



22 March 2024

FINAL EVALUATION REPORT

1. General information

Project: *ID 339 Strengthening psycho-social support and emergency aid to conflict-affected children in Ukraine, ID 293 Supporting and protecting children during the war in Ukraine.*

Partners: All-Ukrainian Foundation for Children's Rights (AUF) (local partner), Defence for Children International-ECPAT the Netherlands, Plan International Nederland.

Evaluation Time Frame: The Evaluation Report focuses on the project period from 1 March until 31 December 2023. A Real Time Review concerning the project period from 1 April 2022 until 28 February 2023 was conducted in the course of June - July 2023.

Methodology: The Needs Assessment was carried out in 9 local communities in 10 conflict-affected oblasts, namely Dnipropetrovska, Zaporizka, Kharkivska, Khersonska, Mykolaivska, Odeska, Kyivska, Kirovohradska, Donetska, Zhtomyrska, and in 5 local communities in 5 hosting oblasts, namely Rivnenska, Ternopilska, Chernivetska, Ivano-Frankivska and Volynska. The Methodology was based on the mixed-methods approach and utilized both quantitative and qualitative methods: desk review of primary and secondary data collection; analysis of IATI documents; household (HH) surveys with children with the specific focus on children and parents with disability; Key Informant Interviews (KIIs) with the relevant stakeholders (regional and local government, police, state emergency service, health and medical services); Focus Groups Discussions (FGDs) with MHPSS providers, volunteers, CP and non-CP specialists, parents and caregivers, youth activists. In total 235 respondents participated in the research, with 15 - 20 respondents per oblast. **In total:** 42 persons were interviewed as KIIs (15 CFSs coordinators; 8 mobile teams coordinators; 6 AUF) staff members; 8 logistic staff members; and 5 youth activists); 150 persons participated in FGDs (60 CFS's staff members; 30 parents; 15 local government; 15 Mobile teams staff; 30 youth activists and volunteers); and 42 HH were involved in the survey.

2. Background

Since Russia's invasion of Ukraine, children's rights have faced devastating setbacks. Ukrainian children have suffered tremendously from Russia's aggression as of February 24, 2024. There have been 528 deaths, over 1230 child injuries, and over 5.6 million children have been displaced since the war began, more than half of the country's estimated child population. *"The war in Ukraine has shattered childhoods and wreaked havoc on children's mental health and ability to learn. Children have experienced two years of violence, isolation, separation from families, loss of loved ones, displacement and disrupted schooling and healthcare. They need this nightmare to end."* (UNICEF Executive Director Catherine Russell).

Measures to prevent violence against children in Ukraine are informal and not systemic. There is a **lack of data and research** on child violence.

According to the Ombudsman for Children's Rights in Ukraine, Daryna Herasymchuk, 19.5 thousand Ukrainian children have been deported and deprived of their right to identity, which includes citizenship, name and family ties (Article 8 of the Convention on the Rights of the Child), right to speak their Ukrainian language, and contacts with others outside occupied territory. *"Since the start of the conflict, children's rights have been negatively impacted at an enormous scale in all areas including basic human rights, displacement, alternative care, and right to education. 1,051 children living in vulnerable families face increased need for support, and urgent and immediate actions are needed to protect 126 children whose parents/legal guardians neglected their needs and risk cruel treatment. Children with disabilities in Ukraine are in a particularly vulnerable situation during the war, facing **discrimination** and exclusion from social life. Due to limited transportation accessibility, many cannot participate in general events and activities. In conflict zones, they face increased risks of injury and trauma. There is an **insufficient number of medical support including medicines, institutions, services, and financial support for children with disabilities**"* (the extract from the article prepared by Eurochild as a contribution on Ukraine to the Enlargement Package 2023 consultation).

"Humanitarian principles, international humanitarian law and international human rights law must be respected. Children need a chance to recover..." (UNICEF Executive Director Catherine Russell).

3. Outputs results

Protection:

R 1.1 # of children that received support specified to their needs

- 1) Psychosocial support provided to 6,850 children via individual and group consultations/therapy by mobile teams [and at least 680 adults] in 9 conflict-affected oblasts.
- 2) MHPSS provided in 12 established Child-friendly spaces to 10,742 children [and at least 3580 adults] in 7 conflict-affected oblasts.
- 3) Youth-led activity (sports, peer education, etc.) provided by 130 trained youth activists in 12 established Child-friendly spaces across 11 conflict-affected oblasts.
- 4) Five Child-friendly spaces established in 5 hosting oblasts for IDP children and evacuated children & their families from conflict-affected oblasts.
- 5) Psychosocial support provided via (the under activity 1.1.4 established) 5 Child-friendly spaces and 15 local communities via mobile teams in 5 hosting oblasts to at least 13,200 IDP children and evacuated children & their families from conflict-affected oblasts.

R 1.2. # of participants showing an increased knowledge on the protection subject in focus

- 1) Strengthened coordination of AUFCE's emergency cross-sector network, and provision of training and learning activities to the network reaching 130 youth activists, 5,906 volunteers, and 210 regional coordinators, humanitarian coordinators, psychologists, professionals. The involved specialists and volunteer were trained on parental and adolescent life skills, child protection, etc.

R 1.3. # of parents/caregivers participated in parenting skills program

- 1) 7,656 parents attended off-line parenting meetings and provided with learning opportunities, practical tools, information materials, consultations in 17 Child-friendly spaces.

Food Assistance:

R 2.1. # of people (i.e., children) enabled to meet their basic food needs

- 1) 2,400 basic food kits were provided for children in 4 vulnerable child institutions in 3 hosting & conflict-affected oblasts (Mykolaiv (city Voznesensk), Ivano-Frankivsk, Kyiv oblasts).

WASH:

R 3.1. # of people (i.e., children) having regular access to NFI kits to meet hygienic needs

- 1) 6,400 non-food items/hygiene kits were provided to 6,400 vulnerable children in 10 conflict-affected oblasts;
- 2) 2,400 basic food kits were provided to 2400 children in 4 vulnerable child institutions in 3 hosting & conflict-affected oblasts (Mykolaiv (city Voznesensk), Ivano-Frankivsk, Kyiv oblasts)
- 3) 4 gasoline generators were provided to 4 child institutions and reached at least 800 children in orphanages in 3 hosting and conflict-affected oblasts.
- 4) 1,200 non-food items (bed linen, blankets, etc.) were provided to 1200 children in conflict-affected areas.

MPCA:

R 4.1. # of people benefitting from unconditional and unrestricted cash transfers

- 1) 178 vulnerable families benefitted from unconditional and unrestricted cash transfers.

4. Effectiveness & Impact

Within the framework of the Desk Research, the External Evaluator analyzed the following project's documents: Project proposals, Project outlines, IATI documents, Periodic narrative reports; monthly narrative reports from 15 CFSs and Mobile Teams. The conducted Desk Research approved the following:

1. The original goals and objectives of the project - *Increased access to protection for children in 11 conflict-affected regions and 5 hosting regions, with gender-sensitive and special attention for internally displaced and evacuated children & their families, children with disabilities, and most vulnerable children, with specific attention to the needs of girls including girls at risk or survivors of gender-based violence* - was fully achieved and fulfilled.
2. The original target geographical areas – 11 war-affected regions (Kyivska, Kharkivska, Kirovohradska, Zhytomyrska, Dnipropetrovska, Zaporizka, Mykolaivska, Odeska, Khersonska, Donetsk and Luhanska oblasts) and 5 hosting (Ivano-Frankivska, Rivnenska, Volynska, Ternopil'ska and Chernivetska oblasts) regions of Ukraine - were included in the planned project's activities.
3. The original outcomes in the areas of Protection, Food Assistance, WASH and MPCA were successfully achieved.
4. The original outputs were achieved through the planned and completed activities and 31,746 children (16,094 boys and 15,652 girls aged 0 to 16) benefitted from the project within the reporting period 1 March - 31 December 2023.

With the purpose to evaluate the Effectiveness and Impact of the project, the External Evaluator conducted 8 KIIs with the Project manager, Project coordinator (Overall), National Coordinator on War-affected regions; National coordinator on Hosting regions, National Psychosocial Coordinator, Monitoring & Evaluation manager, Communication Manager and Youth Network Coordinator. All interviewed KIIs confirmed that the original target geographical areas were not changed and were not excluded from the project; and the original goals, objectives, outcomes and outputs were successfully achieved. *"Despite the fact that 98% of the Luhansk region is still under occupation, our Mobile Teams, located in Donetsk oblast, were able to help families living on the frontline in Luhansk oblast and, despite difficulties and constant shelling, we did not give up trying to carry out humanitarian aids for the war-affected child population there."* (Oleksandra, National Coordinator on War-affected regions).

5. Efficiency

To explore issues related to the Efficiency, the External Evaluator interviewed 2 financial managers (Project financial manager and Financial manager on MPCA) and 6 logistics managers – AUFCCR’s staff members responsible for purchasing, packing and delivery of food and non-food items to beneficiaries. All KIIs (100%) noted the good use of time and resources; compliance with the planned budget and expenditure; well-coordinated work of project management; choosing the right people for the team work, efficient coordination and collaboration among AUFCCR’s staff and volunteers in pilot regions; efficient coordination and collaboration among AUFCCR, Defence for Children and Plan International Netherlands.

“A very thoughtful project budget that fully covers the primary needs of our beneficiaries” (Oleksandra, financial manager). *“The AUFCCR’s team always very accurately and correctly sets tasks for us, logisticians: what, how much, when and where to send. A very well-built chain of purchase-delivery-receipt”* (Anton, logistic manager). *“Everything is very clearly planned and coordinated. Payments for purchases are made on time; I had problems with this in other organizations.”* (Ihor, logistic manager).

“In 2022 I started working as a logistic manager in 2 NGOs. It was a hell: tasks were constantly changing; inaccurate delivery addresses and returns; untimely transfer of money for the ordered goods. Since August 2022 I have been working for AUFCCR. My nerves are okay here: everything is clear, precise, on time.” (Ruslana, logistic manager)



KIIs with the Logistic Group, Kyiv

6. Effectiveness & Impact, Relevance, Inclusion & Adaptation, and Lessons Learned: Field visits to pilot regions

The External Evaluator conducted 7 field visits to Kyiv, Mykolaiv, Dnipropetrovsk, Ivano-Frankivsk, Rivne, Kherson and Zhytomyr oblasts of Ukraine with the purpose to organise KIIs and FGDs with the staff of

CFSs and Mobile teams, youth activists, parents and local authorities/key stakeholders, in order to discuss the Effectiveness and Impact of the project, Relevance, Inclusion & Adaptation and Lessons Learned.



FGD with CFS's staff in Kyiv oblast, Tarascha

6.1 The main factors that hindered achieving the outcomes/outputs/activities targets

Among the factors that hindered the implementation of the project's target tasks, the participants of the focus group noted the following:

- Hostility and the immediate danger associated with this factor during the provision of humanitarian aid and conducting events, training, limited movement in the region (disrupted logistics), therefore increased organizational complexity in conducting events, lack of bomb shelters in the locations of CFSs;
- Low motivation of parents to visit specialized specialists (psychologists, rehabilitators, speech therapists). They do not understand/or try to keep secret the fact that the child has a problem. *"In the very beginning some parents do not respond to the invitation of specialists to visit the Child-Friendly Space to help the child."* (Julia, practical psychologist);
- Lack of interest to the needs of war-affected child population from decision-makers, representatives of local government. Thus, local authorities did not always understand the purpose and tasks of the project, and also did not want to provide premises free of charge for CFS. *"At the beginning of the implementation of the project in the Odesa region, we were not able to find premises in which we could place our CFS on a permanent basis. We needed to prove our effectiveness and importance. At first, we worked as a mobile team, and then, with the support of our parents, the local authorities allocated us premises for Odesa CFS."* (Kristyna, Coordinator of Odesa CFS).

100% unanimously noted that the main factor is the war. Destroyed infrastructure, lack of psychosocial support activities. Impossibility of systematic regular treatment and activities. So many children and their parents have psychological problems related to the negative experiences.

6.2 The main factors that enabled achieving the outcomes/outputs/activities targets

Among the factors that enabled achieving the outcomes, outputs and activities targets, the participants of the focus group noted the following:

- Strengthened capacity of the project team, involvement of skilled specialists from the previous AUFCR's projects, strong management structure, well-built communication;
- Systematic approach on children's rights, professionalism, consistency, motivation of involved specialists;
- Involvement of volunteers and youth activists;
- Motivated and dedicated work of CFS and MT staff in pilot regions;
- Local mobilization of the required number of specialists to fulfill the project tasks and develop their potential and improve their qualifications through the trainings;
- Creation and development in the regions of a network of young leaders involved in the implementation of the project;
- Establishment of proper communication with local self-government bodies and organizations interested in implementing project tasks;
- Mobilisation of communities through involvement of active parents who have become the volunteers in CFSs;
- Inclusiveness of CFSs: access for children with special educational needs and children with disabilities;
- Involvement of the relevant stakeholders in regional and local levels: education, police, military administration to coordinate activities and security.



KII: Interviewing police in Zaporizia

"The main factors that enabled achieving the outcomes? To my mind: the proper motivation of the team, a coordinated team, the desire to help and support, active participation and support of the young leaders of the project, personal qualities of all participants - activity, purposefulness, cohesion. The ability to independently choose the types of activities according to the audience, the availability of the necessary inventory and materials for creativity, the financial ability to give children gifts, treat them with sweets."
(Tamara, IDP, mother of 3 children, evacuated from Mariupol)



FGD with parents in Zhytomyr CFS

6.3 The interventions which were best received

According to the participants of FGDs, the best perceived by the target audience of the project were the following activities:

- Entertainment events, educational activities, sports events (training in football sections, sports-safety-cognitive quests, mini-festivals with sports, psychological and safety components, participation in sports competitions);
- City tours and to museums, acquiring skills in cooking (master classes), outdoor activities with animators (fairy tale characters) and after the event, encouraging children with small gifts (notebook, diary, pen, keychain, etc.).

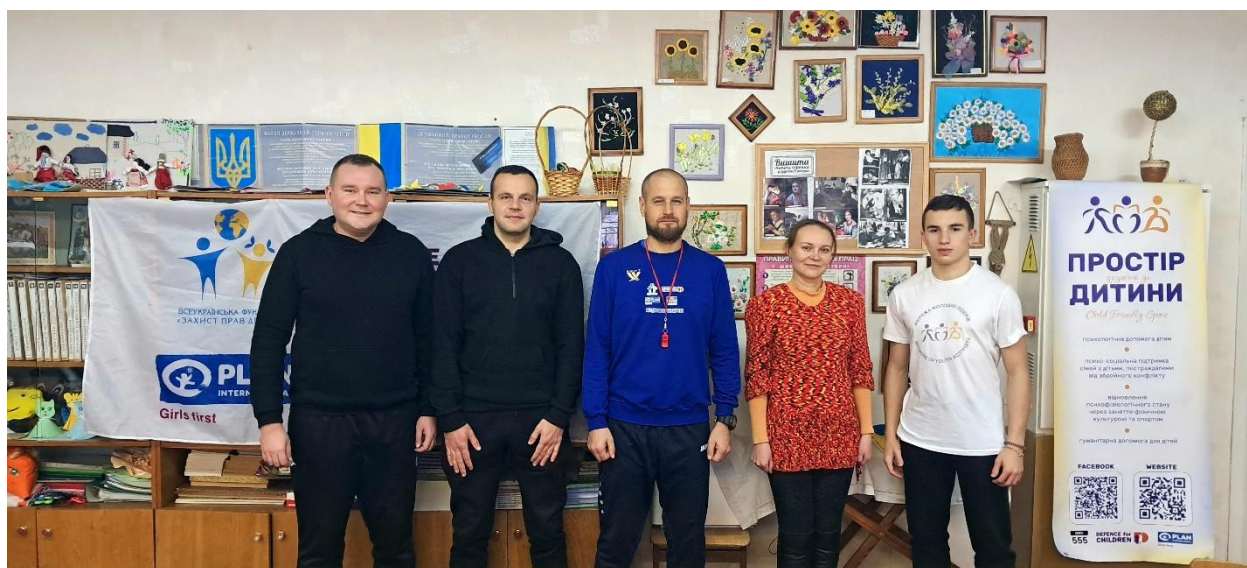
6.4 The interventions which were most effective

At the same time, the focus group participants unequivocally recognized psychosocial support for children and parents as the most effective interventions of the project, in particular:

- Individual and group therapy with children and their parents (psychodiagnostics of the emotional and volitional sphere, corrective classes, consultations, educational and preventive measures);
- Art therapy and fairy-tale therapy for children and parents;
- Sensory integration.

6.5 How effectively have local humanitarian capabilities been strengthened, taking sustainability into account?

According to the participants of FGDs, the local humanitarian potential in the context of sustainability was significantly strengthened. Thus, the majority of participants (80%) noted that local authorities contributed to the opening of the Child-Friendly Spaces by providing premises and required permissions, observing safety measures during the operation of the space, actively contributing to the preparation of large-scale events within the framework of the project, in particular, the premises for sports sections, the necessary infrastructure, and human resources were provided free of charge.



FGD in Rivne CFS

6.6 Was the appropriateness and relevance of the interventions assessed during the course of the interventions?

All participants of the focus group noted that the appropriateness and relevance of the interventions was evaluated during the implementation of the project. In particular, activities, therapy, and topics of consultations were reviewed and changed, taking into account the needs and wishes of children and their parents, with the help of feedback service in CFSs and MTs. The coordinators of CFSs and MTs analyzed the attendance of activities (the number of children, boys/girls increased or decreased). According to the

coordinators, "after the events, the number of appeals for the help of specialists increased, thus, the project is relevant" (Olha, psychologist). In addition, the needs for adjustment appeared in connection with the prohibition on holding events for children in certain territories (close to the war zone or related to the lack of shelters and constant air raids).

6.7 As a result, was it necessary to adapt any of the interventions?

As the focus group participants noted, the need to adapt or adjust certain types of activities was also due to the investigation and assessment of the needs of those socially isolated/most vulnerable groups of children and parents who were involved in the project. These are children and parents with IDP background, large families, orphans/social orphans, children deprived of parental care, children from families in difficult life circumstances, children with disabilities, children with special educational needs, as well as children from families where the father serves in the Armed Forces.



FGD with CFS staff in Tetiv, Kyiv oblast

6.8 Which socially excluded groups/most vulnerable groups were reached?

According to the participants of FGDs, the following war-affected beneficiaries were reached in pilot regions/communities during the project:

- Children and parents with IDP background;
- IDPs who are national minority (Roma, Tatar etc.);

- Children and parents with disability;
- Low mobile families;
- Single-parent families;
- Families in difficult life circumstances (low income, marginalization).

6.9 How did they benefit from the interventions?

The participants of the focus groups came to the common conclusion that these vulnerable groups benefited from psychosocial support and psychological help in the project. *"In CFS they a place that is always open to them, where they could always ask questions and get answers or a referral to another specialist - a lawyer, a doctor, a social worker..."* (Victoria, coordinator of CFS).

Children from socially vulnerable groups received counseling from a psychologist, took part in various events and entertainment, which provided an opportunity to distract from constant air raids, frequent shelling and improve their emotional state. Focus group participants, for example, noted that according to feedback from parents of children with disabilities, their children became more open, less shy, and began to show more interest in active games after visiting CFSs. *"It is difficult to express the benefits that our children received from CFS's activities. In my opinion, it is invaluable. During the war, it is very important to give children a real childhood, reduce their stress level, support parents who also need attention and help."* (Galyna, mother of 7 years old daughter with disability).

The interviewed 30 parents (88% of women and 12% of men (mostly grandfathers and single fathers) were very satisfied by receiving the qualified FPS and MHPSS which help them to strength their moral and health conditions and become more effective for their children. At the same time 89% of parents expressed their need for specialized support of lawyers (56%), advocates for court proceedings (21%), social officer (13%) and medical staff including GBV specialists (20%). *"I was positively surprised by the following: in our CFS I can receive not only psychological support, which is very important for me, but also can get the relevant consultations from lawyer, social worker and moreover can be linked with profile doctor for consultation and treatment. This is really fantastic!"* (Tamara 42, evacuated from Makiivka, Donetsk oblast, mother of 3 children). *"I personally is very happy to come to CFS and just to communicate with other parents. I felt very isolated in evacuation. Now I feel support and I found friends here"* (Kseniya, 34, evacuated to Ivano-Frankivsk from Kherson).



FGD with parents in Ivano-Frankivsk CFS

6.10 How were they given voice to give input? How was their input taken into account?

All participants of the focus group noted that the visitors of CFSs are very welcomed to express their opinions and wishes, which, based on the capabilities of CFS's specialists, the project's capabilities and the expediency of holding certain events, were necessarily taken into account. The content of events/activities was reviewed, taking into account the wishes of the beneficiaries.



“Nothing about us without us!”, CFS in Zhytomyr

"Each guest of our space had the opportunity to express his thoughts and wishes regarding the events in which he will participate in the future." (Yuriy, coordinator of CFS). As the participants of the focus group reported, for example, before the events for parents, a survey was conducted through social pages and in Viber/Telegram groups about the willingness of parents to participate in this type of activity and about a convenient time for it.



Children themselves create the space they like

6.11 What were the main lessons learned, including in the Real Time Review?

For being effective in humanitarian operations/interventions, the organization needs to be equipped with:

- **project management**, which includes security management and crisis management; strategic planning in order to achieve the results and goals of the project
- **communication plan**, which includes internal and external communication
- **secured visibility of planned actions and events**
- **improvement of professional skills and competence of involved personnel**
- **synergy with other project/initiatives in regions**
- **capacity building of local communities in terms of child protection in humanitarian relief**
- **trainings for staff against burn-outs**
- **flexibility.**

6.12 What methods worked well?

According to the answers of FGDs participants, the following methods worked effectively: the method of team and collective approach for integration to achieve a common goal; method of crisis management; method of community mobilization.

6.13 What was found to be practically useful to accomplish the project?

The participants recognized the following methods as practical and useful for the implementation of the project: creation of a structured network of national and regional coordinators; clear division of responsibilities between key management; clear identification of tasks, goals and deadlines; the involvement of psychologists to conduct both individual and group therapy for children and parents; learning opportunities for coordinators and young leaders; using the format of mobile teams to provide access to un-structural MHPSS for children in frontline and rural communities.

6.14 What elements/phases of the project went wrong?

N/A

6.15 What specific processes need improvement?

This matter is described in “The post-project tasks/future considerations”.

6.16 What were the key problems areas (e.g. budgeting, scheduling, human resources, technical challenges, etc.)?

In terms of project design: the budgeting, scheduling, human resources, technical issues were well structured and did not make any challenges for the project management and regional teams.

In some communities we identified the lack of cooperation and communication with local authorities, lack of awareness about the needs of IDPs, people with disabilities, vulnerable groups. Isolation with regards to children with disabilities and lack of inclusive CFS was reported as a main child protection concern across all locations.

The unavailability of services, including referral services was identified by KIIs as a major challenge. Thus, 78% of KIIs in local communities noted the lack of basic services for children from 0 to 5: the absence of pediatricians, pediatric dentists and speech therapists; for children with disabilities from 5 to 16 years old, there are no rehabilitation services and even physical access to medical and social institutions.

Preparation of HHs with children for the winterization is still the issue of concern. More than 82% of respondents are not ready for winter, and this rate increases to 94% in rural areas. Forty-five percent (45%) of respondents reported that their houses were completely destroyed.

OCHA reports that 3.4 million Ukrainian children need child protection interventions. In fact, there is a high need for group social support activities for children and teenagers, due to the high level of social isolation of children who are often unable to maintain contact with their peers, especially those that have been evacuated due to connectivity and power outages. AUFGR is concerned about the high need for psychosocial support services, including case management for children and parents, and about the fact that there are still very few organizations which can provide such services. Electricity cut-offs negatively

impact partners' child protection activities as not all locations have generators available. Lack of specialized staff for protection services is limiting the response, especially in areas recently retaken by Ukraine where most social service workers are no longer there. Fragmented inclusion of the needs of parents and children with disabilities in humanitarian response programs

6.17 What are the post-project tasks/future considerations?

The External Evaluator made an assessment of the proposed post-project tasks by CFS and Mobile teams staff, parents, youth activists and local authorities.

“It is necessary to expand the services provided in CFSs” – 99% of CFS staff, 89% of parents.

The proposed services which have to become an integral part of CFSs across Ukraine:

- ***Child Protection case management***
 - Identification, registration and assessment of individual cases and provision of direct support, and/or referrals to address child protection risks and humanitarian needs, with a focus on survivors of explosive ordnance and their families;
 - Systematic and timely support provided by case workers and social workers through standard case management procedures (case assessment, case planning, direct support, referrals), as well as referrals to other services, including emergency and continuing medical care, rehabilitation, mental health and psychosocial support, inclusive education, legal assistance, cash assistance, etc.;
 - Children and their family may also be supported with advocacy for direct support to navigate systems to obtain services, including through a practical, localized and updated service directory.

- ***The mental health and psychosocial support***
 - Identifying children who have suffered traumatic events including explosive ordnance accidents for direct provision of psychological first aid (PFA) and psychosocial support along levels 2 and 3 of the MHPSS intervention pyramid;
 - Focused care and support for parents/caregivers of children who are EO survivors, including through PFA, support groups and positive and disability sensitive parenting support ;
 - Provision of regular, structured, and accessible psychosocial support activities for children with disabilities, including survivors ;
 - Peer-to-peer support groups for children and adolescents, youth clubs, and group cultural and leisure activities, particularly for child and adolescent EO survivors;
 - Support for the mental health and psychosocial well-being of community professional working with families and children who are survivors.

98% of local authorities and key stakeholders in regions and local communities proposed to focus more activities on the following issues:

- ***The community engagement***
 - Raising awareness amongst children, caregivers, families and communities on protection services available and how to access them, including child-focused explosive ordnance victim assistance;
 - Raising awareness of distress reactions of children in humanitarian contexts and as related to explosive ordnance risks, according to age and developmental stage;
 - Amplification of child-friendly Explosive Ordnance Risk Education (EORE);
 - Stigma reduction campaigns for children and adolescents with disabilities, including those as a result of explosive ordnance accidents, and the promotion of positive attitudes to address stigma and discrimination;

- Dedicated community-based interventions promoting and facilitating disability, social and economic inclusion of affected children and families ;
- Support to community-led processes to address risks and response to explosive ordnance risks as well as support to meaningful participation of children, adolescents and marginalised groups in their communities in such processes.
- ***The strengthening of child-focused victim assistance in the Ukraine humanitarian response***
 - Capacity-building of other NGOs engaged in humanitarian to increase skills and knowledge on child-focused victim assistance;
 - Training of professional and paraprofessional staff and volunteers providing Child Protection services, as well as frontline workers in other sectors, who may get in contact with children who became EO survivors, and their families;
 - Training and sensitization of community-based groups and mechanisms on mine risks and age and gender-appropriate support as well as referral pathways;
 - Capacity-building and advocacy of health, education, social service and other sectoral systems to respond to the particular needs of affected children and families, including through child-friendly communication, sensitization on disability -inclusion, appropriate space and facilities, and support for child and caregiver participation.