers, administrations of schools and healthcare facilities – in the field. This enabled them to share experiences and make referrals more effectively. This is a good practice that can be recommended to other IPs.

Finding 3.2. IMC fully achieved the intended outcome – strengthening the capacity of local providers to provide PFA and other PSS to affected people.

The initial targets for the IMC activities were revised and approved with Plan International/DFAT because the MHPSS programme implementation was delayed in the first months. The revised target for the number of helpers trained on PFA and MHPSS has been surpassed, according to the IMC MHPSS team. The different roles included in this training have included health workers, teachers, social workers, staff of local administrations working with affected people and employees of humanitarian hubs. The revised target for the number of affected people participating in MHPSS activities has also been reached. The implementation of MHPSS activities has been proceeding according to schedule and meeting the set target since November 2022.

> *"What we learned from this grant is that Ukrainian staff from social agencies were very committed. Now they have very good capacity in PFA, IACS pyramid of interventions. And now they are providing support to affected people, refer them to other providers."*
>
> KII with IMC

A key result of the IMC programme is the strengthened capacity of helpers to provide PFA and other PSS to affected people, as well as support referrals to specialised service providers. IMC also assisted the helpers to organise peer support that helps them to cope with negative emotions and prevent burnout.

Based on feedback from affected individuals and IMC frontline workers, the most useful and effective services include stress management support, community based PFA, information services for IDPs in new communities, and referrals to other available resources. Developing trust with the affected community is crucial to ensure their active participation and commitment to attending these activities. In areas that have been de-occupied, providing support to teachers and creating spaces for children's self-expression are considered effective strategies as they allow children to engage meaningfully with caring individuals.

Finding 3.3. World Vision Ukraine is implementing its programme at maximum capacity, yet it will be short of certain targets by the programme's end. Limitations in programme design are recognised and efforts have been taken to address them.

World Vision Ukraine started its programme in November and was behind schedule in achieving its targets at time of writing. According to World Vision Ukraine, the target for adult beneficiaries (2,300) will be met by the end of June 2023. The target for children beneficiaries (2,600) will probably not be reached by the programme's end date. It is worth noting that in the first months of programme implementation, PSS was provided to 600 adults and 200 children who were not registered as beneficiaries, because the registration system was not fully operational. World Vision Ukraine and World Vision Australia are looking for a solution on counting these unregistered beneficiaries.

Figure 7. MHPSS activities at Day Care Center in Novoselytsa, Chernivtsi region, Ukraine

World Vision Ukraine is successfully implementing the Happy Bubble methodology, running 11 child friendly spaces in areas underserved by other MHPSS actors. According to World Vision Ukraine, key achieved outcomes are the "*space created for children to be children, to feel valued and protected*" and the "*space created for adult beneficiaries to feel belonging*." This was confirmed by adult beneficiaries during the focus group discussions. Adults valued PSS consultations where they received support and were able to socialise. Several adults who benefited from World Vision programme also had their children attending Happy Bubbles, and they reported improved mental well-being and reduced level of stress in their children.

According to frontline workers and affected people, the most well-received services for children are group activities, informal education, art therapy and master classes at child friendly spaces.

World Vision Ukraine also engages in capacity building of social workers, volunteers and other people who work with affected people to ensure sustainability.

In terms of effectiveness, key limitations of the programme so far are:

i) PSS to adults is only provided through a single meeting, which is not enough to improve their psycho-emotional condition.

ii) Children are only allowed to attend child friendly spaces for one month according to programme documents. World Vision Ukraine and AoM lets them continue beyond this timeframe, but this leads to overcrowded spaces and risks jeopardising their efficiency.

iii) Referral mechanism for affected people who need specific support are still at the nascent phase.

World Vision Ukraine recognises these limitations and confirms that they do not affect the response's ability to achieve the expected outcomes. World Vision Ukraine is working to address these limitations in other responses.

Moldova

Finding 3.4. The response in Moldova has fully achieved the intended outcomes, capitalising on supporting factors and addressing challenges. A key result is improved children's psycho-emotional well-being and mental health.

World Vision Moldova and AVE Copiii have achieved the following programme outcomes:

- The target for child beneficiaries supported through Happy Bubbles activities has been met.
- The target on teachers reached through the programme has been exceeded.
- The target on children's participation in catch-up classes on Romanian has been exceeded.
- The target on distribution of tablets and Internet access has been achieved.

Initially, there was a delay in response implementation while partnerships were established between World Vision and AVE Copiii. To overcome this challenge, World Vision set up its office in Moldova in August 2022 and put a special emphasis on coordination. A review session conducted between World Vision Moldova and AVE Copiii in January 2023 reflected on successes against planned objectives, learned from best practices in implementation and the partnership, identified gaps and developed plans to address them. These efforts eventually improved coordination and the partnership has been strengthened and aligned with common values. It became a key supporting factor for the response to be delivered more effectively. At May 2023, World Vision Australia and World Vision Moldova concur that the response demonstrated good progress against targets.

Both World Vision Moldova and AVE Copiii report that supporting factors for the response included good knowledge of local context and the needs of affected people (Moldovan and Ukrainian) and flexibility of World Vision in supporting vulnerable Moldovan children. AVE Copiii also had good contacts with local/municipal governments and social service providers before the response started and these were further strengthened during the response.

> *"I have never seen so many toys in my life! I really enjoy coming to this place [Happy Bubble], we have a lot of fun here!"*
>
> FGD with children in Moldova

According to World Vision, the most significant outcome of the response is the enhancement of children's psycho-emotional well-being and mental health. Children confirmed their enjoyment of the various activities provided to them, such as games and art therapy. Frontline workers – social workers/animators who work in Happy Bubbles – emphasize that in addition to the positive impact on children's psycho-emotional well-being, the Happy Bubbles programme also facilitates the development of interaction skills, a sense of unity, and the discovery of individual talents among children. According to frontline workers, the children have also returned to a greater sense of normality, higher self-esteem, positive attitude, and a feeling of security. Frontline workers also reported that when they communicated with parents, the parents confirmed lower level of stress and more friendliness in their children, as well as being able to establish better contact with them.

Figure 8. Art therapy class for Ukrainian children in Moldova

> *"Now children are more balanced, more aware of their rights. They are collaborating, listening and talking when we visit them. We can feel balance and harmony in children. Even when they come from vulnerable families, they feel totally OK at our spaces."*
>
> KII with World Vision Moldova

Two important pre-conditions for achieving this outcome included:

i) The families of affected children confirmed that they developed trust in the programme and staff of Happy Bubbles.

ii) The programme has successfully built local capacity to provide support for children. Animators from Ukraine and Moldova have been receiving various training courses, including first aid, art therapy and PSS, which has enabled them to acquire valuable experience in working with children.

> *"Allowing children to be children, to feel they are valued, protected from bullying."*
>
> FGD with aid workers in Moldova

According to a focus group discussion with beneficiaries, the best received services include the children's spaces, informal education services, school supplies, food, and a safe and cosy environment for spending time. AVE Copiii adopts a child-centric approach in delivering support, aiming to provide their services in a way that aligns with the perspective of a child. This ensures that the needs of children are understood and met effectively.

Romania

Finding 3.5. The response in Romania has achieved the desired outcomes and improved the psychosocial well-being and mental health of children and adults. The most effective services, according to the affected people, include the integration of PSS into protection and EiE activities and individual consultations and PSS for children and adolescents through after-school activities.

Interviews with implementing partners and FGDs with aid workers and affected people showed that the integration of PSS into protection and EiE activities was vital to promoting wellbeing of children and adolescents. The activities provided them with a supportive environment, access to the internet, and helped them to develop essential life skills and build caring relationships with peers and adults. FGDs with affected people, including children and adolescents, demonstrated that attendance at formal and non-formal education learning spaces and facilities provided them with social support through interaction with peers and educators. This also strengthened their sense of control and self-worth. These outcomes are especially important for Ukrainian children in Romania, who can attend Romanian school only as listeners rather than students, and mostly study remotely at an all-Ukrainian online school. Without EiE activities, issues with socialisation could have a negative influence on children's wellbeing and mental health.

> *"I started listening more to my children and having discussions with them when they do something wrong instead of getting angry and screaming at them."*
>
> FGD with caregivers, PI/ADRA RO

> *"I had no internal support, a state of apathy, my husband left to work and I stayed with the child in Brasov. ADRA psychologist helped me understand myself, change my attitude to what is happening. It is a shame the project is coming to an end."*
>
> FGD with caregivers, PI/ADRA RO

FGDs with caregivers showed that individual consultations and work with psychologists was assisting them to increase their confidence and develop stress management and self-care skills to support their emotional well-being. As a result, their psychosocial state and relationships with their children also improved. The participation of children and adolescents in after-school activities allowed them to develop friendships and improved their mood, according to FGDs. Interviewed parents also mentioned that their children had become more active.

Interviews with the AHP local partners and government representatives and FGDs with aid workers identified some challenges for the MHPSS programme. These included language barriers, insufficient numbers of translators, difficulties in hiring qualified Ukrainian or Russian-speaking psychologists due to incompatible Ukrainian and EU certifications for specialist psychology services, the constant movement of refugees, and the time required to establish trust to ensure effective PSS, especially with adolescents and adults.

Finding 3.6. World Vision Romania has exceeded most of its targets. Beneficiaries are very satisfied with MHPSS services.

The MEL data indicates that in March 2023, the target for the number of people benefiting from MHPSS activities has been overachieved by 249%, with 9,273 actual beneficiaries reached versus a target of 3,720 beneficiaries. The target for the number of service hubs has also been met. Eleven service hubs are in operation in Bucharest, Brasov, Constanta, Suceava, Cluj, Iasi and Valcea. Ninety-five per cent of beneficiaries' report satisfaction with protection/MHPSS services. Children, adolescents, and adults are being reached through non-formal activities, workshops, and mental health and psycho-social support sessions in all Happy Bubbles (Valcea, Brasov, Cluj, Constanta, Iasi, and Bucharest). The FAA method has also started to be implemented in all project locations since February 2023. The FAA teaches children (9-18 years old) and their caregivers how to build resilience and emotional self-regulating strategies. Caregivers in focus groups discussions mentioned that due to FAA, their children now have tools that help them to better understand their emotions.

FGD with aid workers indicated that different sets of activities are offered for children and adults in each location. For example, in Bucharest, Happy Bubble offers self-awareness and arts-based activities, such as painting, art craft, dance and movement, to enhance children's emotional expressivity and help them to engage with others in a healthy way. In Valcea, children can take part in multiple games and team-building activities under the direct observation of a psychologist and counsellor. In Cluj, three types of psychosocial support events take place: theatrical performances using art therapy methods, development of cognitive processes and open psychological training. This is in addition to the provision of psychological consultations for mothers on issues of parent-child relationships, difficulties in education, neurological manifestations, and behaviour. Additionally, World Vision Romania contributed to the integration of refugees and local communities, for example through Romanian language classes for refugees. FGDs with caregivers showed that it is very important that mothers can receive psychological counselling, which enabled them to find a job, manage work alongside their trauma and solve family issues.

> *"All of us have left our families, homes and careers to find a safe place for our children, far from the sounds of explosion and bombs that terrify them. I feel recharged just being with other mothers."*
>
> *"My main coping mechanism with stress was crying. However, expressing my feelings with other mothers during group sessions has made me feel better".*
>
> FGD with caregivers, World Vision RO

Figure 9. World Vision Romania FAA session for children aged 9-10 years

Figure 10. World Vision Romania Women's Brunch in Bucharest

Finding 3.7. ADRA Romania is fully on track in terms of implementation of MHPSS activities and will achieve all set targets by the end of their No-Cost Extension.

The MEL data indicates that during September 2022-March 2023, ADRA Romania has reached a total of 7,571 individuals with MHPSS services in four locations, including Bucharest, Brasov, Suceava and Tulcea. ADRA Romania has also identified 3,460 children with MHPSS concerns and referred them to support services. ADRA Romania launched the Parenting and Adolescents Life Skills (PALS) programme in March 2023. FGD held with caregivers demonstrated that all PALS topics are perceived as useful and important by the affected population, with the topic receiving the most interest being emotional intelligence. FGDs with caregivers also showed that individual therapy offered by ADRA is very helpful for caregivers and their children. The caregivers have observed progress in their emotional life and became more open to discuss their problems with psychologists.

Figure 11. ADRA Romania psychological session for adolescents on friendship using PALS methodology

> *"My priority when I had arrived in Romania was to survive, but my participation in ADRA Romania group sessions and other activities at the safe space has made me discover my goals and dreams and gave me hope."*
>
> FGD with adolescents, PI/ADRA RO

Figure 12. Number of people reached through MHPSS activities by World Vision consortia as of March 2023 disaggregated by country

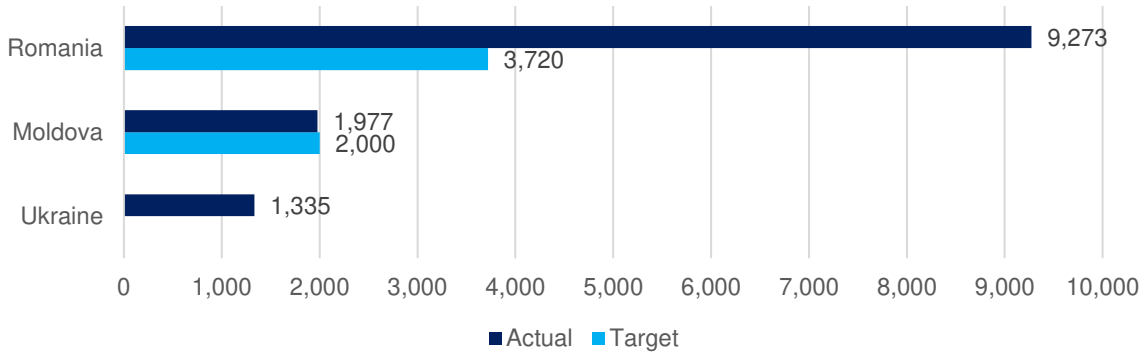


Figure 13. Number of service hubs including Happy Bubbles, day care and children's centres established by World Vision consortia as of March 2023 disaggregated by country

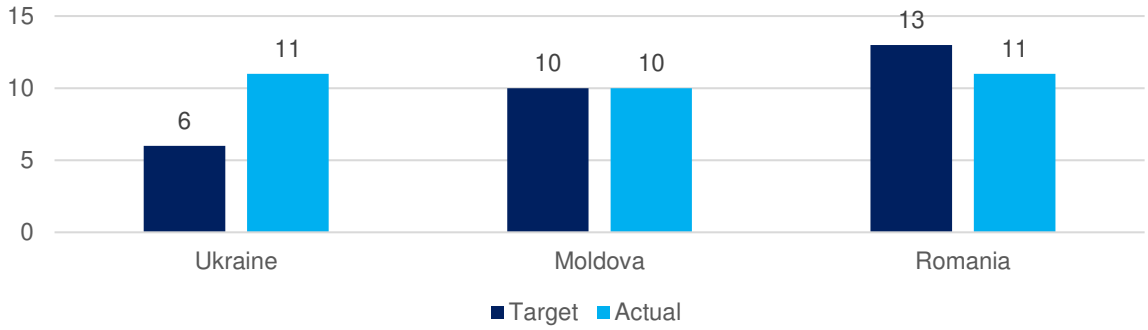
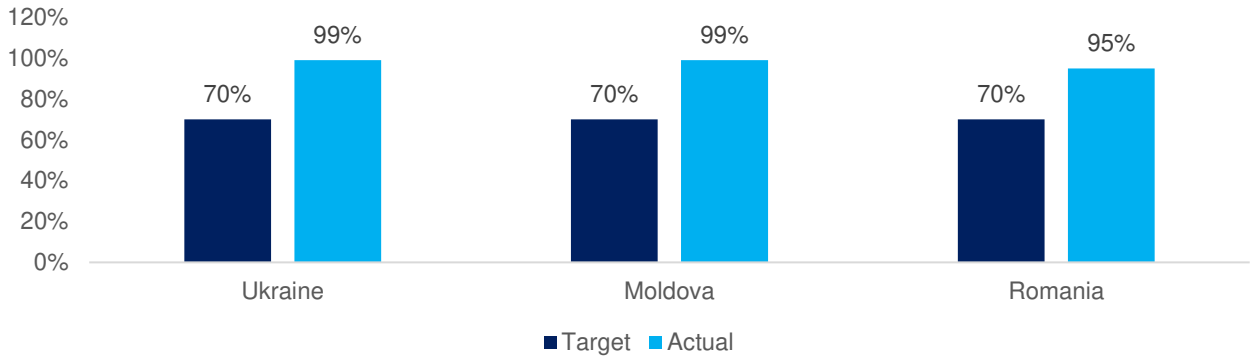


Figure 14. Percentage of World Vision beneficiaries reporting satisfaction with the protection/MHPSS services as of March 2023 disaggregated by country



6.4. Efficiency

EQ4: Did AHP activities make good use of available resources to achieve positive outcomes at a reasonable cost?

Ukraine

Finding 4.1. The response in Ukraine is using resources properly to achieve outcomes.

Both IMC and World Vision Ukraine used a flexible approach, extensive needs assessment and feedback from affected people to ensure that the response provided value and fit the needs of affected people in the short and long-term.

The start of implementation of both IMC and World Vision Ukraine programmes was delayed by two to three months. IMC conducted a review of its programme and revised its timeline in October 2022. Subsequently, following Stage One of the RTR, DFAT decided to issue a three month no-cost extension (NCE), with a new end-date of 30 June 2023. With the provision of a no-cost extension, the IMC was granted additional time to fulfil the required outputs and achieve the set targets. This extension also allowed them to prioritize training helpers as a strategy for transitioning ownership.

World Vision was expecting to launch its programme rapidly, capitalising on Happy Bubble methodology and experience in Moldova and available needs assessments and surveys on MHPSS support in Ukraine. However, setting up an officing, hiring a team and forming partnerships with local governments and partners was time consuming, taking two to three months. A lesson learned is that it is essential for an IP to allocate sufficient time for team formation, training, and building partnerships, even when an IP is able to utilize existing knowledge and experience to its advantage. To avoid subsequent delays in programme implementation, at least 2-3 months should be allocated to program set-up, and actual implementation should not be planned for this inception time.

IMC and World Vision Ukraine have provided good use of resources through investment in capacity building of PSS providers, which ensures longer-term scale and accessibility of MHPSS in Ukraine's communities. IMC and World Vision Ukraine have also implemented robust staff support practices to make sure that staff remain effective.

Finding 4.2. There is evidence of good resource use by IMC in the building of helpers' capacity.

IMC is expected to utilise 100% of its MHPSS budget by the end of June 2023. With this money, IMC managed to build capacity of helpers (community-based PSS providers) at a greater scale than expected initially. A strategic achievement for IMC is a cadre of trained helpers who have skills to conduct appropriate MHPSS activities for different groups of affected people. This significant investment and outcome for IMC has been further bolstered by self-care training to helpers to enhance their capacity. By adopting this approach, IMC is able to expand its reach to support a much larger number of affected individuals than initially targeted, while also allowing for the continuation of psychosocial support to affected people after the programme concludes.

The affected population also showed commitment to the IMC activities – attending a series of five meetings in five weeks. This helped the affected population to speak more freely, develop trust, have a sense of predictability and receive PSS support that improved their lives. The commitment of the affected people to the activities maximised the resources provided by IMC.

Finding 4.3. Evidence of good use of resources by World Vision Ukraine is the capacity of its frontline workers to provide PSS to affected children and adults and the provision of toys and books for long-term use by Happy Bubbles.

As of May 2023, World Vision Ukraine has utilised less than 50% of their MHPSS budget. However, evidence of good use of this money is also available.

There is good capacity of Happy Bubbles staff working to provide PSS consultations to adult beneficiaries. Adults and children confirm that they receive PSS services and benefit from them. World Vision Ukraine focuses on the communities that are not covered by other MHPSS actors meaning that their services often comprise the only available PSS support for their beneficiaries.

World Vision Ukraine and AoM have also procured Happy Bubbles toys and books of good selection and quality that are much appreciated by the children at the centres. World Vision Ukraine and AoM listened to the children's requests and included toys for outdoor activities for a June summer camp, as well as indoor toys for other seasons. All the resources are durable and will be utilized for an extended period.

Moldova

Finding 4.4. The response in Moldova has provided a breadth of support to affected people which extends beyond MHPSS, which has added to its efficiency.

World Vision Moldova and AVE Copiii have evidence of the effective use of resources to achieve programme outcomes. Affected children and their parents have expressed satisfaction for the services of Happy Bubbles. Operationally, the programme has achieved added value by reaching more people than planned while maintaining a lower burn rate, as reported by World Vision Moldova.

The programme has integrated various types of support including MHPSS, individual assistance, school supplies, meals and laptops into a comprehensive service for affected children. This approach created a multiplier effect and ensured the provision of comprehensive support to beneficiaries. The synergy and effectiveness of this approach has been highly valued by the children and parents.

The budget utilization is expected to reach 100% by the end of June. In April 2023, the budget utilisation rate was at 65%. World Vision Moldova and AVE Copiii developed an acceleration plan to ensure timely procurement of IT assets and items for direct assistance, as well as additional education kits based on specific needs assessments. The programme will also focus on organising activities in Happy Bubbles in a summer camp format in June, including the allocation of funds for food and stationery. The acceleration plan provides a lesson on the best way to take stock of a budget utilization rate, produce a plan with options to accelerate spending, and agree it between partners.

> *"Children trust us, parents trust us. Parents started visiting our room. Not just bring children and leave, but also come to watch and participate in common activities."*
>
> FGD with AVE Copiii

Romania

Finding 4.5. Both ANGOs faced delays with the start of the MHPSS programme and the budget utilisation rate on MHPSS activities is low by both consortia. There is an expectation that the budget will be fully utilized by the end of the NCE. The most value for money is provided by Romanian classes, recreational activities, individual therapy, and the integration of PSS into protection and EiE.

The document review indicates that the overall budget utilization rate of ADRA Romania stands at 22% at March 2023. The main reason was prioritization of spending for DEC Phase 1 during April-August 2022. Interviews with ADRA Romania indicated that active work on MHPSS activities only began in June 2022 when ADRA-Romania hired psychologists.

The budget utilization rate of World Vision Romania was higher, at 40% in March 2023. Review interviews indicated that active work on MHPSS in Romania only started in October 2022 after the programme team was fully established following the recruitment of the project manager and CP officers. Delays were caused mainly by a need to change the implementation modality for some MHPSS activities and the delayed recruitment of programme staff. World Vision Romania required four months (October 2022-February 2023) to finish all logistical arrangements of the project. The NCE played an important role for World Vision Romania as it allowed the programme to catch up on all activities including MHPSS. It is anticipated by the project teams that the budget will be 90%-95% expended by end-June 2023.

Interviews and focus groups with implementing partners and focus groups with aid workers and caregivers provided the following insights into the value for money of the programme:

> *"There was positive feedback from all beneficiaries on all workshops and educational activities. Parents feel that their children are integrated within the community that the schools and the centres are creating."*
>
> KII with World Vision RO

- Romanian language classes were highly effective and allowed for the development of relationships with the affected population;
- recreational activities were useful for identifying concerns and offering services;
- the provision of mental health support through individual counselling can assist with the post-traumatic stress experienced by the affected population;
- integration of PSS into protection and EiE activities bring the best value for money for improvements in how children study.

Finding 4.6. The management structure of World Vision Romania was only partially effective, but the project team adapted well to the changing context. The World Vision recruitment procedures are lengthy which created delays with recruitment of staff for each project location.

Interviews revealed that the project management structure was only partially effective due to a lack of human resources. World Vision Romania has direct AHP response implementation in six out of seven project locations and employed a total of 45 personnel and 4 CP Officers. Considering the large number of project sites, a Logistician/Financial Assistant was lacking. Staff turnover was very low as only one CP Officer resigned in January 2023. Interactions with members of the project team revealed that the recruitment process within the World Vision is quite complex and time-consuming, particularly for Ukrainian employees. For example, it took four months to recruit a Ukrainian CP Officer. In addition, most employees have short-term contracts, which adds to uncertainty.

Finding 4.7. The project management structure of ADRA Romania was partly effective; although ADRA was able to establish a dedicated team.

ADRA Romania initially signed one Partnership Agreement with Plan Romania for two projects funded by different donors and this caused issues for reporting (both progress and financial), which was identified as the organization's greatest obstacle in review interviews. It caused considerable confusion regarding budget allocations and

expenditure, as well as the distinction between outputs for reporting and project duration. Overall, the project management structure of ADRA Romania was appropriate, although the AHP response lacked a MERL officer and budget for MERL activities. Staff turnover was very low during the whole duration of the response, with only two social workers taking maternity leave in Brasov and Suceava.

Figure 15. Budget utilisation rate by partners in each target country as of March 2023

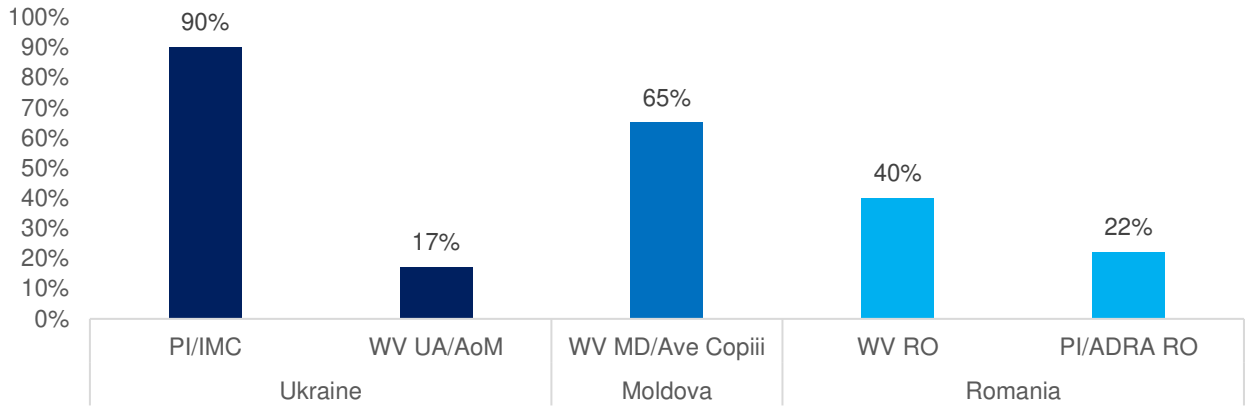
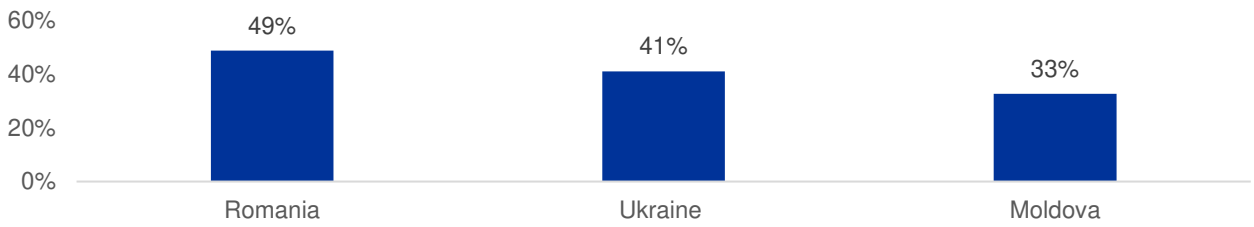


Figure 16. Share of World Vision MHPSS budget in AHP response disaggregated by country



6.5. Coordination

EQ5: How did AHP partners and local partners coordinate to deliver their assistance?

Ukraine

Finding 5.1. The coordination with the government, other MHPSS actors and DFAT works well and contributes to programme efficiency.

Both IMC and World Vision Ukraine have established good coordination with local governments and social service providers in the target communities from the very beginning of their programmes and have invested in strengthening local capacity. Both IPs place a strong emphasis on coordination and consultations with local governments, ensuring that activity planning aligns with their input.

IMC and World Vision Ukraine both actively coordinate with other MHPSS providers, including UN Agencies, INGOs, and national/local organisations, at the level of the TWG on MHPSS. They also collaborate with the government and Office of the First Lady of Ukraine through sub-national coordination mechanisms and bilateral meetings. To ensure that the programme is harmonised with other MHPSS initiatives and avoid duplication of efforts, the actors divide Ukraine's regions and communities among themselves. However, the coordination also entails regular and ad hoc meetings, as well as other forms of information exchange, to share experiences and learning among the actors. Coordination between World Vision Ukraine and IMC over MHPSS activities is similar in nature to coordination with other MHPSS actors.

Both IMC and World Vision Ukraine recognise that DFAT, PLAN and World Vision Australia are less bureaucratic, more flexible, and quicker to respond to questions and requests for modifications compared to UN agencies and other donors. The supportiveness of the partnership has been an important factor for programme implementation.

Finding 5.2. IMC has an extremely strong focus on local capacity building through coordination and has managed to overcome coordination-related challenges identified at Stage 1 of the RTR.

The IMC response has three important aspects to its programme coordination.

> *"Finding the best way to organise MHPSS support was a challenge. Everyone [local authorities, social agencies] at first was very busy. Also, social agencies were defensive and wanted to continue things the way the used to. We understood that we should not force them to stop business as usual, because otherwise everything would collapse. So, when we do PFA training, we don't ask them to stop their work. We try to find time, 1-2 hours during a day when they are less busy."*
>
> KII with IMC

The focus of long-term sustainability in PSS provision to affected people has been a particular feature of the IMC programme design. For example, IMC conducts thorough needs assessments to align capacity building for local governments with their specific needs and the local context before planning and implementing training. Feedback from representatives of local governments and service providers gathered during the RTR interviews confirms their appreciation for the training and facilitation provided by IMC. After the intervention, a variety of local service providers, including social service units, schools, healthcare facilities and humanitarian hubs, will be able to provide PSS support to affected people on their own. IMC considers this an important contribution to long-term sustainability of outcomes.

Learnings from Stage One of the RTR identified that internal coordination in IMC was lagging behind the pace of organisational growth. IMC responded to Stage One recommendations by improving coordination through bi-weekly coordination meetings between team leads, enhancing cooperation at the field level between different teams, and introducing other meetings on ad hoc matters.

The PLAN / IMC partnership has also improved since Stage One of the RTR. The Stage One RTR findings identified that IMC were struggling to meet reporting schedules. Reporting has subsequently got back on track, with Plan International indicating that PLAN IMC had been 100% responsive to reporting requests in Stage Two. PLAN IMC HQ have established an agreement where PLAN exclusively coordinates with IMC HQ, allowing the IMC Ukraine team to concentrate on programme implementation. This approach has been effective. IMC would however still prefer for a reduction in the number of PI/DFAT on-demand reports, as well as more time for IMC to address these demands. IMC is happy with the frequency and level of detail of regular reports but PLAN/DFAT also have a practice of requesting additional information and these requests are often urgent, with IMC only having 1-2 days to respond. PLAN acknowledges that this practice imposes an additional burden on IMC. Donors should also be aware that an extra reporting burden is a challenge for programme implementation and sustainability.

Finding 5.3. Effective coordination between World Vision Ukraine and World Vision Australia, as well as between World Vision Ukraine and AoM, plays a crucial role in reaching the beneficiaries and targets of the programme.

The support provided to World Vision Ukraine from World Vision Australia has been an important enabler to the response. World Vision Ukraine reports that this support has been extremely constructive and comfortable. The coordination between World Vision Ukraine and AoM is also deemed productive, with AoM being responsive and submitting reports on time. Both World Vision Ukraine and AoM emphasize the importance of good coordination with community authorities, education authorities, and social service providers, particularly in rural and remote areas. Such coordination helps to identify affected people, learn about their needs, and approach them with PSS services, contributing to effective programme implementation.

> *"We closely cooperate with World Vision in Australia, they are supportive. The communication is fluent, direct, straightforward, and positive. We are like one team."*
>
> KII with World Vision Ukraine

Moldova

Finding 5.4. The coordination between World Vision Moldova and World Vision Australia, as well as the coordination with the government and other actors in the field of MHPSS, is robust and helpful.

AVE Copiii demonstrates effective coordination with the government at both the national and local levels. Their participation in various working groups and clusters, such as the MHPSS technical working group and Child Protection and Education Clusters, allows for constructive coordination and information exchange with UNICEF,

UNHCR, and other MHPSS actors, and helps harmonise its programme with initiatives of other MHPSS actors in Moldova. AVE Copiii and other actors managed to avoid duplication of efforts by dividing the communities and areas where they provide support.

World Vision and AVE Copiii liaise with various ministries and offices, including the Ministry of Education, Ministry of Interior, Ministry of Labour and Social Protection, Presidential Office, and the Ukrainian Embassy, to coordinate child protection and MHPSS interventions. AVE Copiii also maintains strong relationships with municipalities through long-term Memorandums of Understanding, enabling joint planning and information sharing on affected children and their needs, which is important for longer-term sustainability of psychosocial service provision to affected people in Moldova.

> *"Sometimes local authorities do not know about support available from international agencies, but this is not the case in our cooperation with AVE Copiii. They are a very attentive partner and support us a lot."*
>
> KII with local authorities in Moldova

AVE Copiii also receives support from other donors, such as IRC and World Vision Austria, for MHPSS interventions in children's spaces in other districts. The experience of the AHP response has been instrumental to these interventions as well. Other positive factors that have contributed to reaching programme outcomes were:

i) direct, straightforward, and positive coordination and communication between World Vision Moldova and World Vision Australia

ii) World Vision Australia being supportive and prompt in decision-making,

iii) World Vision Moldova maintaining strong internal coordination, with a nearly complete team and smooth communication between departments.

Finding 5.5. AVE Copiii and World Vision Moldova have a productive working relationship and have overcome initial tensions.

The coordination between AVE Copiii and World Vision Moldova has been generally good. However, certain tensions were reported by both sides, especially during Stage One of the RTR. This caused a slight delay in programme launch but did not affect the beneficiary reach and targets of the AHP response in Moldova.

> *"Culture of local partner [AVE Copiii] was a challenge. There was certain resistance to change, resistance to learning. Time was short to fully adjust everything. However, the months of interaction have helped open their mentality and readiness to cooperate. Anyway, this was minor compared to their strengths, contacts and experience."*
>
> KII with World Vision Moldova

In the first months of the response, AVE Copiii was raising concerns about the time-consuming processes and decision-making procedures involving multiple World Vision specialists, such as MEAL, procurement, and communication officers, as well as frequent reporting. World Vision explained that these processes were necessary for risk management and compliance with DFAT requirements. Stage One recommendations of the RTR suggested that both AVE Copiii and World Vision Moldova find a balance in their working relationship. Both sides invested a lot of effort into building a better partnership, with the local partner overcoming initial resistance to change and capacity building, and World Vision providing greater recognition of the strengths and experience of AVE Copiii. The partners continue to seek a balance between support and delegation, further strengthening mutual trust and managing mutual expectations.

The cooperation between World Vision Moldova and AVE Copiii will continue until at least March 2024. Further improvements in the response could occur through AVE Copiii hiring more staff for dedicated project coordination and more frequent meetings between World Vision and AVE Copiii, notwithstanding AVE Copiii's other projects and resource constraints. This will help ensure that programmes reach their targets and will contribute to longer-term PSS provision to people in need.

Romania

Finding 5.6. Both ANGOs put a lot of emphasis on localization which in turn contributes to establishing longer-term sustainability of psychosocial service provision to the affected populations.

World Vision Romania had three sub-grantees and four other partnerships with NGOs, state and public institutions. In total, 95 people were trained in MHPSS issues and Child Protection and 31 people were trained to use the FAA method to develop resilience and emotional self-regulating strategies for vulnerable children and youth.

FGDs with aid workers indicated that the FAA programme was very useful and taught them to recognize toxic stress and respond with healthy coping skills. FAA facilitators report that they plan to use this method further in their communities. Plan Romania had one main local partner and was focused on skills development of ADRA Romania staff. Thirty-six individuals were trained in MHPSS approaches and standards. Aid workers who took part in FGDs highlighted that they received good training on PFA, MHPSS core concepts, IASC standards/intervention pyramids. They also learned modalities for understanding signs of distress in children, reacting to comfort those in distress and do no harm.

Finding 5.7. World Vision Romania had a well-established external coordination with both the UN cluster system and local government authorities while internal coordination and information sharing among World Vision departments and all project locations were enhanced in the course of implementation.

As evidenced from document reviews and interviews with World Vision and other humanitarian actors, World Vision Romania played an active role in the Protection, Child Protection, GBV and Education working groups. World Vision Romania MHPSS specialists participated in all MHPSS Sub-Working Group meetings. The interviews showed that at the beginning there was insufficient internal information sharing by MHPSS technical specialists with the project team; however, it was improved significantly after the Stage One of the RTR. World Vision Romania had also established close collaboration with local School Inspectorates and schools in each target location. This allowed World Vision Romania to also include integration activities with host communities.

> *"The freedom of implementing different activities in the centres according to the beneficiaries needs had a great impact on the project."*
>
> FGD with World Vision RO local partners

Internal coordination within World Vision Romania was significantly strengthened with the commencement of the new Project Manager in October 2022. The Project Manager holds weekly project team meetings and regular staff meetings to discuss progress, problems and solutions. This was perceived as highly useful and effective by the interviewed aid workers and project staff.

Finding 5.8. ADRA Romania established good collaboration with the government both at the national and local levels and with NGOs at the local level. Meanwhile, cooperation with other NGOs at the national level was limited. Plan Romania was an active participant of the UN cluster system.

Interviews revealed that Plan Romania actively participated in the CP Cluster, GBV Cluster, and MHPSS Sub-Working Group, whereas ADRA Romania attended monthly CP Cluster meetings and occasionally attended MHPSS Sub-Working Group meetings. ADRA Romania also took part in the weekly meetings organised by the Department for Emergency Situation. Overall, ADRA Romania established close collaboration with government shelters in three out of four target locations (Bucharest, Brasov, Tulcea). In interviews with government representatives, it was affirmed that ADRA Romania's collaboration with government shelters was effective, and that ADRA has established close collaboration with local authorities such as city halls and social protection departments. At the same time, the collaboration of ADRA Romania with other local NGOs was limited only to the regional level and was focused primarily on provision of venues for various activities and/or volunteers.

Finding 5.9. Internal coordination between Plan Romania and ADRA Romania was challenging at the beginning but improved in the course of implementation.

Plan Romania and ADRA Romania have coordinated in a generally effective manner. Nonetheless, both parties reported a degree of misunderstanding in the first nine months of the response. It was caused by the signature of one Partnership Agreement which covers funding from both DFAT and DEC as well as the absence of a permanent Project Manager at Plan Romania. This situation was resolved in early 2023 by splitting the partnership agreement for each donor and the full set up of Plan Romania since January 2023 with the arrival of the new Project Manager. The review interviews revealed that the coordination between Plan Romania and ADRA Romania has gradually improved.

6.6. Connectedness/sustainability

EQ6: Will the benefits (outcomes) of AHP last?

Ukraine

Finding 6.1. The response contributes to sustainability by enhancing local capacity in providing PSS to affected people.

IMC and World Vision Ukraine have different priorities regarding MHPSS response implementation but both programmes strengthen capacity of local PSS providers. IMC has achieved more progress because the focus on sustainability was embedded in the design of the response plan. World Vision Ukraine is still working on creating long-lasting systems. However, both IPs enhance their capacity to identify people in need of PSS, to learn their needs and provide needs-informed PSS through interaction with local governments, social service providers, humanitarian hubs, and other local actors. This capacity is key to long-term availability of PSS support to millions of Ukrainians, which is crucial in the context of ongoing hostilities and humanitarian crisis.

Finding 6.2. The focus on ensuring sustainability was embedded in the IMC programme from the onset, and IMC created all necessary conditions for sustainability of programme outcomes.

IMC made significant investments in building the capacity of helpers to deliver ongoing PSS and established a supportive environment for them to share their experiences and emotions, providing peer support to prevent burnout. Adopting an inclusive approach, IMC facilitated collaboration among stakeholders from different departments, including education, social protection, and healthcare, to ensure a comprehensive and well-coordinated response in each community. All project stakeholders, including affected communities, local governments, and service providers, are actively involved in pursuing programme objectives. This IMC effort and its results make IMC an outstanding implementing partner in terms of ensuring sustainability of outcomes, and its best practices on sustainability should be disseminated and replicated within the ongoing response.

The IMC and PLAN have developed a proposal to DFAT for a second phase of the response with the same structure and approaches. They have also added new topics which have become relevant in recent months, such as strengthening psychoeducation, working with families of military personnel/veterans, and working with service providers who work with military personnel/veterans. It will benefit affected people in the Ukraine and the broader humanitarian community if IMC has the resources to continue to provide MHPSS and build the capacity of helpers, especially in new regions/communities where it did not work during 2022-23.

Finding 6.3. Sustainability considerations have not been fully integrated in the World Vision response design. This lesson is learned and World Vision is committed to develop and implement a transition/exit strategy.

World Vision Ukraine has produced fewer conditions for long-term sustainability. This is partly due to the World Vision response in Ukraine starting later and having less time for implementation, as well as a focus on providing support to affected children and adults in remote and underserved communities. One prerequisite for sustainability that is already in place is the strong technical capacity of AoM, the local partner, which will enable them to continue effective MHPSS work beyond the programme's completion.

World Vision Ukraine acknowledges the importance of establishing long-lasting systems in terms of increased PSS capacity of local governments. However, it has not yet formulated a transition or exit strategy. World Vision Ukraine and AoM will conclude their activities with adults by June 2023 and with children in July 2023, with July activities supported by another donor. However, the partners recognise that psycho-emotional needs in targeted and other communities will remain well after summer 2023. World Vision Ukraine is actively seeking additional funding to extend its MHPSS activities, with a focus on local capacity building, and is committed to a stronger focus on creating conditions for longer-term sustainability.

Moldova

Finding 6.4. The response in Moldova strengthened local systems of MHPSS support to affected children.

World Vision Moldova and AVE Copiii have created necessary conditions for sustainability of the AHP response outcome. The key development in this regard was the securing of World Vision Austria funding from the Government of Austria. This will enable the continued operation of 10 Happy Bubbles established under AHP and the set-up of seven more child friendly spaces in April 2023. A total of 17 Happy Bubbles will continue working until March 2024, using the established modality and approaches and capitalising on the capacity of frontline workers trained within the framework of the AHP response. The partnership of World Vision Moldova and AVE Copiii will continue to support Happy Bubbles.

While the Happy Bubbles methodology has been effective, there is a need to further enhance the relationship between World Vision Moldova and AVE Copiii. Initial challenges to sustainability, such as resistance to learning and adapting, have been mostly addressed through dialogue, support and strengthening mutual trust. Next steps would include increasing staffing, appointing a dedicated project coordinator at AVE Copiii, and establishing trust and realistic expectations between both partners. This collaboration will serve as an investment in local capacity and provide an exit strategy for sustainability.

AVE Copiii is actively working with local service providers, engaging them in programme implementation and gradually increasing their capacities to serve affected populations. World Vision Moldova and AVE Copiii concur about the necessity of continuing MHPSS interventions in Moldova beyond March 2024, for both Ukrainian refugees and vulnerable Moldovan children. It will be important to initiate discussions with potential funders to secure ongoing MHPSS activities for children in Moldova after March 2024.

Romania

Finding 6.5. Both ANGOs provided intensive training to local partners to ensure the provision of high-quality services beyond the AHP MHPSS programme's duration. However, sustainability of AHP's MHPSS activities in Romania is challenging due to the limited funding available for humanitarian response.

Both World Vision Romania and Plan Romania spent significant time in the second half of the response on strengthening the institutional capacity and skills of their local partners on a variety of topics including MHPSS, CP, GBV, Safeguarding, PALS, FAA, MERL, reporting (financial, progress) and procurement. Since April 2022, Plan Romania has also partnered with ADRA Romania on three projects, contributing to the strengthening of the local staff of ADRA in Bucharest and the regions. The lack of a specific budget for the organisational strengthening of local partners was one of the obstacles encountered by World Vision Romania. This falls under the purview of the programme manager which presents a challenge as the programme manager also has a variety of other responsibilities.

Figure 17. TOT for teachers, facilitators and coordinators of Happy Bubbles by World Vision in Romania

Figure 18. World Vision training of FAA Facilitators in Romania

Figure 19. PLAN training on safeguarding of ADRA staff from Brasov and Suceava in Romania

AHP partners also noted that the unpredictability of funding cycles limited their ability to scale up long term programming on MHPSS. The number of donors in Romania is decreasing, along with the available budgets for Ukrainian humanitarian response. During the interviews, it was highlighted that several humanitarian NGOs finished their projects in April 2023. For example, in governmental shelters in Bucharest, the number of NGOs offering services to Ukrainian refugees has reduced from three or four NGOs to only one. Lack of availability of critical mental health and psycho-social support services for children and adolescents continues to be a key service gap in Romania. FGDs with aid workers indicated that if therapy is interrupted, there can be tremendous

regress as therapy needs to be consistent for the gains to be maintained. The stressful situation of Ukrainian refugees could also increase as the Government of Romania (GoR) has introduced changes to the granting of financial aid to Ukrainian refugees as part of inclusion and social cohesion measures[28].

Finding 6.6. World Vision Romania has intensified its work on sustainability of MHPSS programme since early 2023 but funding has only been secured for continuation of 3 out of 11 service hubs.

Review interviews indicated that World Vision Romania is holding discussions with donors (UNHCR, UNICEF, Norway) to ensure the sustainability of service hubs launched by the AHP response, but no specific funding has been yet secured. Concurrently, World Vision Romania and the DEC agreed that service hubs in three locations (tentatively Bucharest, Constanta, Brasov) will be supported during DEC Phase II from September 2023 to August 2024. The World Vision office in Romania is also undergoing a transition, posing an additional challenge to sustainability. The Ukrainian Crisis Response is winding down and World Vision Romania is seeking funding to continue supporting Ukrainian refugees.

Finding 6.7. The sustainability of the MHPSS programme implemented by Plan Romania/ADRA Romania is limited with activities only covered until August 2023.

As evident from the interviews, Plan Romania/ADRA Romania has not developed a transition plan. The continuation of MHPSS activities is planned to be covered through DEC Phase II funding but it will be available only up to August 2023. ADRA Romania has attempted to locate additional funding, applying to the NRC, French, and Dutch Embassies. Nevertheless, the funding amount offered is small (between 5,000 and 10,000 EUR) and it is focused mainly on a few events. ADRA Romania has organised Romanian language classes for Ukrainian refugees to promote social inclusion and reduce dependency on social assistance services so that they will be better prepared for phase out.

7. Conclusions

Relevance/Appropriateness: Overall, the AHP response (MHPSS programme) addressed the needs of the affected population, and was aligned to DFAT's strategic intent, Governments' priorities in each target country and UN Humanitarian Response Plans. It was clearly focused on strengthening emotional wellbeing of the affected people in Ukraine, Moldova and Romania. Response design was grounded in context, developed through participatory processes to the extent possible, based on good practice, previous experiences, and knowledge.

Inclusion: All ANGOs and AHP partners showed a good commitment to learn and adapt their programmes according to the realities in Ukraine, Moldova and Romania and the refugees/IDPs needs, and this was reflected in their proposals and progress reports. The fact that each AHP local partner focuses on a limited area helped to develop good access to affected people.

Effectiveness: Overall, ANGOs and the AHP local partners managed to achieve most of their projects expected outputs and results. The key drivers of success were as follows: national staff motivation and commitment for emergency work, organizational agility and ability to come together, existing links with partners and communities, and no-cost extension.

Efficiency: The start-up phase of the AHP response witnessed several challenges related to the lack of track record and presence of both ANGOs in Ukraine and one ANGO (Plan International) in Romania. Recruitment of staff and/or selection of local partners to support the implementation of the response were identified as the main challenges that faced ANGOs, which affected the timeliness of the implementation of the response at the beginning. The flexibility of DFAT funding played a key role in allowing good adaptability of the MHPSS programme in each target country and helped the ANGOs and AHP partners to manage the challenges. The management structure was effective in most target countries with exception of Romania. Both ANGOs have room for advancement in their expenditure monitoring.

[28] Until May 2023, Ukrainian refugees could receive in total 2,100 lei (US $454) per month. This amount has now been reduced to 350 lei (US $292) per individual, including 600 lei (US $129) for food and 750 lei (US $162) for housing. A family of three is entitled to 2,000 lei (US $432) per month for housing, meaning the maximum total pay-out now is 3,800 lei (US $822) per month. However, the aid is also contingent on adults working and children being enrolled in school and expires after four months. RTR interviews demonstrated that it might be very difficult for many refugees to meet the new requirements for receiving of financial aid from the GoR as there is a quite low level of enrolment of Ukrainian children into Romanian schools (around 14 per cent of school-aged refugee children are registered in official schools) and very low level of employment of Ukrainian refugees (approximately 15 per cent of working-age Ukrainian nationals are formally employed in Romania[28]). As a result, economic vulnerabilities are expected to affect refugees by increasing the risk of negative coping mechanisms.

Coordination: Both ANGOs in each target country were actively and consistently engaged in relevant inter-agency coordination mechanisms and clusters and brought appropriate technical expertise to contribute to better planning and analysis of MHPSS interventions. In general, ANGOs and AHP partners succeeded in developing appropriate strategies and partnerships approaches which allowed them to respond to the needs on the ground despite slight delays.

Connectedness/sustainability: The ANGOs supported local partners and provided capacity strengthening to enable them to deliver the humanitarian response in line with the CHS. This involved the delivery of training courses and workshops (safeguarding, child protection, MHPSS, GBV, procurement, financial management). There are good prospects for sustainability in one out of three target countries. The funding was secured for continuation of the MHPSS activities in Moldova, while in Ukraine and Romania only partial funding has been secured.

8. Recommendations

	Recommendation	Addressed to
Way forward for MHPSS programming in ongoing Ukraine crisis		
1	**Maintain flexibility with ANGOs in implementation of the response**. This enables the ANGOs to plan, adjust and implement their programs as fit to context. Keep being flexible in engaging with ANGOs. ANGOs very much appreciate this flexibility, since they feel comfortable in planning, adjusting and implementing their programmes.	AHPSU
2	**Ensure a continuation of resources and focus on the Ukraine crisis** due to the protracted nature of Ukraine's conflict. Maintain a focus on the Ukraine crisis at the DFAT level to ensure continued resources for the ongoing crisis. Taking into account the protracted nature of Ukraine's conflict, consider multi-year funding to allow for more responsive and quality programming. MHPSS programmes design and implementation should be kept cross-sectoral (i.e., across protection, EiEs, cash programming) to be in line with IASC guidelines and be aligned with Sustainable Development Goals (SDG) 3.4 and 3.5.	AHPSU
3	**Increase funding for the education, supervision, and training of MHPSS specialists** from entry-level to high-level professionals in Ukraine and neighbouring countries affected by Ukraine's crisis. This will build capacity within affected communities.	AHPSU
Effective strategies for MHPSS programme design		
4	**Design a theory of change for future MHPSS programmes, including a problem tree analysis along with results-based management framework, risks and assumptions.** Base interventions on theories and scientific approaches in mental health. In addition to outputs and activities, ensure that the results framework can be used to monitor a greater breadth of MHPSS response results and outcomes.	ANGOs
5	In ongoing and future MHPSS programmes, **increase efforts to build capacity in MHPSS, child protection and education within existing Government systems** in target countries to avoid creating parallel systems and ensure better sustainability of the interventions.	ANGOs
6	**Develop specialized interventions** (e.g., elderly club, chess club, peer-support groups) **in future MHPSS programme** to improve the integration of senior community members into society and improve the social and emotional wellbeing of elderly people and their caregivers in Ukraine and neighbouring countries.	ANGOs
7	**Target more men, in addition to vulnerable populations, and dedicate specific programming and spaces for males** to cover GBV, family problem solving, and community awareness, especially for the future interventions inside Ukraine. Female beneficiaries emphasized the need to bring men into discussions with official spokespeople, such as trainers, NGO workers or psychologists/social workers, and engage them in psychosocial activities to multiply the impact of the response.	DFAT/AHPSU, ANGOs
8	**Ensure future MHPSS programmes have a margin for ethnic minorities**, such as Roma refugees.	ANGOs
9	**Strengthen the inclusion of sustainability mechanisms in MHPSS programme design**, especially focusing on local capacity building on PSS.	ANGOs (WV)
Programming/Monitoring, Evaluation, and Learning		
10	**AHP partners should have dedicated MEL experts in their projects and ensure sufficient resource allocation for MEL activities**. ANGOs should undertake assessment and capacity development of the MEL of local implementing partners.	AHPSU, ANGOs
11	**ANGOs should continuously collect age-, sex-, disability, and LGBTQI-disaggregated targets** at output indicator levels of MHPSS programmes.	AHPSU, ANGOs
12	**Consider revision of the reporting requirements in future programming**. While AHP partners are comfortable with regular reporting, they report being overwhelmed by urgent requests for information outside regular reporting schedules.	AHPSU, ANGOs
	a. Before sending a request for additional information, first check if the respective information has already been provided in regular reports.	AHPSU

	b. Provide support to ANGOs to ensure regular reports contain the necessary detail so that there is no need for outstanding requests for information from DFAT.	AHPSU
13	**Increase learning sharing via exchange visits and routine learning events** between AHP partners at national and local level in ongoing or future MHPSS programmes. Learning efforts should be channelled towards cross-cutting issues such as gender, inclusion, accountability to affected populations and staffing issues.	ANGOs
14	**Disseminate valuable good practices of MHPSS program design**, implementation and coordination with DFAT/AHP partners around the world.	AHPSU
Feedback and Complaints Mechanisms		
15	**Maintain a variety of feedback sharing mechanisms for affected people** including hotlines, email, social media platforms, QR codes and confidential reporting during activities/meetings. Monitor the use of these mechanisms and the response of implementing organisations.	ANGOs
Capacity Building		
16	**Allocate sufficient funding for capacity building of AHP local partners.**	ANGOs
Expenditure Monitoring		
17	**Monitor and revise budgets on an ongoing basis** to ensure timely budget utilization by AHP local partners.	ANGOs
Management Structure		
18	**Ensure adequate and appropriate human resources are in place and provide technical and psychological support** to enhance the capacity of project's staff to deliver the response in the most effective way.	ANGOs

9. Lessons Learned

Design

- Time is always required to establish the team, employ personnel, and partner up with stakeholders when delivering a response. For example, in the context of the AHP Ukraine response, four projects (two in Ukraine, one in Moldova, and one in Romania) required approximately two to three months, while one response in Romania required seven months. This period cannot be bypassed. Possessing a clear understanding of what the response will accomplish and having experience with a similar response in another context (as World Vision did in Moldova) will not shorten the duration of this set-up time. Therefore, no actual implementation should be anticipated in at least the first two to three months of a response.

Dialogue

- It is essential to prioritise dialogue with stakeholders and to address the potential barriers to engagement up front. It is important to clarify expectations and processes to lay the groundwork for later collaboration, especially in relation to AHP local partners. It is important to create a partnership model based on trust, where partners have ownership of their respective programming and resources.

Partnerships

- Partnerships need to be well considered and articulated. In the initial stages, Plan International issued one Partnership Agreement for ADRA Romania for both funding streams and this created difficulties in the prioritisation of funding and with donor timeframes. There were also challenges with targets. The targets of each individual funding proposal (DFAT and DEC) were feasible but when combined the targets were quite high and potentially challenging for the local implementing partner/s to reach. During the response implementation, the design was modified and the MHPSS activities started to be implemented through mobile and/or fixed teams in transit centres and Bucharest rather than at the Blue Dot facilities. In line with the RTR recommendations, targets on MHPSS were revised between DFAT and DEC projects by ADRA Romania, with activities and staff split to avoid confusion.

Capacity Building

- Investing in local capacity is essential for sustainability, particularly to ensure that hundreds of thousands of individuals in affected countries have access to sufficient PSS support. Local capacity consists of both public/municipal providers (such as in the IMC response in Ukraine) and NGOs managing large-scale initiatives (such as AVE Copiii and ADRA Romania).

Real-Time Review

- RTR as a MEAL format is significantly more practical for ANGOs than RTE. A multi-phased approach of RTR enables on-the-fly adjustments to programming, administration, and implementation, as demonstrated by AHP partners following Stage One of the RTR. One of the main recommendations of the Stage One RTR was a need to make an extension of the AHP response to cover the whole school year. This was achieved through a three-month NCE, which enabled the response to avoid disruption of services and MHPSS support to the affected population in each target country. However, ANGOs are still inundated with evaluations, so the number of evaluations should not increase in the coming months.

MHPSS Programming

- The AHP MHPSS programme concentrated on levels two and three of the Inter-Agency Steering Committee (IASC) intervention pyramid for mental health and psychosocial support in emergencies. The concentration of activities in levels two and three is in line with the IASC recommendations stating that most of the population in emergency situations will require non-specialized MHPSS services. On the whole, the findings of the RTR show that AHP MHPSS programme activities helped Ukrainian refugees to cope with their new realities and gave them a sense of purpose and built their self-esteem and resilience. The AHP MHPSS programme interventions (non-formal education and recreational activities) appeared successful in improving Ukrainian children's emotional and behavioural wellbeing. Marked improvements were noted by interviewed psychologists including a reduction of traumatic stress symptom, improved school performance, and increased playfulness. AHP MHPSS programme activities (individual/group counselling) also contributed to better coping mechanisms of Ukrainian refugees. FGDs participants in each target country indicated that prior to the activities, they tended to take out their stress on household

members, typically by aggressive acts and shouting at or mistreating children. However, many of the participants reported becoming more mindful of their behaviours and decisions in stressful situations.

MEAL

- Monitoring, evaluation, accountability, and learning (MEAL) training is a useful tool for strengthening partners capacity. It enables partners to effectively manage their resources, meet refugees' needs, and remain compliant with humanitarian standards and regulations.

Complaints and Feedback Mechanism

- Complaints and feedback mechanism tools (such as complaints boxes and hotlines) are ineffective if beneficiaries are unfamiliar with them or are reluctant to use them. Continuous awareness raising about these tools contributes to their better usage by affected people.

10. Annexes

10.1. Documents reviewed

Plan International
AHP Rapid Activation Proposal
PIA Ukraine AHP PIP
PIA Ukraine AHP Risk Matrix
PIA Ukraine AHP Staff Safety and Security Plan
PIA Ukraine Communication Plan
MEL Framework
Indicators Tracking
PTS Progress Tracker Sheet of AHP Ukraine Response
Progress report (April-August 2022)
PALS Training Curriculum
RTR Ukraine Refugee Crisis Report (October 2022)
Partnership Agreement between PI and ADRA Romania with Amendment
ADRA-Romania Narrative Progress Reports
DFAT MEL Framework

World Vision
AHP Rapid Activation Proposal
AHP WVA Ukraine Logframe
WVA Ukraine AHP PIP
WVA Ukraine AHP Risk Matrix
WVA Ukraine AHP Staff Safety and Security Plan
WVA Ukraine Communication Plan
MEL Framework
Rapid Needs Assessments
Concept Notes of Local Implementing Partners
FAA Training Curriculum
Progress report (April-August 2022)
Internal Progress Reports for December 2022-February 2023
DFAT MEL Framework

10.2. People consulted

Data Collection Stage 1

#	Type of meeting	Partner
Australia		
1	KII with Plan International Australia	PLAN
2	KII with Plan International Netherlands	PLAN
3	KII with AHPSU	AHPSU
4	KII with World Vision Australia	WV
Ukraine		
1	KII with the Head of MHPSS team of IMC	IMC/Plan Int
2	KII with IMC Cash Director	IMC/Plan Int
3	KII with IMC Coordinator	IMC/Plan Int
4	KII with national government representative (Ministry of Social Policy)	IMC/Plan Int
5	KII with local government representative	IMC/Plan Int
6	KII with UNICEF (other MHPSS stakeholder)	IMC/Plan Int
7	2 KIIs with NGOs (other MHPSS stakeholders)	IMC/Plan Int
8	2 FGDs with MHPSS aid workers	IMC/Plan Int
Moldova		
1	KII with WV Moldova	WV Moldova
2	KII with AVE Copiii project coordinator	WV Moldova
3	KII with AVE Copiii local coordinator	WV Moldova
4	FGF with aid workers (AVE Copiii)	WV Moldova
5	KII with local government representative	WV Moldova
6	FGD with affected people (children)	WV Moldova
7	FGD with affected people (caregivers)	WV Moldova
8	KII with Women's Law Centre (other MHPSS stakeholder)	WV Moldova
Romania		
1	2 KIIs with World Vision Romania	WV Romania
2	KII with local partner	WV Romania
3	KII with local government representative	WV Romania
4	FGD with aid workers	WV Romania
5	FGD with affected population (children and adolescents)	WV Romania
6	Observation of Happy Bubble Brancusi	WV Romania
7	Observation of Finish School	WV Romania
8	Observation in Baile Olanesti	WV Romania
9	KII with ADRA Romania	Plan Romania
10	KII with Plan Romania	Plan Romania
11	KII with WHO (Lead of MHPSS Sub-WG)	Plan Romania
12	KII with private shelter in Bucharest	Plan Romania
13	2 KIIs with administrators of government shelters	Plan Romania
14	KII with local government representative	Plan Romania
15	FGD with affected population (adolescents)	Plan Romania
16	FGD with affected population (caregivers)	Plan Romania
17	FGD with aid workers	Plan Romania
18	Observation in Finish School (classes for Ukrainian children)	Plan Romania

Data Collection Stage 2

#	Type of meeting	Partner
Australia		
1	KII with Plan International Australia	PI
2	KII with Plan International Netherlands	PLAN
3	KII with AHPSU	AHPSU
4	KII with World Vision Australia	WV
Ukraine		
1	KII with the Head of MHPSS team of IMC	IMC/Plan Int
2	FGD with MHPSS aid workers	IMC/Plan Int
3	KII with local government representative	IMC/Plan Int
4	KII with IMC Grants Officer	IMC/Plan Int
5	KII with UNICEF (other MHPSS stakeholder)	IMC/Plan Int
6	KII with local government representative	IMC/Plan Int
7	KII with Oxfam (other MHPSS stakeholder)	IMC/Plan Int
8	FGD with affected people	IMC/Plan Int
9	KII with Head of WV Ukraine	WV Ukraine
10	KII with MEAL Officer of WV Ukraine	WV Ukraine
11	FGD with Arms of Mercy, local partner	WV Ukraine
12	KII with local government representative	WV Ukraine
13	FGD with aid workers of AoM	WV Ukraine
14	FGD with affected people	WV Ukraine
15	KII with Save the Children (other MHPSS stakeholder)	WV Ukraine
16	KII with IMC MEAL Officer	IMC/Plan Int
Moldova		
1	KII with WV Moldova	WV Moldova
2	KII with AVE Copiii project coordinator	WV Moldova
3	KII with AVE Copiii local coordinator	WV Moldova
4	FGF with aid workers (AVE Copiii)	WV Moldova
5	KII with local government representative	WV Moldova
6	FGD with affected people (children)	WV Moldova
7	KII with Women's Law Centre (other MHPSS stakeholder)	WV Moldova
Romania		
1	FGD with Local Partners	WV Romania
2	KII with Govt at local level	WV Romania
3	FGD with aid workers	WV Romania
4	KII with World Vision Romania	WV Romania
5	FGD with affected population	WV Romania
6	KII with DFAT Romania MEL Team	WV Romania
7	KII with WV Technical Advisor on CP	WV Romania
8	KII with Plan Romania	Plan Romania
9	KII with ADRA Romania	Plan Romania
10	FGD with affected population	Plan Romania
11	FGD with aid workers	Plan Romania

10.3. Summary of RTR key findings per criteria and country

Criteria/Country	Ukraine	Moldova	Romania
Relevance/ Appropriateness	Overall, the response in Ukraine is fully aligned with the needs of the affected population, the context of the overall humanitarian response, policy commitments and strategic priorities of DFAT, the priorities of the Government and the UN Humanitarian Response Plan coordinated by UN OCHA.	The response in Moldova fully aligns with the needs of the affected people, the humanitarian response context, and the priorities of DFAT, Moldova's Government, UN Agencies and INGOs operating in Moldova.	The response in Romania is aligned with the needs of the affected population, the government's priorities, the strategic priorities of DFAT, and the UN Regional Refugee Response Plan.
	The response by PI/IMC has been flexible to accommodate local context and limitations, and the partners managed to develop an approach focused on capacity building of helpers, which is fully relevant to the evolving humanitarian context.	The response in Moldova was based on extensive analysis and consultations between WV Moldova and AVE Copiii, which initially took time. The response has been fully relevant to the needs of affected people and the Moldova context since the start of implementation.	WV Romania initially had an ambitious MHPSS programme design, which was revisited in the course of implementation to align with the local context and needs of the affected population.
	WV started its response in Ukraine later than other actors and analysed the needs of affected people and ongoing programmes to find gaps in available MHPSS services and cover these gaps.		The overall design of the MHPSS activities of Plan Romania/ADRA Romania was highly relevant but was moderately adjusted during implementation to better respond to the local context. Involvement of the local partner in the design was minimal.
Inclusion	Both ANGOs prioritise inclusion efforts and effectively ensure participation of vulnerable people in their programmes.	The response in Moldova targets vulnerable children, including children with disabilities. Progress was also made to include Roma children.	Both ANGOs in Romania conducted periodic needs assessments to ensure that MHPSS activities were aligned with the needs of the affected populations. The AHP response in Romania targeted children, adults and PwDs with MHPSS services.
	Both ANGOs have robust and comprehensive systems to collect feedback from beneficiaries and integrate the feedback into their programming.	WV Moldova and AVE Copiii have extensive feedback collection systems. Parents developed trust in AVE Copiii staff over time and started to actively share feedback, which was mostly appreciation for the support that children received at Happy Bubbles.	WV Romania was able to establish a robust MERL system and feedback mechanism. A Complaints Response Mechanism was also developed based on communication channels preferred by the affected population.
	IMC puts vulnerable people at the centre of its response and focuses on determining the needs of affected people at the community level.		Communication systems with affected population and learning mechanisms were well established, whereas the reporting mechanism has room for refinement.
	The response by WV Ukraine is inclusive and flexible to accommodate the feedback of affected people.		
Effectiveness	Both IMC and WV Ukraine faced initial delays with programme implementation. IMC has already reached its targets, but WV is still working to achieve its targets due to a shorter implementation period beginning in November 2022.	The response in Moldova has fully achieved the intended outcomes, capitalizing on supporting factors and addressing challenges. A key result is improved children's psycho-emotional well-being and mental health.	The response in Romania has achieved the desired outcomes and improved the psychosocial well-being and mental health of children and adults. The most effective services, according to the affected people, include the integration of PSS into protection and EiE activities and individual consultations and PSS for children and adolescents through after-school activities.

	IMC fully achieved the intended outcome – strengthening capacity of local providers to provide PFA and other PSS to affected people.		WV Romania has exceeded most of its targets. Beneficiaries are very satisfied with MHPSS services.
	WV Ukraine is implementing its programme at maximum capacity, yet it will be short of certain targets by the programme's end. Limitations in programme design are recognised and efforts are taken to address them.		ADRA Romania is fully on track in terms of implementation of MHPSS activities and will achieve all set targets by the end of their No-Cost Extension.
Efficiency	The response in Ukraine is using resources properly to achieve outcomes.	The response in Moldova has provided a breadth of support to affected people which extends beyond MHPSS, which has added to its efficiency.	Both ANGOs faced delays with the start of the MHPSS programme and the budget utilisation rate on MHPSS activities is low by both consortia. There is an expectation that the budget will be fully utilized by the end of the NCE. The most value for money is provided by Romanian classes, recreational activities, individual therapy, and the integration of PSS into protection and EiE.
	There is evidence of good resource use by IMC in the building of helpers' capacity.		The management structure of WV Romania was only partially effective, but the project team adapted well to the changing context. The WV recruitment procedures are lengthy which created delays with recruitment of staff for each project location.
	Evidence of good use of resources by WV Ukraine is the capacity of its frontline workers to provide PSS to affected children and adults and the provision of toys and books for long-term use by Happy Bubbles.		The project management structure of ADRA Romania was partly effective; although ADRA was able to establish a dedicated team.
Coordination	The coordination with the government, other MHPSS actors and DFAT works well and contributes to programme efficiency.	The coordination between WV Moldova and WV Australia, as well as the coordination with the government and other actors in the field of MHPSS, is robust and helpful.	Both ANGOs put a lot of emphasis on localization which in turn contributes to establishing longer-term sustainability of psychosocial service provision to the affected populations.
	IMC has an extremely strong focus on local capacity building through coordination and has managed to overcome coordination-related challenges identified at Stage 1 of the RTR.	AVE Copiii and WV Moldova have a productive working relationship and have overcome initial tensions.	WV Romania had a well-established external coordination with both the UN cluster system and local government authorities while internal coordination and information sharing among WV departments and all project locations were enhanced in the course of implementation.
	Effective coordination between WV Ukraine and WV Australia, as well as between WV Ukraine and AoM, plays a crucial role in reaching the beneficiaries and targets of the programme.		ADRA Romania established good collaboration with the government both at the national and local levels and with NGOs at the local level. Meanwhile, cooperation with other NGOs at the national level was limited. Plan Romania was an active participant of the UN cluster system.
			Internal coordination between Plan Romania and ADRA Romania was challenging at the beginning but improved in the course of implementation.

Connectedness/ Sustainability	The response contributes to sustainability by enhancing local capacity on providing PSS to affected people.	The response in Moldova strengthened local systems of MHPSS support to affected children.	Both ANGOs provided intensive training to local partners to ensure the provision of high-quality services beyond the AHP MHPSS programme's duration. However, sustainability of AHP's MHPSS activities in Romania is challenging due to the limited funding available for humanitarian response.
	The focus on ensuring sustainability was embedded in the IMC programme from the onset, and IMC created all necessary conditions for sustainability of programme outcomes.		WV Romania has intensified its work on sustainability of MHPSS programme since early 2023 but funding has only been secured for continuation of 3 out of 11 service hubs.
	Sustainability considerations have not been fully integrated in the WV response design. This lesson is learned and WV is committed to develop and implement a transition/exit strategy.		The sustainability of the MHPSS programme implemented by Plan Romania/ADRA Romania is limited with activities only covered until August 2023.