



Evaluation Report
of the
Ukraine Red Cross Society Psychosocial Support programme 2017-2019



Source: Nations online project

Conducted in agreement with the URCS and support from the Swedish Red Cross (SRC), this evaluation report has been commissioned by the Danish Red Cross (DRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) Country Office in Ukraine and the URCS Management.

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Table of Contents

Acknowledgement:	2
Glossary.....	4
Executive summary.....	5
Summary of findings	5
Evaluation recommendations	8
Introduction	12
Background and context	12
Methodology.....	13
2.1 Evaluation objectives	13
2.2 Evaluation ethical standards.....	14
2.3 Methodological approach.....	14
Document review.....	15
Evaluation sites and modes of data collection	15
Data processing, interpretation and analysis	16
Findings: Psychosocial support - a work in progress	17
Psychosocial support services and URCS strategic objectives.....	17
Identify the strengths and areas where improvement is needed	18
Strengths:.....	18
Challenges and areas where improvement is needed.....	21
Gaps:	25
Opportunities.....	28
Changes that may be necessary for the successful PSS development in the URCS	29
Document good practices for future programming and wider organisational learning	31
Compliance with accountability and transparency standards of the DRC, IFRC, URCS.....	32
Monitoring and Reporting on PSS activities	33
Evaluation of compliance of projects with the projects' objectives.....	33

Action-oriented recommendations for future PSS development.....	34
Sustainability of PSS activities in the URCS.....	35
The COVID-19 pandemic context.....	36
Conclusions and Recommendations.....	36
Conclusion.....	36
Recommendations.....	37
References.....	40
Annexes.....	41
Annex I: Terms of Reference.....	41
Annex II: Interview schedule, questions, and FGD guides (English).....	49
Key stakeholder interview questions.....	49
Semi-Structured Interview Guide for Regional Staff.....	49
FOCUS GROUP DISCUSSION QUESTIONS Volunteers.....	49
FOCUS GROUP DISCUSSION QUESTIONS beneficiaries.....	49
Online survey for staff and volunteers, part one (PSS knowledge) and part two (self-care).....	49
Online survey for beneficiaries.....	49
Link to all data collecting documents.....	49
Annex III: Schedule Key Stakeholder interviews.....	50
Annex IV: Survey responses and field data (English).....	51

Glossary

CEA	Community engagement and accountability
DG	Director General
DRC	Danish Red Cross
EMT	Evaluation Management Team
FGDs	Focus group discussion
HOC	Head of Centre
HR	Human Resources
HQ	Headquarters
IASC	Inter Agency Standing Committee
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IFRC	International Federation of the Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organisation
KIIs	Key Informant Interviews
LGBTIQA	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual
MER	Monitoring, Evaluation and Reporting
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental Organisation
NS	National Society
OCHA	Office for the Coordination of Humanitarian Affairs
OD	Organisational Development
PoA	Plan of Action
PFA	Psychological First Aid
PGI	Protection Gender Inclusion
PMEAL	Planning Monitoring Evaluation Accountability Learning
PNS	Participating National Society
PS delegate	Psychosocial Delegate
PS Centre	International Federation Reference Centre for Psychosocial Support
PSS	Psychosocial Support
RCRC	Red Cross and Red Crescent
RFL	Restoring Family Links
SC	Social Cohesion
SRC	Swedish Red Cross
SOPs	Standard Operating Procedures
ToR	Terms of Reference

Executive summary

Ukraine has been living and continues to live through a volatile socio-political-economic situation. The distress and needs of those at risk continue to be exacerbated by the armed conflict in eastern Ukraine which is now in its 7th year. 2019 UN statistics show that there are around 1.5 million internally displaced persons (IDPs) and 3.5 million people in need of humanitarian assistance. Inflation, limited financial support from government, and decreasing opportunities in employment for IDPs, and other groups at risk, have resulted in increased hardship and distress. People living along the Line of Contact, IDPs, and vulnerable groups in host communities are under stress at a time when humanitarian communities are struggling to meet needs due to underfunding of humanitarian action. This situation is expected to deteriorate further in 2020 with the additional impact of the COVID-19 pandemic.

The evidence base suggests that delivery of effective and organized psychosocial support (PSS) can aid affected communities and individuals in dealing with the negative consequences of such crises. Since 2014, the Ukrainian Red Cross Society (URCS), via multiple different projects and emergency appeals has been active in addressing psychosocial (PSS) needs and attempting to increase Social Cohesion (SC) for the most at risk.

The present formative evaluation in this report aims to assess the Ukrainian Red Cross (URCS) Psychosocial Support Services (PSS) from 2017-2019 according to set criteria:

1. Examine the extent to which the PSS services contribute to achieving the URCS strategic objectives
2. Identify the strengths, challenges, gaps and opportunities in current PSS services
3. Advise on changes that may be necessary for the successful PSS and SC development in the URCS
4. Document good practices for future programming and wider organisational learning
5. Examine whether PSS activities and organisational structure comply with the accountability and transparency standards of the DRC, IFRC, URCS
6. Evaluate compliance of the projects with the projects' objectives
7. Identify action-oriented recommendations
8. Assess the sustainability of the PSS activities

The methodological approach included a desk review of relevant documents and data collection, between July 2020 and September 2020, from both quantitative (online surveys) and qualitative (stakeholder interviews, Focus Group Discussions, observations).

Summary of findings

Psychosocial Support (PSS), and to a lesser extent, Social Cohesion (SC) are core elements in the URCS Strategy. However, these activities are as yet only partially developed within the URCS and require both Organisational and Technical Development to become a widespread, quality service within the National Society (NS).

PSS is now in all levels of the URCS and has **strengths** such as:

- The URCS is a large organisation covering much of Ukraine, with a history of providing PSS
- There is commitment by management and organisational structure for PSS
- The URCS PSS Unit, with support from PNS, is in the process of developing necessary specifications and guidelines for activities
- Technical support and training are being provided to the district offices offering activities
- An effort in harmonisation of PSS, and to increase PSS quality delivery is underway
- URCS branches are starting to proactively work with local structures to provide PSS and SC and to tentatively search for local funding
- PSS is starting to be integrated into other URCS services

Adaptability has been learnt: Following from several years' experience in PSS, the PSS Unit and regional PSS network were able to adjust some PSS activities to an online format in response to the pandemic movement restrictions.

However, building PSS in a NS is a complex task that takes time. As with all NS development of a capacity, there are **challenges**:

- Reducing volunteer turnover (which appears high) and building a sustainable, skilled volunteer base
- Filling and retaining necessary human resources at HQ and in Oblasts
- Providing consistency and quality in PSS and SC delivery
- Providing adequate training, monitoring and mentoring
- Easing the reliance on project funding
- Beneficiary-related challenges: understanding the utility of PSS and SC, and attaining new beneficiaries from at-risk groups
- Social Cohesion not yet clearly understood as an activity and in relation to PSS
- PMEAL and PGI need further development

And there are **gaps**:

- Gaps in delivery and gaps in consistency over regions
- Gaps in some risk populations, who are not yet integrated into activities
- Gaps in sustaining an activity over time: Activities may be a one-off which doesn't allow progress by participants in being able to address their difficulties
- Gaps in follow-up post-training: Once trained, there appears to be no system in place for supervision of activities or mentoring, or the necessary tier two training.

At the same time there are **opportunities**:

- An increasing need for PSS and SC services in Ukraine
- URCS is already an organisation known in some areas as a PSS provider and could further develop this identity
- There is already adherence at HQ and in multiple oblasts which provides a solid base for further development

- Pertinence of introducing PSS and SC in multiple areas of the NS so as to enhance impact of these services (E.g. Emergency Response Teams) and integrate PSS cross-sectorally
- Current PNS and IFRC support for both technical input and OD is effective

Some **changes that may be necessary for the successful PSS development** in the URCS are suggested from the data. There is need to:

- Consolidate the PSS Unit – by increasing technically knowledgeable staff— the unit’s tasks are multiple
- Increase the number of trained volunteers and work to support and retain them
- Expand contents of training to enable better quality in facilitation of PSS and SC activities
- Improve the quality of PSS and SC work through regular supervision, mentoring and monitoring
- Finish specifications and guidelines for all PSS and SC activities and monitor implementation in the regions
- Revise, readjust and stabilise PSS and SC activities before starting new activities
- Integrate PSS into other URCS activities
- Look for local funding opportunities
- Continue to upskill PMEAL and PGI capacity

Examples of **good practices** exist and could be extended:

- The good practice of developing and sharing existing SoPs and guidelines which provide a framework on which to develop and harmonise PSS in the regions.
- Outreach by some districts towards at-risk groups, and in finding local funding sources (E.g. integrating PFA into First Aid training and receiving fees for this).
- Integration of PSS into some sectors within the URCS which can enhance delivery of these activities. For example, training emergency responders in basic PSS may increase their efficacy in supporting populations in crisis.

Compliance with accountability and transparency: There is compliancy with accountability and transparency standards of the RC/RC Movement, starting within the URCS, but this needs expansion. Planning, Monitoring, Evaluation, Accountability and Learning (PMEAL) and Protection, Gender, Inclusion (PGI) systems would reinforce quality in PSS and SC but are not yet mainstreamed within the URCS and should be a focus for future development. Data and desk review documents reveal that inclusion of fundamental PGI aspects of all PSS and SC activities is not yet established. For example, data from the field highlights that although inclusion is part of the PSS activity planning, and volunteers state ‘all are welcome,’ some groups are not included. As well, quality of delivery is such that on some occasions, there is a possibility of doing harm to participants. Finally, some groups may not be addressed as they are not part of at-risk populations as designated in project reports. Ongoing assessment would highlight needs of groups in need of PSS.

However, OD takes time and the URCS is open to developing both PMEAL and PGI. The substantial technical contributions from the IFRC and PNS should reinforce URCS capacity. Future workshops could be particularly focused on regional and district groups of the NS, where there is less PMEAL and PGI integration.

The URCS has been supported by PNS such as the Swedish and Danish RC Societies for projects in PSS and lately in SC, including OD. The projects' objectives from the PNS (Swedish Red Cross and the Danish Red Cross) were clearly communicated and set in place. However, to date there has been a lack of consistency in branch adhesion and capacity so that outcomes are not consistently addressed. This is being addressed currently by the DRC PSS delegate and the support of the IFRC.

For **future development of PSS and SC**, there is a need:

- to construct and finish guidelines, SoPs and indicators for PSS and SC activities
- for harmonisation of activities and efforts to increase quality across the PSS and SC network
- To continue support from senior management by including PSS in the URCS 2020-2025 strategies and enabling the necessary organisational support to the PSS Unit.
- To consolidate the PSS and SC regional network both in communication and compliance with HQ but also horizontally in building in-country network consolidation.
- The PSS Unit will undertake much of this development and therefore have multiple tasks (see section of action-oriented recommendations p. 34). The Unit will need support and require expansion. In parallel, PMEAL and PGI capacity needs to be fostered and integrated into PSS and SC.

As for **sustainability of PSS and SC activities**, most findings highlighted a positive view. There is a considerable need for such activities in Ukraine, and the URCS is well placed as a known provider of PSS in the Ukraine with growing experience in this field.

Nevertheless, unless there is an increase in quality of delivery and a continuation of funding found in country (as PNS will eventually withdraw), sustainability is not guaranteed.

Evaluation recommendations

Developing PSS and SC in a NS takes time, commitment, knowledge, and organisational development. This is in progress in the URCS and the following recommendations are suggested to continue this process. With any recommendations from evaluation data, it is necessary to prioritise, so as to not overburden a National Society but enable a hierarchy of areas needing attention to arrive at objectives. In this case, objectives of evaluating the Ukrainian Red Cross (URCS) Psychosocial Support Services (PSS) according to set criteria, taking into consideration issues of protection, gender and inclusion with a focus on reviewing the PSS activities and identifying key areas of improvement or modification.

- It is recommended that the **URCS continue to place Psychosocial Support (PSS) and Social Cohesion (SC) as core elements in their 2021-2025 strategy and consolidate the related organisational structure** → PSS Unit, regional PSS network and Volunteer Unit.
- It is recommended that organisational development of the PSS network and technical input to support the overall quality and sustainability of PSS services, such as **strengthening of the National PSS Unit and regional PSS/SC network is a priority.**

At the moment, multiple activities are undertaken without volunteers understanding PSS and SC objectives. For example, there are craft or hobby workshops that as a PSS activity, should be a channel for assisting participants' coping strategies and supporting participants to find their priorities in a difficult environment, as well as an occasion to come together. Data highlighted that the only objective attained is to enable participants to come together in a safe environment. Generally, in regions PSS indicators are not monitored, and outcomes are not being measured or evaluated. Thus, an increase in quality is needed overall. To enable the necessary increase in quality:

- It is recommended that the PSS Unit have extra staff to undertake PSS and SC development. Tasks include strengthening the technical knowhow of the PSS and SC network and support to a PSS/SC volunteer base through *training, technical input, mentoring and supervision*. As there is a high turnover of PSS and SC volunteers, training, specifications on why and how to undertake activities, and mentoring will need to be a priority.

Technical input: It was evident from the data that PSS and SC are now in all levels of the URCS and have progressed from the 2014 start but it is evident that both activities need further technical support to offer quality and that the organisational structure to enable this quality is necessary. It is therefore recommended that the PSS Unit, with the Expert Committee and actual PNS PSS and Protection delegate continue to produce and finish SoPs, guidelines, indicators, and other specifications for PSS and SC activities including integrating of PGI. And that the PSS Unit work to mentor use of these specifications in the regions.

Staff profiles In order to give technical support, all staff in the PSS Unit need to be both competent in PSS technical knowledge (clear on objectives, indicators, and monitoring), but also skilled to be able to mentor and increase training capacity throughout a regional network.

- In relation to **training**, it is recommended that added to the 8-hour basic training there is a need to elaborate 3 further modules:
 - I. a module on communicating what is PSS to a group of 'participants' (e.g. in role plays) as data show that there is need to clarify what exactly is PSS for both volunteers and potential beneficiaries.
 - II. a module on understanding and 'playing' a PSS activity (i.e., what are the objectives and how to obtain objectives through an activity), and
 - III. a module on focused on the necessary PMEAL (how to plan, to monitor indicators, evaluate and report on outcomes of activities, to account to participants, and set-up systems for lessons learnt).

- It is recommended that the PSS network be further developed through PSS unit support and through communication between regions in the PSS network. This is a period in the URCS PSS and SC development where integration of specifications and guidelines need to be expanded and quality delivery is mentored. That there are *regular contacts from URCS HQ PSS Unit with districts* to discuss PSS and SC specifications, including ongoing mentoring of project co-ordinators. That in regions, or by zoom, that there are *monthly supervision sessions* with PSS and SC volunteers
- It is recommended that **a second-tier training is developed** for all PSS volunteers focusing on the application of PSS skills in how to enable at risk participants to better cope with adversity and crises. To date, PSS and SC volunteers have tried to provide these activities to the best of their ability, but they lack knowledge and practical application of *why* and *how*, through a PSS or SC activity, to assist participants to use effective coping strategies in relation to their crises or areas of problem.
- It is recommended that **PSS be integrated into all URCS activities where this would benefit delivery**. Areas such as disaster response, volunteer support, RFL, distribution, health outreach.
- It is recommended that **PSS and SC be integrated within one unit**. These activities are complementary and inter-related and yet they need further clarification (communication of definitions, aims and objective indicators) for regional offices and the volunteer base. If the SC comes under the umbrella of the PSS Unit, then **more staff will be needed** in the PSS Unit.
- It is recommended that the **PSS and SC network revise, readjust and stabilise PSS and SC activities before starting new activities**, by focusing on quality and specifications to attain objectives and outcomes.
- To renew the beneficiary numbers and address newer at-risk groups, it is recommended that the **PSS regional network continue outreach to contact at risk groups** as well as continuing to provide activities for beneficiaries already coming to centres. Additionally, with COVID-19, regular assessments of evolving needs may be necessary
- In the outreach it is **recommended that there is a focus on gender and age including how to support marginalised groups** (such as ex-servicemen, elderly who have limited mobility and means, and groups not easily accepted).¹ However, **quality in PSS activity delivery needs to be a priority** so that PSS activities are effective and do no harm. This means consolidation and training of PSS and SC volunteers before offering activities.
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¹ The Red Cross principles of inclusivity are valid here for groups not easily assimilated such as recent migrants, Roma, LGBTIQA, IDPs. Etc.

- It is recommended that the **URCS continue the commitment to both PMEAL and PGI development** and focus on inclusion of these elements in all documents and workshops. A consolidation of PMEAL and PGI capacities at regional and national level would scaffold and complement PSS and SC development and enable evaluation of quality. Both systems will increase quality in delivery, development of learning from activities and increase protection and empowerment of participants. Mainstreaming PGI will also increase inclusivity of groups and ensure more awareness of gender and marginalisation in participants.
- It is recommended that there is a **recruitment drive for PSS and SC volunteers who have some understanding of psychology, social work or how to assist effective coping**. That these volunteers are trained AND supervised. If the URCS continue to place Psychosocial Support (PSS) and Social Cohesion (SC) as core elements in their 2021-2025 strategy, consolidation of the related organisational structures — PSS Unit, regional PSS network and Volunteer Unit— is necessary. It is recommended that the PSS Unit work closely with the Volunteer Unit to provide preferred profiles, to organise ongoing care of the PSS and SC volunteers, and to encourage longevity in volunteer adherence through sufficient mentoring.
- It is recommended that there is a move away from project-based funding. PSS and SC activities are heavily reliant on project funding, but **for sustainability**, the URCS needs to find local sources of funding for these activities such as training local groups in PFA. This option will only be possible if the quality of the URCS PS trainers is known as high in the region, which again is another reason for increasing quality delivery.

The recommendations of this report are multiple and often inter-related. The task ahead is substantial. Nevertheless, the years of building the PSS and SC capacity in the URCS is a good base from which to go forward.

Introduction

Background and context

Ukraine has been living and continues to live through a volatile socio-political-economic situation. 'Poor mental and physical health in Ukraine is tightly interconnected with poverty, unemployment, and feelings of insecurity, compounded by the effects of the conflict. IDPs, older persons and those living in the East are especially vulnerable'². The distress and needs of those at risk continue to be exacerbated by the armed conflict in eastern Ukraine which is now in its 7th year. Since the start of the conflict in 2014, there have been loss of civilian lives and considerable humanitarian need: 2019 UN statistics show that there are around 1.5 million internally displaced persons (IDPs) and 3.5 million people in need of humanitarian assistance³. Over 80% of the IDPs have found temporary residence in just five Ukrainian regions: the government-controlled districts of Donetsk and Luhansk oblasts (42% and 13% respectively), the neighbouring Kharkiv and Zaporizhia oblasts (10.9% and 7.4% respectively), and Kyiv (8%). Of the remaining Donbas inhabitants, two to three million currently reside in non-government-controlled areas, with another 600,000 being caught in the so-called 'grey zone', living within 5km either side of the 457km frontline.⁴

According to Humanitarian Needs Overview (HNO) 2019, the protracted nature of the crisis continues to take a toll on the ability of people to cope. The HNO June 2020 revised report suggest an exacerbation of needs. People living along the Line of Contact, IDPs, and vulnerable groups in host communities struggle, and need humanitarian support at a time when humanitarian communities are struggling to meet needs, due to underfunding of humanitarian action. This situation will be exacerbated by the additional impact of the COVID-19⁵ pandemic in 2020. Inflation, limited financial support from government, and decreasing opportunities in employment for IDPs, and other groups at risk have resulted in increased hardship and distress. Currently, the 2020 Revised Humanitarian Response Plan highlights health needs including an expected upsurge in MHPSS needs.

The evidence base suggests that delivery of effective and organized psychosocial support (PSS) can aid affected communities and individuals in dealing with the negative consequences of emergencies and

² "Mental Health in Transition", World Bank report (2017).

³ In the June OCHA adjustment due to COVID-19 numbers of distressed people and specific at risk groups are increasing -

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ukraine_2020_revised_hrp_due_to_the_covid-19_pandemic_-_9_jun_2020.pdf

⁴ Forced Displacement from Ukraine's War-Torn Territories: Intersectionality and Power Geometry, Kuznetsova et al., (2020)

⁵ OCHA (March 2020) suggests that the impact of COVID-19 will affect around 21 million Ukrainians out of 42 million, leading to health, social and economic difficulties in a large group of the population. As of 28 August, 114 497 cases of COVID-19 had been confirmed in Ukraine, including 2 521 deaths. On 26 August, the government further extended the COVID-19 "adaptive quarantine" (quarantine in areas of outbreak) until 31 October, due to the worsening dynamic of new infections in the country. (OECD). In September there is a rise in cases: 3144 on the 10 September.

disasters.⁶ Addressing people's distress through PSS and related Social Cohesion activities can lessen the negative impact of the difficult situation in Ukraine.

Psychosocial support is a relatively recent concept in Ukraine. Until 2020, PSS has been undertaken by humanitarian organizations and local NGOs that have been mobilised following the conflict. The URCS, as the largest of the national humanitarian organisations in Ukraine, is well placed to respond to needs.

Since 2014, the Ukrainian Red Cross Society (URCS), via multiple different projects and emergency appeals has been active in addressing to PSS needs for the most vulnerable and since 2017, attempting to increase social cohesion between host communities and incoming or marginalised groups. Initially focused on (IDPs), the programmes have been extended to address needs of demobilised servicemen and their families, vulnerable people in local communities, marginalised groups and youth.

This evaluation report examines the URCS Psychosocial Support Services as developed within the projects delivering psychosocial support between 2017 -2019 specifically supported by the Danish Red Cross (DRC) and the Swedish Red Cross (SRC)⁷. The DRC continue to support the URCS in PSS whereas the SRC are no longer active in PSS in the URCS. The focus of this formative evaluation is on reviewing the PSS and Social Cohesion impact and design, identifying the lessons and key areas of improvement or modification, and assessing compliance with related projects' objectives from 2017 -2019.

Methodology

2.1 Evaluation objectives

This formative evaluation aims to assess the Ukrainian Red Cross (URCS) Psychosocial Support Services (PSS) according to set criteria, taking into consideration issues of protection, gender and inclusion with a focus on reviewing the PSS impact and design, identifying the lessons and key areas of improvement or modification, and assessing compliance with related projects objectives.

The evaluation gathered data, developed findings and made recommendations in the areas specified by the Terms of Reference (ToR) (see Annex I for complete document):

- a. Examine the extent to which the PSS services contribute to achieving the URCS strategic objectives
- b. Identify the strengths, challenges, gaps and opportunities in current PSS services
- c. Advise on changes that may be necessary for the successful PSS development in the URCS
- d. Document good practices for future programming and wider organisational learning
- e. Examine whether PSS activities and organisational structure comply with the accountability and transparency standards of the DRC, IFRC, URCS

⁶ See Pfefferbaum & North, 2016; Bisson et al., 2010; IASC 2020 ; noted in References.

⁷ PSS projects: Psychosocial Support 2014-2017 (URCS, DRC); Social Cohesion and Promotion of Tolerance 2016-2017 (URCS-DRC); Livelihoods Assistance, Psychosocial Support and Organizational Development 2019 (URCS- SRC) and Promoting protection, well-being and, social cohesion for vulnerable groups in Ukraine 2018-2021 (URCS-DRC).

- f. Evaluate compliance of the projects with the projects' objectives
- g. Identify action-oriented recommendations
- h. Assess the sustainability of the PSS activities
- Sub- objectives of the criteria included:
 - I. Evaluate technical support to the URCS PSS unit from the DRC, IFRC and SRC
 - II. Review integration and complementarity of PSS and Social Cohesion activities
 - III. Assess existing PSS PMEAL systems in place
 - IV. Assess multiyear projects contribution towards long-term goals of the projects

2.2 Evaluation ethical standards

The evaluation sought at all times to adhere to the IFRC Evaluation Standards as set out in the IFRC Framework for Evaluation. For example, evaluation questions were framed within the criteria of the IFRC Framework for Evaluation, namely: Utility; Feasibility; Ethics and Legality; Impartiality and Independence; Transparency; Accuracy; Participation; Collaboration.

The evaluation also respected the seven Fundamental Principles of the Red Cross and Red Crescent, namely: Humanity, Impartiality, Neutrality, Independence, Voluntary services, and Universality.

Ethical Considerations

Consent and confidentiality: informed consent was sought from each person participating in the evaluation.

The consultants are both experienced in humanitarian enquiry and the lead consultant has multiple years' work in the psychosocial field.

2.3 Methodological approach

The evaluation examined psychosocial and social cohesion activities from 2017 to 2019. The desk review continued from June – September 2020. Data was collected between July 2020 and September 2020. The data collected was both quantitative (online surveys) and qualitative (interviews, FGDs, observations). The multi-modal approach, used the following qualitative and quantitative methods to collect data to help establish links between psychosocial project inputs, processes and outcomes:

- Review of project and related documents. This included: secondary data and key documents, inclusive of annual plans of action, reports, field visit reports, secondary data and data collected by other organisations, documents published containing information on the operational areas, and internal URCS PSS SOPs, guidelines, and regulations.
- Face-to-face interviews with key stakeholders (see Annex three for list of stakeholders)
- Focus group discussions (FGDs)
- Online surveys with PSS staff and volunteers on psychosocial support, including staff and volunteer self-care
- Online surveys with beneficiaries
- Observation of activities in four locations

- Key informant interviews in regional URCS offices

(See Annex two for data collecting tools and schedules).

Foci are noted in 2.1 evaluation objectives of the ToR. Focus group discussions and observations of PSS and social cohesion activities endeavoured to cover protection, gender, age, and inclusion considerations.

Document review

The evaluation reviewed documents from the URCS, the PNS supporting PSS: Danish Red Cross, Swedish Red Cross, IFRC, Japanese Red Cross, as well as academic articles and grey literature (listed in the Reference section of this report).

Evaluation sites and modes of data collection



Kyiv region, Bila Tserkva, PSS activity. August 2020

PSS activity: youth. Donetsk region Kostiantynivka, August 2020

Purposive sampling, in consultation with the UKRCS PS unit and DRC PSS delegate was used when selecting the key informants and districts to visit.

- Online surveys were sent to all URCS districts practising PSS, to both beneficiaries, URCS staff or volunteers: seven regions in 2020, with PSS and Social Cohesion activities: Donetsk, Luhansk, Kherson, Kyiv, Vinnytsia, Ternopil, Lviv.
- The in-country consultant visited four out of seven regions (Oblasts) currently undertaking psychosocial activities: Donetsk, Luhansk, Kyiv, Kherson.
 - In each of these districts there were
 - observations of activities,
 - Focus Group Discussions (FGDs) of both beneficiaries and of URCS staff and volunteers,
 - Interviews with regional URCS Head of District and/or Psychosocial co-ordinators
- Skype or zoom semi-structured interviews took place with key stakeholders who have played a role in the Psychosocial support and social cohesion programmes within the URCS: Interviews were with stakeholders in Ukraine, Denmark, and Sweden. (see Annex 2 for key informant interview questions and annex 3 for stakeholder interview schedule)

Data collection methods	Number of responses or attendees	Remotely ⁸ or field visits
Staff and Volunteer online Survey – PSS and social cohesion knowledge	91 volunteers	Online survey
Staff and Volunteer Online Survey – Self-care for volunteers	83 volunteers	Online survey
Focus Group Discussions with URCS volunteers	1 per region during field visit, 4 in total	Facilitated in field by in-country consultant
Beneficiary online survey – Psychosocial support and Social Cohesion	143 beneficiaries from all districts doing PSS	Online survey
Focus group discussions with Beneficiaries	1 per region during field visit, 4 in total	Facilitated in field by in-country consultant
Observation of PSS and/or SC activities	One activity per region 4 in total	Observed by in-country consultant
Stakeholder interviews	16 interviews	Zoom in HQ and with PNS and IFRC Face-to-face in regions

The collection of quantitative as well as qualitative data was positive in that it allowed for cross-referencing of information. This highlighted gaps and strengths in PSS and SC activities, which are discussed in the findings.

Data processing, interpretation and analysis

The data and information gathered was consolidated according to the themes. Interpretation and analysis were developed in relation to the objectives of the evaluation.

The draft report will be circulated to the Evaluation Management Team and comments will be incorporated in the final report as appropriate.

- Limitations

The timing of the evaluation occurred within the COVID-19 pandemic outbreak so visits and observations were at times limited. To compensate for limits in number in meetings and restrictions in travel. Online surveys were developed by the international consultant in order to obtain data from sufficient numbers of volunteers and beneficiaries to provide a reasonable overview and feedback.

⁸ There were continual adaptations due to the evolving pandemic situation.

The COVID-19 context delayed visits till summer when many volunteers and beneficiaries were absent or in restricted mobility due to peaks in COVID-19 cases and the consequent public health measures.

A flooding event and COVID-19 numbers in Lviv oblast, originally chosen for a field visit, resulted in Luhansk being accepted as one of the four oblasts visited.

Evaluation team

Two consultants were identified:

- The international consultant, a clinical psychologist and roster member of the IFRC Psychosocial Centre with extensive experience in PS programming developed the data collection materials, interviewed HQ and international stakeholders, analysed the data, and compiled the evaluation report.
- The in-country consultant translated the collection tools and data collected, as well as undertook the field visits: interviewing regional staff of the URCS, facilitating the Focus Group Discussions (FGD) and observing activities. She was interviewed by the international consultant after the field visits to gather data from her perspective.

Findings: Psychosocial support - a work in progress

Psychosocial support services and URCS strategic objectives

Stated, by the current senior management psychosocial support is a core activity and is in the URCS strategy 2018-2020:

“Psychosocial support programmes and activities are developed and available as services of Red Cross Centres.”

The URCS PSS strategy has filtered down to certain regions:

“Since December 2018, the PSS has become one of the strategic activities of the Red Cross.” (Deputy Head, Luhansk Oblast).

However, findings highlighted that at present there are PSS activities in only a minority URCS centres out of the 24 regions. This could be that PSS is still in the development and expansion phase within the National Society (NS). The outgoing Director General (DG), Lilia Bilous stated that the PSS services are being developed step-by-step but there is a need for consolidation and technical development, including the integration of PMEAL elements in both PSS and Social Cohesion (SC).

PSS, in the URCS Strategy is noted as:

“Psychosocial support: Red Cross Centres provide support groups and safe spaces to help vulnerable populations in overcoming the psychological and social problems associated with crisis. Their main goal is to renew the emotional health of individuals and communities.”

Findings show that this goal of helping at risk populations better cope with crises is only partially met in URCS centres. Beneficiaries report an increase in well-being by meeting together, but findings show that assistance provided to at risk populations is not focused on helping them to overcome their psychosocial problems and that assistance is at times minimal. There is need of further technical development in the PSS URCS network. This technical development hopefully will be possible, as the incoming URCS Director General (DG) Maksym Dotsenko states that PSS and SC will be included in the URCS 2021-2025 strategy, and PNS are continuing to provide a PSS delegate to assist technical capacity.

In relation to Social Cohesion (SC), the 2018-2020 strategy also places SC as one of its activities. Yet clarification may be necessary for this activity in both OD terms and in technical capacity, as the incoming Director General stated that the URCS was still learning about Social Cohesion.

A final point is that, to achieve the strategic objectives of the URCS, where PSS is available to vulnerable populations in the Red Cross Centres, there is need for districts to extend and renew the beneficiary population. This can be achieved if the districts are more proactive in contacting and engaging with vulnerable populations such as demobilised servicemen. It would be advisable to undertake proactive contacts once the PSS or SC activity is well established with quality delivery by trained volunteers.

Identify the strengths and areas where improvement is needed

Data was analysed to extract information on the strengths, challenges, gaps and opportunities in current PSS services.

Strengths:

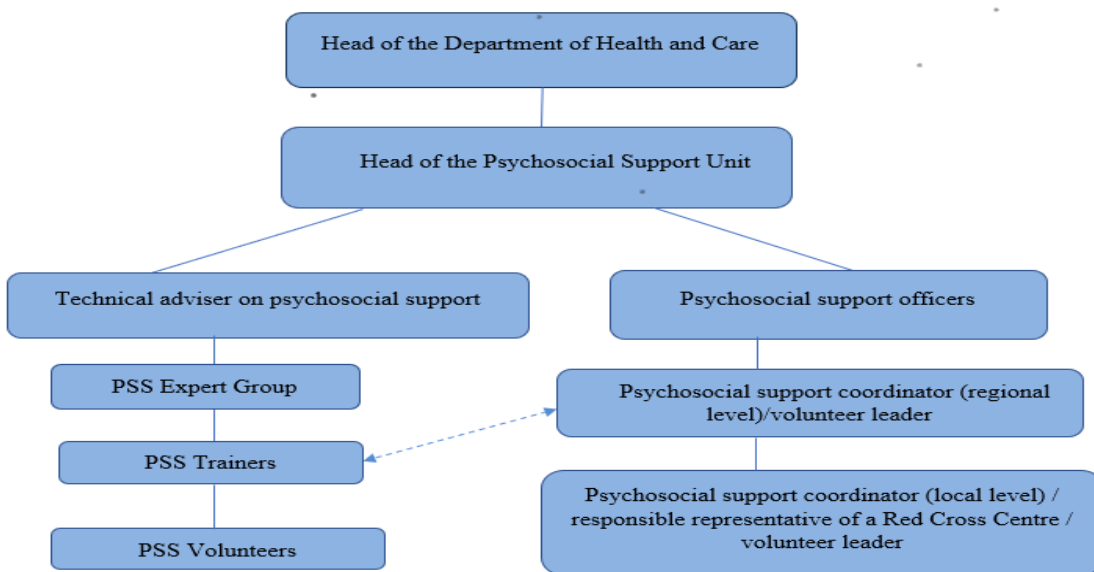
- The URCS is a large organisation covering much of Ukraine, with a history of providing PSS
- There is commitment by management and organisational structure for PSS
- The URCS PSS Unit, with support from PNS, is in the process of developing necessary specifications and guidelines
- Technical support and training are being provided to the district offices offering activities
- An effort in harmonisation of PSS, and to increase PSS quality delivery is underway
- URCS branches are starting to proactively work with local structures to provide PSS and SC and to tentatively search for local funding
- PSS is starting to be integrated into other URCS services
- Adaptability has been learnt: Following from several years' experience in PSS, the PSS Unit and regional PSS network were able to adjust some PSS activities to an online format in response to the pandemic movement restrictions.

The URCS, with branches throughout the Ukraine⁹, has a possibility of overall response and contact with local communities. Additionally, in a country with a need for PSS and SC, the URCS is one of the few organisations offering PSS and SC. There is acquired experience in the NS, having undertaken PSS activities

⁹ In April 2018 the URCS has 850+ staff and 2,500 active volunteers.

for over six years, since the 2013 crisis in Eastern Ukraine. This experience and recognition as a PSS and SC provider present an opportunity for further PSS activity development.

PSS exists in all levels of the URCS and is part of the organisational structure. This is apparent from years of PSS training, commitment by the senior management in the URCS to have PSS and SC as a core activity, and in some districts, regular PSS and SC activity.¹⁰ Now too there is a URCS regulations documents outlining aims of PSS and organisational structure around PSS.



Structure, roles and responsibilities are clearly delineated in the Regulations document. This clarification will benefit PSS development if the necessary HR – both in numbers and expertise - fill the positions.

The National Committee, PSS Unit and PNS work in a complementary and constructive manner which results in the increasing development of the necessary specifications related to PSS and SC activities. Service specifications on PSS and SC activities are developed, such as service specifications on a community engagement workshop and/or social events. SoPs (E.g. on monitoring) and some guideline criteria for specific PSS activities including how to conduct basic PSS training. The manual on how to conduct a community engagement workshop is planned for 2021. Implementation will also be supported from HQ with the PSS delegate. In parallel, together the URCS, the IFRC and PNS are developing OD such as PMEAL and the necessary volunteer management elements (currently not always co-ordinated or operating under clear objectives). Once this OD is in place, it will complement PSS and SC activity.

The PSS Unit, now with Head of Unit position filled, has been actively supporting the PSS district network. This has been acknowledged in Oblasts:

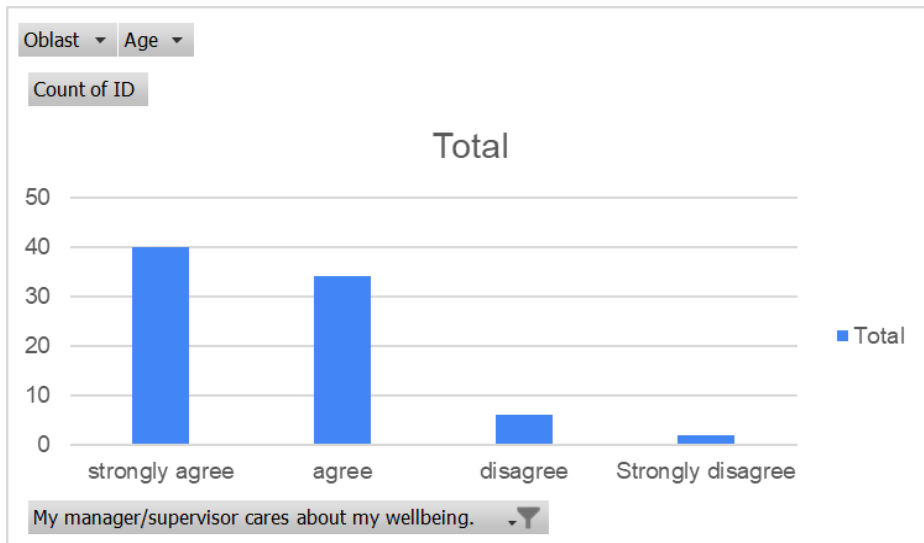
¹⁰ However, in other districts, adherence to PSS or SC is lacking.

“I had some questions. I called the chief specialists Lydia and Yulia. They always ensure their helping hand and expertise, responding to my questions. We have good communication; they provide overall technical support.”

Contact from HQ PSS was widely appreciated:

“The technical support by the National Committee is comprehensive, we are constantly in touch, we communicate and collaborate well. We have enough support from their side.”

The PSS Unit is in fact advancing PSS development on multiple fronts. Training from the PSS Unit has been ongoing for PSS volunteers in several districts and across sectors such as the training in PFA for First Aid instructors in September 2019. PSS training has also included efforts to increase self-care of volunteers and various meetings with volunteers focused on self-care are ongoing. Results are appearing. For example, although only 62% of volunteers felt they had sufficient support in the final report on the Swedish RC funded project in 2019, in a similar question “My manager/supervisor cares about my wellbeing’, this has now increased to around 87% of the evaluation cohort who agree or strongly agree:



There is a real effort for harmonisation rather than divergence of URCS PSS activities. Harmonisation will increase the quality of PSS delivery. There is also an attempt to connect the regional network by 6 monthly meetings of the Expert Group which enables across country communication and input from the most experienced regional PSS coordinators¹¹. Feed-back from the districts acknowledges consistent input from URCS HQ:

“The National Committee developed and provided examples of agreements which might be used when we develop agreements with trainers; we have guidelines and minimum standards on how to organize a child-friendly space, etc. The National Committee provided the regional

¹¹ This expert group has a ToR developed by the present head of the URCS PSS unit.

organizations with the methodology/specifications how to organize and implement PSS.” Luhansk Deputy Head.

A recent example of HQ support to the PSS network was the rapid way the PSS Unit enabled online PSS activities for the recent COVID-19 context. This supportive relationship between HQ and regions, will encourage the necessary cohesion and compliance needed to set-up a PSS network. The PSS Unit at HQ reports it now has a template to consistently observe regional activities and give feedback. However, for the work to be accomplished, the PSS Unit is understaffed (see discussion in section ‘Challenges’).

Some regions are pro-actively assessing local need and signing agreements with local bodies related to PSS and SC needs. This is positive for establishing the URCS as a provider of PSS and SC services and also may be a possibility of finding local funding:

“There are signed agreements and memoranda with all the interested parties and actors (stakeholders), local authorities: structural departments of the administration like social protection, health care, youth and sports; State Emergency Services, community centres like House of culture... The partnership is strong, it’s been for years both at the oblast levels and at the level of towns and villages. The partnership is win-win.” Luhansk Deputy Head

Beneficiary participation in activities is increasing with some becoming RC volunteers and facilitators of PSS activities. This is positive step highlights empowerment and full participation, but it is not clear if these new volunteers have received training in PSS or whether their work is supervised. Future development of PSS needs to include SoPs that stipulate what is necessary training and supervision of all PSS or Social Cohesion volunteers. Field observations and online surveys highlighted that some volunteers are facilitating activities before being trained, and that they do not receive regular supervision.

Another emerging positive trend is the growing integration of PSS in diverse URCS activities. For example, there is a link with volunteers engaged in other sectors such as Emergency Response Teams. This has taken place in some districts. For example, in the fire response in the Smolyaninovo settlement this year, the PS co-ordinator supported responders. In another example volunteers in the emergency response teams were trained in basic Psychological First Aid (PFA).

Challenges and areas where improvement is needed:

- Building PSS in a NS is a complex task that takes time. As with all NS development of a capacity, there are challenges:
- Reducing volunteer turnover and building the volunteer base
- Gaps in filling and retaining necessary human resources at HQ and in Oblasts
- Providing consistency and quality in PSS and SC delivery
- Providing adequate training and monitoring
- Easing the reliance on project funding
- Beneficiary-related challenges: understanding the utility of PSS and SC, and attaining new beneficiaries
- Social Cohesion not yet clearly understood in itself and in relation to PSS

- PMEAL needs further development

Volunteer turnover: Although the 'Achievements' document (June 2018- March 2020) notes that there are 857 volunteers trained in PSS, discussion with the URCS PSS unit suggested that in the 13 regions where there is PSS, there are currently only 162 PSS volunteers in all regions. Equally, the field visits confirmed that volunteer turnover is high and that PSS volunteers may be engaged in multiple activities other than PSS such as distribution, and that they were not yet trained or being supervised. Several Heads of Region and PSS project coordinators confirmed it was difficult to find and retain volunteers.

Gaps in necessary human resources: The lack of any head of unit, for many months from April 2019 undermined PSS development in this period. Staff in the PSS Unit is still changing and the necessary building of capacity in the URCS may be compromised until the unit has adequate and experienced staff. If the PSS Unit staff are to undertake the necessary work of building quality in the network, there are multiple tasks which demand a team of PSS Unit staff who have a solid competence in understanding objectives and indicators related to PSS activities, regular skilled mentoring as well as knowledge of M & E. Due to volunteers turnover the network will need considerable support and input. As well, there is no focal person for SC activities in the URCS. At present, SC cohesion activities are shared between the Volunteer Unit and the Information Department as one of their activities and the network is not evenly supported. If the SC activities come under the PSS Unit, which is logical as both are linked, then extra staff will be necessary in the PSS Unit.

Personnel in the PSS Unit should have solid competencies. Finding persons capable of advancing the quality of PSS is a challenge and it would be positive for PSS to keep the PSS Unit personnel over time so that PSS can be fostered in regions through technical support and monitoring. Elements essential to providing consistent quality in PSS delivery. If SC comes under the umbrella of the PSS Unit there is a real need to increase staff of this unit.

Inconsistency in PS activity delivery and quality across the URCS. There is still variation in delivery and quality of the PS services¹². Several key stakeholders highlighted that PSS activities are often conceived of as entertainment rather than activities with specific objectives and outcomes. This appears to be the case with generalised PS activity, whether it is focused on life skills, crafts, or children's hobby activities. For example, having children who are living under difficult conditions come to a hobby club is positive if the 'club' takes place in a safe environment but it is also necessary for a PSS volunteer facilitating the activity to know what objectives are related to the hobby club (e.g. increasing participant capacity to manage stress and use effective coping strategies), what indicators would indicate an increase in stress management and use of effective coping) and how this hobby activity can be evaluated to show gaps or positive practice.

More training is necessary as knowledge of just what PSS is has not been acquired over the volunteer base.

¹² The PSS activities can range from hobby clubs to focused life skill activities and data highlights that the activities vary considerably in quality.

For example, answers to “What is psychosocial support?” garnered diverse definitions. From clear:

“Providing assistance to meet psychological and social needs, moral support of people who are vulnerable due to some reason in order to help a person adapt and cope with a stressful situation.”

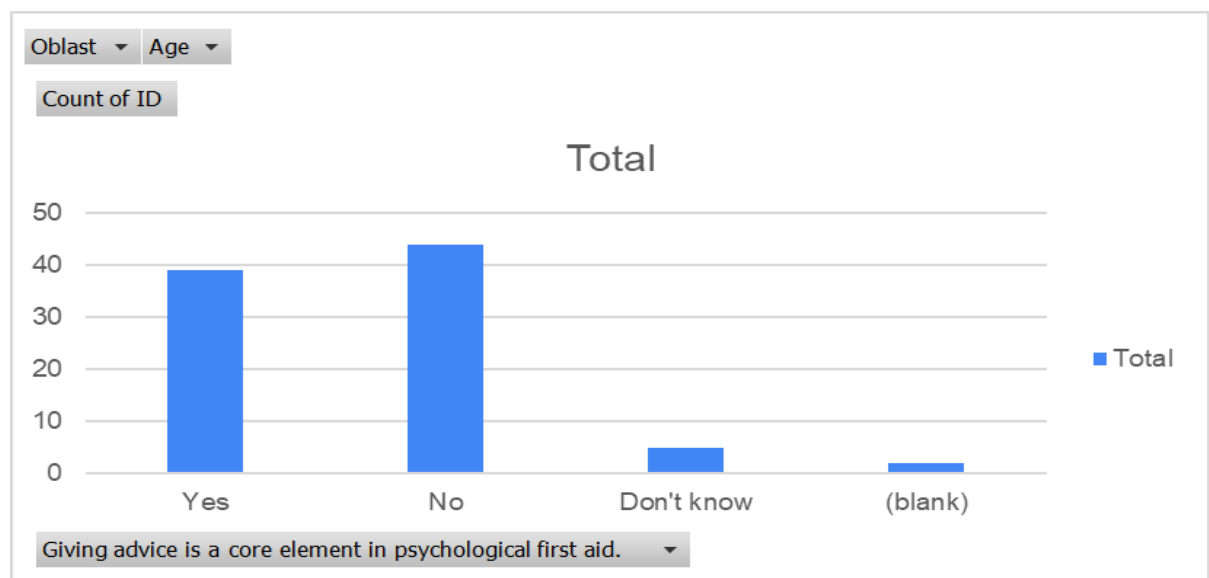
To partially understood:

“Help people improve their mood and well-being by attending our events.”

To less understood:

“when people are anxious, embarrassed, so you can help them with advice.”

Replies from the volunteer survey on PSS knowledge, indicated that too many still think that giving advice is a part of PSS:¹³



If a volunteer has not had former related training (e.g., social work, undergraduate diplomas in psychology, etc.) then a 3 or 8-hour module is not sufficient to give competence in PSS.

Another challenge is that **the PSS network in the URCS is not yet a cohesive whole that works together**. Although there is regular contact from the PSS Unit, more work is necessary to bring together all PSS coordinators and volunteers for knowledge exchange and to increase harmonisation of activities. At present, throughout the 24 URCS regional branches and more than 200 district branches, many are not yet committed to PSS or SC¹⁴. This may be that **PSS and SC are relatively recent activities**, not yet widely understood or accepted in Ukraine, where from an historical point of view, some stigma remains around any activity with psychology in the title. A continual challenge is

¹³ The graph can be broken down into different oblasts and it may be interesting for the PSS Unit and the PSS delegate to see variations in oblast knowledge. For example the difference between Lviv (perhaps a clearer idea of PSS) and Kherson (where advice is seen as part of PSS).

¹⁴ More branches undertake SC activities compared to PSS but often for ‘entertainment’ according to several stakeholders rather than by working towards objectives of social cohesion and follow-up of groups.

to communicate clearly what psychosocial and social cohesion entails so that it becomes acceptable to the communities involved.

These activities are still project dependent with mainly the regions in the project being active. When a project ends, if the URCS is still reliant on this funding source, PSS activities will be in jeopardy. There is a challenge to find alternative in-country funding for PSS to continue once projects are no longer funded. The SRC felt in a monitoring visit in 2018, that there is not yet ownership by the URCS of PSS or SC activities. However, the data show that there has been progress since 2018 in URCS HQ acknowledging the activities as part of the NS strategy, and a study is planned in 2021 to identify opportunities for in-country funding opportunities in the URCS.

Beneficiary-related challenges:

- -Data showed that **PSS is not well understood by many beneficiaries**, who may be expecting more material aid. A positive initiative to counter this was the distribution of PS Kits which allowed support to beneficiaries and an opportunity to provide face-to-face support (See Luhansk) so that beneficiaries could receive PSS and see the utility of this support. And this report recommends that a module on how to explain PSS to potential beneficiaries is integrated into basic PSS training.
- **-The beneficiary population is not expanding** according to several stakeholders. Regions are not proactively reaching out to new groups at risk¹⁵, so the same people are being supported rather than those who may have recent needs. There are difficulties in attracting some potentially at-risk groups such as demobilised servicemen although some districts have managed to incorporate the demobilised via activities with their family members. As the skill set increases, capacity for outreach will expand.

Social Cohesion (SC) is complementary to PSS but is **not yet clearly understood** in the URCS. The overall objective of the Social Cohesion project “Conflict affected population and vulnerable host communities experience greater social cohesion and strengthened psychosocial well-being” is not sufficiently explained for the URCS volunteers. Although a framework was developed in 2018 with support from the PSS delegate, it is still in draft form and not yet used. Clarifying aims, outcomes and quality in delivery is an ongoing challenge for this activity. SC will benefit from expanding the framework of specific activities having specific service indicators and outcomes.

The need for SC is high in Ukraine¹⁶: a need to build links and cohesion between different groups within the Ukrainian society, such as IDP and host communities, but SC work is complex and

¹⁵ Data shows that vulnerable elderly or disabled persons who cannot travel are not contacted. Also, in the economic downturn predicted as a consequence of the pandemic, needs analysis may indicate groups not formerly designated as at-risk. These groups may be health-workers, recently unemployed or families affected by COVID-19.

¹⁶ the 2017 Participatory Assessment Report for refugees, asylum seekers, and internally displaced persons in Ukraine, published by UNHCR, highlights a number of areas where protection and other human rights, gender equality, social inclusion and the right to information, for IDPs and other minority and vulnerable groups, are still not being met.

addresses delicate themes¹⁷, which need not just trained volunteers but mentoring and supervision before they can be competently delivered.

Additionally, there have been **problems in delineating PSS from SC activities both at HQ and local level**. Although SC is now to be 'housed' with the PSS unit, the Volunteer Unit still may retain the YABC activity organisation. This will be a challenge for monitoring and evaluation of the two activity streams. Bringing diverse groups together for community sports or cultural events and YABC activities which address cohesion between groups¹⁸ requires a skill set and needs adequate training, monitoring and mentoring to avoid any possibility of doing harm to participants. The present mentoring and monitoring needs expanding.

Gaps:

- **Gaps in delivery and gaps in consistency over regions:** From the field data, the quality of PSS activities observed and SC activities in report documents is not at the same level as quantity. This appears to be partially a HR problem and partially a need to upskill some staff. Analyses of data highlighted that knowledge of objectives of a PSS or SC activity are lacking in many districts. Whether this is due to lack of understanding of what PSS and SC objectives are, or whether there is a lack of capacity to facilitate objectives needs to be clarified. This gap in quality of PSS and SC delivery is compounded by a limited commitment and knowledge in PMEAL activity. Although reporting of PSS activities is improving, and mentoring is starting, there is still a gap in analysis leading to lessons learnt.

These gaps can be reduced but there is a key need to increase project management capacities, lessons learnt analysis and reporting skills in some branches as training, supervision/mentoring, monitoring, evaluation and eventual lessons learnt require experienced PSS co-ordinators.

These gaps been partially addressed by initial trainings, such as a PMER in 2018, and may be further reduced once there is further integration of PMEAL and a PSS Unit that has been able to operate consistently over some time¹⁹, as there will be a possibility of developing more guidelines, training, M & E. as well as co-ordinating the PSS network in regions. With a cohesive network, it will be easier to exchange lessons learnt.

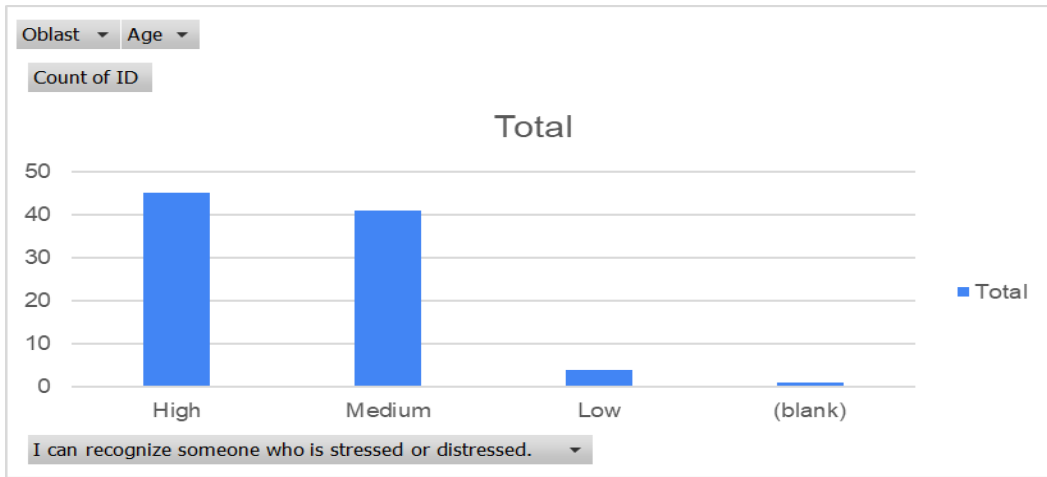
- **Gaps from certain districts are visible** from the field data (observation of activities) and are confirmed in survey results where differences between oblasts are apparent. For example, the

¹⁷ For example, the Youth as Agents for Behavioural Change (YABC) deals with complex themes: non-discrimination and respect for diversity, intercultural dialogue, social inclusion, promotion of gender equality and prevention of gender-based violence, the Fundamental Principles and underpinning humanitarian values of the International Red Cross and Red Crescent Movement; and by working on interpersonal skills such as empathy, active listening, critical thinking/non-judgement/dropping bias, non-violent communication, negotiation and mediation and personal resilience. To do this work well, volunteers need adequate training but also mentoring and supervision.

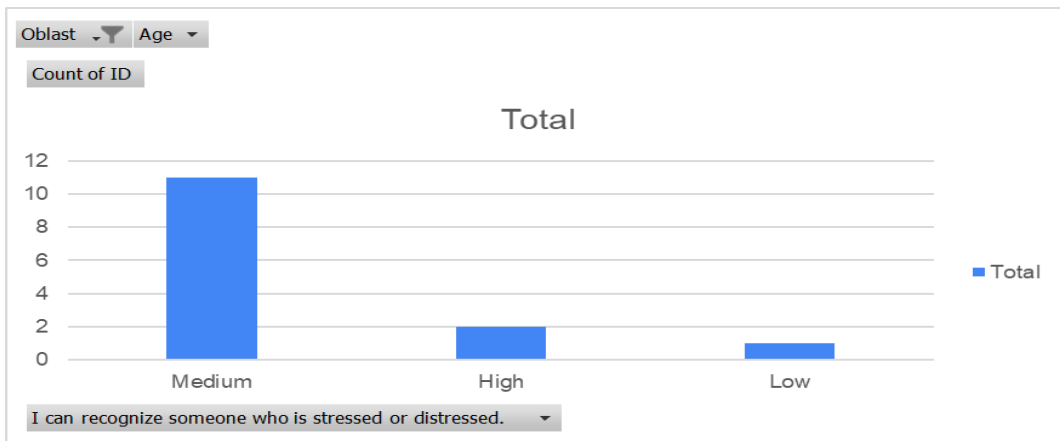
¹⁸ YABC was created in 2008 with the aim to empower young people to take up an ethical leadership role in inspiring a positive transformation of mind-sets, attitudes and behaviours within themselves and their community.

¹⁹ The actual head of the PS Unit has been in office for around 18 months after an absence of a Head of Unit for most of 2019.

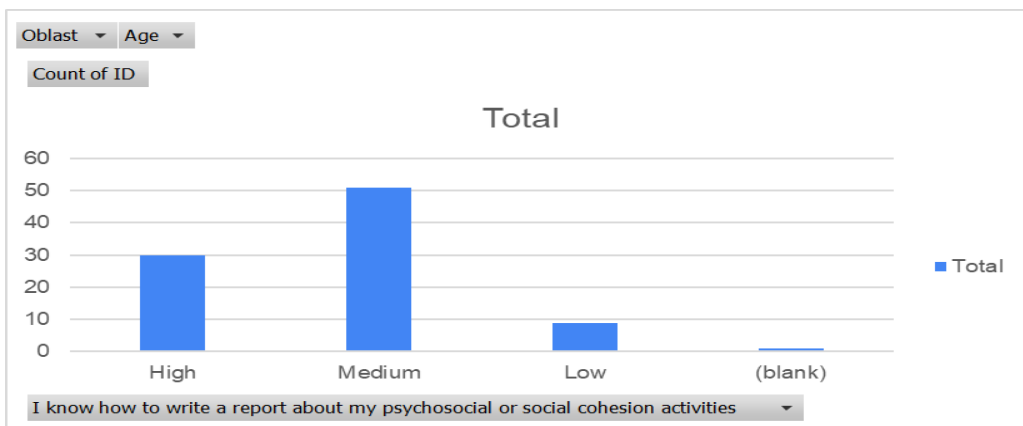
overall responses from volunteers to the question, “I can recognise someone who is stressed or distressed”. Is the following:



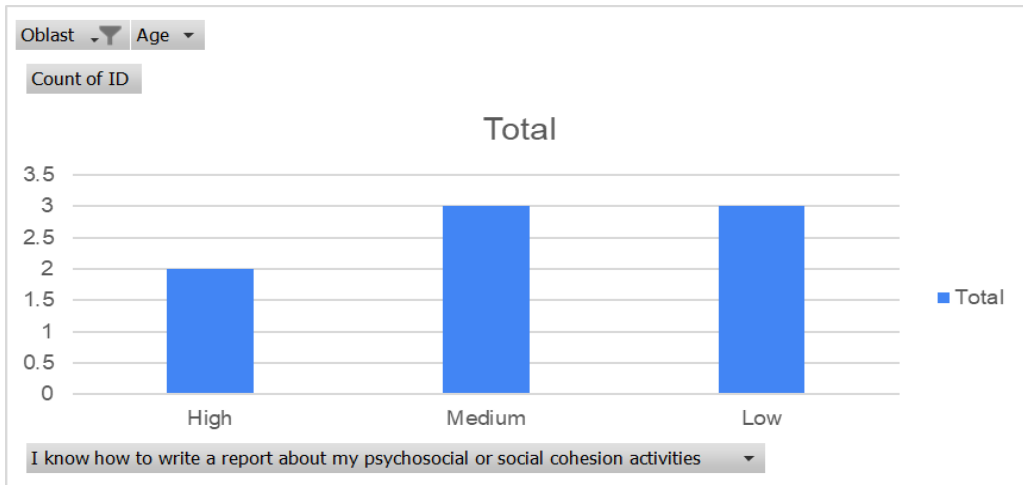
However, if we look at the results from volunteers in Luhansk, the graph is the following:



Another example is from the question “I know how to write a report about my psychosocial or social cohesion activities”. The overall response shows that volunteers know more or less how to report on their activities:

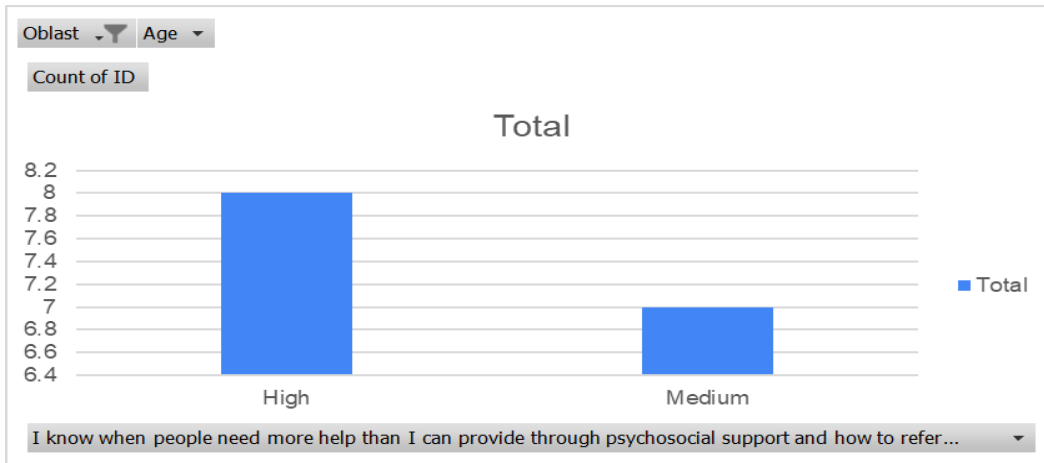


However, replies from Kherson are less positive:

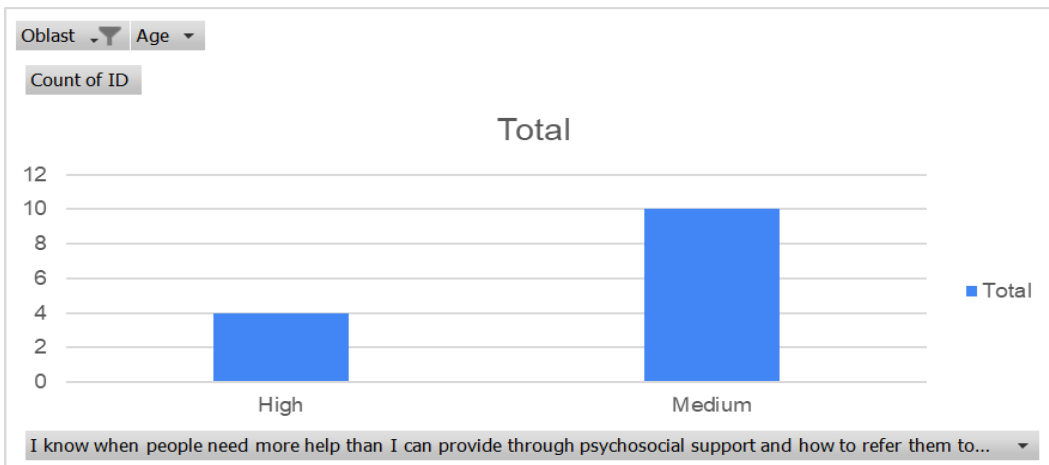


The numbers are small but when cross-referenced with the field FGDs, interviews and observations, they reflect a gap and indicate a need for reinforcing capacity.

Again, differences in capacity for referrals appear in different oblasts. Lviv is higher :



than Luhansk:



Thus, gaps exist in implementing or even knowing of referral possibilities for those beneficiaries who need referral continues in some districts.

Gaps in developing activities over a time period: sometimes an activity, such as a support group occurs once or twice with no follow-up or analysis of objectives or objectives reached. Providing PSS and SC is not usually a one-off activity. Overall, it may be better to repeat a certain activity well, rather than launch new activities that do not have guidelines.

Gaps in some risk populations who are not yet integrated into activities. The beneficiary population in some districts are not renewing and some at risk populations such as demobilised servicemen or marginalised groups (Roma, LGBT²⁰ gender groups) are not contacted or integrated into activities.

Gaps in follow-up post-training: Once trained, there appears to be no system in place for supervision of activities or mentoring. The PSS Unit is probably understaffed for overall mentoring, although there is regular contact with branches. Local staff would be optimum for mentoring and supervision but are not always skilled in this. Recruitment of qualified local PSS coordinators will be necessary to upskill local volunteers. This demand was voiced by the districts:

“So we need people on a salary who can organize effective work...you need to organize a platform/have a system to support volunteering, to be there to check the quality, to train and mentor volunteers, to supervise, to find resources, at the end you’re to identify who is need, who requires support, who are beneficiaries and bring all actors together.”

Opportunities

- An increasing need for services²¹
- An organisation known as a PSS provider in some parts of Ukraine, the URCS could increase this profile through delivery
- Adherence at HQ and in multiple oblasts
- Pertinence of PSS and SC in multiple areas of the NS
- Actual PNS and IFRC support for both technical input and OD
- The needs in the current pandemic situation may enable the URCS to increase the PFA capacity building

²⁰ According to press articles and some stakeholders, Ukrainian society remains largely intolerant of many social groups, including the LGBT+ community, with several episodes of discrimination and attacks against activists in recent years.

²¹ Voiced by the local WHO MHPSS cell in Kyiv.

Former assessment reports and current MHPSS representative note that the **need for psychosocial support is high**²² in the Ukraine where multiple stressors and the cumulative impact of poverty, unemployment and community conflicts are likely to be exacerbated by the COVID-19 pandemic:

“The PSS program is needful and significant; it is relevant not only during an armed conflict, it is always needed.” Deputy Head, Luhansk

As stated, **the URCS is known** in some districts **as a provider of PSS** when there are few organisations in the Ukraine providing PSS services. If further developed within the URCS, there is a real opportunity for growth and expansion in PSS and SC but *only if the delivery is of quality*.

There is **adherence in certain oblasts** where PSS and SC are already accepted as part of the potential RC activities to offer local communities. Expanding PSS and SC slowly, with accompanying specifications and training could **increase the network** and enlarge opportunities for local funding.

PSS could be integrated into multiple areas of the URCS as it is relevant in emergency response, volunteer support, distribution activities and RFL.

Both in former projects such as that funded by the Swedish RC, and in ongoing projects there is support from the DRC in PSS technical development and from the DRC and the IFRC in **building OD** around **PMEAL CEA** and **PGI** (protection). Desk reviews and data highlight that **technical support to the URCS PSS Unit from PNS and IFRC has been and continues to be invaluable**. The URCS is putting effort into OD. Workshops, although postponed due to the pandemic, are planned for the near future. OD takes time and is a complex issue. Continuing support to the URCS is needed.

Changes that may be necessary for the successful PSS development in the URCS

Several lines are suggested from the data. There is need to:

- Increase the number of trained volunteers and work to retain them.
- Enlarge contents of training to enable better quality in facilitation of PSS and SC activities
- Improve the quality of PSS and SC work by supervision.
- Consolidate the PSS Unit — the tasks are multiple
- Revise, readjust and stabilise PSS and SC activities before starting new activities
- Increase technical skills in URCS PSS and SC staff and volunteers to enable eventual exit of PSS and Protection international delegate
- Integrate PSS into other URCS activities
- Look for local funding opportunities
- Continue to upskill PMEAL and PGI capacity

²² Data from several sources including the - World Health Organization (WHO), MHPSS TWG support consultant and from WHO documents on MHPSS issues in COVID-19.

The critical importance of human resources as a central determining factor in effective humanitarian action is increasingly recognised²³. The Regional Centres, with support from URCS HQ need to enlarge and strengthen the capacity of the PSS volunteers. The PSS Unit and the Volunteer Development Unit could collaborate to set-out volunteer profiles and develop a recruitment campaign. Although there have been multiple trainings, with the high turnover of volunteers, **training as well as recruitment needs to be a priority in the near future**. Continuing the support for volunteers' self-care is an integral part of any PSS and is an ongoing need.

The **PSS training** is an 8hour module, but this is not adequate for volunteers, who often do not have previous related experience of training in the psychosocial field. Additional modules will need to be developed for volunteers who, for example undertake the resilience in children programme, or who facilitate support groups for at risk groups, or who are working in protection. Eventually, regular workshops can complement training (not replace it) and will also enable exchange in the network. Training also needs further scaffolding with **mentoring and supervision** in order to enhance delivery and protect participants, and volunteers. It is not sufficient to produce specifications for PSS and SC activities; the **PSS Unit staff have to work closely with the PSS Network to ensure understanding of and implementation of specifications**. This will improve quality in delivery and enable consistency of delivery across the URCS.

Consolidation of the PSS Unit at HQ. Developing the quality of activities as well as developing and retaining a trained network is no easy task. The **PSS Unit needs support and recognition from the management** for the work accomplished and the considerable work to be done. For example, in the PSS Unit work with regions: In those regions already providing PSS and SC, HQ can increase capacity, quality and suggest funding opportunities outside funded projects (so as to strengthen sustainability). In those regions not yet adhering to PSS or SC, the PSS Unit can inform about positive factors in providing PSS and SC and provide eventual training, specification documents and mentoring.

In planning the successful development of PSS, it is necessary to **firstly consolidate good practice before developing new activities**. Finding and enlarging on good practice would be possible if there is an increase in analysis of activities both locally and nationally within the URCS. The skill set of the volunteer base is such that the PSS unit needs to support learning and capacity building rather than endorsing many unmonitored new activities. It is positive that there is creativity, but the data show that quality and understanding of activity objectives should be a first priority.

A near-future priority for each PSS activity, is that the **objectives and expected outcome/s need to be explicitly stated and put into practice**. From the data, it appears that many activities are provided with the sole aims of social contact and well-being without addressing underlying difficulties or providing support to participants around learning effective coping or stress management tools.

²³ Harvey,P., Stoddard,A., Harmer,A., Taylor, G and DiDomenico, V., Brander,L. The state of the humanitarian system: assessing performance and progress – a pilot study. (2010) ALNAP, Overseas Development Institute, London. ISBN 978-1-907288-15-9

Parallel to building and consolidating PSS quality delivery, there needs to be discussions with other units in URCS HQ about **integrating PSS and SC into other URCS activities**. Building information to, and collaboration and co-ordination with departments, will enable PSS to be seen as a constructive addition to sectors' skill sets. PSS is pertinent to many areas of the URCS including emergency response, volunteer self-care, and RFL. It will be positive for the URCS and for PSS if the activity becomes integrated across different sectors of the URCS activities.

Data highlights that **work with the PNS, including the technical input from the *present PSS and Protection international delegate, is strengthening the URCS PSS capacity***, and is well accepted. The present delegate has the technical skills to support quality development²⁴ and is skilled in mentoring. For the successful development of PSS, the PSS Unit empowered by the PSS and Protection international delegate has multiple tasks: As well as developing the necessary SoPs, indicators, and guidelines, and strengthening the PGI focus²⁵ there will be a need to work together on an exit strategy that promotes retaining experienced persons and fosters maintaining services. This building of specifications and an exit strategy discussion could take the form of an ongoing collaboration and also through a strategy workshop to cover the next three years.

There needs to be an integration of PSS activities with SC activities within the same HQ unit as well as active co-ordination with the Volunteer unit as the need for more volunteers is vital for PSS development. One possibility of attracting volunteers would be presentations, by either the PSS Unit or a skilled PSS volunteer, to regions not yet providing these activities. This would enable a new region to see possibilities of PSS or SC and to ask questions about delivery, etc. At the same time, it would be preferable for the PSS Unit to further define PSS and SC, as well as developing SoPs, Indicators, and overall monitoring of SC focused activities.

Document good practices for future programming and wider organisational learning

The PSS and SC activities have been in development for some time and a base exists:

“We also have regulations on how to establish a system and provide psychosocial support in the Red Cross dated the 12th of December 2018”. (Deputy Head, Luhansk Oblast)

The good practice of developing and sharing SoPs and guidelines needs to be continued and expanded as they provide a framework on which to develop and harmonise PSS in the regions. There is an effort from the PSS Unit and supported by the PSS delegate, to have a common approach with similar indicators, SoPs, and PMEAL elements operating across the URCS' PSS activities. Documenting PSS through regular and in-depth reporting will enable the URCS to identify good practice and pick-up gaps.

²⁴ For example, support in redacting specifications and indicators for PSS and SC activities.

²⁵ PGI is being strengthened: A workshop on protection integration into the URCS (establishing a PoA) was planned for 2020 and is now postponed until the pandemic context enables workshop participation.

Outreach with local authorities related to at-risk groups, local needs, and potential funding opportunities has begun in some branches. The locally, signed agreements and memoranda with authorities and partners will enable an expansion of PSS activities and may provide much needed funding. It will become more important for regions and districts to assess local funding as the decentralisation of state funding that occurred in 2016 has reduced centralised possibilities.

Integrating PFA training into other sectors such as that already started with the emergency response team PFA training will expand comprehension and knowledge of PSS tools and increased adherence.

Compliance with accountability and transparency standards of the DRC, IFRC, URCS

- The RC/RC Movement has adopted an accountability approach²⁶ that include four pillars:
- Participation,
- Transparency,
- Feedback mechanisms, and
- Beneficiary-led monitoring and evaluation

The desk review and field data were examined to understand compliance with the accountability and transparency standards of the RC/RC Movement. The URCS has been incorporating the standards in the OD although the data highlight that this needs expansion. Accountability is a work in progress but needs further organisational development. Beneficiaries reported in the survey and FGDs that they feel consulted. Staff and volunteers discussed feed-back mechanisms in their work and reporting. There is an effort to obtain feed-back from participants and beneficiaries, but feedback is often verbal and the necessary follow-up analysis of whether activities are effective appears not yet to be undertaken. There is room for increasing transparency, accountability and participation through planned PMEAL supported by the IFRC and PNS. The consequent monitoring, feed-back loops and lessons learnt should increase PSS quality delivery. The PSS Unit has a task here to help upskill and encourage adherence from regions.

Data and desk review documents reveal that inclusion of fundamental Protection, Gender, Inclusion aspects of all PSS and SC activities is not yet established. For example; Protection, i.e., ‘protecting participants and volunteers from harm and ensuring their rights’ is given verbal acceptance by volunteers in survey results but field data show this will need to be further developed. The quality of some PSS activities may not sufficiently protect participants. One positive of providing PSS or SC activities as entertainment, and not facilitating support groups for example, is that volunteers do not exceed their competence.

Data from the field highlights that although inclusion is part of the PSS activity planning, and volunteers state ‘all are welcome’ some groups are not included. Much of this stems from a shortage of volunteers or staff who are able to proactively address marginalised groups or offer activities (E.g.,

²⁶ IFRC Minimum standards on Accountability to Beneficiaries, www.fednet.ifrc.org

immobilised persons in need who cannot come to RC centres). Other groups are not yet accepted or recognised in regional society (E.g., LGBTQIA communities).

Marie Sonderholm, the DRC Protection Advisor has worked with the URCS to develop a protection approach, in February 2019 and was to provide a further workshop in developing a PoA in June 2020, a mission postponed due to the pandemic context. She noted that it would help to have a focal person for PGI issues in the URCS and to mainstream PGI in PSS and SC training through a module that can be integrated into current training content. A CEA and Protection person is planned, with support from the IFRC and this should enhance PGI and accountability in the URCS.

To summarise, Planning, Monitoring, Evaluation, Accountability and Learning systems would reinforce RC/RC standards. PMEAL and Protection elements are not yet mainstreamed with the URCS but are a focus for future development.

Monitoring and Reporting on PSS activities

Although not totally developed, the PMEAL aspects of PSS activities have improved; PMEAL activities are progressing but need reinforcement and further adherence. Interviews with stakeholders suggest that the URCS PMEAL is strengthening in HQ but is still only partially developed at regional level often only in project-based regions. Reporting on PSS activities has increased to four times a year, but analysis and evaluation of activities, or lessons learnt are still elements 'in development'.

The increase in PMEAL in HQ is positive as OD takes time and effort. PMEAL capacity will contribute to an increase in quality in PSS and SC. The technical contribution from the IFRC and PNS should reinforce URCS capacity through workshops and could be particularly focused on regional and district groups of the NS.

Evaluation of compliance of projects with the projects' objectives

The projects' objectives from the PNS (Swedish Red Cross and the Danish Red Cross) were clearly communicated and set in place. However, there was a lack of consistency in branch adherence and capacity so that outcomes are not consistently addressed.

Along with the SRC project to support PSS development and OD, the DRC ongoing programme objectives and outcomes are *improved capacity to deliver PSS and social cohesion activities*. In the timeline of the projects, staff and volunteer turnover was such that any gains in capacity were and are undermined: as staff and volunteers left, the target volunteer numbers were not attained, and there remains a need for volunteer recruitment, training and an increase in depth of training in certain areas requiring a solid skill set before the project objectives can be reached. In other outputs such as: *Relevant, timely and quality PSS and social cohesion activities provided to vulnerable populations*, there are gaps in beneficiary groups and a more proactive²⁷ approach to approaching at risk groups will be necessary, as well as an increase in

²⁷ Data highlights that certain marginalized groups such as Roma, elderly at home, LBTGIQ are not yet part of PSS or SC activities.

quality delivery of PSS and SC to any participants for the project to come to fruition. However, this is a work in progress, advances have been made and work is ongoing.

Equally, the parallel organisational development in PMEAL and PGI which has support from the IFRC and DRC will increase quality standards in PSS and SC delivery and adherence to RC/RC principles and standards as well as support project objectives.

Action-oriented recommendations for future PSS development

There is a need:

- to construct and finish guidelines and SoPs for PSS and SC activities
- for harmonisation of activities and efforts to increase quality across the PSS and SC network
- To continue support from senior management by including PSS in the URCS 2021-2025 strategies and enabling the necessary organisational support to the PSS Unit.

The PSS Unit has an important task ahead and will need added HR to increase quality in PSS. As well, an additional position/s will be necessary if the PSS Unit incorporates the SC network.

This PSS Unit team would need capacity (i.e., qualified in PSS and/or social work) to:

- Give technical assistance to the regional co-ordinators in PSS and SC
- Collaborate to increase quality in scheduled PSS activities in the branch by providing- input to structuring PSS activities, by monitoring quality of interventions, and by providing vital briefing and mentoring to volunteers
- Increase the regular communication contacts between PSS Unit and districts
- Help train new volunteers in basic PSS, as well as training some in advanced PSS modules, and provide training for ERT and FA volunteers in psychological first aid (PFA)
- With the PSS volunteers and local staff, co-ordinate the mapping of referral resources in districts, and assess at risk groups that could benefit from PSS and SC activities

Within all training for PSS and SC volunteers, include:

1. A clear PSS objective for all activities. For example, ‘the why’ of holding an arts and craft activity and ‘what PS outcomes’ should be aimed for from the activity.
2. Include a role play in each PSS training of running a PSS activity where a participant (volunteer) has to explain ‘what is psychosocial support’, ‘why’ they are doing an activity, and ‘what all participating in the PSS activity could expect to accomplish’.
3. Include a module on PGI and why it enhances the PSS and SC activities.
4. Mention in what way PMEAL elements contribute to PSS and SC.
5. Provide a clear definition of SC with examples and guidelines (including objective) of the SC activities.

For PSS and SC activities to progress, there is a definite need for mentoring and monitoring following training, and systems to be set in place for regular monitoring and evaluation of activities.

Hold regular expert group meetings as one input source for guidelines, SoPs, and training content for PSS basic training, PFA training across the URCS, and SC training (over and above YABC contents).

Although the communication from HQ and the PSS Unit to the regions was reported as clear, there is a continual need to build up the PSS and SC network across the URCS through regular communication of changes (e.g., communicate changes and request feedback from all districts if SC is to be incorporated into the PSS unit) and sharing of guideline documents such as SoPs and indicators related to certain activities.

Continue to coordinate with across Movement partners: URCS, PNS, IFRC, ICRC for increased collaboration in the domain of PSS and SC.

Sustainability of PSS activities in the URCS

In Ukraine, the need is there. There continues to be considerable need for psychosocial support and activities promoting social cohesion in Ukraine. The social determinants of poor mental health and overall distress are widespread: unemployment, poverty, feelings of insecurity, marginalisation and a cut-back community health system²⁸. With the present COVID-19 pandemic, stress and distress are likely to increase and persist over the coming years as the negative economic fall-out from the pandemic makes itself felt.

The URCS is well placed to be known as a provider of PSS in the Ukraine. As the largest national humanitarian organisation in Ukraine with 24 regional branches, with 300 town and district branches, and the Kyiv City branch. It has 600 employees and 2500 volunteers.

The senior management of the URCS see PSS and Social Cohesion as “main priorities in the URCS 2021-2025 strategy” Maksim Dotsenko, Director General URCS (from stakeholder interview, 8 July 2020).

Feed-back from *all regional offices of the URCS visited, stated that PSS activities are sustainable* as there is a local need for PSS activities and experience is already built-up in project co-ordinators and some volunteers. There is some feeling of ownership with PSS and SC in URCS regional offices.

However, *funding and finding/retaining volunteers remains an issue:*

“Yes, they are [sustainable] but in case of secure funding and continuous campaign, planned actions to attract/bring new members. If not, it will be difficult.” (Luhansk, Head of Region)

There is a need to move away from project-based funding. The PSS and SC activities are heavily reliant on project funding. The NS needs to find local sources of funding for these activities, such as training local groups in PFA. This option will only be possible if the quality of the URCS PS trainers is high.

²⁸There is insufficient government financing of the health system and what funding exists does not address community MHPSS matters. For example, 89% of the health funding in Ukraine goes toward inpatient mental health care (World Bank Report 2017 on Mental Health in the Ukraine)

The years of building PSS and SC capacity is a base from which to go forward. For example, as more trainers and technically skilled volunteers and staff exist, sustainability of PSS and SC will not rest on one or two people from HQ but will be filtered out to districts.

The COVID-19 pandemic context

The URCS PSS and SC activities are presently functioning in a pandemic context and this context is influencing delivery: The NS has made a move to place activities online. Helplines are being established and some activities are being delivered via internet, but there is a need for training on online delivery, for adapting the material, and for producing means of obtaining feed-back. A limit to online delivery is that some parts of the population lack internet capacity or technical knowledge to join online activities. Telephone outreach is another possibility that some districts are trying.

Assessment of need in the pandemic context is important as there will be new at-risk groups, such as health-workers, or the newly unemployed, who may be experiencing distress. Some groups already at risk will have more cumulative stress, including economic hardship (one of the social determinants of health)²⁹

Finally, with the pandemic context, it is possible that funding streams may be affected by the expected global downturn at a time when needs are increasing.

Conclusions and Recommendations

Conclusion

Within the present Ukrainian context and in the foreseeable future, there is a definite need for psychosocial support and few organisations in Ukraine who are able to provide such services. The URCS included PSS as one of its core activities in the National Society strategy 2018-2020 and aims to continue this in the 2021-2025 strategy. This decision must be backed up by the necessary HR in the PSS Unit, and the consequent development of the regional base.

In the URCS HQ there is an accumulation of PSS and SC experience over some years, as well as organisational development within the NS on PMEAL and increasing activity in some regions. Despite increases in harmonisation through guidelines, training, and some monitoring, the PSS activities of the URCS are a work in progress with some limits to in-depth understanding of what PSS or SC objectives are and how to obtain outcomes. Although there are increasing specifications around activities with information on indicators and outcomes, there appears to be an over-riding need to work with oblasts and districts so that these specifications are accepted, understood and used. There remain limits in the quality of PSS and SC activities. To enable a stable network of volunteers, and quality in delivery, mentoring, monitoring and evaluation is now a priority.

Developing PSS in a NS takes time, commitment, knowledge, and organisational development. Currently, there is a continuing need to recruit and retain the volunteers, increase capacity in staff and volunteers (training and mentoring), and improve staff and volunteer management before PSS can be sustainable or

²⁹ Marmott et al., 2012 – Link in references.

expanded. These needs are presently being addressed by the PSS Unit and supported by the PSS delegate. However, organisational development (OD) to support the overall quality and sustainability of PS services, such as strengthening of the National PSS Unit and regional network is strongly advised. In parallel, consolidation of PMEAL and PGI capacities at regional and national level would scaffold and complement PSS development and enable evaluation of quality.

There are limitations to this evaluation: The field visits took place during COVID-19 restrictions when both volunteers and beneficiaries were living with mobility restrictions and consequent limitations in activities. Also, the evaluation took place in Summer when many volunteers and beneficiaries are absent. Finally, the size of the data bank does not cover all PSS and SC volunteers and so conclusions drawn can only be partial. Nevertheless, a large data bank was obtained and will provide pathways for development in the coming year.

Recommendations

Developing PSS and SC in a NS takes time, commitment, knowledge, and organisational development. This is in progress in the URCS and the following recommendations are suggested to continue this process. With any recommendations from evaluation data, it is necessary to prioritise, so as to not overburden a National Society but enable a hierarchy of areas needing attention to arrive at objectives. In this case, to evaluate the Ukrainian Red Cross (URCS) Psychosocial Support Services (PSS) according to set criteria, taking into consideration issues of protection, gender and inclusion with a focus on reviewing the PSS activities and identifying key areas of improvement or modification.

- That the **URCS continue to place Psychosocial Support (PSS) and Social Cohesion (SC) as core elements in their 2021-2025 strategy and consolidate the related organisational structure** → PSS Unit, regional PSS network and Volunteer Unit.
- It is recommended that organisational development of the PSS network and technical input to support the overall quality and sustainability of PSS services, such as **strengthening of the National PSS Unit and regional PSS/SC network is a priority**.
- At the moment, multiple activities are undertaken without volunteers understanding PSS and SC objectives. For example, there are craft or hobby workshops that as a PSS activity, should be a channel for assisting participants' coping strategies and supporting participants to find their priorities in a difficult environment, as well as an occasion to come together. For the moment, the only objective attained is to enable participants to come together in a safe environment. Generally, PSS indicators are not monitored, and outcomes are not being measured or evaluated. Thus, an increase in quality is needed overall.
- It is recommended that the **PSS Unit have extra staff** to undertake PSS and SC development. Tasks include **strengthening the technical knowhow of the PSS and SC network and support to a PSS/SC volunteer base** through *training, technical input, mentoring and supervision*. As there is a high turnover of PSS and SC volunteers, training and specifications on why and how to undertake activities will need to be a priority.

Technical input and staff profiles: It was evident from the data that PSS and SC are now in all levels of the URCS and have progressed from the 2014 start but it is evident that both activities need further technical support to offer quality and that the organisational structure to enable this quality is necessary. It is therefore recommended that the PSS Unit, with the Expert Committee and actual PNS PSS and Protection delegate continue to produce and finish SoPs, guidelines, indicators, and other specifications for PSS and SC activities including integrating of PGI. In order to give this technical support, all staff in the PSS Unit need to be both competent in PSS (clear on objectives, indicators, and monitoring) but also skilled to be able to mentor and increase training capacity throughout a regional network.

In relation to training, it is suggested that added to the 8-hour basic training there is a need to elaborate 3 further modules:

- I. a module on communicating what is PSS to a group of 'participants' as data show that there is need to clarify what exactly is PSS for both volunteers and potential beneficiaries.
 - II. a module on understanding and 'playing' a PSS activity (i.e., what are the objectives and how to obtain objectives through an activity), and
 - III. a module on focused on the necessary PMEAL (how to plan, to monitor indicators, evaluate and report on outcomes, account to participants and set-up systems for lessons learnt) and that all specifications are explained and integrated into the districts providing PSS through training but also through regular contact between HQ and regions, and between regions.
- It is recommended that the PSS unit support and reinforce the PSS network. That there are regular contacts from URCS HQ PSS Unit with districts to discuss PSS and SC specifications, including ongoing mentoring of project co-ordinators. That in regions, or by zoom, that there are monthly supervision sessions with PSS and SC volunteers
 - It is recommended that **a second-tier training is developed** for all PSS volunteers focusing on the application of PSS skills in how to enable at risk participants to better cope with adversity and crises. To date, PSS and SC volunteers have tried to provide these activities to the best of their ability, but that they lack knowledge and practical application of how, through an activity, to assist participants use effective coping strategies in relation to their crises or areas of problem.
 - It is recommended that **PSS be integrated into all URCS activities where this would benefit delivery**. Areas such as disaster response, volunteer support, RFL, distribution, health outreach.
 - It is recommended that **PSS and SC be integrated within one unit**. These activities are complementary and inter-related and yet they need further clarification (communication of definitions, aim and objective indicators) in relation to regional offices and the volunteer base. If the SC comes under the umbrella of the PSS Unit, then **more staff will be needed**.

- It is recommended that the **PSS and SC network revise, readjust and stabilise PSS and SC activities before starting new activities**, by focusing on quality and specifications to attain objectives and outcomes.
- To renew the beneficiary numbers and address newer at-risk groups, it is recommended that the **PSS regional network continue outreach to make contact with at risk groups** as well as continuing to provide activities for beneficiaries already coming to centres. With COVID-19, regular assessments of evolving needs may be necessary. In the outreach it is **recommended that there is a focus on gender and age including how to support marginalised groups** (such as ex-servicemen, elderly who have limited mobility and means, and groups not easily accepted).³⁰ However, **quality in PSS activity delivery needs to be a priority** so that PSS activities are effective and do no harm. This means consolidation and training of PSS and SC volunteers before offering activities.
- It is recommended that the **URCS continue the commitment to both PMEAL and PGI development** and focus on inclusion of these elements in all documents and workshops. A consolidation of PMEAL and PGI capacities at regional and national level would scaffold and complement PSS and SC development and enable evaluation of quality. Both systems will increase quality in delivery, development of learning from activities and increase protection and empowerment of participants. Mainstreaming PGI will also increase inclusivity of groups and ensure more awareness of gender and marginalization in participants.
- It is recommended that there is a **recruitment drive for PSS and SC volunteers who have some understanding of psychology, social work or how to assist effective coping**. That these volunteers are trained AND supervised. If the URCS continue to place Psychosocial Support (PSS) and Social Cohesion (SC) as core elements in their 2021-2025 strategy, consolidation of the related organisational structures — PSS Unit, regional PSS network and Volunteer Unit— is necessary. It is recommended that the PSS Unit work closely with the Volunteer Unit to provide PSS to volunteers and to encourage longevity in volunteer adherence.
- It is recommended that there is a move away from project-based funding. PSS and SC activities are heavily reliant on project funding, but **for sustainability**, the URCS needs to find local sources of funding for these activities such as training local groups in PFA. This option will only be possible if the quality of the URCS PS trainers is known as high in the region, which again supports the interest in URCS increasing quality delivery. The years of building PSS and SC capacity is a base from which to go forward.

³⁰ The Red Cross principles of inclusivity are valid here for groups not easily assimilated such as recent migrants, Roma, LGBTIQ, IDPs. Etc.

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Annexes

Annex I: Terms of Reference

TERMS OF REFERENCE

External Evaluation of the Ukrainian Red Cross

Psychosocial Support Project, 2017 – 2019

1. Summary

1.1. Purpose: This formative evaluation aims to assess the Ukrainian Red Cross (URCS) Psychosocial Support Services (PSS) according to set criteria, taking into consideration issues of protection, gender and inclusion with a focus on reviewing the PSS impact and design, identifying the lessons and key areas of improvement or modification, and assessing compliance with related projects objectives. Recommendations from the evaluation should guide the URCS and the RCRC Movement Partners on further development of the PSS activities in the country.

1.2. Commissioner: In agreement with the URCS and support from the Swedish Red Cross (SRC), this evaluation has been commissioned by the Danish Red Cross (DRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) Country Office in Ukraine 1.3. Audience: The main audience of the evaluation will be the URCS, the IFRC Ukraine Country Office and the Partner National Societies (PNSs) that are closely working with the URCS. 1.4. Duration of the evaluation: 20-25 days

1.5. Timeframe: Tentatively starting from March 2020 1.6. Location of evaluation: Kyiv and PSS Project operational areas (TBD with the evaluation consultant/s) 1.7. Report to: The consultant/s will directly report to the established Evaluation Management Team

2. Introduction and Background

Since 2014, the protracted conflict in the east of the country has severely impacted the national economy, placed a financial pressure and limitations on social services, communities and the population in general, and resulted in loss of life and livelihoods, as well as emerging vulnerabilities associated with the displacement of 1.5 million persons from the conflict-affected areas.

As the conflict and economic crisis for the most vulnerable continues, social protection systems are overstretched and cannot answer the more pressing needs. Poor mental health system in Ukraine is closely inter-connected with poverty, unemployment, and feelings of insecurity, compounded by the effects of the conflict. IDPs, older persons and those living in the East are considered especially vulnerable.

The conflict has also resulted in family separation and social fragmentation, which can further compound feelings of anxiety and hopelessness among children, families and communities. Multiple cases of post-traumatic stress disorder (PTSD) have been diagnosed among IDPs and local population. Increasing numbers of Ukrainians (enlisted, conscripted, volunteers) returning

home from military service also face challenges in reintegrating into their communities. As of June 2019, over 400,000 veterans have been demobilized after serving in eastern Ukraine. Many whom have experienced difficulties in acclimating to civilian life due to economic and health challenges.

General population of the country often does not know the difference between psychology and psychiatry in terms of treatment methods and approaches. Psychosocial support is a relatively new concept for Ukrainians, and PSS work is largely done by international humanitarian organizations and local NGOs that have been mobilized following the conflict.

The URCS via multiple different projects and emergency appeals has been answering to PSS needs for the most vulnerable and conflict-affected population since 2014. Following PSS capacity review in September 2017, the URCS HQ has established PSS level unit and developed key operational frameworks to continue its activities forward under Danish Red Cross and International Federation of Red Cross and Red Crescent Societies support and funding.

The URCS PSS activities since 2014 were initially focused on the internally displaced persons (IDPs) but has since been extended to include support to demobilised servicemen and their families, as well as others vulnerable groups of the host population. Between 2014 – 2017, the DRC has supported PSS activities in 10 regions: Kharkiv, Donetsk, Luhansk, Kyiv, Odessa, Ternopil, Zhitomir, Ivano-Frankivsk, Chernigiv, Kirovograd. In 2017, through IFRC support, URCS had PSS activities supported in five regions: Kyiv and Odessa Regions and Kyiv city, Dnipro and Kherson regions. In 2018, the IFRC and the DRC supported PSS project expanded and covered: Kyiv city, Zaporizhyya, Luhansk, Donetsk, Kherson, Poltava, Kyiv, Dnipro, Kharkiv, Odessa regions. In 2019, in Kyiv city, Zaporizhyya, Kherson, DonetskLuhansk, Poltava, Vinnytsia, Mykolaiv, Kharkiv, Dnipro, Kyiv, Lviv regions.

In total, supported by the IFRC PSS activities reached over 2,000 beneficiaries in 2017; in 2018 more than 5,000 beneficiaries; in 2019 around 5,000 beneficiaries were reached. In addition, through the DRC supported activities over 20,000 beneficiaries were reached between 2014 - 2017, over 8,000 in 2018 and more than 5,000 beneficiaries in 2019.

3. Scope

3.1 Objectives of the Evaluation

- (1) Examine the extent to which the PSS services contribute to achieving the URCS strategic objectives;
- (2) Advise on changes that may be necessary for the successful PSS development;

- (3) Identify the strengths and areas where improvement is needed;
- (4) Identify action-oriented recommendations;
- (5) Document good practices for future programming and wider organisational learning; and
- (6) Uphold the accountability and transparency standards of the DRC, IFRC, URCS;
- (7) Assess the sustainability of the PSS activities
- (8) Evaluate compliance of the projects with the projects' objectives

3.2. Sub-objectives (project based):

- - Evaluate technical support to the URCS PSS unit from the DRC, IFRC and SRC
- - Review integration and complementarity of PSS and Social Cohesion activities
- - Assess existing PSS PMEAL systems in place
- - Assess multiyear projects contribution towards long-term goals of the projects
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Guiding questions to sub-objectives

5.2.1. Technical Support

- Is there effective communication and coordination between the IFRC, the DRC and the URCS, among the various tiers of the URCS, between the URCS and the people reached, and external stakeholders? Does this hinder or help programme efficiency?
- Is the programme being implemented in compliance with already developed guiding documents - IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, the IFRC PSS centre guidelines, the URSC PSS Regulations among others?
- How effective and sufficient was the DRC's and the IFRC's technical support for development of the PSS in URCS?

5.2.2. PSS and Social Cohesion

- Does the PSS and Social Cohesion components compliment each other?
- How timely and relevant PSS assistance was provided given the context and needs of the population?
- How timely and relevant activities aimed with Social Cohesion were provided given the context and needs of the population?
- To what extent did the projects have improved Social Cohesion in the targeted communities/groups?
- Relevance and appropriateness of the PSS and Social Cohesion in the context?

5.2.3. PMEAL

- • How are systems for feedback from the communities developed and used to improve PSS services delivery?
- • How appropriate are the project indicators and system for monitoring, learning and evaluation? What improvements could be made to the PMEAL system?
- • What are the major lessons learnt that need to be taken forward into the future programming? What are some of the successes and opportunities that have been achieved for the people reached through the project – intended and unintended?

5.2.4. Outcomes

- To what extent did the intervention respond to the needs and priorities of the target group? What might be the positive and negative consequences for the people reached and or the URCS because of this project?
- How the projects strengthen the capacity of URSC in terms of PSS activity development?
- To what extent is the projects following a progressive development, seeking longer lasting sustainable impact. To what extent are the outcomes and impact of the project likely to continue?
- Does the PSS intervention complement other projects and services being implemented by the URCS? How the PSS services are interlinked with other services such as disaster management?
- To what extent were the project goals, objectives and results achieved and how?

3.3 Evaluation Methodology

- The evaluation will utilize a mix of methodologies for data triangulation as follows:
- (1) Review of secondary data and key documents, inclusive of annual plans of action, reports, field visit reports, secondary data and collected by other organisations and documents published containing information on the operational areas, internal URCS PSS SOP and regulations.
- (2) Interviews with key informants such as Kyiv-based URCS staff directly involved in programme implementation along with the URCS senior management, DRC and IFRC staff providing technical support to the PSS projects and PSS Unit
- (3) Field visits to implementation areas for focus group discussions with people reached through the project and interviews with Regional and District level URCS staff and volunteers, as well as Government authorities and non-government organisations working in the same areas.
- (4) Focus Group discussions with beneficiaries of both IFRC and DRC projects (including specific targeted groups)

* Quantitative analyses can be introduced by the evaluation to draw on the summarized results of the multi-year project, but it is not necessary for the purposes of the evaluation

4. Deliverables

4.1 Inception report

The inception report will demonstrate a clear understanding and realistic plan of work for the evaluation, checking that the evaluation plan agrees with the ToR as well as the Evaluation Management Team¹ and other stakeholders. It will be a scoping exercise for the evaluator and will include: the proposed methodology, data collection and reporting plans with draft data collection tools such as interview guides, the allocation of roles and responsibilities, 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.

4.2 Debriefings

After desk reviews and field visits, the evaluator will report preliminary findings to Evaluation Management Team that upon a need will further share the report with DRC/IFRC/URCS key staff. Evaluator/s will take on board any pertinent comments and recommendations from the Evaluation Management Team.

4.3 Draft report

The results of the review will be presented in a draft report for comments to the Evaluation Management Team. 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. The DRC/IFRC/URCS will be given one week to review the draft evaluation document and to provide feedback.

4.4 Final report

The final report will contain an executive summary (no more than 1,000 words) and a main body of the report (no more than 15,000 words) covering:

- • the background of the intervention evaluated;
- • a description of the evaluation methods and limitations;
- • detailed suggested sections and with discussions on the findings
- • conclusions and lessons learned;
- • recommendations
-

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 is possible. The final report shall be submitted two weeks after receipt of the consolidated feedback.

All products arising from this evaluation will be owned by the DRC and IFRC. The evaluator 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.

1 The membership of the Evaluation Management Team: country level IFRC PMER and Operations leads, DRC PSS country and regional level key technical staff, URCS Head of Operations.

5. Proposed Timeline

The consultancy period will be between 20-25 working days. A draft outline is provided below, with the schedule to be confirmed during the inception period.

Phase	Activity	Days	Payment
Inception Phase	Desk Review of available documents and development of detailed inception report Mission Briefings in Kyiv, key informant interviews with URCS and IFRC and DRC staff members	3	25%
Field Mission	Field visits to operational areas to administer key informant interviews and FGDs with beneficiaries	9-14	
Reporting Phase	Debriefing in Kyiv	1	
	Submission of draft report to IFRC, follow ups	3	50%
	Submission of the Final Report	1	25%
Total working days		20-25	

6. Management of Consultancy

This evaluation is commissioned by the Danish RC in Ukraine, IFRC Ukraine Country Office and the URCS Management. The evaluator will report to the Evaluation Management Team, through the IFRC Organisational Development and Programme Coordinator. The Evaluation Management Team will ensure the availability of relevant information and guidance and will coordinate with the URCS to organise interviews and make the necessary logistical arrangements.

7. Evaluation Quality & Ethical Standards

The evaluator should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organisational learning and accountability. Therefore, the evaluator should adhere to the evaluation standards and specific, applicable practices outlined in the IFRC Framework for Evaluation: <http://www.ifrc.org/Global/Publications/monitoring/IFRC-Framework-for-Evaluation.pdf>

The IFRC Evaluation Standards are:

- (1) **Utility:** Evaluations must be useful and used.
- (2) **Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner. (3) **Ethics & Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
- (4) **Impartiality & Independence;** Evaluations should be impartial, providing a comprehensive and unbiased assessment that considers the views of all stakeholders.
- (5) **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
- (6) **Accuracy:** Evaluations should be technically accurate, providing enough information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- (7) **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
- (8) **Collaboration:** Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the seven Fundamental Principles of the Red Cross and Red Crescent: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these principles at: www.ifrc.org/what/values/principles/index.asp

8. Evaluator's Qualifications

The selection of the external evaluation consultant/s will be based on the qualifications outlined below:

- Sound understanding of, Psychosocial support and Organizational Development programming;
- Thorough experience of conducting final evaluations;
- Sensitive to the complexities and constraints associated with Red Cross and Red Crescent mandate;
- Excellent written and spoken English skills required, as well as excellent analytical and presentation skills;
- Knowledge and experience of working in Ukraine would be an advantage;

9. Application Procedures

Interested candidates should submit their application materials by 17 February 2020 to the attention of:

Illya Kletskovskyy, PMER Officer, IFRC Ukraine Country Office at illya.kletskovskyy@ifrc.org and Olga Rusakova, PSS and Social Cohesion Delegate, Danish Red Cross at olrus@rodekors.dk

Application material is non-returnable, and we thank you in advance for understanding that only short-listed candidates will be contacted for the next step in the application process.

The Evaluation Management Team will make the shortlist of candidates and ultimately decide on the successful candidate.

Application materials should include:

1. **Curriculum Vitae (CV)**;
2. **Cover letter** clearly summarizing your experience as it pertains to this Formative Evaluation, your daily rate, your availability and three professional references;
3. At least one example of an evaluation report most similar to that described in this ToR. The example evaluation report should 1) be conducted by the applying consultant solely or in the team leader.

Annex II: Interview schedule, questions, and FGD guides (English)

Key stakeholder interview questions



Key Informant
interview questions

Semi-Structured Interview Guide for Regional Staff



Key Informant
interview questions.

FOCUS GROUP DISCUSSION QUESTIONS Volunteers



Focus group or
interview Qs vols & !

FOCUS GROUP DISCUSSION QUESTIONS beneficiaries



Focus group or
interview Qs benefic

Online survey for staff and volunteers, part one (PSS knowledge) and part two (self-care)



Online survey staff
and volunteers_PSS K

Online survey for beneficiaries



Online survey for
beneficiaries_fi.docx

Link to all data collecting documents:

<https://drive.google.com/drive/folders/1S2LaRzMz8vAru7Jo55SGkU5xaKZGqfnN>

Annex III: Schedule Key Stakeholder interviews

Date/Time	IFRC
13 July	George Gigiberia – IFRC Head of Country Office
13 July	Ilyia Kletskovskyy – IFRC PMER Officer
Date/Time	Danish RC
27 July	Antoine Terrien – Country Manager
14 July	Olga Rusakova - PSS and Social Cohesion Delegate
9 July	Marie Sonderholm – Protection Advisor
5 August	Pia Lorentzen - MHPSS Matrix Coordinator
Date/Time	Swedish RC
8 July	Lisa Halstead – Head of Desk, Europe
Date/Time	URCS - HQ
7 July	Lilia Bilous - URCS Director General
8 July	Maksym Dotsenko – URCS Deputy Director General
9 July	Yulia Yuschenko – Head of PSS Department / PSS Project Manager for IFRC PSS project
7 July	Lida Lukasecyh – PSS Project Manager for Danish RC project
Date/Time	URCS - Branch Level
August	Andrii Skorohod - Head of Mykolaiv Regional ORG
August	Viktoria Bondarchuk - Regional Project coordinator Konstantinovka, PS trainer Donetsk region
August	Anastasia Zhidkova – PS expert group member, PS trainer
August	Galina Kozhedub - Regional project coordinator KYIV region, Bila Tserkva branch
August	Valentina Berviino - Regional project coordinator for Kherson
Date/Time	UN/INGOs
	MHPSS WG
29 July	Oksana Dmytriak - World Health Organization (WHO), MHPSS TWG support consultant, Ukraine

Annex IV: Survey responses and field data (English)



Eng_Online Survey for URCS Volunteers



Eng_Online Survey of URCS Volunteers



Eng_Online Survey_URCS Benefi

Donetsk



Interview with the head of regional or regional coordinat



Interview with regional coordinat



FGD with URCS volunteers_Kostiant



FGD with Beneficiaries_Kostia



Observations of activities in Kostiant

Kherson



Interview with the head of regional or regional coordinat



Interview with regional coordinat



FGD with URCS volunteers_Kostiant



FGD with Beneficiaries_Kostia



Observations of activities in Kostiant

Kyiv



obsrvtn PSS S C activities.docx



Interview with the Head of the RC of Bivolunteers_Bila Tserl



FGD with URCS



FGD with Beneficiaries_Bila Ts

Luhansk



obsrvtn PSS S C activities.docx



Interview with the Head of the RC of Bivolunteers_Bila Tserl



FGD with URCS



FGD with Beneficiaries_Bila Ts