



With funding from



**Evaluation Report for External Final Review
of the “Multisectoral Assistance to IDPs and Host Population
in Luhansk and Donetsk regions (MATIHP)” Project
(July 2020)**



Mobile Health Units (MHU)’s work with the patients at the village community centre

Ukraine, 2020

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Table of Contents

| | |
|--|-----------|
| 1. LIST OF ACRONYMS AND TERMS | 3 |
| 2. EXECUTIVE SUMMARY | 4 |
| 3. PROJECT BACKGROUND | 5 |
| 4. INTRODUCTION | 7 |
| 5. METHODS..... | 8 |
| 6. EVALUATION FINDINGS..... | 10 |
| 6.1. MHU Module..... | 10 |
| 6.1.1. Relevance..... | 11 |
| 6.1.2. Impact..... | 17 |
| 6.1.3. Sustainability..... | 19 |
| 6.2. CONCLUSIONS from MATIHP evaluation according to the evaluation criteria – Mobile Health Units Module..... | 22 |
| 6.3. LIVELIHOOD Module..... | 25 |
| 6.3.1. Relevance..... | 25 |
| 6.3.3. Impact..... | 28 |
| 6.3.4 Sustainability..... | 29 |
| 6.3.5 Approach..... | 31 |
| 6.4 CONCLUSIONS from MATIHP evaluation according to the evaluation criteria – Livelihood Grants Module. | 35 |
| 6.5 WINTERIZATION..... | 36 |
| 6.5.1. Relevance..... | 37 |
| 6.5.2. Impact..... | 37 |
| 6.5.3. Sustainability..... | 38 |
| 6.6. CONCLUSIONS from MATIHP evaluation according to the evaluation criteria – Winterization Grants Module. | 38 |
| 7. CROSS-CUTTING ISSUES | 40 |
| 7.1 Gender..... | 40 |
| 7.2 Environment..... | 41 |
| 7.3 Social Standards..... | 42 |
| 8. RECOMMENDATIONS | 42 |
| 9. ANNEXES | 46 |
| 9.1 ANNEX A. Results-Assessment Form for Mid-Term and Final Project Evaluations/Reviews..... | 46 |
| 9.2 ANNEX B. List of Persons Interviewed | 49 |
| 9.3 ANNEX C. List of Questionnaires with Interview Questions..... | 50 |
| 9.4 ANNEX D. List of Literature Processed | 53 |
| 9.5 ANNEX E. Scoring Sheet Sample | 54 |
| 9.6 ANNEX F. LogFrame | 55 |
| 9.7 ANNEX G. Term of Reference | 57 |

1. LIST OF ACRONYMS AND TERMS

| | |
|---------------|---|
| AutRC | Austrian Red Cross |
| ADA | Austrian Development Agency |
| CMU | Cabinet of Ministers of Ukraine |
| EQ | Evaluation Question |
| FAP | Feldsher station, local medical point |
| FRC | Finnish Red Cross |
| FGD | Focus Group Discussion |
| GCA | Governmental Controlled Area |
| IDP | Internally Displaced People |
| ICRC | International Committee of Red Cross |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| IGA | Income Generating Activity |
| LLH | Livelihood |
| MHU | Mobile Health Unit |
| MATIHP | Multisectoral Assistance to IDPs and Host Population in Luhansk and Donetsk |
| NCD | Non-Communicable Diseases |
| NGCA | Non-governmental Controlled Area |
| OECD | Organisation for Economic Co-operation and Development |
| PHC | Primary Health Care |
| PHCSC | Primary Health Care Service Centre |
| URCS | Ukrainian Red Cross Society |
| WIN | Winterization |
| WHO | World Health Organisation |
| LoC | Line of Contact |
| Oblast | Largest Administrative Unit of the Territory of Ukraine (a.k.a. Regions) |
| Rayon | Smaller Administrative Unit within each Oblast (a.k.a. District) |

2. EXECUTIVE SUMMARY

The Ukrainian Red Cross Society (URCS), with the support of the Red Cross and Red Crescent Movement Partners (RCRC Movement) has been leading a response operation, providing relief to the thousands of families affected by the conflict, including families displaced from their homes in the East of Ukraine. The “Multisectoral Assistance to IDPs and Host Population in Luhansk and Donetsk Regions” (MATIHP) project was implemented from October 1, 2018 till March 31, 2020. With a budget of around EUR 540.000, - the project supported IDPs and host population along the line of contact in Eastern Ukraine. The Austrian Red Cross (AutRC) with its partner, the Ukrainian Red Cross (URCS) aimed to improve their living conditions through better economic security and access to primary health care services.

In June-July 2020, a final evaluation of the project was held by independent Ukrainian experts. The purpose of this evaluation was to assess the performance of the project and ensure accountability towards the donors and public, and at the same time to offer a learning aspect to all stakeholders. Evaluation focused on services provided by the Mobile Health Units (MHU), as well as the grants component of the project that included livelihoods cash grants and winterization support in Donetsk and Luhansk regions (oblasts). The evaluation experts studied 64 project-related documents and conducted 57 interviews with the project managers, RCRC Movement partners, local administration and project beneficiaries.

The main evaluation finding is the fact that all three project components have successfully reached its goals. As a result of the project, 21,507 patients have met their basic health needs, 94 households have had enough income generation to recover, resume or strengthen their livelihood, and 847 beneficiaries have covered their most urgent winterization needs.

The evaluation of the project has shown that the MHU model of emergency medical is no longer relevant to the situation in the East Ukraine, a new approach is needed, which implies a direct link between the URCS and local medical institutions. The experiences and best practices gathered by the mobile teams are very valuable and should be described as a model for rapid response in crisis situations and proposed for use in different countries. During the implementation of the MATIHP project, the practice of purchasing medicines has changed - now they are purchased not through Kyiv, but directly in Donetsk and Luhansk regions, where they are immediately certified. This has resulted in huge savings in time and cost in drug procurement.

In the livelihood component, the awarded households were able to engage in, resume or expand income-generating activities, although they previously did not have the resources to do so. Most

businesses generated income enough to support their households. However, with the COVID-19 situation, it is expected that many small businesses will suffer, so the evaluation recommends revisiting them and decide what assistance they need, cash or in-kind, to support their previous efforts. Some issues with Ukrainian taxation prevented people to receive grants from URCS, and this needs to be addressed to local authorities.

The recipients of monetized winter assistance were satisfied with this type of aid, mentioning that Winterization grants responded to their needs and priorities in wintertime, especially for heating purposes. In most cases, the grant amount covered for the load of coal or wood worth for one winter month only. But the beneficiaries were thankful for it anyway.

As a result of the project, the URCS and its national, foreign and international structures clearly positioned themselves as an effective and irreplaceable assistant for large groups of people in distress and illness, and a reliable partner to local administrations.

3. PROJECT BACKGROUND

The “Multisectoral Assistance to IDPs and Host Population in Luhansk and Donetsk” (MATIHP) project aimed to deliver practical assistance to population of Eastern Ukraine living along the Line of Contact (LoC) of the armed conflict. Local population was going through significant hardship caused by many destructive factors of the conflict (destroyed social infrastructure, general breakdown of economy, poor transport connection, regular shelling, disruption of the functioning of basic services). The emphasis was made on two areas that were the most critical for survival:

1. Keep satisfactory health condition of the population living in villages along the LoC
2. Provide financial assistance to realize basic vital needs of the population in the affected region

Population in the conflict affected villages was suffering due to lack of material supply and basic medical care. At the same time, all citizens who had resources and satisfactory health moved far away in 2014 – 2015 from the epicentre of disaster. Among those who stayed there were people who, due to old age and illnesses, had lost the ability to actively move or those who, for several reasons, could not change their place of residence (due to lack of funds, lack of socialization skills, dependence on elderly / sick relatives and children). Among such residents, the most vulnerable were: the IDPs (Internally Displaced People), who initially were capable of moving away from the conflict, but over time, the conflict expanded and caught them in their new locations within the same region; also sick and elderly citizens.

In 2019, 2.3 million most vulnerable men, women and children needed assistance and protection. Over half a million people live in areas directly affected by the armed conflict and continue to experience regular fire exchange across the LoC, while another two million people are exposed to landmines and explosive remnants of the war. The conflict hindered the provision of health services in Eastern Ukraine, being already problematic before the conflict started due to insufficient material

and human resources. Health authorities in both Luhansk and Donetsk estimated that there was a shortage of 40-50% of the needed healthcare staff in the region. The armed conflict broke down economic activity, which left people without possibility to earn their living. As the protracted emergency continued in Eastern Ukraine, a considerable amount of population, especially those either living in or close to the , have been facing problems with access to healthcare, affordability of medication and lack of finance to cover basic needs like food, clothing, home heating, etc. Ukraine has one of the highest mortality rates in Europe due to Non-Communicable Diseases (NCD), attributable to some 86% of annual deaths. It is estimated that 70-87% of the elderly people in Donetsk and Luhansk suffer from at least one chronic disease and need medical control. Combined with extremely tough financial state, this situation brought people's survival under serious threat.

Therefore, to support suffering regions in Eastern Ukraine, the Ukrainian Red Cross Society (URCS), with the support of the Red Cross and Red Crescent movement partners (RCRC Movement) has been leading a response operation, providing relief to the thousands of families affected by the conflict, including families displaced from their homes in the East and who now reside in other parts of the country. The MATIHP project started on 1st October 2018 and ended on 31st March 2020 with a budget of around EUR 540.000.

The MATIHP project is composed of the Livelihood Cash Grants, Winterization Module and Mobile Health Units (MHUs) Module.

In the situation when the armed conflict represented direct life threat, financial assistance was designed and implemented in three parallel approaches. First, was an immediate targeted support of people suffering from the armed conflict to ensure their physical survival (financial support to live through the winter and provide basic human needs for living) - **Winterization**. Second, financial support of households was intended to give activity push to people who could not realize their commercial potential due to lack of initial funds – **Livelihood**. MATIPH Project included the third critically important component, which was delivered through **Mobile Health Units (MHU)** providing basic healthcare services directly to the places where local healthcare institutions could not function properly or even completely.

Ukrainian Red Cross Society (URCS) has been supporting Ukrainian authorities in the provision of primary healthcare (PHC) services through deployment of Mobile Health Units. Originally, this support, financed by WHO, ran from 2015 to 2016 with 26 MHUs and covered five most conflict-affected regions (Donetsk, Luhansk, Kharkiv, Dnipro and Zaporizhya) of Ukraine (WHO support discontinued because of lack of funding). From 2017 onwards, the URCS MHU activities supported by FRC were concentrated in Donetsk and Luhansk regions.

Since October 2018, URCS continued to implement four MHUs, one in Donetsk region and three in Luhansk. ICRC provided logistics and security support to both locations and had provided financial and technical assistance to Luhansk teams before AutRC with ADA funding took over in May 2017.

Livelihood Grants – MATIHP IGA Grants component was built on the successes of similar interventions under IFRC/URCS Complex Emergency Appeal from 2013 and IFRC and URCS Livelihoods projects in 2017 and 2018 (also continued in 2019). Funded through the IFRC URCS Livelihoods Unit has provided trained regional personnel, needed SOPs and technical support to the newly integrated Livelihoods IGA grants component of the MATIHP. Between the period of 2017-2019, URCS has provided 838 IGA grants to the conflict affected and vulnerable host population (738 benefiting HHs through IFRC supported projects and 100 benefiting HHs through MATIHP project)

The Evaluation is commissioned by the Austrian Red Cross (AutRC) that jointly with the URCS has implemented the MATIHP project **and the International Federation of Red Cross and Red Crescent Societies (IFRC)**.

The conflict affected area is classified by three zones / locations: red, yellow and green, each reflecting the proximity to the Line of Contact and therefore, to direct life danger (see comment box for details).

4. INTRODUCTION

The main purpose of external final evaluation of the Austrian Red Cross/ Ukrainian Red Cross Livelihood and Health component in the project Multisectoral Assistance to IDPs and Host Population in Luhansk and Donetsk (MATIHP) is critical review of the project results and identification of lessons learned to facilitate the organisational learning and provide recommendations for future intervention planning of Livelihood (LLH) grant and Mobile Health Units (MHUs) for the population in both mentioned implementation areas.

Conflict-affected zones definition

Red locations are those where ICRC SEV teams accompany URCS MHU and physically take MHU representatives on board of ICRC LCs based on:

Proximity to the LoC (0– 5 km), where settlements are remote with bad road conditions to get in/out; very poor or lack of mobile coverage in the villages; security is checked by respective military interlocutors on the ground; additional circumstances: RCF location, tense security situation, etc. but the first three points above are the defining factors in the first place.

Yellow locations are those where URCS MHU drive independently, but with obligatory calls given to SEV PROT FOs by MHU representative before the departure to inquire about security situation for further actions. These locations are: close to the LoC (within 5 km); tense or random hostilities take/might take place around/in; road condition allows MHU's vehicle to drive and cellular phone coverage is available.

Green locations are those where URCS MHU depart for without a call given to ICRC SEV PROT FOs before the departure because: locations are far from the LoC where the exposure to hostilities is low (either the settlement has never been affected or last incident happened more than 3-4 years ago); there are no military interlocutors present on the ground, hence there is no focal point to get in touch with; nevertheless, MHU representative working in the village should check the security situation with SEV PROT FO in case something might go wrong (ex. sounds of explosions, etc) for the latter to find a way to cross check the situation in case of need.

Any location could be switched from green to yellow, red to yellow or yellow to green at any time or with time based on trends in security situation and other circumstances that will be necessary to take into account.

Evaluation period covers project implementation from October 1, 2018 – March 31, 2020. The objectives of this evaluation are:

1. To assess the design of the project and the adherence to the beneficiary / locations selection criteria
2. To assess the relevance and the priority level of implemented activities for the population in the implementation areas
3. To provide recommendations on the future needs and possible outline of further activities
4. To compare the used LLH approach (developed by IFRC project) to the approach of ICRC and formulate recommendations for future projects

The evaluators researched how MATIHP project results influenced affected target group, whether the aid was delivered to the most vulnerable ones, and if the overall objective was achieved in terms of securing basic needs and stabilizing livelihood of people affected by the crisis. The evaluation team used internal and external research documents to see how and whether people's lives, especially IDP's, were stabilized in the regions where the MATIHP project worked.

- Geography: Luhansk (Novoaidar, ST Luganskaya, Popasnaya rayons) and Donetsk (Bakhmut, Toretsk rayons) 0-20 km from the Line of Contact in the GCA.

- Thematic Scope: Evaluation examined experience obtained during the project both on Livelihood (LLH) grants and Mobile Health Units (MHUs) and identified which approaches could be considered as the best practices or areas for improvement. Winterization component was also analyzed at the request of URCS.

- Evaluation assessed the project according to the OECD/DAC revised evaluation criteria, focused on the ones that are mentioned in the TOR: relevance, impact and sustainability, taking into consideration the cross-cutting issues as well such as gender, environment and social standards.

5. METHODS

This evaluation has been done by experts using mixed methods of evaluation, namely, desk research and telephone interviews. Due to the COVID-19 situation in the country, all interviews have been conducted by phone or through the Internet platforms. Group discussions with beneficiaries were organised in the URC regional offices in Donetsk and Luhansk regions for LLH grantees – also by the telephones.

The following evaluation methods have been used by the team for both modules:

Desk research – the consultants reviewed 64 relevant project documents, including project proposal with the logical framework; project mid-term (quarterly narrative reports on MHU & Livelihood / Winterization Cash Grants, quarterly medical statistics reports with detailed breakdown by type of diseases, memorandums of cooperation between regional URCS and local medical institutions) and

final reports from previous periods. Presentations and photos from the project events and operational activities, e.g. medical checks by doctors, trainings, etc; database of beneficiaries, lists of key project staff were reviewed as well. In addition, other relevant outside sources were used – Ukrainian and international legislation, reports from other organisations dealing with similar issues in Eastern Ukraine (eg., DAI International LLC, Caritas Ukraine).

Fifty seven key informant interviews have been conducted with project managers and donors, local coordinators in the two oblasts by phone. Beneficiaries of MHU service and LLH have been interviewed directly (one-on-one interviews) by evaluation experts by phone. They have been randomly selected by the regional RC offices’ staff. In the same way medical personnel of MHU and local medical organisations were interviewed.

Group Interviews with beneficiaries – some LLH beneficiaries came to the URCS regional office, one in Donetsk, another in Luhansk region. They were interviewed by evaluators over the phone. During such interviews, evaluators encouraged group discussions on possible improvements that can be introduced to the project, as well as exchange of opinions about their experiences.

Evaluators analyzed income generating activity grants under MATIHP project and explored approaches used by established IFRC/URCS IGA grants system. The URCS, IFRC, ICRC managers were interviewed to explore recommendations for the similar URCS future projects.

The main instrument for evaluation was KII questionnaires developed for different types of respondents – management, donors, (AutRed Cross, IFRC, URCS), Ukrainian Red Cross regional representatives, and beneficiaries.

Table 1. Interviews Conducted

| Organisation/Type of Actor | MHU | LLH | WIN |
|--|------------|------------|------------|
| URCS | 2 | 4 | 2 |
| IFRC | 0 | 1 | 1 |
| ICRC | 2 | 1 | 0 |
| AutRC | 1 | 1 | 0 |
| Regional Coordinators | 2 | 2 | 2 |
| Regional Volunteers and/or MHUs’ staff | 8 | 2 | 1 |

| | | | |
|--|----|---|---|
| Local Authorities (Heads of Village Council, Heads of district Council, former Deputy Head of Luhansk Regional Administration) | 2 | 2 | 2 |
| Beneficiaries | 12 | 6 | 3 |

6. EVALUATION FINDINGS

This section presents the results of the MATIHP project according to the criteria of relevance, impact and sustainability in three modules – Mobile Health Units, Livelihood Grants, and Winterisation.

The project was able to reach the following results:

Table 2. Planned vs Achieved results

| Module | #Planned | #Achieved | Planned female/male % | Achieved female/male % |
|--------|----------------------------|----------------------------------|-----------------------|------------------------|
| MHU | 24.000 patients | 21.507 patients | 70/30 | 72/28 |
| LLH | 100 households | 94 households ¹ | 80/20 | 73/27 |
| WIN | 330 households, 800 grants | 847 grants provided ² | 60/40 | 71/29 |

6.1. MHU Module



Picture 1. MHU team

¹ Some businesses failed due to the people's illness, fire, relocation, etc.

² The project did not count households, only individuals

6.1.1. Relevance

The objective of MHU component of the intervention was an immediate assistance to primary healthcare institutions in providing medical services to the local population and IDPs living along the Line of Contact.

It should be noted, that until 2018, the goal of MHUs projects was formulated as “providing medical care to the population”, but in 2018 the project team reformulated this goal, having defined it as “helping the primary health care service (PHCS) in delivering / providing support to conflict-affected population.” It has been very important evolution, because the URCS was not aimed at becoming a medical service provider. This reformulation brought more relevance to specific needs of regional critical locations (places with the most damaged infrastructure). Therefore, MHU activity was aimed at connecting local population to existing medical institutions, and not replacement of their functions and status.

The profile of people staying in the conflict zone, as described in the Background section of this Report, was mostly composed of older ones, especially women 60+ (this specific group represents up to 50% of total medical meetings held by MHU with patients: 10.196 out of 21.507, while all-age men/boys represented only 5.918). Overall, people in the conflict area can be characterized as not socially active or financially strong to move away from the war-affected area, including families with children. All of them got in the situation where regular medical services turned out to be hardly accessible or unavailable. All patients, especially the older ones, may periodically face critical health conditions caused either by chronic diseases or by sudden illnesses. And absence of immediate primary medical treatment may result in disease complications, neglected and aggravated illness, severe pain syndromes. These are three very undesirable consequences of destroyed primary health care system.

Prior to MHU operations start, in some remote areas sometimes people simply had to stay at home, take outdated and inappropriate medicines on the advice of neighbors, relatives or other incompetent people. This situation has been exacerbated by lack of pharmacies.

In Donetsk region MHUs operate in two Raions: Bahkmut and Torietsk, while in Luhansk region each team covers locations in one Raion: Stanitsa-Luganska, Novoaidar and Popasnaya, respectively. Raions slightly differ socio-economically: some (e.g. Novoaidar) have smaller villages with agriculture as main source of income. Others, e.g. Popasnaya, are more linked to mining industry and have some larger towns with slightly different health needs (e.g. higher prevalence of pulmonary diseases in addition to NCDs). In some cases, Raion borders have shifted because of conflict - new communities have been added to Popasnaya and Stanitsa-Luganska, which were previously serviced by medical hubs and which now remain in NGCA territory. This has created challenges as Raion health authorities are supposed to cover the needs of these communities with limited material and human resources.

Each MHU consisted of experienced doctor (some of them are IDPs from Lugansk and Donetsk cities), two professional nurses and the driver. One nurse is responsible for recording of necessary medical information of the beneficiary (name, age, diagnosis, prescription). The second one is fulfilling necessary diagnostics procedures (ECG, sugar and blood pressure measuring). The ultra-sound diagnostics is the prerogative of MHU doctor. Each team is equipped with standard diagnostic portable systems like ECG, blood sugar analysis. Two out of four MHU even have Ultra-Sound Diagnostics.

The MHU also purchased drugs and medical consumables (41 items from the standardized Red Cross list) according to MoU between Regional Red Cross Organisation and Regional Health Authorities.

The reception of beneficiaries takes place in specialized medical premises (feldsher points), which are the part of local formal medical institution.



Pictures 2, 3. MHU team arrival. Patients of MHU awaiting doctor appointment

The beneficiary primary selection process has two phases: the first one is done by the local nurse / feldsher, when the patient is entering the FAP door. And the second one is ensured by the MHU doctor after brief examination of the patient.

The secondary selection is very important and rather critical, when the MHU doctor identifies specific health needs of patient and makes decision whether to send him / her to the secondary health care system for further medical treatment. On average during the year one MHU has sent up to 15% of total number of patients to the secondary health care.

In cases where specialized premises were damaged or inaccessible for various reasons, the use of other accessible premises was agreed (for example, a private house in Bakhmutka, or a cultural centre in Nelepovka, Donetsk Region). In the day of operation, the local nurse / feldsher / volunteer prepared medical point for the reception (cleaning, heating etc.). Doctor requested URCS by telephone for possibility to visit yellow location. As to the red locations, they have to be visited only accompanied by two specialized URCS vehicles.



Picture 4. The MHU Doctor is working with the kid in Druzhba-1

By the start of MATIPH project, it became obvious that MHU operations need some corrections, which was repeatedly discussed at Coordination Committee meetings. The issue was that local primary healthcare institution considered MHU activity as complete replacement of their functions in some specific location. This resulted in a situation when two parallel approaches to primary healthcare were in place – on one side, local district therapists operating in regular mode / infrastructure / protocols and the other side – MHU activity.

It is important to mention, that MHU employ highly qualified medical staff with significant experience in practical medicine. Requirements for candidates selection included ability to work under time pressure, make fast decisions in emergency situations of a war zone. In Lugansk region MHU employed three highly qualified doctors, one of them being a great physician, but also having strong expertise in endocrinology, which was in demand due to spread of diabetes. A special mentioning needs to be made about the doctor from Popasnaya MHU, who has wide experience as a physician, skeleto-muscular pathology therapist and military medicine specialist and who never loses focus and stays highly professional in any situation. Another doctor from Novoaydar MHU is a great professional in diagnostics, pediatric therapy and neurology.

However, doctors working for MHU did not have much experience as district physicians / family doctors of primary healthcare institutions, therefore they do not have regulatory base to practice special protocols of primary healthcare services. They act rather based on their medical experience, which is very helpful, yet, it differs from generally accepted methods and approaches to regular primary healthcare.

There is no doubt, that such force-majeure situations as armed conflict can accept such approach to solve emergency health issues. However, taking into account the fact that conflict becomes protracted and further war evolution is impossible to predict while MHU activity is transformed into regular support, previously mentioned individual specifics of doctors working for MHU may get into discordance with overall philosophy and standardization of institutional primary healthcare.

Another important argument against replacement of local primary healthcare institutions' functions by MHU is that patients need consistent continuous observation and examination by the doctors, including special tests and checks, which allow to make correct diagnosis and prescribe effective treatment. Even for correct choice of hypotensive therapy it is important to have information obtained from hematological and biochemical tests and x-ray checks, which help to foresee and avoid possible side effects and disease complications.

It is obvious that for sustainable medical care of patients, systematic checks and examinations by targeted specialists are needed, which cannot be provided or replaced by MHU, despite excellent diagnostic equipment and high proficiency level of medical staff.

More relevant option of MHU integration was maintaining at least partial interaction between patients and local primary healthcare / district physician units ("family doctor" according to new classification under recent healthcare reforms conducted in Ukraine). With that idea in mind, it was decided to integrate efforts of MHU and family doctors and stop filling geographical gaps by MHU emergency visits, but rather improve medical services and increase number of patients obtaining medical treatment by joint activity of MHU and local primary healthcare units.

As a result, starting from 2-3 quarter of 2019 majority of MHU visits were done in coordination with family doctors / district medical units. Therefore, we can definitely evaluate such approach as the one which brought strong relevance to the needs of people in war-affected region. Even in such stressful and dangerous conditions people received wider and more specific assistance than just immediate critical help to save patient's life.

Maxim Dotsenko – the URCS Director General: *“The project absolutely meets the goals it was intended for. Moreover, I would say, that it is one of the most significant projects for the entire URCS. The MATIHP was one of the first, which has moved from **project dimension** rather to **programme dimension**, when chosen approach remains stable, despite possible donor's change, but with flexibility on a tactical level. This project demonstrated benefits of flexibly to change tactics of implementation and make necessary revisions through the timeframe. This project is taken as a basis in our work to promote MHUs activities not only in Luhansk/Donetsk regions, but also for total Ukraine. Potentially this project can become a reference for collaboration with communities and is one of the most successful ones. Personally, I prefer projects with tangible result, which bring something useful to the beneficiary. In 2018, I visited many locations and communicated with the beneficiaries and I can say that MATIHP delivers benefits here and now, not for an unclearly defined future”.*

Trainings for MHU staff. During the project, MHU staff got the opportunity to participate in two medical trainings. The first was held in Severodonetsk in a period of October 31 – November 1, 2019. The participants were the MHU doctors and nurses, as well as doctors, paramedics and primary care nurses from Novoaydar, St. Luganskaya and Popasnaya rayons of Lugansk Region. The training consisted of two basic parts. In the first part the speaker was the Head of the therapy department of Lugansk Medical University, who moved to Rubezhnoye after the conflict outbreak.

Experienced therapist updates participants on such therapy issues like hypertonic disease, bronchial asthma, chronic pyelonephritis, sugar diabetes and some other diseases and syndromes. She shared updated and contemporary therapeutic approaches in treatment of widespread pathologies and how to select better medicines in some typical and untypical cases. This was helpful for doctors and nurses who have every day routine practice to absorb that updates and actual findings from experienced specialist. The second part of this training was held by two experienced specialist from local (regional level) department of Medicine of Catastrophe of the Ukraine's Ministry of Health (special department in the Ministry of Health that coordinates medical services during the war, natural disaster, etc). Training was aimed at improving some practical skills on how to deal with heart-lung reanimation, acute brain circulation disorders incl., stroke and anaphylactic shock, etc



Pictures 5, 6. Doctor Irina Rudenko works with trainees. Training expert demonstrates reanimation methods.

All participants stressed that the training was very helpful and interesting for them (for example, it was mentioned in the thankyou letter of doctor from Novoaydar MHU – Mrs. Tatiana Manina.

Further discussions and analyses done by RC managers and medical consultants in region allow us to make a conclusion that two days medical specialized training seemed to be a very useful event, and it should be held regularly. Everyone came to conclusion, that in medical practice theoretical knowledge should be immediately supported by clinical practice, otherwise, skills are not practiced for a long time, and there is a risk of making a medical error.

Therefore, taking into account the new tactics of positioning of MHUs as an assistant body to family doctors, we still advise to build trainings in a way that both medical and organisational initiatives do not come from Red Cross, but from the state medical institutions, which would clearly formulate the objectives of such trainings and preferably publish manuals, taking into account official protocols for providing medical assistance by the primary health care doctors.

The second training, held in the summer of 2019, was organised with support of ICRC sub-delegation in Severodonetsk and with participation of experienced professional psychologists, in particular, accredited by the ICRC. This training had two main goals:

- to give general idea to the medical staff dealing with patients in remote villages of how to behave in various difficult psychological situations, how to achieve psychological stability, avoid breakdowns and stresses. This was done in order to strengthen psychological resilience and literacy of health personnel exposed to continuous dangers and psychological stress.
- help medical staff through one-on-one consultations in overcoming psychological crisis and to look for the right solutions together: how to get out of a stressful situation without complications for the psychological and physical health.

This psychological training was timely and helpful initiative from URCS partners and can be recommended for regular refreshment.

COVID-19. The start of pandemic outbreak in March 2020 impacted added more health safety challenges in the war-affected region. One of the first priorities was an immediate adaptation of MHUs and local healthcare institution, including family doctors, nurses and volunteers to new specific life-threatening conditions. Due to proper funding, coordination, logistics and expertise which was already in place within MATIPH project, MHU represented an effective ready-to-use tool, which allowed avoiding serious aggravation of health indicators from COVID-19 in already suffering region. All safety measures were applied – not only use of protective and disposable clothing, but also a special approach to medical examination and visits to patients was put in practice. This specific experience, strengthened through the following months of pandemic, makes MHU a highly effective mobile asset to be used in any part of the country for lifesaving and healthcare supportive mission.



Pictures 7, 8. Doctors examining patients during COVID-19 pandemic

6.1.2. Impact

General impact of the project is that 21.507 visits were made to help people with health issues (see Table 2 on page 9).

In remote areas located in the conflict zones covered by MHU - one third of population received medical assistance from the Red Cross. On average, 18 medical visits were made daily.

Using the example of the most wide-spread pathology – cardiovascular system disorders dropped down to 153 cases from initial number of 218 cases, as people started to get proper consultations and medication to prevent critical health deterioration.

Patients were informed about MHU arrival in following ways:

1 – local medical specialist (doctor or nurse) referred to MHU arrival with necessary diagnostic equipment, immediate treatment tools and medicines.

2 – announcement on planned arrival of MHU was placed in the local administrative facilities and patients could decide to come. Doctor from MHU examined the patient and makes decision on required treatment or other further steps. Mostly all patients aged 60+ received medical treatment.

During the project implementation some patients expressed opinion the communication and visibility of URCS activity was not sufficient and could have been much more impactful. As there are also other NGOs represented in the conflict affected zone, it is highly recommended to enhance communication and visibility and ensure the awareness of population about the activities they are rendered to by the Red Cross. This would also enhance impact by more people being informed and proactively coming for health checks.

Overall, the integrated approach and joint efforts of MHU and family doctors, a bigger number of patients was covered with medical assistance, including places difficult to access (like Mayorsk-Zhovanka). Such joint actions allowed to hold “consultation sessions” on the spot and provide more complex healthcare assistance to the patients.

Olga Korzh, Head of Novoaidar PHCS centre admitted, that due to cooperation with URCS, local regional primary health care service achieved full coverage of villages with family doctors and they finally ensured, that [direct speech] *"we control the situation"*.

"There was a big problem in the region, because family doctors network was staffed only by 50%, but Red Cross service had solved this problem. To be honest, we have no idea how we will be coping after the URCS' MHUs are withdrawn. Our Dr. Manina works simultaneously for MHU and PHCS centre and she has a tremendous advantage, since she knows the patients and has 100% legal access to them, plus, RC provided her with glucometer, medicines and even ultrasound system! This combination of capabilities makes the doctor indispensable for many patients, especially those who need revision of diagnosis or have several diseases (and we do have many of them)."

When asked about the possible involvement of former paramedics, retired paramedics and medically literate villagers in providing of situational medical assistance to the neighbors, Ms. Korzh responded with enthusiasm: *“of course, we will find such people, and being reinforced by a doctor-coordinator (via telephone, for example) this will be a significant support to family doctors.”*

Furthermore, integrated model / approach also implied an important legal aspect, as there was always a doctor or paramedical from official local medical unit / institution on the spot personally responsible for the patients’ health. Therefore, all actions of MHU of the Red Cross were done “under legal umbrella” of local authorized doctors, which significantly reduced risk of legal consequences in case of unforeseen deterioration of patients’ health.

This was even more important in terms of supplying medicines to the patients, because all medicines prescriptions were made by authorized doctors and medicines belonged to local authorized primary healthcare institutions.

Therefore, as district physician / family doctor had medical history of specific patient, sometimes, even including medical test results, so he was capable of getting relevant diagnostics by MHU equipment and combine all available information into full picture and make more precise diagnostics (electrocardiography, glucose-testing, ultrasound diagnostic of internal organs).

The usage of portable diagnostic systems - ECG and Ultra-Sound Diagnostics was very effective. It helped (in the fields) to identify acute / dangerous health conditions (pre-heart attack states) and symptoms of diseases of the internal organs.



Picture 9. Ultra-Sound Diagnostics in Nyrkove provided by the MHU team

With the help of Ultra-Sound Diagnostics, a lot of patients were redirected to the secondary health system for the more thorough medical examination and treatment. Check in these settlements where high need was confirmed, when MDM approached the front line, and MHU moved a little deeper into the region, a rather high percentage of patients were identified who needed the help of narrow specialists.

Beneficiaries indicated that in the frameworks of the URCS humanitarian intervention their access to health services has improved. Some beneficiaries said that access to this kind of medical services was even better than before the conflict.

During the protracted conflict, many patients got used to a strengthened function of URCS and once the Ukrainian Red Cross will need to withdraw, the deficit may again temporarily increase, but project staff expresses hope that public services will be able to deal with it.

Some chronic patients received care without regard to their history. For example, a patient suffering from hypertension received a universal/standard help, because MHU did not know his cholesterol level and blood viscosity being so important indicators to select an individual treatment strategy. In order to select drugs for such a patient, a laboratory base is needed and the lack of labs gave no opportunity to plan a long-term care / treatment strategies.

Some less effective things mentioned by the interviewees were peculiarities of assistance to the special groups of population: children, or patients with mental disorders. Having faced with such cases, the MHU's doctor insisted on immediate visit to the secondary specialists. While examining a child in a number of cases, the doctors showed extreme caution and assumed that it would be safer and more correct to contact pediatricians.

When identifying the locations – MATIHP project staff chose the most inaccessible ones, located close to the line of conflict and recommended by the PHCSCs and the ICRC sub-delegations.

Therefore, the project was making sure that in these locations there would be no deficit of primary health care and the quality level of MHUs work is higher than the one of FAP.

Olga Kudaeva – Head of Luhansk Regional RC branch, regional project coordinator: *"I would appreciate it if AutRC took into account opinion of beneficiaries who are still impacted by the armed conflict, which suggests that MHUs are extremely relevant not only in terms of assistance itself, but also in terms of building up stronger awareness of Red Cross mission among communities as well as people's moral state and belief and hope that they will not be forgotten and left to the mercy of fate."*

6.1.3. Sustainability

In order to better analyze to what extent activities implemented during the project can be further maintained effectively after the project completion, we reviewed the reforms introduced by the project team.

From the interviews with management team and other project participants in the regions, we obtained valuable insights and rational information in this respect.

Reforms introduced during MATIHP project can be defined as:

- Decentralization of logistics
- Integration with regional medical structures

- Legitimization

General underlying consideration for MHU activity evaluation during protracted conflict is that it made total sense as a stage-by-stage transition from complete substitution of local state healthcare services (which was the case in the early stage of MHU activity) to a complementary support to local state healthcare services provided by relevant institutions and further on to development of a highly integrated cooperation approach.

Approach to MHU operation was evolving throughout MATIHP project to bring maximized effectiveness in satisfying specific needs of people affected by the armed conflict. The main focus was to ensure synergy of local medical resources and RC MHU to ensure that local medical system and staff keeps active assistance to the population and learns the best practices from donor organisations, also benefiting from financial support (medicine, equipment and other logistical resources) by these organisation. Such cooperation and experience sharing, joint work under extreme conditions ensured long-term sustainability as local staff and infrastructure were re-activated after the war breakdown.

Specifically, during 2018-19 first steps were made to move towards effective functional cooperation and process optimization, taking into account such important legal aspects of RC activity as the most optimal contract terms for cooperation between RC and local institutions. Another important step in this direction was introduction of “State Doctor on the Board” concept, which means that already in 2019, the majority of MHU visits to beneficiaries involved local doctors of the most demanded medical profiles or, at least, paramedics.

Decentralization of logistics was introduced and proved to be relevant and effective measure for better cost efficiency, agility and flexibility of MHU and more empowerment of local medical institutions.

For example, previously, medicines were purchased through central tender procedure in Kiev, which implied temporary acceptance and storage of medicines in Kiev, then, sorted and shipped to the war affected region, where medicines had to go through acceptance procedure and local sorting again in Konstantynovka (MHU location base in Donetsk region) and Severodonetsk (MHU location base in Lugansk region), from where the medicines were further sent to district (Rayon) locations of MHU.

Such complex adaptation of logistical standards involving specialists from logistics department of NC of URCS, specialists from Austrian Red Cross and ICRC resulted in development and introduction of universal procedure for decentralized procurement of medicines.

Thus, in Luhansk region, a full-scale tender has been held every year following all procedures defined in the state legislation.

However, in Donetsk region, where only one MHU was operating, a local tender was held, as volume of needed medicines was smaller. Both logistical centres obtained the right to hold local tenders and are now able to react faster to local needs with less administrative efforts, plus, medicines are sorted

and pre-packed for better convenience and delivered on time to address where the need has been identified. Optimization went even further during the project, synchronizing acceptance of purchased medicines with the handover to local Primary Healthcare Centres. Despite an obvious benefit of such optimization, some regional administrative staff expressed negative attitude commenting on additional workload for them related to local tenders for drugs procurement.

Legitimization within MATIHP project in 2018 and 2019 was going into two directions. First, was the above-described procurement procedure. Medicines purchased by regional offices utilizing the budget of donor organisation, (money is transferred by national coordination centre of MHU - NC of URCS) immediately considered as property of Primary Healthcare Centres (PHCC). This also eliminates legal risk related to storage and delivery of medicines (due to absence of state licenses for such type of activity). Once purchased, medicines become the property of Ukraine state medical institutions and can be handed over to local (district) medical facilities or temporary medical units (in case if permanent premises were damaged), in line with the plan, developed based on real needs. Therefore, when MHU arrives to location, the medicines can be provided to patients both by family doctors and by MHU staff.

Such approach simplifies and optimizes planning, procurement and delivery of medicines and eliminates pain-points, related to legitimacy of pharmaceutical management by the Red Cross organisation.

It is worth going a bit more into details on the topic of medicines procurement for local medical facilities. The point is that in 2018-2019 there were few types of special medicines support to the population (very low-priced medicines or even free medicines).

Period of further legitimacy and integration with Primary Healthcare went in parallel with reforms introduced during 2018-2019. It was critically important period in terms of cooperation and integration with primary healthcare institutions.

Specifically, for the MATIHP project, NC of URCS and legal specialists from regional healthcare department developed a pilot version of universal Agreement defining key aspects of MHU operations and activity. It was a three-party Agreement between MHU, regional RCS and regional PHCC. This document is defining the roles of each party / institution involved in the project in a clear and consistent manner.

Alexander Babenko – Coordinator of MHUs, PhD of Biology shares his opinion on pilot tripartite Memorandum of Understanding (MoU, see Annex 8) defining the role, goals and means of MHUs: *“The most important point for bringing MHUs to a new level of legitimacy was our work on uniting efforts of three parties: URCS, Luhansk Regional Health dept. and PHCS centres. MoU has been developed thanks to the legal and organisational initiatives of these participants. I would like to draw special attention to a compromise wording of paragraphs 1.2 and 1.3 highlighting the Purpose of Cooperation of aforementioned parties. Namely “1.2. Initiation and subsequent activity*

are temporary and exclusive measures to respond to the problems of vulnerable population to receive medical care in some settlements adjacent to the line of delimitation and in places of temporary residence of internally displaced persons. 1.3. The parties to the Memorandum have agreed to cooperate on a temporary basis, both in actual and in legal terms, under the conditions of forced necessity dictated by the circumstances of the armed conflict.”

*Here we see that during the hot and post-hot armed conflict resulting in unprotected life in these locations and high vulnerability of population in villages along the LoC, there is nothing to do but everything possible to **alleviate** the suffering of those in need. Therefore, the basic principle of involvement in the process of non-specialized, but very useful Red Cross departments and their medical partners was focused on **the legal precedent of forced necessity**.*

In most legal systems, this principle allows temporarily and exceptionally in force major situations to provide medical assistance to save people with the help of professional or skilled volunteers. For example, a doctor beyond his working shift or a trained volunteer may provide assistance to a person on the street who got sick and his life is under direct threat. In such cases, the legislation generally permits to provide necessary such assistance. So, we acted similarly in some cases when we witnessed people in strong need for immediate medical help in remote villages of Donbass, we have not hesitated to use available resources and mobilized our efforts to immediately help people to survive and make them believe that someone will come to help despite any difficulties and obstacles.”

6.2. CONCLUSIONS from MATIHP evaluation according to the evaluation criteria – Mobile Health Units Module.

Relevance: *To what extent did the intervention respond to the needs and priorities of the target group? To what extent are the objectives of the project still valid for the partner country and the people in the GCA along the line of contact? Did the eligibility criteria within the project contribute to a clear and transparent selection of targeted people?*

1. The project goal has been achieved by 90% (21,5K implemented visits vs 24K planned – see table 2), but the situation is still not ideal, because the assistance has been provided predominantly close to the LoC, although in neighboring district / villages the situation is equally tough – many refugees moved from LoC to neighboring places and brought additional burden to already weak medical facilities. For some limited period of MATIHP project, assistance was provided to one of such areas in the northern Lugansk region thanks to support of IFRC and Swedish Red Cross. There was one additional MHU operating there during few months with highly qualified and proactive personnel. So, overall, primary medical assistance, which included high-

quality diagnostics to the population in suffering regions was delivered and provided in an effective way, therefore we considered the approach developed during MATIPH project to be highly relevant.

2. Overall, a higher safety and better quality of life of population in the armed conflict-affected area was achieved thanks to MHU activity. Access to primary healthcare is the base for survival and resilience to stressful and deteriorated life conditions. Specifically, we need to note a group of older women aged 60+, who represent the core of the local community and who are the most vulnerable, helpless and very often lonely. Therefore, this group was defined as one of priorities for the MHU, which is supported by project statistics. Despite good results achieved by MHUs activity it still could not fully cover all the healthcare needs of the population, specifically, we mean systematic medical checks and more specialized treatment. MHU have operated rather as emergency / ambulance medical care and could not tackle specific health issue of chronically ill people on a regular long-terms basis.
3. Legal issues were greatly mitigated by the immediate transfer of medicines to the PHCSCs upon the purchase act, which meant that medicines prescription within the activity of MHU was done by the competent medical institution with proper licenses and authority. Therefore, MHU returned direct responsibility for healthcare prescription to the authorized Ukrainian medical institutions.

Impact: *What exactly has already changed in the lives of women, men, girls and boys? Which positive and/or negative effects/ impacts in terms of gender and environment can be possibly attributed to the project?*

4. As a result of regular MHU activities within MATIPH project an effective approach was tested, optimized and universalized. The joint activities of URCS and ICRC and the use of new strategy of integration with local primary healthcare institutions had a significant positive impact on health of population and on the entire humanitarian environment in the region. **And, finally, it has reached the most important result – a viable, inexpensive and easy-to-mobilize model of health service was created, adjusted and built-into the Red Cross tool-box.**
5. The system developed during MATIPH project can be deployed at any time within hours in case of necessity and start implementation of its mission due to simplified decentralized logistics and well-designed legal system of interaction with local administrative and healthcare institutions / organisations
6. MHUs' activities impact went even beyond the objectives of the project and had clearly demonstrated unique capabilities of MHUs, built on local resources with a maximum

consideration of local specifics. Therefore, in the future, this MHU model can be considered as the preferred option for emergency medical support to the population in conflict zones vs standard international support models.

7. As a result of the project implementation, the URCS and its national, foreign and international structures were clearly positioned as an effective and indispensable partner and helper for large groups of people in distress and for national infrastructures.
8. Alongside the project, in 2019, the Medical and Social Aid Centre located in Rubizhne (Luhansk region) obtained a license to perform medical activities. This fact may further trigger a significant expansion of URCS opportunities to solve urgent healthcare problems not only as an outside assistant, but also as a full-fledged competent and authorized partner and in some cases even an alternative operator of medical services in the context of reformed medicine
9. With regard to Covid-19 pandemic, MHUs had to react immediately to present the best example of necessary safety measures, so special protective clothing and sufficient volume of disinfectants have been purchased and used. Covid-19 negatively impacted the last weeks of the project when MHUs had to reduce the visits due to strong development of infection

Sustainability: *Will the positive changes for the targeted population last in the long run?*

10. During the project implementation in 2019 the MHUs reform was actually completed. New MHU service remains operational and can be resumed after any interruption. With such approach MHU activity can be quickly relaunched in case of disasters or conflicts being relatively inexpensive and very effective way for supporting and delivering emergency and regular primary care in of limited access and in close cooperation with competent state primary medical institutions. Globally it means that URCS activities helps to consolidate professional and humanitarian efforts within the country.
11. A decentralized logistic process can be very useful in extreme conditions, allowing replenishment of reserves even in case of temporarily blocked territories due to natural disasters or large-scale battles, when the roads and communications are destroyed. Red Cross can effectively use local resources, including drug distribution on local level allowing turning FPs (feldsher point) into strongholds for mobile medical care.
12. Strong various clinical experience obtained by the MHU doctors and usage of portable diagnostic systems allows to provide diverse medical care in the field (in some cases, the MHU doctors even take responsibility and act as specialists in area of took

responsibility and acted as specialists in the different areas of medicine for example psychiatry, detoxification, gastrointestinal diseases, etc. Despite exit strategy this experience will be relevant and applicable in the future

13. According to project participants interviewed some beneficiaries still do not completely understand the idea of Red Cross MHU and believe that exit of MHUs activities will lead to collapse., it seems to be difficult to position correctly new reality without MHU Red Cross. So specific alternative measures are in process of development to soften the consequences of transition period and make it less painful for the conflict-affected population.

Approach

The global outcome of MHU activity is a unique case of Social Agreement, which enabled a humanitarian organisation (Red Cross) to support state healthcare not only situationally, but as a systematic integrated cooperation unit, which allowed provision of qualified medical assistance to almost 20K people during the armed conflict, which basically helped them to survive through the tough period of time. Together with lifesaving medical assistance, high-quality diagnostics and qualified treatment, the affected population was provided with a valuable product developed through consistent cooperation of many participants of international humanitarian process, which allows to help individual person suffering from tragic circumstances.

6.3. LIVELIHOOD Module

6.3.1. Relevance

In the livelihood and winterization components, aid was delivered to vulnerable groups – IDPs and local population with low income, elderly single people of 60+, single mothers, families with 3 and more children, and persons with disabilities. Geographically, the project covered the regions of Donetsk and Luhansk in the government-controlled areas (GCA), mainly in the 5-20 km zone off the line of contact.

The MATIHP project has used the IFRC experience in dealing with livelihood grants, as the IFRC has had been working with this component since 2017. URCS trained staff, used established selection process and criteria similar to LLH grant interventions supported by the IFRC.

According to the Logical Framework, livelihood cash grants aimed at improving income sources for IDPs and host population (incl. returnees). In addition, the livelihood beneficiaries had one or more vulnerability criteria. The potential grant recipients had to attend a short training on how to develop its own business and write a business plan for further financing. After that, they wrote and submitted

their business plans to a Selection Committee that identified the best proposals and awarded grants (for the detailed selection process, please see section LLH Selection Process).

The types of businesses varied – they were a manicure/hairdressers’ salon, a shoe repair shop, goat breeding and production of goat cheese, beekeeping and honey production, etc. The average amount of money awarded was 1.000 EUR, paid in two instalments. 50% right after the grant award, and the rest 50% in one month, after a post-distribution monitoring visit to grantees.

According to the interviews with the programme managers and telephone interviews with beneficiaries, all of the livelihood beneficiaries were satisfied with this type of assistance and assured that it was very necessary to them. Although the effect from the supported business activities varied. Some people who received LLH grants could make their business profitable within one year (although the profit did not cover for all their cash needs), and others could only reach self-sufficiency to support themselves and their families for a short time. *“This small business helped us not to be begging for food anymore. We are IDPs, the banks don’t give us any loans because we are risky clients for them.”* (Beneficiary)



Picture 10. Beneficiary used LLH to purchase manicure and pedicure professional equipment

It should be noted that it is difficult to expect that an investment of 1.000 euros can create a long-term sustainable business. Those beneficiaries who have achieved the greatest success have previous experience and / or have invested their own tools and materials in their LLH activities. Judging by the selection process, PDM and interviews conducted with the project beneficiaries and staff, the assessment can confirm that at the time of announcing and distributing LLH grants, this assistance was 100% responsive to the needs of people living in the assisted area. The awarded households were able to engage in, resume or expand income-generating activities, although they previously did not have the resources to do so.

Livelihood recipients mentioned in their interviews and phone group discussions that receiving cash and participating in short business trainings was not enough to keep them successful. They would like to receive more training in sales, marketing and financial management. It would be useful for them from time to time to receive legal and accounting advice. They are also interested in learning about other LLH grantees in order to look for opportunities to conduct a joint business (for example, to

create a beekeeping cooperative). Consultations of experienced businessmen and businesswomen as mentors will also be in demand.

One of the obstacles faced by the LLH component was the decree of the government of Ukraine, according to which all funds received by an individual were his / her personal income. Thus, this money is subjected to taxation and, more important, receiving charitable assistance may lead to the family losing state support in the form of subsidies and allowances for the low-income persons and disabled. Such cases occurred with LLH grant recipients, and some of the potential grant recipients decided not to use this grant. The negative consequence of this is the fact that people who could be actively involved in restoring their lives continue to hope only for grant support from the state. In some cases, URCS will send a letter to the tax authorities stating that funds allocated to individuals from the URCS are in nature charitable assistance, not income of individuals, and therefore cannot be taxed. Sometimes it helped and public authorities exempt people from taxes. In other cases they denied this with no clear explanation.

Unfortunately, the MATIHP project did not conduct final post-distribution monitoring for LLH grants, so we do not have the exact number of enterprises that survived a year after the distribution of grants. According to regional managers, about 60-75% of grant recipients continue their activities; the basic income from this helps cover the needs of their households. However, this was before the situation with the COVID-19 pandemic, since the project was completed in March 2020. Judging by the general economic downturn that has affected small enterprises in Ukraine, the need for further support for vulnerable people on the contact line has increased significantly.

URCS may consider to continue such service as 'grants for agriculture' – cash support to rural households to buy cattle, poultry, animal feed, etc. and could be a part of the LLH grants programme. Such assistance was provided by URCS, ICRC and other INGOs³ and was successful in terms of organising the early recovery of IDP households in villages, especially in the zone close to the contact line.

LLH Selection Process

URCS uses a scoring system for selection of beneficiaries to its programmes. This system was developed before the MATIHP project started and was used by URCS in projects supported by IFRC. The system includes vulnerability criteria, such

Incident in Trekhizbenka

Insufficient communication with beneficiaries resulted in their overstated expectations that led to a conflict in Trekhizbenka village during the project. When people got registered for the winterization grant, they expected to receive it two times, not one. So, they came to the local administration's office and started to demand the grant. The conflict was quickly resolved, a local administration representative had to promise that "next time" these people will get cash assistance. She should not have promised it but at that moment it was the only thing that she could say to calm people down

³ For example, Caritas Ukraine, Dorcas Intl.

as IDPs with low income, elderly single people of 60+, single mothers, families with 3 and more children, and persons with disabilities, etc. This system provides a common approach for project staff in assessing the vulnerability of registered project beneficiaries, as well as in improving the quality and transparency of the selection of beneficiaries.

URCS relies on local authorities, heads of local administrations, to list vulnerable people living in their areas. After an advertising campaign on livelihood grants or winter preparation projects, local residents submitted their documents to their administrations for URCS review. The selection committee, which consists of the URCS and representatives of the IFRC makes decision on the selection of beneficiaries using the scoring system. (Please see ANNEX E Sample of a Scoring Sheet)

The process of selection of LLH beneficiaries was complicated by the fact that they had to be able to write a sound business plan. According to the editors at asianentrepreneur.org, there are 400 million entrepreneurs globally. That is around 5% of the total population. So, not everyone can run his/her own business. At that, the URCS target population is vulnerable, meaning they are even less capable to run their own activities – eg., people with disabilities have physical limitations, single mothers and mothers with many children have time limitations, and IDPs have limits in access to bank loans. As a result, URCS managers sometimes noted that the selected beneficiaries were not necessarily the most in need. Managers also have discussions about for how long should they support businesses, and to what extent? As a humanitarian organisation, should they support the development of an existing business or provide support only to beginners? These are internal issues that need to be discussed between implementers and donors, so that in this regard one clear strategy is developed that does not leave any contradictions.

In general, the project had a clear and transparent selection of targeted people. However, when communicating with potential beneficiaries, a more precise explanation of the selection criteria and selection rules for receiving a grant is needed, including clarification of the criteria for an objective distribution of assistance and developing appropriate communication campaigns as a part of strategic approach to clarify the criteria for beneficiaries in the target regions.

6.3.3. Impact

In a humanitarian aid project, the first priority is to respond to people's urgent needs and provide life-saving support. In this respect, the MATIHP project with its MHU and WIN components, aimed mainly at meeting immediate, lifesaving needs because of the unstable situation in eastern Ukraine. Nonetheless it is important to aim at providing a longer-term support to people in need and make them less dependent on external resources. The livelihood grants were such elements of sustainability introduced into the project.

All interviewed beneficiaries of LLH grants reported that their lives changed for better with this assistance. People found new goals, they began to build their businesses and rely on themselves in building a life after the conflict. The financial support from doing business began to affect the well-being of families. The respondents said that for the first time they were able to buy everything they

needed to send their children to school, someone bought supporting medicines for relatives, others were able to buy food for the winter for their cattle.

Most beneficiaries reported improvements in their psychological state. They could not only keep themselves occupied and generate some income, but they received “hope”. *“The most important and significant thing is that Red Cross gave the hope”.* (Beneficiary) They started to plan for future periods which they did not dare to do before because of the uncertainties in their lives and poverty. One beneficiary who bought goats for LLH cash, admitted that his children had improved health because they drank goat milk in the winter.



Picture 11. Beneficiary of LLH grant opened a garage to start consumer electronics repair service

6.3.4 Sustainability

The analysis of the impact of the conflict in eastern Ukraine shows a clear link between the conflict and the worsening socio-economic situation. The closure of enterprises, high inflation, economic blockade, damage to critical infrastructure, rising unemployment to the highest level since 2008, as well as rising prices and poverty compared to the national average are some of the key factors contributing to this. This has had a negative impact on food security and people’s ability to meet their basic needs. The livelihood component of MATIHP seeks to help people recover or improve upon their pre-disaster living conditions in all areas.

When it comes to how long the results of a livelihood programme will last, there is no single answer. The project results vary from a household to a household, from business to business. As a PDM of IFRC grants showed, some businesses closed due to different circumstances (fire, illness of one of the family members, etc). The majority (97%) were active within a year of their grant. Of these enterprises, about 8% did not bring any income, 75% gave income from 750-5.000 UAH (EUR 25-166), and 22% made a profit of more than 5.000 UAH.

If we extrapolate these results to the MATIHP project, we can state that it has achieved its goal for the livelihood component - “individuals receiving livelihood grants have sufficient income to rebuild, renew or strengthen their livelihoods” through a year after receiving the grant.

However, this result does not appear to be very sustainable over the medium term, two-five years from now. The beneficiaries said that the profit received was not enough to reproduce the means of production. The equipment, tools and materials purchased with the grant funds fail and run out, new investments are needed, which cannot be obtained from anywhere. Not to mention that most people who received grants from URCS, did not officially register as businesses or entrepreneurs to avoid excessive taxes.

To ensure long-term results from LLH grants, URCS can:

- 1) Include a longer (3-5 days) training on writing a business plan for running a business;
- 2) Offer free legal and accounting advice during the project period;
- 3) Support enterprises that were successful in the previous period of the project (depending on their needs, but, most likely, after COVID-19, additional financial support will be required);
- 4) Provide mentoring services from active business people;
- 5) Be able to offer more than 1.000 Euros for investment (the exact amount to be investigated) in business plans and finance various amounts according to well-developed and reliable business plans.

Additional research is needed this fall to see how the lives of beneficiaries have changed due to the COVID-19 situation. URCS should be prepared for the situation in the eastern regions to get worse. According to a monthly Omnibus Info Sapiens survey, in June 2020, 42% of Ukrainians expressed concern about the lack of money. (In March 2020, 31% of respondents mentioned this problem). For the first time in the entire observation period, the problem of lack of money came to the fore since 2014. Compared to March, concerns about the military confrontation in eastern Ukraine (from 34.9% to 39.7%) and unemployment (from 20,8% to 28,7%) also increased significantly.⁴

The URCS management worked with the UN Health Working Group, and other UN coordination structures to make sure that the project coordinated its efforts with other organisations and followed international standards and recommendations. URCS used the Clusters’ recommendations to define the amount of cash for winterization activities, and define geographical areas to work in.

During the interviews, URCS managers and coordinators mentioned that they cooperated with other NGOs and INGOs, and their projects, such as other RC/RC Movement partners, People in Need, Norwegian Refugee Council, etc. The main coordination activities included the exchange of information on provided assistance.

⁴ <https://sapiens.com.ua/en/publication-single-page?id=128>

In addition, URCS coordinated their activities with local administration, employment centres, and the State Emergency Service representatives. Local authorities cooperated in a very positive manner; they provided lists of people in need, disseminated information about humanitarian assistance in their regions and sometimes took part in the selection of beneficiaries. At the same time, the government representatives reported that none of their structures had the capacity to deal with the crisis on their own. So, the URCS help was provided on time.

More active partnerships with local and regional government need to be pursued further because international humanitarian assistance will end but local administrations will remain. It is important that the materials and methodologies brought by humanitarian organisations continue to be used in the future.

Pesticides vs Bees

The importance of coordination between local government and the project beneficiaries can be demonstrated by an incident that happened in Luhansk region. A woman bought bees, a special breed that is adjusted to cold temperature in western Ukraine, using LLH cash. She was bee breeding until one day local administration sprayed poisonous substances against weeds into the fields where bees grazed. That was the end of her business and her hopes.

6.3.5 Approach

In this chapter the evaluation tries to compare the approaches of IFRC/URCS/IFRC and ICRC to see if the URCS/IFRC approach was “more or less efficient”, as questioned in the TOR.

As per the TOR, evaluation was to compare the URCS/IFRC approach to the LLH grants, which was to provide assistance to local people within the 10-20 km off the Contact Line, to start or resume a business or/and agricultural activities to support their households to the ICRC approach to assumingly similar LLH grants that were called in the TOR “self-catering”.

According to the document provided by ICRC, they have had at least eight different types of grants in 2019-2020. For comparison, we have chosen the “agro” grants (small grants for poultry/gardening), as we believe the TOR question meant these grants as “self-catering”. The main objective of such grants is food production for own consumption. Evaluation used the official information provided by ICRC, and also information received from URCS managers and local representatives in Donetsk area about the ICRC grants to explain the differences in ICRC and URCS/IFRC approaches to LLH grants.

Table 3 Comparison of Approaches to LLH Grants

| Mode of Operations | IFRC/URCS | ICRC |
|-------------------------------|--|---|
| Name of Grants | Support to Households | “Agro” (small grants for poultry/gardening) |
| Objectives | To support individuals with livelihood cash grants to have enough income generation to recover, resume or strengthen their livelihood | Grants for beneficiaries with an aim of restoring their ability to generate income from farming activities |
| Eligibility | <p>1.IDPs, local people incl. returnees with vulnerabilities – low income, single mothers, widows, families with many children, people with disabilities, etc.</p> <p>2.Sound business plan that meets the programme criteria.</p> <p>3. Support (recovery) of a lost business or support in training and starting a new business.</p> | Permanent residency in the selected locations, age 60+, living without able-bodied relatives, income per capita, physical ability and skills to perform activities |
| Size of Grants | 26.000 UAH (EUR 1.000) | Sectorial approach -- grant value depends on the project. |
| In-kind or cash | Cash only | In-kind and cash |
| Types of businesses supported | <p>Cattle breeding, poultry farm, bee breeding, shoe repair, hairdresser’s, cosmetology services, etc.</p> <p>Cooperation as a way of doing business together – bee farms of 3 partners,</p> | <p>Cattle keeping/milk processing/beekeeping/poultry keeping/meat and milk production/ repair of chicken coop/purchase of incubators/purchase of grinders, corn and pea</p> |

| | | |
|-----------------------------------|--|---|
| | mini-hotel of 5 households. | seeds/grants to purchase livestock (chickens/rabbit/geese/a cow/goats/quails) |
| Geographical Area of Distribution | 10-20 km off the contact line, rural, semi-rural and small town areas in Donetsk and Luhansk GCA | 0-10 km off the Contact Line ⁵ Donetsk and Luhansk regions |
| Additional Services | One consultation from a business person. One day business training. Round tables with local administration, employment centres and IDPs. | Respective agricultural trainings are provided by the ICRC agronomist |
| Expected Sustainability | 1 year (after 1 year, 85% of businesses exist) | The EcoSec staff, carry out the result monitoring. Results monitoring covers the project stage during which outputs are transformed into short-term outcomes (the “results stage”). The main purpose of results monitoring is to measure if and to what extent the intervention is achieving the planned short-term outcomes that have been detailed in the specific objective. LH projects specific objectives |

⁵ Information from URCS

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| | | <p>are at the level of beneficiaries' food production and income. The main evaluation criteria which are monitored at this stage are effectiveness of a project, relevance, and coverage.</p> <p>While ICRC is focused on developing the sustainable approaches in project implementation, sustainability as medium-term outcomes criteria was not yet measured.</p> |
|--|--|--|

The ICRC and URCS/IFRC approaches to LLH grants are difficult to compare. While ICRC has beneficiaries closer to the Contact line, most in the rural areas, the URCS/IFRC grantees are living in 10-20 km off the contact line, in semi-rural areas and towns. The needs and possibilities of these groups are different. That is why different approaches were selected for LLH grants – ICRC focused on agriculture activities, and IFRC funded both agriculture and small business operations.

According to some respondents, ICRC with its more substantial funding, and no requirement for beneficiaries to have any skills, provides grants up to 80% in settlements where they work. This created a very positive feedback from local people. The URCS/IFRC grants were provided to 5-8 households per a settlement, (depending on the size of the settlement), and this created some tension within the community sometimes. *“People were wondering, why their neighbors received a grant but they not. Because the ones who received poultry, will sell eggs to the people next door” (Manager)*. Fortunately, such incidents were just isolated incidents, but they again show that communication between the URCS and the beneficiaries needs to be improved.

The advantage of IFRC/URCS grants was that they allowed people to find work not only in agriculture, but also to develop a business in the service sector.

Whether the chosen mode for an LLH project is sufficient or not, depends on the goals set. When an organisation begins to design its intervention programme, it must take into account the needs of the beneficiaries and their capacities, set goals to solve the problems of the beneficiaries and plan the activities accordingly. If the goal of the organisation is to provide immediate assistance for early recovery and initial income for households, then both agricultural and small business grants are appropriate. But when the goal of

an organisation is to create new jobs, they have a higher level of funding (from 50.000 to 75.000 UAH ; EUR 1.666 – 2.500), more requirements for potential beneficiaries (for doing business and the possibility of creating new jobs) and more support in the form of consulting, mentoring and so on. This is what they are doing in the ICRC under the Microeconomic Initiatives project. However, ICRC managers recognize that this type of intervention requires more time and resources. The impact of this project has not yet been measured, but it is anticipated that it will be more sustainable over the medium term of 3-5 years

Thus said, the current evaluation shows, the IFRC/URCS module has proved to be sufficient to reach its goals within the amount of resources they had and the goals that had been set.

6.4 CONCLUSIONS from MATIHP evaluation according to the evaluation criteria – Livelihood Grants Module.

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| <p>Relevance: <i>To what extent did the intervention respond to the needs and priorities of the target group? To what extent are the objectives of the project still valid for the partner country and the people in the GCA along the line of contact? Did the eligibility criteria within the project contribute to a clear and transparent selection of targeted people?</i></p> |
| <p>According to the interviews with the programme managers and telephone interviews with beneficiaries, all of the livelihood beneficiaries were satisfied with this type of assistance and assured that thanks to LLH grants, they had enough income generation to recover, resume or strengthen their livelihood. Although the effect from the supported business activities varied.</p> |
| <p>The fact that receiving charitable assistance can lead to the abolition of social benefits for the population limits the potential recipients of grants.</p> <p>The project was completed in March 2020, at the very beginning of the COVID-19 pandemic in Ukraine. This CV-19 situation has exacerbated the harsh living conditions of people, especially the vulnerable.</p> |
| <p>The process of selecting beneficiaries for the programme is well grounded, although because of insufficient communication, it is not always clear to people, especially those who do not receive a grant or other assistance.</p> |
| <p>Impact: <i>What exactly has already changed in the lives of women, men, girls and boys? Which positive and/or negative effects/ impacts in terms of gender and environment can be possibly be attributed to the project?</i></p> |
| <p>All interviewed beneficiaries of LLH grants reported that their lives changed for better with this assistance. People found new goals, they began to build their businesses and rely on themselves in building a life after the conflict. The financial support from doing</p> |

business began to affect the well-being of families. Most beneficiaries reported improvements in their psychological state.

Sustainability: *Will the positive changes for the targeted population last in the long run?*

The MATIHP project has achieved its goal for the livelihood component - “individuals receiving livelihood grants have sufficient income to rebuild, renew or strengthen their livelihoods” through a year after receiving the grant. However, this result does not appear to be very sustainable over the medium term, two-five years from now. The beneficiaries said that the profit received was not enough to reproduce the means of production, purchase expendable materials and spare parts.

Approach: *Compared to the ICRC approach, is the used approach (IFRC) more or less sufficient to achieve the outcomes according to the logframe?*

The ICRC and IFRC approaches to LLH grants are difficult to compare. While ICRC has beneficiaries closer to the Contact line, most in the rural areas, the IFRC/URCS grantees are located in 10-20 km off the contact line, in semi-rural areas and towns. The needs and possibilities of these groups are different. That is why different approaches were selected for LLH grants. As the current evaluation shows, the IFRC/URCS module has proved to be sufficient to reach its goals.

6.5 WINTERIZATION

Introduction: In accordance with programme logical framework for “monetized winter assistance” (Cash Based Interventions), URCS worked with local government institutions and state authorities along the line of contact in Donetsk and Luhansk region in GCA to establish draft beneficiary list, select and verify beneficiaries based on vulnerability criteria and through household visits, and, with agreement concluded with financial service provider, to conduct cash transfers to selected beneficiaries via bank or delivery (UKR Post Office) to meet their most urgent winterization needs in 2019/2020.

Winterization grants were targeted to 1) IDPs and 2) host population (incl. returnees) residing in urban, semi-urban and rural areas in households with disabled, elderly (65+), including multiple children (3+), of full-age orphans (18+), which are single-headed, including pre-pension aged persons (40-60) in targeted regions. In addition, winterization beneficiaries had a few more vulnerability criteria such as households with socio-economic hardship (with low income or unemployed).

The amount of one-time Winterization grant w. (with a value of 70 Euro or USD 80 per person) was pre-set by URCS accumulating analysis of REACH Winter Assessment 2018, Winterization Recommendations 2018-2019, Shelter Cluster, IFRC 2018, HRP 2018 winter recommendations and Ukrainian government requirements for tax-free income.

With two Winterization tranches distributed (in Nov., 2019 and Jan., 2020), the programme covered 847 beneficiaries (282 households?) from the most vulnerable households in indicated regions to improve their living condition in winter through winterization support.

6.5.1. Relevance

According to the interviews with programme managers and telephone interviews with beneficiaries, beneficiaries of “monetized winter assistance” were satisfied with this type of aid, mentioning that Winterization grants responded to their needs and priorities in wintertime, especially for heating purposes.

“The winterization grant helped our family to buy some coal in an amount enough for the one winter month. We also used wood from our garden for heating during other winter months, and all this gave an opportunity to our family to overcome winter cold this year.” (Beneficiary)

“The winterization grant, provided to elderly people with disabilities (with majority of women), for instance, saves their life in winter and helps to allocate their monthly pension, which is almost the same as monthly costs they need to pay for heat and electricity, to medicine and food that also are still highly requested here” (Local manager)

Results of Winterization Grants Post Distribution Monitoring (Feb., 2020), conducted by URCS in cooperation with local team of volunteers, also identified that over 2/3 of “monetized winter assistance” (Cash Based Interventions) were provided to recipients from households with socio-economic hardship (with low income or unemployed). Winterization aid was highly demanded by host population (in the sample with 80 beneficiaries interviewed, 86,3 % were local citizens), that is represented mostly by women - elderly persons (65+) and people with disabilities, affected by conflict and living in vulnerable conditions.

Highlighting Winterization as one of the largest life-saving activity for the conflict-affected population at the East of Ukraine during the last five years, the Shelter Cluster/ HRP recommended USD 100 as an amount of winter assistance per person per household in winter seasons (*Winterization Recommendations 2018-2019, Shelter Cluster*). However, taking into account restrictions of Ukrainian government on tax-free income, URCS set the amount of “monetized winter assistance” in a value USD 80 (or Euro 70) to transfer the aid to beneficiaries without deduction of tax. With this amount of assistance, per responses collected, recipients were able to buy, for instance, the coal needed for a one winter month, but even so, it was crucial for beneficiaries to have it as a live-saving basis to cope with harsh winter conditions and plan their winter budget appropriately.

6.5.2. Impact

URCS “monetized winter assistance” (Cash Based Interventions) *component* appears to have made a positive *impact* on conflict affected households' access to heating for the project implementation

period along the line of contact in Donetsk and Luhansk region in GCA. Per beneficiaries' comments collected, high state prices for heating usually make households engaging in negative coping mechanisms like cut the garden at the yard to have the wood for heat (which influence environmental issues in conflict affected area) or use less fuel and reduce the temperature in the accommodation (which attracts followed health problems, additional costs for medicine and transport to/back from medical care institutions). All these are yet barriers for affected people to receive diagnosis and treatment in wintertime during between November and March. However, received winterization cash grants supported beneficiaries to overcome these barriers and develop strategies on coping with cold weather. These examples confirm the need for continued Winterization support in Luhansk and Donetsk regions.



Picture 12. Beneficiary used Winterization grant to make warming insulation to the house

6.5.3. Sustainability

Due to the specific of the nature of winterization grants provided by URCS for the targeted population during October 2018 – March 2020 in Luhansk and Donetsk regions, the positive changes, sustaining in long-term perspective, could be a subject of discussion in a few years after the project completion.

However, with further targeting elderly women and disabled persons who are especially at risk for poverty and social isolation and depend on external aid, it would be also worth to add households with socio-economic hardship (with low income or unemployed) to the scope of future winterization activities as a supportive part of livelihood component in both aforementioned regions, that would ensure sustainability in long-term perspective.

6.6. CONCLUSIONS from MATIHP evaluation according to the evaluation criteria – Winterization Grants Module.

Relevance: *To what extent did the intervention respond to the needs and priorities of the target group? To what extent are the objectives of the project still valid for the partner country and the people in the GCA along the line of contact?*

According to the interviews with programme managers and telephone interviews with beneficiaries, recipients of “monetized winter assistance” were satisfied with this type of aid, mentioning that Winterization grants responded to their needs and priorities in winter time, especially for heating purposes.

The objectives of project and Winterization component is still valid for Ukraine and the people in the GCA along the line of contact as it is still a one of the largest life-saving activity for the conflict-affected population at the East of Ukraine during the last years.

The restrictions of Ukrainian government on tax-free income influenced the amount of the aid that can be provided to beneficiaries one time without deduction of tax and without loss the social benefits by beneficiaries living in harsh conditions.

The process developed and criteria communicated on selecting beneficiaries for the Winterization grants contributed to a clear and transparent selection of targeted recipients.

However, approach for tracking data on households and individual recipients should be updated properly for future project stages due to the higher needs in support identified (per having approach “1 household – 3 individuals” as planned in project logframe and updated approach “1 household – 1 individual” per project implementation).

Impact: *What exactly has already changed in the lives of women, men, girls and boys?*

Which positive and/or negative effects/ impacts in terms of gender and environment can be possibly be attributed to the project?

URCS’s “monetized winter assistance” (Cash Based Interventions) component appears to have made a positive impact on the most vulnerable conflict affected households' access to heating along the line of contact in Donetsk and Luhansk region in GCA.

The cooperation with financial service provider to conduct cash transfers to selected beneficiaries via bank or delivery (UKR Post Office) was well-built and organised.

The most targeted recipients of this type of aid were elderly people (65+) and people with disabilities, who are especially at risk for poverty and social isolation. Evaluation identified that winterization cash grants positively affected their well-being and opportunities to live in winter time.

However, the requests for winterization support increased the funds available under the project, and more clarifications were needed for those of vulnerable recipients who did not receive winterization grants.

Sustainability: *Will the positive changes for the targeted population last in the long run?*

In total, the MATIHP project has achieved its goal for the Winterization component, with 841 individual grant provided (instead of 800 planned) to vulnerable households in targeted regions to meet their most urgent winterization needs during project implementation in 2018-2020 years.

Due to the nature of winterization grants (unrestricted and unconditional cash assistance provided once per project duration), the positive changes, sustaining in long-term perspective, could be a subject of discussion after longer time of the project completion.

The beneficiaries mentioned that the aid provided was an essential support in purchasing heating (wood/coal) for winter time; however, the amount of one-time cash assistance was not enough to cover this need fully due to the limitations of Ukrainian tax systems and the opportunity to lose the social benefits by vulnerable beneficiaries in case of cash amount increased.

7. CROSS-CUTTING ISSUES

7.1 Gender

More women than men applied for and received URCS' assistance. For example, 72% women and 28% men were recipients of the MHU assistance, 73% of women received livelihood grants, and 71% women received winterization cash in 2019-2020.

This can be explained by the fact that, first, according to different surveys, up to 70% of IDPs are women. The IOM reports 58% of IDPs as female in general, and at the age of 60+ women constitute 66%⁶. The Ministry of Social Policy reports that 51% of IDPs are pensioners, 15% are children and 52% are women (age breakdown is based on data of Ministry of Social Policy).

Second, because women have higher psychosocial vulnerability and higher dependence on family and social environment. Families are often separated, and more important for a woman is the presence of children, nephews, grandchildren, etc. The youth has left and keeps leaving the region. Although URCS MHUs have no psychologist on board, the MHU's doctors know that 60+ women are more often depressed, so more attention has traditionally been paid to them.

⁶ http://ukraine.iom.int/sites/default/files/nms_round_13_eng.pdf

Women are often single because their husbands have already died as a consequences of hard work in the mines. Women have a wide spectrum of diseases at this age and are more likely to suffer from metabolic and endocrine system disorders.

According to MHU doctor Tatiana Panina: *“analysis of demographic situation in Novoaydarsk rayon shows serious demographic crisis. The biggest challenges are: overall aging of the population, fast reduction of population number, high mortality rate of men working in the mines and therefore leaving families without any income, growing migration from villages. As a result, 50-70% of population living in a countryside are aged above 60 years old, out of which 60% is represented by lonely women and in some rayons this indicator goes up to 80%. The following statistics shows the split of applicants for MHU medical assistance from 2018 to 2020 by gender:*

Total number of people applied – 13381

People aged over 60 – 8547 (64%)

Women aged over 60 6326 (74%)

Men aged over 60 – 2241 (26%)”

There is a certain number of IDP men who do not apply for the IDP status to get assistance from the government or humanitarian organisations.

Overall, evaluation did not discover any big disproportions in serving men and women. URCS needs to continue disaggregate their data by gender and target their assistance according to the specific needs of men and women, girls and boys.

7.2 Environment

Evaluation identified that environmental mainstreaming was included into the MATIHP project through the integration of a set of environmental considerations such as environmental sanitation and waste management, energy supplies, business production and appropriate technologies for cooking and heating basing on IFRC approaches and trainings conducted for URCS staff since the early stage of project implementation in autumn 2018 – spring 2019.

In particular, URCS and IFRC management mentioned the mainstreamed usage of garbage sorting, e-communication and e-documentation by URCS staff in communication with donors and local partners, with prioritized usage of alternative travel vehicles (trains) for site visits under MATIHP components, to reduce waste of printed papers and minimize the air pollution to the affected regions during project implementation (where feasible).

Also, for instance, delivering livelihood cash component aimed at improving income sources for IDPs and host population (incl. returnees) along the line of contact in Donetsk and Luhansk region in GCA, URCS staff covered the environmental issues as an essential part of business planning and development in affected regions for beneficiaries during trainings on how to develop own business

and write a business plan for further financing. Business plans received covered ideas of such income-generating activities as beekeeping and honey production, goat breeding and production of goat cheese, domestic agriculture for selling, etc. – all selected for further cash grant assistance with counting the environmental mindset in a sustainable manner to reduce potential additional negative impacts on conflict affected territories, already suffering from soil demining, water and air pollution and other issues critical to environmental protection in aforementioned regions.

7.3 Social Standards

During the implementation of project activities, all relevant specialists and parties involved have steadily adhered to social standards when communicating and interacting with people who were under stress or stressful situations.

In particular, when communicating with beneficiaries, the main task of the MHU teams was to listen to a person if they decided to share their history, thoughts or experiences. The reception of patients involves not only examination itself, listening to health complaints and prescribing medications, it is also a kind of dialogue with the wards. In such delicate situations, doctors do not need to know the answers to all questions, sometimes it was enough to just pay attention.

If there was a need for any advice, the necessary to adhere to the usual regimen moments was spoken as well as to stay in touch with your neighbors or acquaintances, use different communication channels to deal with frustration.

Support and attention provide the basis to people for understanding that they are not left alone in a situation of military conflict / pandemic that all residents of a one particular location, without exception, are in an equal situation and are in similar disturbance.

In the interviews to the evaluation experts, the project managers of all levels confirmed that during the MATIHP project there were no cases of human rights violations on ethnic, religious, political, lingual or any other grounds.

8. RECOMMENDATIONS

| MHU | LLH | WIN |
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| Relevance | | |
| 1. MHUs need to be used as a base for gradual transition to further support model in the region to mitigate exit | 1. Continue the LLH programme, as it has proved to be successful. Re-visit the 2019-2020 grantees to study | 1. Continue Winterization grant support in Luhansk and Donetsk regions to respond to the urgent life-saving needs |

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| <p>transition period. Unique skills, organisational, legal, and logistical expertise and practices should be leveraged on through the exit preparation activities, while keeping assistance to affected population.</p> <p>2. In cooperation with local medical and administrative authorities develop practical system of emergency assistance to the population based on medically literate local people (former health professionals, retired doctors, nurses, other volunteers trained on primary health assistance and nursing).</p> <p>3. To consolidate the acquired skills, human resources and legal base of MHUs as a regular “mobilization solution” of URCS for possible natural disasters or armed conflicts in different regions of Ukraine, also consider sharing this experience wherever relevant, also beyond this specific region / situation.</p> | <p>their current needs for support, and decide what kind of financial or in-kind support is needed to them. Recruit new grantees to the programme, as it is still in need with local population (IDPs, returnees, people with vulnerabilities, etc).</p> <p>Encourage partnership between businesses to create mini-cooperatives as it has proved to be successful with IFRC grants.</p> <p>2. In future projects, make final post-distribution monitoring mandatory. Without this, it is difficult to assess the final results.</p> <p>3. Communicate with tax authorities in the target regions that the URCS funding is a charitable assistance, not people’s commercial income to avoid unnecessary taxation.</p> <p>4. Launch a needs assessment project in the areas of activities to learn about how COVID-19 situation affected businesses and population. Develop new assistance plan according to the findings.</p> | <p>and priorities in winter time for households with host population and IDP, with socio-economic hardship (with low income or unemployed), with focus on elderly people (65+) and people with disabilities, who confirmed to be the main requestors/recipients of Winterization support and are dependent from external sources of support (family, state, donors) staying at risk for poverty and social isolation in these regions;</p> <p>2. Revisit/increase the amount of indicated grant assistance to adapt recommendations of Shelter Cluster for Winterization support and cover beneficiaries’ winterization needs for the full wintertime. For this, with a strategy for grant amount developed by UCRS to accommodate Ukrainian government requirements for tax-free income without loss of the social benefits by vulnerable beneficiaries, it would be worth to plan grant provision to beneficiaries through two-three tranches per one year (before and during winter period), with appropriate monitoring of</p> |
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| | <p>5. Improve communication with potential grantees about selection criteria. For those who did not receive a grant, explain in detail the reasons for refusal. Communicate with other organisations in the region to be able to offer other services to those in need.</p> | <p>results achieved and needs confirmed/declared;</p> <p>3. Continue providing Winterization support in a form of unrestricted and unconditional cash assistance as this confirmed to be an effective and flexible approach to fulfill beneficiaries' needs in wintertime;</p> <p>4. Ensure clear clarification on indicator definitions before the future project activities (# of households with # of individuals to cover; and # of grants to provide) and track them consistently during project implementation.</p> <p>5. Continue doing pre- and post-distribution monitoring for Winterization grant support (as it was done during this project implementation).</p> |
| Impact | | |
| <p>4.MHU service should be positioned and arranged as a proven solution from the Red Cross Society, which is capable of performing a specific function in delivering medical care services to the population in need, as it can be mobilized within few hours in case of emergency.</p> | <p>6. Continue to coordinate URCS activities with local administrations, employment centres, and the State Emergency Service representatives.</p> <p>7. Engage local administrations to provide lists of people in need, disseminate information</p> | <p>6. Continue working with local state authorities, social service offices and Ukr Post office to transfer cash assistance to beneficiaries. As some rural locations do not have their chapters of UKR Post Office, continued coordination and cooperation with local authorities and UKR Post Office for possible</p> |

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| <p>5. New organisational practices, as well as special clinical experience in the “field” primary healthcare, obtained by MHU staff during the project and enhanced by active efforts of RC regional managers, resulted in getting medical license from the Ministry of Health by Rubizhne Primary Healthcare Centre, which should be used as a base for MHU legitimization as an alternative healthcare service organisation. As an example, it may function as a small clinic in the premises of regional RC centre.</p> <p>6. A clear strategy and feasible action plan should be worked out and a long-term investor needs to be found, who may also have similar medical experience in other countries.</p> <p>7. Prepare a clear instruction for medical staff and MHU managers, which should be aligned with relevant protocols of primary healthcare at regional (rayon) level in order to provide detailed description of proper sanitizing of clothing, open parts of the body, medical instruments, diagnostic</p> | <p>about humanitarian assistance in their regions.</p> <p>8. Encourage local administrations to provide the state support to vulnerable population.</p> | <p>linking cash transfer schedule with onsite pension delivery could be a solution to get cash in time for beneficiaries from these regions.</p> <p>7. Plan distribution of Winterization grant support to vulnerable population with additional communication to vulnerable beneficiaries on selection criteria to minimize the risks of misunderstandings among grant recipients and those who did not receive aid;</p> |
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| <p>equipment and MHU vehicles. Also, there should be a defined list of criteria for COVID-19 diagnostics and immediate actions to be taken in case of symptoms implying this viral infection</p> | | |
| <p>Sustainability</p> | | |
| <p>8. To conduct trainings for all primary health care staff in the affected areas in order to improve competence of healthcare specialists and also to explain the exit strategy before leaving the region, to ensure clear understanding and readiness for self-sufficiency in terms of medical care services. Another important approach to stabilize the situation before exit may be the development of a compromised, but simple and effective system of alternative support to the public health after the termination of MHUs activities.</p> <p>9. To create a network of competent medical volunteers who could provide patients with situational support with simplified diagnostics and further remote consultation e.g. using videoconference and</p> | <p>9. To ensure long-term results from LLH grants, URCS can:</p> <ol style="list-style-type: none"> 1) Include a longer (3-5 days) training on writing a business plan for running a business; offer agricultural trainings to those involved in agricultural activities; 2) Offer free legal and accounting advice during the project period; 3) Provide support to enterprises and households from the previous periods of the project depending on their needs (most likely, after COVID-19, additional financial and in-kind support will be required); 4) Provide mentoring services from active business people; 5) Be flexible to offer more than 1,000 Euros for investment (the exact | <p>8. Work with IFRC and local authorities to check opportunity of linking/integrating winterization cash assistance (for heating and related winter needs of beneficiaries) with mobile health units and LLH components to ensure positive changes, sustaining in long-term perspective.</p> <p>9. Apply international and local best practices of general humanitarian assistance and provision of winterization support in project management, gaps identification, needs assessment, proposals development into URCS office operations in Ukraine to make the office sustainable in long-term perspective</p> <p>10. Strengthen URCS communication with IFRC and local/international donors/ humanitarian stakeholders to initiate and provide regular updates by URCS on situation</p> |

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| <p>telephone communication with authorized doctors.</p> <p>10. For future selection of strategies and approaches to deliver healthcare assistance in regions suffering from natural disasters or armed conflicts, it makes total sense to prioritize for technology option, which, similarly to MHU of URCS, employs local mobilization resources represented by highly integrated, agile and cost-effective solutions, which can be quickly launched and replicated. Such solutions need to be compiled and standardized as part of international humanitarian intervention toolbox.</p> | <p>amount to be investigated⁷⁾ as support for businesses and finance various amounts according to well-developed and reliable business plans.</p> | <p>in the fields from URCS perspective and inform on the needs assessed/ gaps identified to co-develop new projects and re-visit current interventions to the conflict affected regions to ensure its efficiency and effectiveness.</p> |
| <p>Approach</p> | | |
| <p>Continue to match the needs of the beneficiaries, their possibilities, and programme goals accordingly to achieve the best results.</p> | | |
| <p>Cross-Cutting Issues</p> | | |
| <p>Gender: URCS needs to continue disaggregate their data by gender and target their assistance according to the specific needs of men and women, girls and boys.</p> <p>Environment: Include environmental mainstreaming into the MATIHP project through the integration of a set of environmental considerations such as environmental sanitation and waste management, energy supplies, business production and appropriate technologies for cooking and heating</p> | | |

⁷ ICRC provides 50.000 UAH (1.660 EUR) for their micro-economic initiatives grants.

Social Standards: Continue to involve all relevant professionals and parties in adhering to social standards when communicating and interacting with people under stress or stressful situations.

9. ANNEXES

9.1 ANNEX A. Results-Assessment Form for Mid-Term and Final Project Evaluations/Reviews

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| Title of project/programme (please, spell out): «Multisectoral Assistance to IDPs and Host Population in Luhansk and Donetsk» (MATIHP) | | | |
| Contract Period of project/programme: 01 October 2018 – 31 March 2020 | | | |
| ADC number of project/programme: 2768-01 / 2018 | | | |
| Name of project/programme partner: Ukrainian Red Cross Society | | | |
| Country and Region of project/programme : Ukraine, Kyiv and Luhansk / Donetsk region | | | |
| Budget of this project/programme: EUR 540.000 | | | |
| Name of evaluation company (spell out) and names of evaluators: Module MHU: Mr. Stanislaw BORODIN / Mrs. Lali SHOTASHVILI – both external experts Module LLH & Winterization: Mr. Artem MIROSHNICHENKO | | | |
| Date of completion of evaluation/review: 30 July 2020 | | | |
| a) Evaluation/review managed by ADA/ADC Coordination Office | | | |
| b) Evaluation managed by project partner: | | | <input checked="" type="checkbox"/> |
| a) Mid-Term Evaluation | b) Final Evaluation | c) Mid-Term Review | d) Final Review |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Others: please, specify: | | | |
| Project Outcomes: <i>IDPs and conflict affected host population (incl. returnees) - in Donetsk and Luhansk region with focus along the line of contact in governmental controlled areas (GCA) - have improved their living conditions through increased economic security and access to primary health care services.</i> | | | |

For Final Evaluation/Review⁸: Project Outcome: To what extent has the project already achieved its outcome(s) according to the Logframe Matrix? Please, tick appropriate box

Outcome(s) was/were:

| Fully achieved: | Almost achieved: | Partially achieved: | Not achieved: |
|-----------------|------------------|---------------------|---------------|
| | X | | |

Please, also explain your assessment: What exactly was achieved and why? If not achieved, why not?

(Please, consider description of outcome and relevant indicators)

85% of targeted patients in Donetsk & Luhansk region (GCA) have met their basic health needs through consultations offered by mobile health clinics (target: 24.000 patients, ~70% female, 30% male)

75% of target individuals supported with livelihood cash grants have enough income generation to recover, resume or strengthen their livelihood (target: 100 people ~80% female, 20% male)

90% of targeted households with winterization support have covered their most urgent winterization needs (target: 330 HH, ~60% female, 40% male)

Project Outputs: To what extent has the project already achieved its outputs⁹ according to the Logframe Matrix ? Please, tick appropriate boxes

Output 1:

24.000 patients treated/visited by mobile health units

Output was:

| Fully achieved: | Almost achieved: | Partially achieved: | Not achieved: |
|-----------------|------------------|---------------------|---------------|
| | X | | |

Please, explain your assessment:

On the basis of the quarterly and final aggregated reports, the evaluators concluded, that this particular project outcome was partially achieved. In fact, four Mobile Health Units operating in the Luhansk and Donetsk regions of Ukraine (GCA) have implemented 21.507 visits of the beneficiaries.

During the last month of the MATIHP project implementation period, namely on 12th March, the government of Ukraine made a decision regarding the quarantine measures to be fulfilled over the whole territory of the country to avoid spreading of the Covid-19 virus. The MHU teams were forced to suspend their activities for a certain period. This measure was the reason for the reduction of the quantity of patients' visits, and therefore, the indicator was not fully achieved.

Output 2:

⁸ Please, only fill in in case this is a final project evaluation/review.

⁹ In case there are more than three outputs, please, add them.

100% of beneficiaries provided with conditional and unrestricted cash grants in time based on developed and approved business plans; 100% of beneficiaries have used the grant related to their livelihood business plans

Output 2 was:

| Fully achieved: | Almost achieved: | Partially achieved: | Not achieved: |
|-----------------|------------------|---------------------|---------------|
| | X | | |

Please, explain your assessment: (Please, consider description of output and relevant indicators)

Although 100% of beneficiaries were provided with cash grants, some businesses closed due to different circumstances (fire, illness of one of the family members, etc). The majority (80%) were active within a year of their grant.

Output 3 -- 330 targeted households provided with unconditional and unrestricted cash grants in time/according to schedule; at least 800 grants provided; 90% of households have used the grant for winterization

Output 3 was:

| Fully achieved: | Almost achieved: | Partially achieved: | Not achieved: |
|-----------------|------------------|---------------------|---------------|
| | X | | |

Please, explain your assessment: (Please, consider description of output and relevant indicators)

The flexible unique approach in providing Winterization support through “monetized winter assistance” (Winterization grants) ensured more focused response to the recipients’ needs and priorities in winter time (with type of heating to buy and other types of needs to cover – medicine, cloth, food, payments for kids’ education, payments for utilities). The program provided 847 grants instead of 800 expected. However, the data was tracked via number of grants provided, as, per winterization needs identified, indication formulation was updated (from 1 household = 3 individuals into 1 household = 1 individual). Due to this, per initial indicator “1 household = 3 individuals”, it is possible to say that the program tentatively covered 282 households (with an average of 3 individuals per households) of 330 planned.

Impact/Beneficiaries:

How many women, men, girls, boys and people in total have already benefited from this project directly and indirectly? Please, explain

22,418 people in total received assistance, 72% of them were women.

What exactly has already changed in the lives of women, men, girls, boys and/or institutions from this project? Please, explain:

A large number of people received help and coped with their health problems and relieved their chronic diseases. And a significant number of people got a chance to cure serious and dangerous diseases, since thanks to the diagnosis of MHUs they were sent to the medical institutions of secondary level (2.287 people from both areas of intervention during the project implementation period). These are the actual changes in life of beneficiaries, people realized and felt the Red Cross cares about them.

All interviewed beneficiaries of LLH grants reported that their lives changed for better with this assistance. People found new goals, they began to build their businesses and rely on themselves in building a life after the conflict. The financial support from doing business began to affect the well-being of families. The respondents said that

for the first time they were able to buy everything they needed to send their children to school, someone bought supporting medicines for relatives, others were able to buy food for the winter for their cattle.

Winterization cash grants supported beneficiaries to develop strategies on coping with cold weather.

Mainstreaming cross-cutting issues:

Gender: To what extent was gender mainstreaming included in the project? To what extent were the recommendations - if any- from the ADA internal gender-assessment considered and implemented?

More women than men applied for and received URCS’ assistance because more women than men live in the assistance area. The evaluation did not discover any big disproportions in serving men and women. URCS needs to continue disaggregate their data by gender and target their assistance according to the specific needs of men and women, girls and boys.

Environment: To what extent was environmental mainstreaming included in the project? To what extent were the recommendations - if any- from the ADA internal environment-assessment considered and implemented?

Evaluation identified that environmental mainstreaming was included into the MATIHP project through the integration of a set of environmental considerations such as environmental sanitation and waste management, energy supplies, business production and appropriate technologies for cooking and heating.

Social Standards: To what extent were the social standards monitored by relevant partners? Have any issues emerged? Please, explain

During the implementation of project activities, all relevant specialists and parties involved have steadily adhered to social standards when communicating and interacting with people who were under stress or stressful situations. During the MATIHP project there were no cases of human rights violations on ethnic, religious, political, lingual or any other grounds.

9.2. ANNEX B. List of Persons Interviewed

| Organisation | Name of Person Interviewed | Position | Location |
|--------------------|----------------------------|---|---------------|
| Austrian Red Cross | Roland Maier | Project coordinator | Austria |
| ICRC | Dr. Graham Duggan | Deputy Health Coordinator | Kyiv |
| ICRC | Marina Trunova | Communication Specialist (ICRC Severodonetsk) | Severodonetsk |
| IFRC | George Gigiberia | Head of Ukraine office | Kyiv |
| IFRC | Illya Kletskovskyy | PMER Officer | Kyiv |
| URCS | Maxim Dotsenko | Secretary general | Kyiv |
| URCS | Alexander Babenko | Project coordinator, all components | Kyiv |
| URCS | Ivan Koshtura | Program coordinator, Livelihood & Winterization | Kyiv |

| | | | |
|--|------------------------|--|------------------|
| URCS | Sofia Zaremba | Program manager, Livelihood & Winterization | Kyiv |
| URCS | Victoria Kalinovska | Head of Konstantinovka URCS branch | Donetsk |
| URCS | Anna | Assistant of Livelihood & Winterization | Donetsk |
| Local government | Liudmyla Volodymyrivna | Head of village council, local assistant | Donetsk |
| Local government | Olga Kudaeva | Head of Luhansk URCS branch, regional MATIHP manager | Luhansk |
| Local government | Anna Viktorivna | Head of Severodonetsk city council; Assistant for Livelihood component | Luhansk |
| Local government | Natalya Volodymyrivna | Head of Novoaidar city, URCS Assistant for Livelihood and Winterization components | Luhansk |
| Local government | Olga Lishyk | Deputy Head of Luhansk Regional Military Civil Administration in 2014-2019 | Luhansk |
| Local government | Tatiana Novikova | Head of Health dept. | Luhansk |
| Medecine Du Monde (MDM) | Irina Yurkova | Health manager | Kyiv |
| MHU doctors | 8 persons | | Luhansk, Donetsk |
| MHU beneficiaries | 12 persons | | Luhansk, Donetsk |
| Livelihood and Winterization beneficiaries | 8 persons | | Luhansk, Donetsk |

9.3 ANNEX C. List of Questionnaires with Interview Questions

9.3.1. QUESTIONNAIRE FOR RECIPIENTS OF LIVELIHOOD GRANTS (interview by telephone or during home visit)

1. What forms of assistance did you get from URC?
2. Why did you need assistance from URC?
3. How did you find out about URC and its cash grants?
4. When did you get the grant?

5. Did you participate in the training and write a business plan? How do you feel about participation in the training?
 6. Was the assistance provided timely, in your opinion?
 7. What did you buy for the cash grant and what business did you start/develop?
 8. What obstacles did you have? How did you overcome them?
- (*Sensing: getting cash, buying equipment, reporting with checks, lack of money, taxation, registration, etc*)
 9. Was the amount of the grant enough for your business? If not, how much did you need?
 10. How much, in general, URC's help improved your situation?
 11. What exactly has changed in the life of your household?
 12. Was the ICR staff always polite enough with you?
 13. Did you always find it easy to contact URC (for example, to ask for repeat help or to complain)?
 14. Was there something about URC work you didn't like?
 15. If you got assistance from other organisations, could you compare the quality of help provided by these organisations and by URC?
 16. What are the main challenges you face today?
 17. How long do you think your business will last?
 18. How satisfied are you, in general, with your present life?
 19. Do you have plans for the future? What are they?

9.3.2. QUESTIONNAIRE FOR RECIPIENTS OF WINTERIZATION GRANTS (interview by telephone or during home visit)

20. What forms of assistance did you get from URC?
 21. Why did you need assistance from URC?
 22. How did you find out about URC and its cash grants?
 23. Was the selection criteria for the cash grant clear and transparent for you?
 24. When did you get the grant?
 25. Was the assistance provided timely, in your opinion?
 26. What did you buy for the cash grant and how did this affect your well-being?
 27. What obstacles did you have? How did you overcome them?
- (*Sensing: getting cash, buying equipment, reporting with checks, lack of money, taxation, registration, etc*)
 28. Was the amount of the grant enough for your well-being needs (*Sensing: in 1) heating materials (firewood, coal, briquettes 2) medicines, medical equipment; 3) payment for education of children; 4) clothing; 5) food; 6) payment for utilities in regions targeted by the project*)
 - If not, how much did you need?
 29. How much, in general, URC's help improved your situation?
 30. What exactly has changed in the life of your household?
 31. Was the ICR staff always polite enough with you?
 32. Did you always find it easy to contact URC (for example, to ask for repeat help or to complain)?
 33. Was there something about URC work you did not like?
 34. If you got assistance from other organisations, could you compare the quality of help provided by these organisations and by URC?
 35. What are the main challenges you face today?
 36. How long do you think the amount of cash grant would be enough for you?
 37. How satisfied are you, in general, with your present life?
 38. Do you have plans for the future? What are they?

9.3.3. QUESTIONNAIRE FOR MHUS' STAFF

1. For how many years have you worked in medicine before joining Red Cross?
2. For the last 5 years before joining Red Cross have you worked in the public or private sector of medicine?
3. How do you assess the MHU's compliance with the goals set (please, assess from 1 to 5)?
4. How do you assess the effectiveness of the efforts of various Red Cross structures to organise the effective functioning of MHUs?
 - URCS HQ - from 1 to 5
 - Region / City RC Branch - from 1 to 5
 - ICRC subdivision – from 1 to 5
5. How would you assess the assistance from the Primary Health Care Service Centre (PHCSC)s regarding organisation of workplaces and preparation of patients for their examinations (please, assess from 1 to 5)?
6. How would you assess the level of cooperation with doctors / feldshers /nurses of the PHCSC – has it increased (by 20, 40, 60, 80, 100 percent), did not change, decreased (please, underline)

7. What kind of perspective do you consider for the MHUs in the region, if the armed conflict continues: it should still be functioning, it is time for state medicine to completely solve all the tasks, and there is a need to look for other kinds of assistance. (please, underline)
8. Do you see a need in local professional trainings, if so, on what topics:
 - a. Organisation of primary care for the population
 - b. Primary care protocols
 - c. Emergency care for cardiovascular disasters and hypertensive crises
 - d. Emergency care for intoxication
 - e. Diagnostics and treatment of endocrine diseases (diabetes of the first and second types)
 - f. Emergency care for acute respiratory infections
 - g. Pharmacotherapy of various pathological conditions of elderly people
9. Do you have confidence during the appointment in terms of epidemiological protection (by 20, 40.60.80. 100 percent)
10. Do you think that Red Cross should eventually start to perform medical functions on an alternative basis (with all permissions and permits) - yes, no, only during natural and social disasters (please, underline)

9.3.4. QUESTIONNAIRE FOR KEY INFORMANT INTERVIEW – MANAGEMENT

| |
|---|
| Country or duty station where you currently work or have worked during the MATIHP project (October 2018 – March 2020). <ul style="list-style-type: none"> • URCS • IFRC • Regional Manager (placement) |
| What thematic areas organisation were you working on under the MATIHP project: <ul style="list-style-type: none"> • Livelihood cash grants • Winterization |
| Please describe what you and your organisation did under the MATIHP project |

Relevance

| |
|---|
| <ul style="list-style-type: none"> • To what extent did the intervention respond to the needs and priorities of the target group? • To what extent are the objectives of the project still valid for the partner country and the people in the GCA along the line of contact? • Did the eligibility criteria within the project contribute to a clear and transparent selection of targeted people? • Compared to the ICRC approach, is the used approach (URCS) more or less sufficient to achieve the outcomes according to the logframe? • Did the intervention reach those in need without regard for gender, ethnic, political, language or other distinctions? |
|---|

Coherence (Only Senior MGT)

| |
|---|
| <ul style="list-style-type: none"> • Was there adequate co-ordination with government or other authorities, other NGOs, UN? <i>What can be improved or done differently?</i> • How well did the parties coordinate their activities and services between themselves and other assistance actors? • What coordination activities did the organisation participate in? • What worked best for coordination and what was insufficient? • What can be done to make the collaborative impact of the project more effective? |
|---|

Effectiveness

| |
|--|
| <ul style="list-style-type: none"> • To what extent did the program achieve its objectives? • Was the support provided on time according to the perception of relevant key stakeholders? • Which activities have been the most effective or least effective and why? • Did the programme have any unintended effects (positive or negative)? |
|--|

- What have been the biggest obstacles to the achievement of the purpose of the intervention? How have they been overcome/could be overcome in future?
- To which degree did the interventions add to a stabilization of beneficiaries? *How do you know?*

Efficiency (Only for Senior MGT)

- Is there a potential seen for optimization of the use of available resources?
- Is there a potential seen for optimization regarding planning, procurement and logistics?
- What have been the lessons learnt?
- To what extent did the chosen approach contribute to improve the situation of vulnerable groups affected by the conflict? *How do you know?*

Impact

- What exactly has already changed in the lives of women, men, girls and boys?
- Which positive and/or negative effects/ impacts in terms of gender and environment can be possibly be attributed to the project?
- To what extent were capacities of local teams developed or strengthened through the humanitarian interventions?

Sustainability

- Will the positive changes for the targeted population last in the long run?
- To which extent could activities and responsibilities of the program be handed over to other stakeholders at the end of the project (government, development organisations, other projects etc.)?

Cross-Cutting Issues (Only for Senior MGT)

Gender: To what extent was gender mainstreaming included in the project?

Environment: To what extent was environmental mainstreaming included in the project?

Social Standards: To what extent were the social standards monitored by relevant partners? Have any issues emerged? Please, explain

9.3.5. QUESTIONNAIRE FOR LOCAL AUTHORITIES

1. Please introduce yourself.
2. What is your position and what functions do you execute?
3. How would you describe the humanitarian situation in your region in October 2018 – March 2020?
4. What can you say about humanitarian assistance provided in your region at that time?
5. What do you know about the project executed by URC? What kind of services/activities did the MATIHP project/organisation(s) provide?
6. How was this project coordinated with local government and other aid organisations in the region (if there were any)?
7. What can you say about quality of services provided by the project (partner organisations)?
8. To what extent do you think the URC assistance was relevant to the needs of people at that time? Why?
9. Was the assistance provided proportionate to the needs of those who received it?
10. What kind of assistance was most helpful and why?
11. How would you describe URC in comparison with other organisations that have been working on your region in 2019-2020?
12. What do you think did not really work? What could have been done better and why?

13. Unfortunately, many people can not rely on external assistance for a lifetime. What are the opportunities for local government and international organisations to provide more sustainable elements of humanitarian aid in the region?
14. Can you mention a situation when assistance received from different sources (or different kinds of assistance) had a significant effect on individuals or groups of people? Why do you think it happened? What can be done to ensure more instances like this happen? (What collaborative impact on the humanitarian situation have you observed and how it can be further ensured?)
15. What is the situation with the need for humanitarian assistance now?
16. What are the local government plans in addressing humanitarian situation in the region in the nearest future?

9.4 ANNEX D. List of Literature Processed

MATIHP Project Documents:

- ADA Project Proposal (2018)
- AutRC Project Plan, Project Info and Final Report (2017-2018)
- AutRC Project Budgets (2018-2019)
- IFRC Green Response Snapshot (March 2018)
- IFRC Emergency Appeal Final Report: Ukraine Complex Emergency (March 2018)
- IFRC Evaluation Management Response Livelihoods (2019)
- IFRC Livelihood Guidelines
- ToR External Evaluation URCS Livelihoods Project (2020)
- UCRS Beneficiary Survey (2018)
- URCS Livelihood Guidelines (2018)
- URCS Database of Grantees – livelihood, winterization (2018-2020)
- URCS MATIHP Program Description
- UCRS PDM Livelihoods (2018-2019)
- URCS Project documents in English (quarterly reports, final report, Project Agreement)

Other Documents:

- [Gender Employment and Welfare Study in Ukraine \(2019\)](#)
- Humanitarian Response Plan (HPR) 2018 Winter Recommendations
- HPR Ukraine (2019)
- HPR Ukraine (2020)
- Humanitarian Action and the Environment OCHA
- Humanitarian Dashboard, Humanitarian Country Team/UN (Aug. 2018)
- IOM Crisis Response Plan for Ukraine 2018 (April 2018)
- National Health Reform Strategy for Ukraine for 2015-2020 (2015)
- REACH Winter Assessment (2018)
- Shelter Cluster Winterization Recommendations (2018-2019)
- Ukraine 2018 Humanitarian Response Plan. UN OCHA. December (2018)
- UNHCR Multi-year, multi-partner protection and solutions strategy for Ukraine for 2018-2022 (2018)
- USAID Ukraine Household and Business Economic Resilience Study (2019-2020)

9.5 ANNEX E. Scoring Sheet Sample

**Критерії оцінювання вразливості заявників
проєкту «Підтримка домогосподарств» (ТЧХУ 2019)**

Ціль гранту ТЧХУ: Допомогти найбільш вразливим категоріям населення.

Ціль критеріїв оцінювання: Оцінити, порівняти та відібрати ДГ з найбільш вразливими учасниками, засновуючись на мульти-секторальних потребах.

НАЗВА ДОМОГОСПОДАРСТВА (П.І.Б. заявника) *Жанов Жан Петрович*

Дата проведення оцінки: *2 вересня* 2019

| Категорії вразливості (0-3 + балів залежно від кількості дітей до 18 років) | 1. Категорія | 0 балів | | | 1 бал | | | 2 бали | | | 3 бали | | |
|---|-------------------------------------|--------------------------------|---|--|-------|---|---|--------|---|---|--------|---|--|
| | | | | | | | | | | | | | |
| Стан здоров'я членів ДГ (0-3 балів) | Місьцеве населення | | X | | | | | | | | | | |
| | ВПО | | | | | X | | | | | | | |
| | Демобілізовані | | | | | | X | | | | | | |
| | Сімейний стан | | | | | | | | | | | | |
| | Одружені/Цивільний шлюб | | X | | | | | | | | | | |
| | Не одружені (одинокі)/Вдова, одиць | | | | | | | | X | | | | |
| | Сирота | | | | | | | | X | | | | |
| | Діти | | | | | | | | | | | | |
| | За кожну дитину | | | | | | | | | X | | | |
| | 4. Категорія вразливості (здоров'я) | Особа з інвалідністю (1 група) | | | | | | | | | | X | |
| | Особа з інвалідністю (2 група) | | | | | | | X | | | | | |
| | Діти з інвалідністю | | | | | | | | | | X | | |
| | Особа похилого віку (65+) | | | | | | | | X | | | | |
| | Дорослі з хронічними захворюваннями | | | | | | | | X | | | | |
| Умови проживання (0-10 балів) | 5. Тип власності | | | | | | | | | | | | |
| | Власне житло | | X | | | | | | | | | | |
| | Оренда | | | | | X | | | | | | | |
| | З річчавими | | | | | | X | | | | | | |
| | 6. Тип помешкання | | | | | | | | | | | | |
| | квартира/будинок | | X | | | | | | | | | | |
| | Комунальна квартира/гуртожиток | | | | | | X | | | | | | |
| | 7. Опалення | | | | | | | | | | | | |
| | Центральне / газ | | X | | | | | | | | | | |
| | Вугілля/Дрова/Електрика | | | | | | | | X | | | | |
| 8. Загальні умови місця проживання | | | | | | | | | | | | | |
| Добри | | X | | | | | | | | | | | |
| Задовільні | | | | | | | | | X | | | | |
| Погані | | | | | | | | | | X | | | |
| 9. Оренда (кватплата) + комунальні послуги | | | | | | | | | | | | | |
| Оренда+ком.послуги за останні 12 місяців, в | | | | | | | | X | | | | | |

| | | | | | | | | | | | | |
|--------------------------|---|--|--|--|---|--|--|--|---|---|--|----|
| | середньому за місяць (0-300 гривень на особу) | | | | | | | | | | | |
| | Оренда+ком.послуги за останні 12 місяців, в середньому за місяць (301-600 гривень на особу) | | | | | | | | | X | | |
| | Оренда+ком.послуги за останні 12 місяців, в середньому за місяць (601 + гривень на особу) | | | | | | | | | | | X |
| Дохід (0-9 балів) | 10. Середньомісячний дохід (з розрахунку на 1 члена ДГ) | | | | | | | | | | | |
| | 0-1000 гривень | | | | | | | | | | | 9 |
| | 1001-2000 гривень | | | | | | | | | | | 6 |
| | 2001-3000 гривень | | | | | | | | 3 | | | |
| | Більше 3000 гривень | | | | 0 | | | | | | | |
| ЗАГАЛЬНА КІЛЬКІСТЬ БАЛІВ | | | | | | | | | | | | 18 |

Групи потреб:

0-10 балів – Низькі; 11-20 балів – Середні; 21+ – Високі.

Чинники, які беруться до уваги:

- Категорії вразливості (0-3 + балів залежно від кількості дітей до 18 років у ДГ).
- Стан здоров'я членів ДГ (0-3 балів).
- Умови проживання (0-10 балів).
- Дохід на члена ДГ (0-9 балів).

**Критерії оцінювання бізнес-плану
проєкту «Підтримка домогосподарств» (ТЧХУ 2019)**

Ціль гранту ТЧХУ: допомогти найбільш вразливим категоріям населення

Ціль критеріїв оцінювання: оцінити, порівняти та відібрати БП з найкращими показниками, засновуючись на багатовекторному оцінюванні.

НАЗВА ДОМОГОСПОДАРСТВА (П.І.Б. заявника) *Жанов Жан Петрович*

Дата проведення оцінки: *2 вересня* 2019

| Розробка бізнес-плану і дотримання структури бізнес-плану | | | | |
|--|--------------|------------|-----------|----------|
| | Незадовільно | Задовільно | Добре | Примітки |
| Наскільки БП відповідає цілям програми | 0 | 1 | 2 | |
| Якість та всесторонній опис | 0 | 1 | 2 | |
| Відповідність виду діяльності заявленому обладнанню | 0 | 1 | 2 | |
| Оцінка вартості та обґрунтування бізнес-цілей | | | | |
| Обґрунтованість та доцільність бізнесу | 0 | 1 | 2 | |
| Доцільність ціни та обсяги продукту | 0 | 1 | 2 | |
| Якість та повнота розрахунків витрат | 0 | 1 | 2 | |
| Стратегія продажу та оцінки ринку | | | | |
| Якісна характеристика товару, ціна та конкуренти | 0 | 1 | 2 | |
| Канали збуту, стимулювання продажу, реклама | 0 | 1 | 2 | |
| Рентабельність та стійкість бізнес-ідеї | | | | |
| | Так | Ні | Додатково | |
| Чи є бізнес-ідея рентабельною та стійкою в довгостроковій перспективі | 1 | 0 | | |
| Чи враховано у БП ризики у запланованій діяльності | 1 | 0 | | |
| Додатково | | | | |
| | Так | Ні | Інше | |
| Необхідність/навантажувальність ФОП, ліцензій, сертифікації для виконання діяльності | 0 | 1 | | |
| Розгляд власних чи сторонніх інвестицій | 1 | 0 | | |
| Разом | | | | 140,0 |

Якість бізнес-плану:

0-5 – Низька, 6-10 – Середня, 11+ – Висока

9.6 ANNEX E. LogFrame

Logical Framework (Project Multisectoral Assistance to IDPs and Host Population in Luhansk and Donetsk)

| | Objectively verifiable indicators of achievement | Sources and means of verification | Assumptions / Risks /Mitigation Measures |
|--|---|---|---|
| Overall Goal | | | |
| To contribute to enhanced living and health conditions of IDPs and host population (incl. returnees) affected by the conflict in Eastern Ukraine | | | |
| Specific Objectives / Project Objectives | | | |
| IDPs and conflict affected host population (incl. returnees) - in Donetsk and Luhansk region with focus along the line of contact in governmental controlled areas (GCA) - have improved their living conditions through increased economic security and access to primary health care services. | <p>85% of targeted patients in Donetsk & Luhansk region (GCA) have met their basic health needs through consultations offered by mobile health clinics (target: 24.000 patients, ~70% female, 30% male)*</p> <p>75% of target individuals supported with livelihood cash grants have enough income generation to recover, resume or strengthen their livelihood (target: 100 people ~80% female, 20% male)**</p> <p>90% of targeted households with winterization support have covered their most urgent winterization needs (target: 330 HH, ~60% female, 40% male)***</p> | <p>URCS household assessment (baseline) URCS final project report URCS Lessons learned workshop report</p> | <p>R: Local authorities become unsupportive and coordination between NGOs including cluster worsens (risk: low) M: URCS keeps permanent liaison with local authorities and relevant stakeholders</p> <p>R: Possible renewal of armed conflict / access restrictions / UXO (risk: medium) M: (I) Postponing activities until the risk is minimised, (II) relocation of activities to other areas in the target regions.</p> <p>R: Renewed fighting may cause a mass movement of target beneficiaries from the target areas (risk: medium) M: (I) Scaling up of assistance in close coordination with ICRC and movement partners as well as with active (I)NGOs like MDM and the UN, (II) reschedule activities</p> |
| Expected results | | | |
| 1. 24.000 individuals of IDPs and host population (incl. returnees) have met their basic health needs through consultations offered by 4 mobile health units (~70% female, 30% male)* | 24.000 patients treated/visited by mobile health units | <p>URCS documentation on patients treated/visited URCS quarterly and final report URCS Visual documentation</p> | <p>R: Unstable security situation along the line of contact may cause problems in the outreach of mobile health units to remote village (risk: medium) M: Flexible plan of action / target locations of mobile health clinics under the security umbrella of the ICRC</p> |
| 2. 100 individuals of IDPs and host population (incl. returnees) have improved their income sources through livelihood cash grants (~80% female, 20% male)** | <p>100% of beneficiaries provided with conditional and unrestricted cash grants in time based on developed and approved business plans</p> <p>100% of beneficiaries have used the grant related to their livelihood business plans</p> | <p>URCS final beneficiary list Proof of payments to beneficiaries (by financial service provider) URCS post distribution monitoring URCS quarterly and final report URCS Visual documentation</p> | <p>R: Contracting with financial service provider delayed (risk: low) M: Grants will be distributed as direct cash grants via local Red Cross branches until contracting is done</p> <p>R: Irregularities with cash transfers occur (risk: low) M: (I) Installation of complaints mechanism, (II) tight monitoring of all steps, (III) consequent implementation of 4-eyes principle and separation of duties as per established best practices.</p> <p>R: Massive change of local currency value (risk: low) M: (I) Strict currency monitoring, (II) use project reserve funds, (III) recalculation of amount of beneficiaries</p> |

| <p>3. 330 households of IDPs and host population (incl. returnees) have improved their living condition in winter through winterization support (~60% female, 40% male)***</p> | <p>330 targeted households provided with unconditional and unrestricted cash grants in time/according to schedule</p> <p>95% of households who report satisfaction with process and methods of implementation</p> <p>90% of households have used the grant for winterization</p> | <p>URCS final beneficiary list Proof of payments to beneficiaries (by financial service provider) URCS post distribution monitoring URCS quarterly and final report URCS Visual documentation</p> | <p>R: Contracting with financial service provider delayed (risk: low) M: Grants will be distributed as direct cash grants via local Red Cross branches until contracting is done</p> <p>R: non-stable economic situation of financial service provider (risk: low) M: fall back on alternative providers, fall back on alternative mechanism (e.g. vouchers)</p> <p>R: Massive change of local currency value (risk: low) M: (I) Strict currency monitoring, (II) use project reserve funds, (III) recalculation of amount of beneficiaries</p> |
|--|--|---|---|
| Activities | Resources | Costs | Prerequisites |
| 1.1 Establish/reassess selection criteria/need for locations to be visited by mobile health units | Personel costs | EUR 70.310,- | |
| 1.2 Identify/reassess staff for mobile health units (drivers, doctors, nurses) | Operational costs | EUR 382.282,40 | |
| 1.3 Procurement of essential medication to equip mobile health units | Training costs | EUR 5.600,- | |
| 1.4 Develop plan of action / Identification of locations and route (to be reassessed according to selection criteria every three months) | Other costs | EUR 18.400,- | |
| 1.5 Establish monthly meetings between mobile health units for experience exchange | Review | EUR 2.500,- | |
| 1.6 Conduct support trainings for medical/patient-care staff | Public awareness raising | EUR 1.000,- | |
| 1.7 Provision of primary health care services/patient-care led support | Reserve | EUR 10.000,- | |
| 1.8 Continuous monitoring and reporting | Direct project costs | EUR 490.092,40 | |
| | 10% admin costs | EUR 49.009,24 | |
| 2.1 Conduct information campaign about livelihood cash grants with local authorities and establish Beneficiary Communication and Accountability (BCA) Plan | TOTAL COSTS | EUR 539.101,64 | |
| 2.2 Conduct refresher training for URCS staff on open data kit (ODK) / cash based interventions (CBI) | | | |
| 2.3 Conclude agreement with financial service provider | | | |
| 2.4 Facilitation of orientation workshop for potential beneficiaries incl business plan training and support through trade chamber or labor office support. | | | |
| 2.5 Collection of supporting documents and business plans. | | | |
| 2.6 Household verification visits | | | |
| 2.7 Selection of submitted business plans by livelihood selection committee | | | |
| 2.8 Provide first instalment to selected beneficiaries | | | |
| 2.9 Conduct monitoring visits | | | |
| 2.10 Provide second instalment to selected beneficiaries | | | |
| 2.11 Conduct post distribution monitoring (PDM) | | | |
| 3.1 Request, receive and establish draft beneficiary household lists and establish BCA plan. | | | |
| 3.2 Select and verify beneficiaries and develop final beneficiary list | | | |
| 3.3 Conduct refresher training for URCS staff on open data kit (ODK) / cash based interventions (CBI) - see point 2.2 | | | |
| 3.4 Conclude agreement with financial service provider - see point 2.3 | | | |
| 3.5 Provide cash transfer to selected beneficiaries | | | |
| 3.6 Conduct post distribution monitoring (PDM) | | | |

*gender breakdown according to MHU data 2017/18
**gender breakdown according to URCS/IFRC
livelihood program data 2017/18
***gender breakdown according to REACH Winter
assessment (female/male living in the region), Feb 2018

9.7. ANNEX G. Term of Reference

Terms of Reference **External Final Review** **of the Austrian Red Cross/ Ukrainian Red Cross Livelihood and Health component in the project Multisectoral Assistance to IDPs and Host Population in Luhansk and Donetsk (MATIHP)**

List of abbreviations

| | |
|----------|--|
| A | |
| ADA | Austrian Development Agency |
| AutRC | Austrian Red Cross |
| F | |
| FGD | Focus Group Discussion |
| G | |
| GCA | Government Controlled Area |
| I | |
| ICRC | International Committee of the Red Cross |
| IDP | Internal Displaced Person |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| L | |
| LLH | Livelihood |
| M | |
| MDM | Médecin du Monde |
| MHU | Mobile Health Unit |
| R | |
| RCRC | Red Cross Red Crescent |
| U | |
| URCS | Ukraine Red Cross Society |

1 Project background

The deterioration of the security situation in the East of Ukraine escalated in 2014 and is now, in 2020, considered a protracted crisis and a frozen conflict. The Ukrainian Red Cross Society (URCS), with the support of the Red Cross and Red Crescent Movement Partners (RCRC Movement) has been leading a response operation, providing relief to the thousands of families affected by the conflict, including families displaced from their homes in the East and who now reside in other parts of the country.

The MATIHP project started on 1st October 2018 and will end on 31st March 2020. With a budget of around EUR 540.000, - the project supports IDPs and host population along the line of contact in eastern Ukraine.

The overall goal of the MATIHP project is to contribute to enhanced living and health conditions of internally displaced people (IDPs) and host population (incl. returnees) affected by the conflict in Eastern Ukraine. The Austrian Red Cross (AutRC) with its partner, the Ukrainian Red Cross (URCS) aims to improve their living conditions through increased economic security and access to primary health care services.

Expected Result

The project aims to reach the following results in Donetsk and Luhansk region with focus along the line of contact in the government-controlled areas (GCA):

1. 24.000 individuals of IDPs and host population (incl. returnees) have met their basic health needs through consultations offered by 4 mobile health units (~70% female, 30% male)¹⁰

¹⁰ gender breakdown according to MHU data 2017/18

2. 100 individuals of IDPs and host population (incl. returnees) have improved their income sources through livelihood cash grants (~80% female, 20% male)¹¹
3. 330 households of IDPs and host population (incl. returnees) have improved their living condition in winter through winterization support (~60% female, 40% male)¹²

The proposed project directly supports 24.430 IDPs and host population (incl. returnees) (indirect 25.290) in Donetsk and Luhansk region with focus along the contact line in GCA.

The support is delivered in two different fields

1. Livelihood
2. HEALTH

Hence, the final review will investigate on these two areas and the used approach.

1.1 Livelihood

The target group consists of 1) IDPs and 2) host population (incl. returnees) residing in urban, semi-urban and rural areas along the line of contact in Donetsk and Luhansk region in GCA. Households with low income or unemployed are in vulnerability-focus for result 2 and general vulnerability criteria will be applied for result 1 and 3 (including households with disabled, elderly (65+), including multiple children (3+), of full-age orphans (18+), which are single-headed, including pre-pension aged persons (40-60)).

In the livelihood section the main project activities are:

- Conclude agreement with financial service provider
- Selection and verification of submitted business plans and households
- First instalment
- Monitoring
- Second instalment

For detailed project activities, please see the logframe (Annex 2).

1.2 HEALTH

The target group consists of 1) IDPs and 2) host population (incl. returnees) residing in urban, semi-urban and rural areas along the line of contact in Donetsk and Luhansk region in GCA. The jointly¹³ assessed and selected locations do not provide basic health care services to the public due to damaged infrastructure and / or lack of public health staff. Additionally, several times Focus Group Discussions (FGD) were held with the beneficiaries. Based on these results the MHUs are operating according to the needs/gaps identified.

MHU beneficiary data¹⁴ disaggregated in 2017/18 and 2019¹⁵:

- B 10% IDPs, 90% host population (incl. returnees)
- B 70% female, 30% male
- B 59% of patients 60+ years old, 34% of patients between 18 – 60 years old, 7% of patients below 18 years old
- B 36% with cardiovascular diseases, 12% with diseases of endocrine system, 11% with gastrointestinal diseases, 9% with diseases of respiratory system, 7% with seasonal respiratory diseases, 7% with neurological disorders, 18 % others

Due to the coordination with other actors (like MDM) and the agreement with regional health authorities, duplication of essential primary health care services is prevented. Visits to safety and security critical locations, are jointly planned and conducted with ICRC attendance. This service is a temporary service and is planned for 1-2 more years.

In the HEALTH section the main project activities are:

- Develop plan of action
- Provision of primary health care services according the developed plan of action

For detailed project activities, please see the logframe (Annex 1).

2 Purpose and scope

2.1 Purpose

The main purpose of this review is:

5. To assess the design of the project and the adherence to the beneficiary selection criteria
6. To assess the relevance and the priority level of the MHUs for the population in the implementation areas
7. To provide recommendations on the future need and possible outline of MHUs
8. To compare the used LLH approach (IFRC) to the approach of ICRC and formulate recommendations for future projects

¹¹ gender breakdown according to URCS/IFRC livelihood program data 2017/18

¹² gender breakdown according to REACH Winter assessment (female/male living in the region), Feb 2018

¹³ URCS, ICRC, health authorities

¹⁴ MHU reports May 2017- March 2018

¹⁵ projected

2.2 Scope

The review region is set with the project region, Luhansk and Donetsk area 0- 20 km from the line of contact in the GCA. The timeframe, the review investigates, is the project duration, starting 01.10.2018.

3 Objectives

The final review of the MATIHP project identifies lessons learned to facilitate the organisational learning and provides recommendations for future intervention planning. AutRC and URCS will be the main beneficiaries from this review, but also ADA will profit from the lessons identified.

1. Identify strengths and areas where improvement is needed
2. Compare IFRC and ICRC approach to LLH and outline pros and cons of the approaches
3. Document good practices for future programming and wider organisational learning.
4. Uphold the accountability and transparency of AutRC and URCS and compliance with existing standards (Red Cross and ADA)

4 Review Questions

4.1 Relevance

- B To what extent did the intervention respond to the needs and priorities of the target group?
- B To what extent are the objectives of the project still valid for the partner country and the people in the GCA along the line of contact?
- B Is the provision of Mobile Health Services through Mobile Health Units (Clinics) still the best way to effectively reach the target population?
- B Did the eligibility criteria within the project contribute to a clear and transparent selection of targeted people?

4.2 Impact

- B What exactly has already changed in the lives of women, men, girls and boys?
- B Which positive and/or negative effects/ impacts in terms of gender and environment can be possibly be attributed to the project?

4.3 Sustainability

- B Will the positive changes for the targeted population last in the long run?

4.4 Approach

- B Compared to the ICRC approach, is the used approach (IFRC) more or less sufficient to achieve the outcomes according to the logframe?

Note: While the IFRC (project) approach supports small businesses of all kind, to establish a sufficient family income, the ICRC approach mainly supports self-catering. Detailed information about both approaches will be provided upon the start of the review.

5 Methodology

Throughout the process it is expected that data and information will be obtained in different ways, not limited to but including:

- 1 Review of secondary data and key documents, including reports and beneficiary lists.
- 2 Interviews with key informants, such as URCS staff directly involved in programme implementation, IFRC, ICRC and AutRC project manager.
- 3 Field visit to implementation area for interviews with local project staff and beneficiaries.

It is the responsibility of the reviewer to design the interviews and the supporting document. However, if a questionnaire is used, the filled questionnaires have to be submitted to AutRC/ URCS in addition to the interpretation in the report.

6 Deliverables

All reports have to be delivered in English.

6.1 Inception report

The inception report (5- 10 pages without annexes) will demonstrate a clear understanding and realistic plan of work for the review, checking that the review plan agrees with the ToR as well as the URCS and AutRC. It will be a scoping exercise for the reviewer and will include: the proposed methodology, data collection and reporting plans with draft data collection tools such as interview guides, a timeframe with firm dates for delivery of outputs and the travel and logistical requirements. The scoping exercise will allow gathering of initial information and draw first impressions of the key issues to be covered.

6.2 Draft report

The results of the review will be presented in a draft report (20- 30 pages without annexes) for comments by the AutRC/URCS. The content of the written report should be coherently structured with a logical flow. Data and information should be presented, analysed, and interpreted systematically, with evidence supporting the conclusions and recommendations. AutRC/URCS will be given one week to review the draft evaluation document and to provide feedback.

6.3 Final report

The final report (20- 30 pages without annexes) will contain an executive summary (no more than 500 words) and a main body of the report covering:

- B the background of the intervention reviewed
- B a description of the review methods and limitations
- B detailed findings, inclusive of strengths and weaknesses
- B conclusion and lessons identified
- B recommendations, inclusive of areas of key areas of improvement or modification of the programme and thoughts regarding future expansion of the project

Furthermore, it has to include the “Result Assessment Form” provided in Annex 1.

The document will contain appropriate appendices, including the Terms of Reference, cited resources or bibliography, a list of those interviewed and any other materials as relevant. The analysis should be gender disaggregated as far as possible. The final report shall be submitted one week after receipt of the consolidated feedback.

All products arising from this evaluation will be owned by the AutRC and URCS. The reviewer will not be allowed, without prior authorisation in writing, to present any of the analytical results as his or her own work or to make use of the evaluation results for private publication purposes.

7 Management of Consultancy

This review is commissioned by the AutRC/ URCS MATIHP project responsible people. The reviewer will report to the URCS and AutRC project management team directly. URCS and AutRC will ensure the availability of relevant information and guidance. Furthermore, URCS will organise interview partners upon request and arrange the necessary logistic.

8 Qualification

The selection of the external evaluation consultant must fulfil the qualifications outlined below.

- B Proven expertise of Livelihoods, Cash and Voucher Assistance (CVA) and health
- B , in addition, considerable experience conducting evaluations and reviews of same
- B Ability to manage relations with representatives from national societies and beneficiaries.
- B Experience working at community level, gathering beneficiary feedback through a variety of methodologies
- B Sensitive to the complexities and constraints associated with Red Cross and Red Crescent mandate.
- B Excellent written and spoken English and Russian skills required, as well as excellent analytical and presentation skills;
- B Strong computer skills in spreadsheet and word processing
- B Strong interpersonal and organisational skills required
- B Knowledge and experience of working in Ukraine is an asset

9 Application procedures

Interested candidates should submit their application material by 12th March 2020

The application needs to include a technical proposal as well as a financial proposal. The maximum available budget for the review is EUR 15.000, - and the applied ratio for the selection of the proposal will weighted with 70% technical aspects and 30% financial aspects.

9.1 Application materials should include:

1. Curriculum Vitae
2. Cover letter clearly summarizing your experience as it pertains to this review
3. At least one example of an evaluation report written by the applicant in the same of similar field relevant to these ToR

9.8 ANNEX H. Memorandum of Understanding and Cooperation on creation and operation of the Mobile Health Units (MHU)

MEMORANDUM OF UNDERSTANDING AND COOPERATION

Severodonetsk

28.01.2019

This MEMORANDUM between Luhansk Regional Organization of the Ukrainian Red Cross Society (hereinafter – LRO URCS), on the one side, the Department of Public Health Care of the Luhansk Regional State Administration, municipal non-profit enterprise "Novoaydar District Center of Primary Health Care" of Novoaydarsky Regional Council of Luhansk Region (hereinafter referred to as "Novoaydarskiy PHCC"), a municipal non-profit enterprise "Popasnyansky District Center of Primary Health Care" of Popasnyansky Regional Council of Luhansk oblast (hereinafter - "Popasnyansky PHCC") and communal non-profit enterprise "Stanychno-Luhansky District Center of Primary Health Care" of the Stanychno-Luhansky district council of Luhansk region (hereinafter - Stanychno-Lugansky PHCC), on the other side, hereinafter referred to as Parties, is a fundamental document that defines basic principles for interaction between all participants involved in creation and operation of the Mobile Health Units (hereinafter - MHU) of the Ukrainian Red Cross Society on the territory of Luhansk oblast.

1. Purpose of Cooperation

1.1. The purpose of the cooperation of the Parties is to assist primary health care institutions in providing medical assistance to the population affected by the armed conflict and living in its centers, having difficult access to the diagnosis and treatment of the diseases of general therapeutic profile (vulnerable population).

1.2. Initiation and subsequent activity are temporary and exclusive measures to respond to the problems of the vulnerable population to receive medical care in some settlements adjacent to the line of delimitation and in places of temporary residence of internally displaced persons.

1.3. The parties to the Memorandum have agreed to cooperate on a temporary basis, both in fact and in legal terms, under the conditions of forced necessity dictated by the circumstances of the armed conflict.

2. Locations and Routes

2.1. MHUs operate in settlements and territories of local communities (hereinafter - locations), the list which is approved by Lugansk LRO URCS in agreement with the health care providers - Parties Memorandum. The list of approved locations is a route for delivering medications and diagnosing diseases of patients.

The preferred choice of locations is based on the principle of the urgent need for medical care targeting vulnerable population.

2.2. The number of settlements in a route may vary. Such a route must be approved by the additional agreement of the Parties.

2.3. The provision of medical care to the vulnerable population is carried out on the premises of FP (FAP).

In other cases, the reception of the vulnerable population is carried out in non-specialized spaces (cultural houses, educational institutions, etc.), a private house, an apartment and other accommodation in which the patient temporarily resides.

2.4. Volunteers of the Ukrainian Red Cross Society may be involved in organizing the work of MHUs on the route, in agreement with the health care providers - Parties of this Memorandum, in the manner and under the terms and conditions regulated by the policies of the International Committee of the Red Cross for the involvement of volunteers in the main mission of this organization.

3. MHU Operation

3.1. Each MHU consists of a doctor, two nurses, and a driver (hereinafter referred to as the MHUs team). A minibus and devices for mobile medical diagnostics is provided to each MHU. If necessary, after examination of the patient, the doctor may prescribe medication from a number of available drugs included in the set of medicines for the treatment of non-communicable diseases of the therapeutic profile under the List attached to this Memorandum. The List of medicines is coordinated with the donor - the International Committee of the Red Cross (hereinafter - ICRC) and is the most universal set of medicines.

3.2. The provision of pharmaceutical care to the vulnerable population by MHU happens in this particular order:

3.2.1. Luhansk LRO URCS procures medicines according to the List following a tender procedure.

3.2.2. Luhansk LRO URCS transfers purchased medicines to healthcare facilities providing primary health care to Parties to this Memorandum, who, in turn, deliver drug kits directly to structural units - paramedical points placed in locations for the further prescription to the patients.

3.3. The dispensing of medicines to patients occurs on the day of the MHUs arrival in the presence of a primary care physician, the Party of the Memorandum, or a paramedic. The obligation to ensure the presence of medical staff rests with the head of the primary care center, the Party of the Memorandum.

3.4. In the absence of a doctor or a paramedic on the day of arrival of the MHU, the medication can't be issued. The MHU team performs diagnostics of patients' diseases and, in case of necessity, issues medical tools, including orthopedic sticks, hygiene products, etc. (if any).

4. Coordination of activities and reporting of the Parties

4.1. Lugansk RO URCS and other partner and donor organizations have full responsibility for coordination of work, safety, and staffing.

4.2. The MHU team has the appropriate professional qualifications and is recruited in accordance with the procedures for professional selection.

4.3. The MHU provides a monthly report on their work to primary care health care providers - Parties to this Memorandum and the Luhansk RO URCS.

At the request of the Department of Health of the Lugansk Regional State Administration, the Luhansk RO URCS provides information on the work of MHUs.

4.4. The monitoring of the work of MHUs is carried out by the RO URCS and aims to evaluate the effectiveness of their work.

4.5. Doctors from the staff of MHU teams can combine their activities with a part-time work contract with a primary care health care provider, a Party of this Memorandum, under the labor law.

4.6. The Health Department of Luhansk Regional State Administration:

4.6.1. Agrees within the competence of the mechanism of interaction of MHUs with health care centers providing primary health care, Parties to this Memorandum, which is necessary to achieve the fullest coverage of the needs of the vulnerable population and prevent duplication of functions;

4.6.2. Informed by the Luhansk RO URCS about locations that need to be supported in priority by the Project;

4.6.3. Has the right to initiate monitoring of work quality before the donor

4.7. A Sub-Delegation of the International Committee of the Red Cross in the city of Severodonetsk performs the functions of general oversight, participates in the development and implementation of security regulations and rules of conduct for the MHUs, instruct on the safety.

5. Financing and duration of the Project in Ukraine

5.1. The Parties consider MHUs establishment and operation as a temporary measure aimed at the provision of assistance to the population in the current humanitarian context.

6. Professional Training

6.1. The project provides specialized training for MHUs staff. The purpose of the training is to increase the professional level and obtain new practical skills in providing medical care to the population.

The topics of the training are discussed with the heads of health care institutions and are determined according to actual needs.

6.2. Health workers of regional and local health institutions have the right to participate in such training.

7. Final provisions

7.1. This Memorandum is concluded in five copies, each has the same legal force, and valid for two years from the date of its signature by all Parties.

If, after the expiration of this Memorandum, the cooperation is, in fact, continued and neither Party requests their termination, the validity of this Memorandum shall be considered extended for the period for which it was concluded.

- 7.2. It may be extended one month before the expiry of this Memorandum with the agreement of the Parties.
- 7.3. Changes and additions to the Memorandum are made by concluding an additional agreement.
- 7.4. This Memorandum terminates:
- 1) with the expiration of the term for which it is concluded;
 - 2) with the consent of the Parties.