



# Evaluation of the Provision of Psychosocial Support and Protective Services through Child and Youth Friendly Spaces and Community Protection Centers in Eastern Ukraine

## Final Evaluation report

October, 2019

**Oversee Advising Group**

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## Affirmation

The contents of this report are the sole responsibility of the Contractor and should not be construed as reflecting the views of UNICEF.

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## Acronyms

CCCs	Core Commitment for Children
CFS	Child Friendly Space
CO	Country Office
CP	Child Protection
CPC	Community Protection Centre
CPWG	Child Protection Working Group
CRC	Convention of the Right of Child
CSOs	Civil Society Organizations
ERB	Ethic Review Board
ERG	Evaluation Reference Group
FGD	Focus Group Discussions
GCA	Government Controlled Areas
HQ	Headquarters
HRBA	Human Rights Based Approach
HRP	Humanitarian Response Plan
IASC	Interagency Steering Committee
IDP	Internally Displaced Persons
INGO	International Non Government Organization
IP	Implementing Partner
IR	Inception Report
LDH	Linking Development Humanitarian
MHPSS	Mental Health and PSS
MoSP	Ministry of Social Policy
MoES	Ministry of Education and Science
MoH	Ministry of Health
NGO	Non Government Organization
NGCA	Non Government Controlled Area
OECD-DAC	Development Assistance Committee of the Economic Cooperation and Development
PSS	Psychosocial Support
QA	Quality Assurance
RBM	Result based management
RO	Regional Office
RPA	Recovery and Peacebuilding Assessment
RSE	Research, Study ad Evaluation
ToC	Theory of Changes
ToR	Terms of Reference
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children Fund

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## Executive Summary

### Overview of the evaluation object

The ongoing conflict in eastern Ukraine, which is entering its sixth year during the time of this evaluation, has resulted in 3.5 million people including 700,000 children remaining in need of urgent humanitarian assistance. Over 1.5 million Ukrainians are registered as IDPs including almost a quarter of a million children. Nearly half of these children are hosted in communities in government-controlled areas of Donetsk and Luhansk oblasts and a large in the adjacent oblasts of Kharkiv, Dnipropetrovsk and Zaporizhzhya. The conflict has impacted and is continuing to impact children physically, psychologically, and socially. The Psychosocial Support Programme was developed and implemented in response to the emerging needs of children and their families. UNICEF Ukraine has been working through its implementing partners to put in place a gender- and age- appropriate psychosocial support response targeting children and their families in host communities in order to strengthen their resilience.

The scope of the evaluation covers:

- Time frame: the evaluation will cover the period from June 2014 to December 2018.
- Programmatic focus: The evaluation will use available and collected evidence to assess the PSS response as a programme, exploring its results, strengths and recommend areas for improvement.
- Institutional focus: The evaluation will be focused on the work of the UNICEF-supported PSS services/activities and involved implementing partners.
- The team will also assess current level of competences, strengths and constraints of the implementing partners and facilitate an initial quick assessment of strengths and constraints, including those imposed by the on-going decentralisation process in Ukraine, in the organisation/s that will provide services in the development mode of the PSS.
- Geographic focus: five conflict affected oblasts of eastern Ukraine: Government-Controlled Areas (GCA) of Donetsk and Luhansk oblasts, Kharkiv, Dnipropetrovsk and Zaporizhzhya oblasts.

The key directions of UNICEF PSS-related interventions for children and their families living in eastern Ukraine are providing PSS to children and their families; strengthening key child protection capacities (PSS, identification and referral of child protection (CP) and gender-based violence (GBV) cases in emergency-affected areas); establishing and enhancing well-functioning and effective coordination and referral mechanisms among national and international protection partners in emergency affected areas; building on and encouraging children's and community's innate resilience to crisis and fostering community connections and interactions. The evaluation is also focused on equity, gender and human rights aspects and is appropriate for analyzing the gender equality, human rights issues including child rights issues identified in the scope. The object of the evaluation is UNICEF's Psychosocial Support Programme (PSS)<sup>1</sup> to conflict affected children and their families in eastern Ukraine with a focus on the humanitarian-development nexus. The key directions of UNICEF PSS-related interventions for children and their families living in eastern Ukraine are: Providing PSS to children and their families; Strengthening key child protection

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<sup>1</sup> By Psychosocial support, Evaluation Team understands UNICEF efforts on the following strategies: Engaging governments, civil society, communities, families and children to influence social environment, behaviour and attitudes in order to provide and promote a safe and protective environment; Raise the awareness of government, civil society, communities, families and children regarding the psychosocial implications of armed conflict, natural disasters, other forms of violence and exploitation as well as advocate for appropriate alternative care situations; Preventing and mitigating the harmful psychosocial impacts of armed conflict, natural disasters, and other forms of violence and exploitation, and to promote appropriate models of alternative care.

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capacities (PSS, identification and referral of child protection (CP) and gender based violence (GBV) cases in emergency-affected areas); Establishing and enhancing well-functioning and effective coordination and referral mechanisms among national and international protection partners in emergency affected areas; Building on and encouraging children's and community's innate resilience to crisis; Fostering community connections and interactions. The evaluation also focused on equity, gender and human rights aspects as crosscutting elements throughout the evaluation process.

## Evaluation objectives and intended audience

The overall objective of this equity-focused evaluation is to determine the relevance, efficiency, effectiveness, impact and sustainability of the PSS interventions on the well-being of children in eastern Ukraine with a focus on reducing inequity among the worst affected families and children, including IDPs, and HDN aspects. The specific objectives are: assess the **impact** of equity-focused PSS in Eastern Ukraine; assess the **relevance** of PSS response from the point of view of children/families/communities; assess the **efficiency** of the implementation process of UNICEF's PSS response in Ukraine, including the **cost** of the response; assess the **effectiveness** of the implementation process of UNICEF's PSS response including whether the programme has achieved its planned outcomes and outputs with regards to children's psychosocial well-being; assess the intended and unintended changes on the psychosocial well-being of children, determine how well the response addressed priority problems of children, and assess the quality of the various services provided by all partners at the different levels of the IASC MHPSS pyramid; assess the **sustainability** of the response in the absence of ongoing UNICEF support, by identifying the degree to which it has built on existing local capacities and coping mechanisms, and a potential exit strategy that builds on local resources and capacities; to draw some lessons learned and draft recommendations related to the **humanitarian-development nexus** to inform future programming in linking humanitarian and development (LHD).

## Evaluation methodology

The evaluation is based on a reconstructed Theory of Change model of the programme. The evaluation team developed a specific and detailed evaluation framework with methods and tools agreed with UNICEF and Programme stakeholders with key questions and relevant data collection methods during the inception phase of the evaluation.

The methodology engaged a mix of data collection and analysis methods, with a clear intent to provide credible answers to the evaluation questions. It ensures that the information collected is valid, reliable and sufficient to meet the evaluation objectives and that the analysis is logically coherent and complete. The evaluation used a mix of qualitative and quantitative data and analytical methods (mixed methods approach). The evaluation followed the UNEG Norms and Standards as well as the UNEG Ethical Guidelines for Evaluation. All the necessary measures were undertaken to ensure objectivity and independence of evaluation.

## Findings

### Relevance

Overall, the PSS Programme was relevant to the national and local emergency context. UNICEF used its networks at national and local levels to promote PSS as a humanitarian response measure : at national level with line ministries, such as Ministry of Education and Science , Ministry of Social Policy and at local level with authorities in Kharkiv, Dnipro, Zaporizhzhia, Lugansk and Donetsk regions benefitting from the presence of the Field Offices. UNICEF designed PSS interventions in consultation with other players. The PSS

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programme was partly relevant to the system needs, having in mind that the CPCs and child friendly spaces have a potential to develop as integrated services, which has already been planned. The PSS intervention was designed according to the UNICEFG guidelines for PSS in emergencies, as well as the IASC Guidelines on MHPSS. It is partly relevant to the needs of beneficiaries. The equity focus was present throughout some of the interventions, but it did not look like such a focus was deliberate.

### Effectiveness

There has been a varying progress towards achieving PSS-related output indicators. In terms of outcomes, there have been indications that UNICEF has positively contributed to the psychological well-being of school-age children in the areas affected by war: by reducing the levels of negative behaviour of children in schools and reducing the levels of distress through psychological work. UNICEF interventions contributed positively to reducing the isolation of IDP families and children and increasing the sense of normality and community living of those affected by the war. Due to a primarily child-focused rather than family-focused design of the interventions, UNICEF interventions did not sufficiently reach the most vulnerable groups of children among which children survivors of violence, young children (0-3 and pre-school), children with disabilities.

### Efficiency

Generally, the programme management and planning is not sufficiently informed by an efficient and adequate system for monitoring, evaluation and reporting. On-going monitoring effectively serves the management for general reporting purposes, but not so much for assessing the quality changes in children's life. UNICEF IPs had a largely varying degree of efficiency in their operations within a similar conceptual model of service provision but resulting from different capacity (both organizational and professional). UNICEF appropriately mixed the two approaches i.e. investment in both existing and newly developing services presumably to achieve both larger and quicker coverage in emergency context and to create new community services in an underdeveloped support system in the country. UNICEF generally made efficient use of available training opportunities for its implementing partners and duplication was appropriately avoided where a number of other actors also invested in training. Staffing seems to be adequate in UNICEF and the skill mix seems right but high turnover of staff in 2017-2017 negatively affected UNICEF performance in PSS programme management, leading to a loss of institutional memory and inconsistencies in monitoring data collection process. UNICEF field presence seems efficiently managed – field offices were relocated more to the East to ensure closer monitoring of the unfolding crisis and to better support the local actors in PSS implementation. UNICEF made these decisions in appropriate and time-efficient manner.

### Sustainability

UNICEF PSS programme has been moderately sustainable mostly in terms of community centres based on existing systems, which were eventually absorbed by the local authority (such as two CPCs in Mariupol). Children's sustained effects varied across the locality and capacity of the service providers and decision makers: some continue to have access to the same or modified PSS service package, while others have restricted access to focused support – specialised PSS therapy was discontinued after the end of UNICEF projects affecting specifically cases of children requiring long-term support. Training of school professionals strengthened capacities of schools in the East. Also, the investment in training has not produced system changes and is fading away – by 2022 the effects of trained school professionals are likely to have gone due

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to high turnover. The state social support system was least affected by any sustainable changes – UNICEF investment did not address system changes.

## Impact

On community level UNICEF PSS programme has had positive impact on generally strengthening social cohesion and community integration between host communities and IDP children and families as well as reducing isolation of children and families aspiring to deal with the consequences of war. UNICEF PSS interventions have had limited impact on system level as the emergency response did not rely much on the existing (but underdeveloped and often dysfunctional) support systems and focused on developing new services *e.g.* CPCs on community level. Furthermore, school-based PSS activities have increased the capacity of school professionals, however, the high turn-over limits the impact on system level. On the other hand, those who have left the system continue to apply the knowledge and skills gained, which increases impact on individual level. UNICEF PSS interventions have significantly impacted families' attitudes and understanding of the significance of mental health for their children thus contributing to strengthening their parental capacity to better care for their children. As parents themselves need support in times of war to prevent being worn out, it is very likely that this positive long-term effect could have been higher had families been of greater focus of the interventions. Families' social needs *e.g.* employment and housing, continue to be pressing and there were little indications that these were in some way impacted by UNICEF interventions. Children's resilience has been impacted to some extent, though not significantly. Although some IDP children continue to live in an isolated environment of IDP peers, children's well-being and social integration has been impacted to a large extent.

## Humanitarian Development Nexus

UNICEF PSS activities were partly linking emergency and development targets. The level of synergy between PSS programme and decentralization is high. In emergency, CPCs were providing services locally and in the vicinity of the community. In the context of decentralisation, modelling and piloting integrated services in Eastern Ukraine is done at the level of amalgamated communities by UNICEF. The level of synergy between PSS programme and the system of social services is moderate. The endeavours to increase capacity of social workers as a part of the regular programme remain unsustainable due to the downsizing of their number. However, the capacity development of local NGOs contributed to diversifying the social market. UNICEF planned for PSS response through schools targeting mainly emergency needs, but little evidence was found to link that to developmental needs of the educational system.

## Recommendations

Key recommendations are as follows:

1. Advocate with the Government of Ukraine to mainstream PSS into curricula of relevant professionals (social workers, teachers, school psychologists etc) and oversee provision of psychosocial support.
2. In the short term, advocate with the Ministry of Education and Science to review job description and responsibilities of school psychologists. To ensure coherence to development goals as far as post-conflict education is concerned, in the long term, contribute to improving the capacity of

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- school psychologists by advocating to reform university curricula, integrating PSS first aid in the curricula of psychologists.
3. Advocate with the Government of Ukraine to introduce certification of social workers and psychologists, introducing minimum standards of the quality of service provision in the area of PSS first aid and referral.
  4. In cases when NGOs are available to provide services, advocate for opportunities of social contracting with NGOs to ensure social/PSS services provision for children and their families at local level.
  5. Support to the Government of Ukraine to analyze different forms/models of providing PSS (incl. costing) in the framework of social protection services for children and families.

## Chapter 1: Background, Objectives and Methodology

### 1.1. Background

The ongoing conflict in Eastern Ukraine, which is entering its sixth year during the time of this evaluation, has resulted in significant human loss, extensive suffering, large-scale civilian displacement as well as destruction to private property and public infrastructure. Some 5.2 million<sup>2</sup> people continue to bear the brunt of the conflict. Among these, 3.5 million including 700,000 children remain in need of urgent humanitarian assistance<sup>3</sup>. And, according to OHCHR, as of November 2018, the conflict resulted in at least 3,318 civilian deaths since 2014 as well as up to 9,000 injured. Over 1.5 million Ukrainians are registered as IDPs including almost a quarter of a million children,<sup>4</sup> nearly half of which are hosted in communities in government-controlled areas of Donetsk and Luhansk oblasts and a large number in the adjacent oblasts of Kharkiv, Dnipropetrovsk and Zaporizhzhya.

In a recent UNICEF report on the situation of children living near the 457km-long contact line<sup>5</sup>, over three-quarters of school professionals interviewed in areas near the contact line noted strong behavioural changes in students since the beginning of the conflict. In heavily shelled areas in particular, children showed symptoms of stress, e.g. feeling sad (34.5%) or scared (36.5%), having difficulties concentrating (23.8%), problems with going to sleep (19.3%) or nightmares (26%).<sup>6</sup> With the view to strengthen social cohesion, particularly vertical social cohesion, i.e. delivery of services from the government to beneficiaries, UNICEF Ukraine has been working with national and local authorities, think tanks and NGOs- implementing partners to put in place a gender- and age- appropriate Psychosocial Support Programme targeting children and their families in host communities. These interventions are in line with the Humanitarian Response plan (HRP) for Ukraine. UNICEF Country Programme 2012-2016 targeted developmental goals related to the child protection system in Ukraine among others but it was amended to extend to 2017 and include an emergency response to child protection specifically targeting IDP families and children. UNICEF CPAP 2018-2022 prioritises continuing provision of protective measures such as “mine risk education and psychosocial support for children on both sides of the conflict line, progressively expanding in scope and reach to inform national policies and systems to address more pervasive forms of violence”<sup>7</sup> thus ensuring mainstreaming emergency support into the national support system.

In 2016 The Ukrainian government<sup>8</sup> outlined three major strategic components towards 2017-2020 post-conflict revival: restoration of the critical infrastructure, economic recovery and improvement of social stability, the latter targeting local development in the context of decentralization and self-development, monitoring vulnerability and re-establishing social connections; provision of psychological and social support for the people who suffered from the military conflict.

### 1.2. Objectives of the Evaluation

The object of the evaluation is UNICEF’s Psychosocial Support Programme (PSS) to conflict affected children and their families in eastern Ukraine with a focus on the humanitarian-development nexus.<sup>9</sup>

The key directions of UNICEF PSS-related interventions for children and their families living in eastern Ukraine are: Providing PSS to children and their families; Strengthening key child protection capacities (PSS, identification and referral of child protection (CP) and gender based violence (GBV) cases in

<sup>2</sup> 2019 UN Humanitarian needs assessment

<sup>3</sup> IBID

<sup>4</sup> <https://www.msp.gov.ua/news/15904.html>

<sup>5</sup> The Children of the Contact Line in East Ukraine (UNICEF, 2017) <https://goo.gl/kA32T5>

<sup>6</sup> NaUKMA: Research summary: UNICEF psychosocial support programs for school children in Donetska and Luhanska oblasts, Kiev, 2017, Authors: Bogdanov, S. and others.

<sup>7</sup> UNICEF Country Programme 2018-2022

<sup>8</sup> CONCEPT of the Targeted State Program for Recovery and Peacebuilding in the Eastern Regions of Ukraine

<sup>9</sup> ET suggests to narrow the object from the initially suggested in the ToR children and youth to children and their families.

emergency-affected areas); Establishing and enhancing well-functioning and effective coordination and referral mechanisms among national and international protection partners in emergency affected areas; Building on and encouraging children’s and community’s innate resilience to crisis; Fostering community connections and interactions. The evaluation also focused on equity, gender and human rights aspects as crosscutting elements throughout the evaluation process.

UNICEF developed a programme to strengthen the capacity and coverage of service providers to comprehensively respond to needs in psychosocial assistance. UNICEF’s CP had six impact level results with associated TOCs developed in 2014,<sup>10</sup> however, no relevant PSS-related TOC has been identified.

### 1.3. Purpose and Scope of the Evaluation

The main purpose of the evaluation is to generate substantive evidence-based knowledge by identifying good practices and lessons learned from intended and unintended impact of PSS. This evaluation aims to unveil the nature of change that has taken place in the lives of children, and to determine its significance on the psychosocial well being of those children and their families. The results of this evaluation will be useful to enable any adjustments necessary for future UNICEF PSS interventions in the context of humanitarian-development nexus and advocacy for relevant state programmes on national and local levels. The key stakeholders are: UNICEF, UNICEF Implementing Partners (IPs), UN agencies, INGOs, NGOs, local authorities, and donor community. During the 2<sup>nd</sup> year of the five-year Country Programme (2018-2022), the evaluation results will inform UNICEF how to improve its humanitarian and development programming in Ukraine, so that UNICEF can effectively assist governmental efforts for ongoing social reforms. Ultimately, the evaluation results will contribute to UNICEF’s programming aimed at strengthening the Government’s systemic and institutional capacity for providing basic social services, improving individual and community resilience, and reducing the vulnerability among conflict-affected population. More specifically, these are the key evaluation users:

Table 1. Evaluation Users

Evaluation Users	Evaluation planned use
UNICEF Ukraine	<i>Accountability:</i> having evidence of the performance and results in PSS Programme among beneficiaries. <i>Learning:</i> to identify or confirm improvement areas of response that need reinforcement during transition from humanitarian to development.
NGOs	<i>Accountability:</i> having evidence of the performance and results among beneficiaries. <i>Learning:</i> to identify or confirm improvement areas of the Programme.
MoES	For better understanding the PSS Programme and its strengths and areas of improvement in the process of humanitarian-development transition, as well as its mainstreaming into regular programmes. <sup>11</sup>
MoH	For better understanding the PSS Programme as part of referral chain and its strengths and areas of improvement. <sup>12</sup>
MoSP	<i>Leadership and Knowledge Management:</i> For knowledge management of standards in the area of PSS inclusive social services and respective coordination.
Local authorities	<i>Capacity Building:</i> uniform interpretation of standards in the area of PSS to children and provision of PSS inclusive social services.
UNICEF HQ	<i>Knowledge Management:</i> to have evidence about this PSS Programme implemented in Ukraine, including through identification of good practices of PSS Programme via HDN lenses.

<sup>10</sup> Evaluation of the Country Programme of Cooperation between the Government of Ukraine and UNICEF 2012-2016, Annex 7.2.

<sup>11</sup> More specifically, what knowledge has been especially useful by teachers and school psychologists, and what knowledge is still missing, what are the gaps in service provision by schools in the area of PSS Programme

<sup>12</sup> Mental health referrals

The overall objective of this equity-focused evaluation is to determine the relevance, efficiency, effectiveness, impact and sustainability of the PSS interventions on the well-being of children in eastern Ukraine with a focus on reducing inequity among the worst affected families and children, including IDPs, and Humanitarian-Development Nexus (HDN) aspects.

The specific objectives are: assess the impact of equity-focused PSS in Eastern Ukraine; assess the relevance of PSS response from the point of view of children/families/communities; assess the efficiency of the implementation process of UNICEF's PSS response in Ukraine, and to assess the cost of the response; assess the effectiveness of the implementation process of UNICEF's PSS response and to assess whether the programme has achieved its planned outcomes and outputs with regards to children's psychosocial well-being; assess the intended and unintended changes on the psychosocial well-being of children, determine how well the response addressed priority problems of children, and assess the quality of the various services provided by all partners at the different levels of the IASC MHPSS pyramid; assess the sustainability of the response in the absence of ongoing UNICEF support, by identifying the degree to which it has built on existing local capacities and coping mechanisms, and a potential exit strategy that builds on local resources and capacities; to draw some lessons learned and draft recommendations related to the humanitarian-development nexus to inform future programming in linking humanitarian and development.

The scope of the evaluation covers:

- Time frame: the evaluation will cover the period from June 2014 to December 2018.
- Programmatic focus: The evaluation will use available and collected evidence to assess the PSS response as a programme, exploring its results, strengths and recommend areas for improvement.
- Institutional focus: The evaluation will be focused on the work of the UNICEF-supported PSS services/activities and involved implementing partners.
- The team will also assess current level of competences, strengths and constraints of the implementing partners and facilitate an initial quick assessment of strengths and constraints, including those imposed by the on-going decentralisation process in Ukraine, in the organisation/s that will provide services in the development mode of the PSS.
- Geographic focus: five conflict affected oblasts of eastern Ukraine: Government-Controlled Areas (GCA) of Donetsk and Luhansk oblasts, Kharkiv, Dnipropetrovsk and Zaporizhzhya oblasts.

## 1.4. Evaluation Methodology

The evaluation was guided and framed by the following key documents: (i) UNICEF Evaluation Policy; (ii) UNEG Norms and Standards for Evaluation; (iii) UNEG Ethical Guidelines; (iv) Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises. The full list of approaches used for the overall evaluation design is presented in **Annex 5**.

Table 2 Compliance with the UN Norms and Standards for Evaluation

The evaluation team is composed of evaluators with long standing evaluation experience with each team member committed to uphold and promote United Nations principles and values in evaluation practice. Direct field experience and exposure of the team members to the subject matter of the evaluation, including in Eastern Ukraine, will serve as a guarantor of the utility of the evaluation process and final product. With all core team members coming from the region (Acting Team Leader is originally from Ukraine, Child Protection specialist is from Bulgaria and Data Analyst is from Georgia) our evaluation team has a thorough understanding of the national and regional context and perspectives and local cultural and gender sensitivities.

Proposed evaluation methodology is based on the principles of inclusiveness of relevant stakeholders, the robust quality control, conscientious, explicit and judicious use of the best available, objective, reliable and valid data that will guarantee the high degree of credibility of findings. The team members have no affiliation with UNICEF and enjoy high degree of organizational and behavioural independence.

The evaluation design is guided by the idea of facilitating the realization of human rights standards and obligations enshrined in UN human rights treaties, including the UN Convention on the Rights of the Child and relevant standards developed by the UN Committee on the Rights of the Child. Moreover, the evaluation design gives due consideration to gender equality, including equal access to PSS. Respect to principles of human rights and gender equality was ensured by means of methods of data collection analysis that is human rights based and took into account gender perspective.

To ensure that the analysis, conclusions and recommendations are tailored to the real needs of involved stakeholders to the maximum extent we have been engaging and consulting with the individuals who may be affected by the evaluation in the planning, design and follow-up phases of evaluation.

The evaluation team followed a specific and detailed evaluation framework with methods and tools to be agreed. The methodology engaged a mix of data collection and analysis methods, with a clear intent to provide credible answers to the evaluation questions. The methodology ensured that the information collected is valid, reliable and sufficient to meet the evaluation objectives and that the analysis is logically coherent and complete (and not speculative or opinion-based).

### Methods of data collection

The evaluation used a mix of qualitative and quantitative data and analytical methods (mixed methods approach):

- *Quantitative methods* involved trends analysis that retraced the evolution of the national programming context in terms of quantitative data.
- *Qualitative methods* gathered data from key informants and stakeholders for an in-depth analysis and triangulation purposes. Documentation and secondary data generated over the period was reviewed using structured methods.

Both data were analysed separately and compared, trying to explain the first one with changes occurred in resources, policies, strategies, guidance, etc. to assess whether and how UNICEF response adapted to an evolving context.

Table 3 An analysis of methods considered for evaluation.

METHOD	PERTINENCE	CONCLUSION
Desk review	of programme documentation, available reports and thematic publications (e.g. programme documents, work plans, budgets, programme and event reports, programme data sheets, GBV information management system data, programme review reports, donor reports, humanitarian response documents and publications, official statistics, thematic research papers etc.)	Selected
Key informant Structured and semi-structured interviews	including representatives of the central and local governments, UNICEF and programme management, as well as NGOs-Service Providers	Selected
Survey	Too resource-consuming	Desestimated
Online survey to NGOs-Service providers	Too resource-consuming and impossible given that many NGOs do not work in the same format, are not working anymore, or have been absorbed by the state system of service provision.	Desestimated
Control group	Pertinent to see the broader picture on all of the evaluation questions	Selected
Focus group discussions	With PSS beneficiaries and control group	Selected
Physical observations	Of some PSS response locations and services, if those are ongoing (CPCs, CFS, FPC, Youth Clubs).	Selected
Case study	Not mandatory for this type of evaluation	Desestimated

## Sampling

A **purposeful sampling** process was conducted:

For the *key informants*, the evaluation focused on their capacity to influence the future of the model, their relevance to the programme, their representativeness of decision-maker groups, their representativeness of vulnerable/worst-off groups, including geographical dimension. For NGOs that were service providers, the selection criterion was the date of implementation of the services, location and equity focus.

PSS users were sampled by sex, age, date of service and residence, amongst others. Sampling of users was done in coordination with UNICEF and NGOs.

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### Typology of Respondents Based on Evaluation Framework

TYPE OF RESPONDENT	ORGANISATION	POSITION	DATA COLLECTION METHOD	LOCATION
Programme officers	UNICEF	Evaluation Manager, Child Rights Monitoring Specialist	Semi-structured interview (SMI)	Kyiv
	UNICEF	Child Protection Section	SMI	Kyiv
	UNICEF	Social Policy Section	SMI	Kyiv
Implementing partners	NaUKMA (National University Of Kyiv Mohyla Academy)	Programme Officer	SMI	Kyiv
	Ukrainian Red Cross Society	Programme Officer	SMI	Kyiv
	Ukrainian frontiers	Programme Manager	SMI	Kyiv Head Office
		Family Support Center	SMI	Kharkiv
		Family Support Center	SMI	Kharkiv (Ternova village)
	Station Kharkiv	Programme Manager	SMI	Kharkiv
	Proliska	Programme Manager	SMI	Kharkiv
	Promir	Programme Manager	SMI	Slavyansk (close to Kramatorsk)
		Centers of Psychological Assistance	SMI	Bahmut (close to Kramatorsk)
	Ya Volnovakha	Youth Center or CPC	SMI	Volnovakha
	Mariupol Youth union	CPC	SMI	Mariupol
TdH	CPC	SMI	Mariupol	
Beneficiaries	n/a	Beneficiaries (IDP parents of children)	Focus group	Kharkiv
		Children beneficiaries of PSS services		Mariupol
Control group <sup>13</sup>	n/a	Non-users (IDP parents of children)	Focus group	Severnodonetsk
Local authorities	Regional Administration	Focal point for decentralisation	SMI	Kharkiv Mariupol Severnodonetsk
		Focal point in Dpt for Families, Youth and Children		
		Mayor (Mariupol)		
City Centre for social services	Manager	SMI	Mariupol	
Formal care institutions for children	Manager	SMI	Kharkiv	

<sup>13</sup> In terms of the control group, ET conducted a control group in location that was subject to UNICEF assistance (suggested site: Severodonetsk, capital of Lugansk oblast currently) with the following category of people: at least 10 parents of children, who are IDPs, and who have suffered psychologically from the effect of war (who have not received UNICEF services). Please see the screening questionnaire attached to the present report in the Protocol section of Annexes.

## Methods of analysis <sup>14</sup>

When **saturation** of messages occurred (triangulated data threw similar findings), extra validation was sought by informal debriefings with the team. In case of discrepant evidence or inconclusive findings, additional data was requested to complement data about the programme. ET engaged key decision-takers and implementers at different levels. The programme data collected was verified through **triangulation** (use of multiple independent sources) wherever possible to ensure its objectivity. For assessing the PSS programme impact, comparison groups representing people as similar to the PSS clients as possible but from areas not covered by UNICEF or any other GBV PSS programmes will be identified and engaged in the data collection to allow for a decent comparative analysis. **Triangulation** of sources and methods was sought for each evaluation question. Data from these sources, collected through the different methods were triangulated to assess similarities and differences. Information and data collected will be triangulated<sup>15</sup> in order to enhance the reliability of the findings and conclusions and ensure that the evidence-base is solid. In line with the UNICEF Evaluation Policy, results from the primary and secondary quantitative data will be further explained by the results deriving from the qualitative data. This will ensure that credible, relevant, reliable and useful information is obtained.

## Evaluation matrix

Link between Evaluation Questions, Methods and Data sources can be found in the **Evaluation Matrix** (Annex 1), and practical operationalization in the **Evaluation Tools** (questionnaires and interview guidelines) in Annex 2.

## Evaluation Criteria

The evaluation team understands the evaluation criteria as overarching evaluation questions, motivated by UNICEF information needs that will guide the exercise. This evaluation applied the internationally acknowledged OECD-DAC Criteria for Evaluating Development Assistance (Relevance, Effectiveness, Efficiency, Impact and Sustainability) regarding the model of PSS services. Additionally, the ToR demands to cover other criteria such as Gender Equality, HRBA, equity approach and humanitarian response standards, which address Coverage, Coherence, Appropriateness, Quality and Protection. Given the high number of evaluation criteria and questions, the ET conducted an analysis of their relative importance within the evaluation criteria. Below is the result of this analysis and the consequent proposal:

Table 4 Evaluation Criteria Analysis

#	Criterion	Initial # of questions	Importance	Relative importance	Comments	Final # of questions
1	Relevance	13	Low	5%	Reduce to 5 questions	5
2	Effectiveness	11	High	15%	Focus on 5 questions	6
3	Efficiency	5	Low	5%	Reduce to 4 questions	4
4	Impact	4	Medium	10%	Focus on 2 questions	2
5	Sustainability	8	High	15%	Focus on 6 questions	6
6	Humanitarian-Development Nexus	4	High	15%	Rephrase	4
	<b>Total number of questions</b>	<b>45</b>		<b>n/a</b>		<b>27</b>

Questions of coverage, coherence, appropriateness, quality protection were integrated in subquestions of key 5 evaluation questions. Contribution to humanitarian response was a subquestion to

<sup>14</sup> Justification for methods of data collection and analysis: After having analysed the ToRs and the methods suggested, at this stage the methods suggested seemed reasonable and customized for the evaluation. Collection methods chosen (desk review, Key Informant Interviews, Focus Group Discussions, an online survey, a control group, and a Direct Observation) are common methods with high potential to collect relevant quantities of quality data.

<sup>15</sup> The evaluation team interprets the term 'data triangulation' in line with the Organisation for Economic Co-operation and Development (OECD)/ Development Assistance Committee (DAC) definition: 'The use of three or more sources of information to verify and substantiate an assessment'.

humanitarian development nexus, while governance/decentralisation was covered under Sustainability. Equity and Gender Lens were mainstreamed in each of the 6 Evaluation Criteria.

The ET analysed in detail the *standard* evaluation questions provided by the ToR, calibrating their relevance, in order to have a more tailored, efficient set of evaluation questions. Based on the initial questions defined by the ToRs, the ET suggested evaluation subquestions as presented in Annex 1.

## 1.5. Major Limitations

**Data gaps:** While the volume of the literature specifically for the desk phase is close to sufficient, ET did not receive some additional documents for the final report. These include the annual and bi-annual update on related Child Protection CPAP indicators at outcome and output levels, Annual Workplans of the Country Office and Field Offices for all years within the scope of the evaluation and update against Annual Work Plan Targets, baseline data for child protection before and after emergency, baseline rapid assessment on needs in psycho-social assistance by children in the East produced in GFK in 2014, dynamics in structure of CP section, number and levels of Consultants hired by Child Protection Section between 2014 and 2018, landscape of donors that were reached out, available donor proposals and available donor reports as well as UNICEF annual reports. The monitoring system for progress and performance tracking of NGO partners seem to be in place but its use does appear to be systematic with inconsistent gender disaggregation or equity and with no clear evidence of the performance level of the response. Programmatic visits' reports report vis-à-vis the targets set in PCA/SSFA documents, but there was no information on estimations of potential beneficiaries who do not use them, either due to lack of access or will. Unfortunately, ET did not receive the child protection database that may have had some of the situation monitoring data.<sup>16</sup>

**Gaps in fieldwork phase:** Some critical informants were not available for evaluation-type of interviews, making them available for as little as 30 minutes where 1,5 hour would be necessary. Also, the fact that critical interviews with UNICEF Senior Management in charge of the programming during the PSS design and implementation phase, such as former Representative and former Deputy Representative, did not take place, is a big limitation. Also, Focus Group Discussions involved 'biased' beneficiaries (employees of NGOs or their children). Last, but not least, due to the fact that the majority of CPCs do not function anymore, it was difficult to identify and interview the children beneficiaries of the Programme, and while ET managed to have such interview and FGD, the scope of the interview and FGDs was limited.

**Gaps in data presentation:** Unfortunately, the initially scheduled debrief workshop following the evaluation did not take place, which is an initial opportunity for the ET and the UNICEF Evaluation Reference Group to brainstorm in the initial findings and impressions from the field. The fact that the discussions never took place prevented additional layer of triangulation of initial findings and impressions on UNICEF's side.

## 1.6. Ethical considerations and Gender

When it comes to ethical considerations, the evaluation was carried out according to the ethical principles and standards defined by the United Nations Evaluation Group (UNEG):

- Anonymity and confidentiality: The evaluation respected the rights of the people who provide information, guaranteeing their anonymity and confidentiality.
- Responsibility. The entire team confirms the results presented, without disagreements.
- Integrity. There have been no issues that need to be highlighted that would go beyond the scope of the ToR.
- Independence. The team leader ensured that she remained independent of the program under review, and is not involved in its management.

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<sup>16</sup> institutional memory regarding the database was lost.

- Incidents. When problems arose during fieldwork, and during follow up data collection process, they were reported immediately to the UNICEF Evaluation Manager.
- Validation of information. The evaluation team ensured the accuracy of the information gathered during the preparation of the reports and is be responsible for the information presented in the final report.
- Intellectual property. Using the different sources of information, the evaluation team respects the intellectual property rights of the institutions and communities examined.
- Submission of reports. The evaluation team ensured the timely submission of deliverables as well as the conformity of the draft and final report with the UNEG Quality Checklist for Evaluation Reports<sup>17</sup>.

UNICEF PSS interventions were developed as universal services and were made available to all children regardless of their age, gender, language or ethnic identity. However, the lack of data and gender analysis makes it difficult to conclude whether and how the efforts have been made to integrate the HRBA and gender equality principles throughout PSS programming and implementation.

When it comes to gender, ET noted that while some IDP families now live as single-parent headed households – the inability to resolve unemployment issues makes fathers stay with their employment in the conflict areas making sure their wife and children are safe somewhere else. Several IPs reported that they observed such a trend, and ET believes that it is worth exploring and analyzing the significance of the impact of the conflict on single-parent families and for future programming, tailor interventions specific for fathers and for mothers.

## Chapter 2: Overview of the Actions and Context

### 2.1 Main areas of PSS intervention

For the purpose of PSS definition, ET used the concept as outlined in UNICEF's handbook 'Psychosocial Support in Emergencies',<sup>18</sup> whereby by Psychosocial support in Ukraine, Evaluation Team understood UNICEF efforts in pursuing these strategies: Engaging governments, civil society, communities, families and children to influence social environment, behaviour and attitudes in order to provide and promote a safe and protective environment; Raise the awareness of government, civil society, communities, families and children regarding the psychosocial implications of armed conflict, natural disasters, other forms of violence and exploitation as well as advocate for appropriate alternative care situations; Preventing and mitigating the harmful psychosocial impacts of armed conflict, natural disasters, and other forms of violence and exploitation, and to promote appropriate models of alternative care.

UNICEF in Ukraine employed two approaches in PSS provision:

**Support of existing systems:** a) School professionals – training for 580 psychologists and teachers in schools in Eastern Ukraine and provision of equipment; b) La Strada Helpline set up to provide assistance on violence issues and children rights protection for several years now; c) Social workers – training for 112 workers from state social support centres in Eastern Ukraine. By investing in them UNICEF enhanced their capacity to reach and support children and their families.

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<sup>17</sup> In Addition to that, all Evaluation Team members will respect and comply with the ethical principles for evaluation, which includes the obligations to behave ethically in terms of: intentionality: bearing in mind the purpose, usefulness and necessity of the evaluation at all its stages; Avoiding conflict of interest: upholding the principles of independence, impartiality, credibility, honesty, integrity and accountability; Interactions with participants: engaging appropriately and respectfully with participants in all evaluation processes, upholding the principles of confidentiality and anonymity and their limitations, dignity and diversity, human rights, gender equality, avoidance of harm, especially with regard to sensitivities connected with GBV and domestic violence; Evaluation processes and products: ensuring accuracy, completeness and reliability, inclusion and non-discrimination, transparency, fair and balanced reporting that acknowledges different perspectives; Discovery of wrongdoing: discreetly reporting the discovery of any apparent misconduct to UNICEF

<sup>18</sup>

<http://www.unicefemergencies.com/downloads/eresource/docs/MHPSS/Psychosocial%20support%20of%20children%20in%20emergencies.pdf>

**Engagement with NGOs (local, international, newly-emerged grass root initiatives)** to establish new services towards psycho-social support to children and their families. As most of them were under-resourced and lacked organizational capacity (overall management, financial management, reporting, fundraising) and capacity to engage in social service provision. UNICEF addressed this challenge by providing: budget for staff, renting premises and equipment; Hands on guidance on project proposal writing and budgeting; guidance to the programmatic staff of implementing organizations on monitoring the progress across the project implementation; training to various levels of programme staff to enhance their capacity and preparedness to provide services to the beneficiaries. From the outset of the programming UNICEF chose to engage with the local NGOs and newly emerged grassroots initiatives, who acted as local implementing partners and who played important role in providing psycho-social support to children affected by the conflict.

UNICEF Ukraine, jointly with national and local authorities and targeted NGOs, started PSS response in 2014. PSS services were initially established in 2 oblasts of central and western Ukraine and then spread to 5 oblasts of Ukraine geographically closest to the area of the armed conflict and those with highest numbers of IDPs or affected local people. A number of Community Protection Centers (CPCs) phased out towards the end of the Programme. Interactive map showing full list of CPCs during the evaluation timeframe can be found [here](#).

At the time when UNICEF rolled out its PSS programme, most of existing civil society actors were under-resourced and lacked organizational capacity (overall management, financial management, reporting, fundraising) and capacity to engage in social service provision. UNICEF addressed this challenge by deploying number of methods, including:

- UNICEF staff basic mapping of existing NGOs to understand who were major players with whom UNICEF could engage, as well as to assess their capacity and organizational needs and constraints;
- UNICEF provided hands on guidance and support to selected NGOs to develop project proposal. This included practical workshops on proposal writing and budgeting;
- UNICEF provided series of trainings on substantive issues to various levels of programme staff to enhance their capacity and preparedness to provide tailored services to the beneficiaries;
- UNICEF provided guidance to the programmatic staff of implementing organizations on monitoring and evaluation and tracking the progress across the project implementation;
- UNICEF provided practical feedback to programmatic staff of implementing partners during the reporting phase.

Based on information provided to the ET, UNICEF realised circa USD **3 592 399** in five regions affected by the conflicts. Some 159.000 children were eventually reached by the IPs. Approximately the same number of children were reached by the school professionals trained by UNICEF. The total number of children reached (both by schools and IPs) is **317.461**. Thus out of approximately 700.000 children who were considered as needing urgent humanitarian assistance UNICEF and IPs managed to reach impressive 45% of children in need. The nature of 'reach' varied very much from partner to partner as well as from situation to situation and ranged from telephone consultations to tailored and extensive psychological counselling. There is a wide divergence in terms of funds spend by each implementing partner and the number of children reached (see the tables below) but this divergence is explained by the great variance in the type of services provided by the IPs. For example La Strada claims to have reached impressive 42% of the total children reached by the IPs, while La Strada's share of budget amounted only to 2% of the total of the funds provided to the IPs. This is simply explained by the fact that La Strada offered cost-effective approach of telephone consultations/informational support which cannot be compared with the services such as psychological counselling or tutoring for children who experience difficulties in terms of coping with the studies post displacement.

The average **indicative cost per child is 11.5 USD<sup>19</sup>** where UNICEF’s financial contribution to that is app. 90%.

*Breakdown of No. of children reached by each IP (NGOs and schools):*

Partner	Number of children reached
City Aid Center	2.526
La Strada	66.243
Mariupol Youth Union	51.201
Proliska	198
Promir	3.496
Terre des Hommes	703
Ukrainian Frontiers	2.439
Red Cross (Kharkiv)	5.495
Red Cross (Selidove, Porkovsk, Berdiansk)	5.495
WordsHelp	7.000
Ya Volnovakha	11.850
Most	2.414
Training child professionals: <ul style="list-style-type: none"> <li>• NAUKMA<sup>20</sup></li> <li>• ECHO Project<sup>21</sup></li> </ul>	158 401 <sup>22</sup>
<b>Total</b>	<b>317 461<sup>23</sup></b>

<sup>19</sup> Indicative costs per output are calculated based on all programme-related costs divided by the number of outputs i.e. children reached. Indicative cost would be different to actual cost per child as some projects may have other outputs as well (e.g. parents reached). Indicative costs are only used for measuring cost-effectiveness implications. Note! UNICEF may have additional spending on PSS (outside the scope of the data made available) which ideally should be taken into account in measuring indicative costs.

<sup>20</sup> NAUKMA has contributed to reaching children indirectly by training child professionals, both as a partner in ECHO project (Aug 2015 – Nov 2016) and as a stand-alone partner later on (Feb-Jul 2017, hence budget provided separate to ECHO budget here).

<sup>21</sup> ECHO (**European Commission Humanitarian Aid and Civil Protection**) project has provided grant for UNICEF to train school psychologists, teachers and social workers.

<sup>22</sup> Total number of children reached by child professionals trained by partners of UNICEF incl. NAUKMA

<sup>23</sup> As pointed in section on Effectiveness of this report, this number should only be seen as indicative as it includes all children reported as “reached” both by implementing partners **and** schools (through ECHO project). As UNICEF response targets primarily school age children, it may be assumed that some children may have received more than one service e.g. served both by the community centre and the school in their town. However, UNICEF M&E mechanism did not allow for identifying such duplications of numbers so that the actual number of children served is validated.

## 2.2 Logic of intervention (ToC)

UNICEF developed a programme to strengthen the capacity and coverage of service providers to comprehensively respond to needs in psychosocial assistance. UNICEF's CP had six impact level results with associated TOCs developed in 2014,<sup>24</sup> however, as there was no PSS-related TOC, ET reconstructed an intervention-specific TOC to have a comprehensive picture of child protection and PSS interventions.

Main assumptions were as follows:

- a) by supporting partners to provide a layered response to affected children and their families the local capacity to provide services will be improved;
- b) those capacities will be scaled up and mainstreamed into the child protection system.

Mainstreaming emergency child protection/PSS interventions is expected to have lead to impact the protective environment with "reduction of children's and their families' social vulnerabilities & children's separation from families; realization of children's right to a safe family environment"<sup>25</sup>.

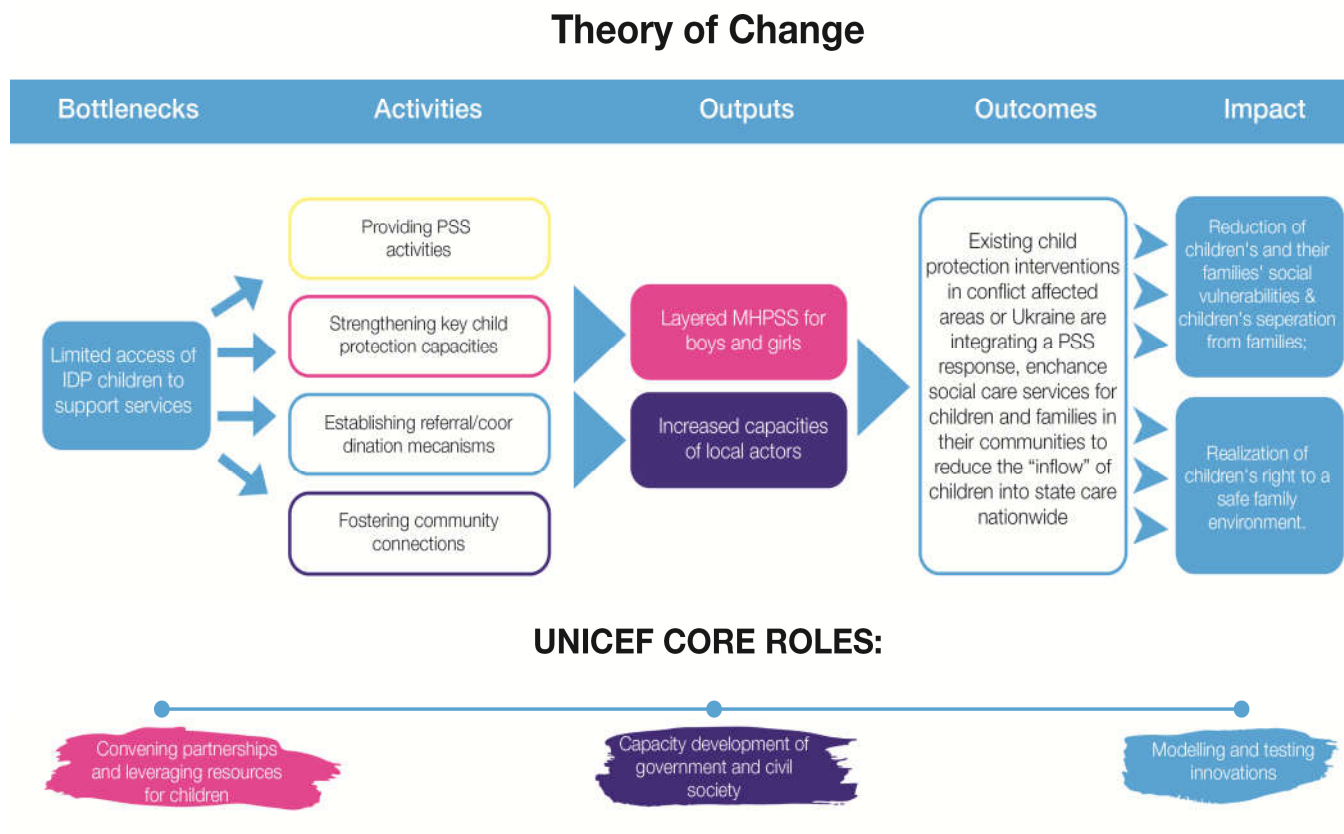
Specific emphasis was given in reviewing UNICEF's core roles towards addressing child protection system-level bottlenecks and improving effective coverage with evidence-based interventions.

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<sup>24</sup> Evaluation of the Country Programme of Cooperation between the Government of Ukraine and UNICEF 2012-2016, Annex 7.2.

<sup>25</sup> TOC on Family Environment

Figure 1 Theory of change



## 2.3 Management and Governance Structure

The PSS Programme was managed by UNICEF Country Office in close coordination with its Field Offices in Kharkiv, Mariupol, and Dnipro. Coordination with Ministry of Social Policy was sought at the national, oblast and city as well as rayon level. Another layer of coordination was the Child Protection Sub-Cluster, as well as MHPSS working group under Health Cluster, where UNICEF ensured country-level, and at different times of the Programme, also oblast level meetings and coordination.

## 2.4 Partnerships

The process engaged most PSS programme stakeholders at the central and local levels: UNICEF, Ministry of Social Policy, oblast state administrations, local service providers, and local communities where PSS was operational. The PSS CPC and CFSc were operated by the IPs. Regulatory support and oversight of the service was provided by the [Ministry of Social Policy of Ukraine](#) and coordinated with the Ministry of Education and Science at national and local levels when it comes to trainings of school psychologists.

Specific contributions and roles of key stakeholders is presented as per below:

**Table 2. Stakeholder’s role in PSS Programme**

PSS Programme stakeholder	Stakeholder’s Role
NGOs	Service provision (basic PSS)
Ministry of Finance	Budgetary allocation to social sector
MoES	Training of school psychologists; supervision of school psychologists
MoSP	Standards setting in the area of social services inclusive of PSSs
Local authorities	interpretation of standards in the area of PSS provision to children; guidance to social workers; and provision of PSS services at local level (centres for family, children and youth)s.
UNICEF HQ and UNICEF RO	<i>Ensuring the role of UNICEF Country Office in the MHPSS Sub-Cluster; and in the Child Protection Sub-Cluster; as well as regional presence and leadership of UNICEF in the area of child protection and MHPSS as well as PSS.s</i>

## Chapter 3: Findings

### 3.1 Overall context

With the view to strengthen social cohesion, particularly vertical social cohesion, i.e. delivery of services from the government to beneficiaries, UNICEF Ukraine has been working with national and local authorities, think tanks and NGOs- implementing partners to put in place a gender- and age- appropriate Psychosocial Support Programme targeting children and their families in host communities. These interventions are in line with the Humanitarian Response plan (HRP) for Ukraine. UNICEF Country Programme 2012-2016 targeted developmental goals related to the child protection system in Ukraine among others but it was amended to extend to 2017 and include an emergency response to child protection specifically targeting IDP families and children. UNICEF CPD 2018-2022 prioritises continuing provision of protective measures such as “mine risk education and psychosocial support for children on both sides of the conflict line, progressively expanding in scope and reach to inform national policies and systems to address more pervasive forms of violence”<sup>26</sup> thus ensuring mainstreaming emergency support into the national support system.

In 2016 The Ukrainian government<sup>27</sup> outlined three major strategic components towards 2017-2020 post-conflict revival: restoration of the critical infrastructure, economic recovery and improvement of social stability, the latter targeting local development in the context of decentralization and self-development, monitoring vulnerability and re-establishing social connections; provision of psychological and social support for the people who suffered from the military conflict.

### 3.2 Relevance

**To respond to the relevance criteria, we will first analysed the need in PSS at the time of the PSS design The data gathered and analysed show that when it comes to the need in the area of PSS immediately following the rapidly evolving conflict in 2014, there was an **unsatisfied need in services for children and their parents** who have been displaced or witnessed effects of war. UNICEF was the first to conduct rapid assessment of the state of children displaced by the conflict,<sup>28</sup> and also the first to reach out to NGOs and help them develop PSS programmes in Western Ukraine and Central Ukraine where the first wave of IDPs from Crimea went even before the conflict in Eastern Ukraine unfolded.<sup>29</sup> In the initial partnership agreements (SSFAs& PCAs) with NGOs that UNICEF developed, because NGOs had no experience in providing PSS, and experience in humanitarian response, UNICEF guided the NGOs in the standards of PSS provision, as well as ensured basic baseline assessments in communities where NGOs were providing art therapy and group play and basic PSS. While female interviewees noted that they appreciated the space for them to discuss some issues they faced in their new conditions, male interviewees noted on the one hand, they did not believe that psychosocial assistance is something that can help, and the money that NGO received could have been given to them to rent house. Before UNICEF started providing seed funding to NGOs for them to provide PSS, no one was providing this kind of support to either local/host communities or to IDPs. One will also note that private psychologist counselling and specialised mental health services is not very common in other than the capital areas, and also not accessible as average**

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<sup>26</sup> UNICEF Country Programme 2018-2022

<sup>27</sup> CONCEPT of the Targeted State Program for Recovery and Peacebuilding in the Eastern Regions of Ukraine

<sup>28</sup> Rapid Assessment of PTSD conducted in July 2014 by a market company GFK.

<sup>29</sup> SSFAs with Dzerelo Nadii PCAs to provide PSS to IDPs from Crimea in Vinnytsa oblast, SSFA with Caritas to provide PSS with for IDPs from Crimea and from the Eastern Ukraine

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counselling session is between 600 and 1000 UAH, while average salary of beneficiaries interviewed is 3000 UAH.

Out of existing actors that were providing support:

- *School psychologists*, upon completing the training, did not always have the authority to perform the function of the school psychologist. School administration understood little of the importance of a special space dedicated for the work of psychologist, and also until now, psychologists' sessions with students are not confidential, as school administration requests records of counselling sessions for provision of 'kharakteristika (student's description)'. The implication of this on the relevance is that the trainings were partially relevant to the realities on the ground, as those trained would not be fully equipped to employ the knowledge. Further advocacy on the part of UNICEF with school administrations through the Ministry of Education of Science, lobbying the role of school psychologists and their function would have facilitated this process.
- Not enough coordination or referrals between *social services, mental health/health institution*: There are almost no specialised mental health services for children and health facilities have limited capacity to address the MHPSS issues;
- *Centres for families, youth and children* were overwhelmed with registration of IDPs and also there was no clear legislation on providing them benefits or registering them (IDPS) for employment. No centres for families, youth and children in any of the oblasts visited and interviewed had a free disposal of a psychologist that was available to provide a PSS service either to the parent/carer or the child. This implies that those psychologists trained by UNICEF that were employed by Centres for Families, Youth and Children, could not exercise their functions, and for the trainings of this category to be fully relevant, UNICEF should have advocated with the Ministry of Social Policy nationally and with Centres for Families, Youth and Children at oblast level to increase the scope of work of psychologists employed by them.

### Provision of services by social worker:

social workers remain far from their client physically speaking and in terms of the timeliness of the service: currently, once the request for service despite lack of anonymity is filed, it may take from 1 week to 3 months for the social worker to go to the client. Especially in rural areas, if there is no bus that goes to the area of the client, the social worker simply does not reach the client, when the client cannot come to the Social Service.

According to several beneficiaries interviewed, *'the attitude of the Social Service is not always very welcoming'*. Not specialized: not sensitive or tailored to the person's needs; the capacity of the Service to respond specifically to the category of client has been and remains low, given that they have *circa* 26 vulnerable categories that they need to serve, and low number of social workers that can cover them; The services that Centres for Families, Youth and Children provide are also not confidential. As soon as the client is registered with the Social Service, Social Service transfers the

data to other state entities within the scope of referral, “.

- **After the conflict**, social services have experienced further challenges. Due to the worsening economic situation because of the ongoing conflict in the Eastern Ukraine, the number of **social workers** serving the country was lowered in 2014, and 12,000 social workers that were introduced just before the conflict were fired.

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Based on desk review and discussions with national and local authorities in the 5 visited oblasts, and on the analysis of statistics of services, evaluation team concludes that **there was a great need of PSS services** for local/host communities and IDPs, **especially in areas most affected by the conflict**.

In terms of relevance to the needs of beneficiaries, in these oblasts, there is a higher concentration of IDPs.<sup>30</sup> Many IDP families find themselves without their housing (destroyed or left on NGCA), network (friends and families stayed behind on NGCA or died) and former income sources<sup>31</sup>. This increases tensions within the families as one household may have 2-3 people who are unemployed at the same time. Also, tensions may be due to the fact that housing facilities are not appropriate/very different from where they used to live: due to the displacement, they cannot rent the same kind of apartment/house where they used to live, and either rent smaller apartments or live in communal 'IDP' settlements (dormitory-type), that have full household in one room. Resident communities have to absorb IDP needs, which also creates tensions in the community itself (IDPs are entitled to social benefits, priority for kindergartens, and increase competition for employment).

In terms of relevance of the system needs, the conflict has left these areas in a "stand-by" situation waiting for closure, and this represents changes in authorities' priorities, so institutions and notably social services are underfunded and have been disrupted (as shown by the disbandment of 2/3 of 12,000 social workers<sup>32</sup>). Additionally, there is a high concentration of war veterans/demobilised with specific problems in households due to the fact that they are traumatised by experience of war or the fact that they are unemployed, inter alia.

### **In terms of how well the programme is aligned with national priorities in providing PSS and reflects the national legislation,**

several interlocutors mentioned that while the national legislation on PSS provision is in the making, little coordination to no coordination was done with oblast authorities and among line ministries. More specifically, this was stated in 2 out of 5 visited oblasts.<sup>33</sup> While it was mentioned that oblast authorities highly appreciative of UNICEF's assistance, it would have been better to define vulnerable categories jointly, also agree on the scope and ToR for the service providers (local and international NGOs) as authorities have a plethora of information where UNICEF could have gauged greater impact, had coordination in PSS Programme definition been done together. Authorities mentioned that the indicators chosen by most of NGOs implementing UNICEF and other donors' PSS Programmes were simplistic, quantitative ('number of PSS counselling sessions') and it would have been better to define these indicators together, which seemed to be an opportunity missed (also from Sustainability perspective and from HDN lenses).

*'Prior to UNICEF, there was no one providing the training on PSS. As emergency became protracted and PSS became a recurrent need, there are many players now that are active, but UNICEF was the first to provide the coordination platform for PSS provision in the Eastern Ukraine'.<sup>1</sup>*

*Key Informant Interview*

On the national level, representatives of national authorities stated that they 'highly appreciate the work of UNICEF with regard to PSS, specifying that there is work to be done to institutionalise it'.

When it comes to the oblast-level authorities, they all deemed the work of UNICEF highly relevant.

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<sup>30</sup> Provide statistics for 2015; 2016; 2017; 2018.

<sup>31</sup> In terms of the data on IDP concentration, their number is especially high in Eastern Ukraine. For instance, in Kharkiv city alone, a city of 1,500,000 inhabitants, there are 150,000 IDPs, with 300,000 more spread around Kharkiv oblast. For consistency, add figures on Donetsk, Lugansk, and Kyiv.

<sup>32</sup> <https://zakon.rada.gov.ua/rada/show/v0228739-12> - Introduction of 12000 workers;

<sup>33</sup> Donetsk, Zaporizhia.

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Given the novelty of the area of intervention, UNICEF's roll out of the child protection and MHPSS sub-cluster to the regions is deemed relevant and appropriate.

**In terms of relevance of proposed services from the point of view of beneficiaries,** as confirmed by beneficiaries interviewed, the service was relevant, especially given that no other services were available

*'Only schools are provided of a psychologist in Ukraine by legislation (for school-age children), so there is a gap in the service of PSS for parents. The psychologist that is in school is not always specialised in providing the tailored service to the child, with some exceptions'*

*Key Informant Interview*

locally.<sup>34</sup> Many beneficiaries mentioned the benefits such as better preparedness of the child to school, speaking abilities/speech therapist, better environment in school. *IDP child* mentioned that the child friendly space was great as the family had no funds to visit any entertainment that was otherwise paid, also it was a platform to meet other kids and mingle with locals who also attended the

space. *Local children adolescents* mentioned that the space was the only space where they could meet as adolescents and create their own plays, do movie nights, develop their projects.

**In terms of answering the core question whether the PSS was relevant and also the degree of relevance:**

On the one hand, ET believes that the intervention *per se* was relevant: there was a need to respond and UNICEF was one of the first players in PSS, acting on the ground where nobody was acting, and also acting with the resources it had at its disposal. UNICEF made good use of its networks locally (Mariupol, Kharkiv, Kramatorsk?), used the presence of the Field Offices to work with local authorities where possible, and designed PSS interventions often in consultation with several other players.

On another hand, the *design of the intervention* was partly relevant given the corporate UNICEF? guidelines for PSS in emergencies. More specifically, ET gathered that the equity focus was not present throughout all of the interventions, and while it was present sometimes, it did not look like such a focus was deliberate. UNICEF did not deliberately target infants or their mothers, who are a vulnerable category especially in emergencies. ET did not see that the PSS service as such would have the similar pattern throughout different regions, and while it is justifiable that the service is different depending on needs of communities, equity focus should have been the inherent trait of any service in any PSS: ET did not witness that there was a proper identification of the most vulnerable, rather relying on those who would come to the space, and it is believed that an effort could have been made to attract or reach out to those, who are the most vulnerable. While IDP category and host community may be vulnerable, children with disabilities IDPs are even more so vulnerable, and children 0-3 are also even more vulnerable, as well as their mothers, therefore ET believes focus on vulnerable could have been more narrow. ET did not hear that NGOs were guided to collect the data (situation monitoring) that would reveal the most vulnerable. While between 2014 and 2015, UNICEF had field monitors who collected situation monitoring data on children, the contracts of these monitors have been stopped early 2016, and situation monitoring was supposed to be done by NGOs. ET understands that this function was not transferred to NGOs. While there have been reports of children soldiers on both sides of the conflict, the Monitoring and Reporting Mechanism that could have dealt with the data gap in a systemic way was not activated.

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<sup>34</sup> 2 Focus Group Discussions with Sartana (adolescences and women-users of PSS).

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Given the above, ET concludes that overall, the PSS Programme was relevant, partly relevant to the needs of beneficiaries and partly relevant to the local and system needs.

### 3.3 Effectiveness

As UNICEF PSS programme was not equipped with quality effectiveness indicators and targeted **outcomes** to base this evaluation on, the ET has identified the following **output** indicator in UNICEF regular programme documents that refer to **coverage** of PSS activities:

<b>CPAP 2014-2017 programme component</b> UNICEF Programme Component: <i>Child Rights Based Systems, Policies and Budgets</i>		<b>Findings as of 2018</b>
<b>Related to CPAP 2014-2017 programme outcome</b>	<b>Output indicators within the scope of PSS</b>	<p>In 2014-2015 UNICEF has made use of child rights monitors to report on grave violations of children's rights.</p> <p>Respondents in this evaluation reported cases of grave violations of children's right during the conflict. However, no documented reports on such cases were identified by the ET.</p> <p>Monitoring and Reporting Mechanism (MRM)<sup>35</sup> was not activated by UNICEF in Ukraine. The reasons behind cannot be fully analysed due to lack of data</p>
<b>1. By the end of 2017<sup>36</sup>, there is a government-endorsed roadmap for the overall changes required to reform health and social protection systems necessary to realize the rights of the most vulnerable children, adolescents, women and families</b>	<p><u>Indicator 1.1.4:</u> Conflict-related Child Protection violations and other concerns are monitored by UNICEF and relevant clusters and advocacy responses are triggered as required</p> <p><u>Baseline:</u> no reports (2015)</p> <p><u>Target:</u> Regular quarterly reports (by the end 2017)</p>	
<b>CPAP 2014-2017 programme component</b> UNICEF Programme Component: <i>Effective Integrated and Inclusive Services</i>		<b>Approximate total number of children reached by all</b>
<b>2. By the end of 2017, there is a substantial progress towards improving the the quality, availability and effectiveness of health- and specialized social and juvenile justice sectors services for children, women and families</b>	<p><u>Indicator 2.1.6:</u> Number of conflict-affected children in 5 affected oblasts who have been reached with psycho-social interventions</p> <p><u>Baseline:</u> 18,837 (2015)</p> <p><u>Target:</u> 100,000 (by the end 2017)</p>	

<sup>35</sup> MRM on grave violations committed against children in times of armed conflict was adopted with [resolution 1612](#) of the Security Council in 2005. The purpose of the MRM is to provide for the systematic gathering of accurate, timely, objective and reliable information on six grave violations committed against children in situations of armed conflict.

The six grave violations are: Killing and maiming of children; Recruitment and use of children by armed forces and armed groups; Sexual violence against children; Attacks against schools or hospitals; Abduction of children; Denial of humanitarian access for children.

<sup>36</sup> Assuming the CP cycle will be extended to 2017 during 2016.

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<b>most affected by inequities at the decentralized level.</b> 2.1. Integrated community-based services established 2.2 Critical attitudes, practices and behaviours related to child health, protection and development are understood and effectively addressed		<b>implementing partners is 317,461<sup>37</sup>:</b> - <b>251,218 directly reached</b> - <b>66,243 reached by Helpline calls</b>
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The available data here cannot be comprehensively interpreted against consistently formulated PSS objectives and outcomes due to the following:

- Whilst CPAP as such is not within the scope of this evaluation, the above indicators were set to contribute to UNICEF 2014-2017 CPAP regular programme outcomes developed additionally in 2016 in the context of emergency. Moreover, PSS-related indicators were not identified in the follow-up CPAP 2018-2022.
- Whilst PSS is in the scope of this evaluation, PSS activities were not linked to a PSS result framework of its own to allow for evaluation of achievements against expected outcomes. Such outcomes have not been formulated which limits the analysis of achievement against targets.
- Outcomes and outcome indicators relating to PSS and protective services were not identified. The above mentioned indicators are output indicators.

Therefore, the traditional approach to measuring effectiveness against set targets and outcomes will not be applied here.

However, to allow for a comprehensive analysis of achievements and results of UNICEF PSS activities, the ET has analysed effectiveness across a) alignment with IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and b) domains for psychosocial effects.<sup>38</sup>

### a) Alignment with IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

**Human rights and equity:** IASC guidelines expect humanitarian actors to promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations. In 2014-2015 UNICEF has made use of field monitors to report on grave violations of children's rights. The posts of these monitors were cut in early 2016, presumably shifting the function of monitoring on child rights to be covered by implementing partners. However, Implementing Partners did not receive a unified monitoring template on child's rights and there was no specific expectation to monitor grave violations of children's rights. IPs' reporting was based only against their own project outputs (number of events, number of children), and did not contribute to child rights' monitoring. Some respondents did indicate that over the years there have been cases of grave violations of children's right. However, with just anecdotal evidence and in the absence of consistent monitoring it is difficult to assess the extent of promotion of human rights particularly of children at heightened risk of human rights violations. This evaluation found that UNICEF PSS interventions were conceived as universal services in its design and were made available to all children regardless of their age, gender, language or ethnic identity.

<sup>37</sup> Source: accumulative data from all narrative reports to UNICEF by implementing partners who report PSS activities

<sup>38</sup> Based on Guide to the Evaluation of Psychosocial Programming In Emergencies, UNICEF, 2009.

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**Design:** At the onset of the crisis in Ukraine, UNICEF was involved in assessment activities to outline the general emergency situation: A rapid assessment performed as early as the Crimea conflict started in 2014 as well as involvement in developing humanitarian response plans for Ukraine.

These have brought up the general need of providing PSS and protection services aiming at “restoring the protective environment around children as well as strengthening their resilience”<sup>39</sup>. Follow-up assessments of the needs of children and families needing psycho-social support e.g. collecting findings of implementing partners, organising focus groups with parents, etc. In September 2014, UNICEF worked with the German agency GfK to conduct a Rapid Psychosocial Assessment of Children in Donetsk Oblast. This was complemented two months later by an assessment led by the Kyiv International Institute of Sociology. The following general needs of children were identified: need to strengthen the skills needed for living together with people in their host communities (in the case of IDPs); the need for effective psychosocial support on a large scale for distressed children and adolescents, most notably among younger children.<sup>40</sup>

However, these assessment attempts did not result in a sufficiently systematic and comprehensive assessment of documented detailed needs of children and families. No specific programme document was identified with relation to UNICEF PSS activities describing the specific needs and groups targeted, priorities, aims, objectives and results framework as well as the justification of how the specific PSS design stems from such analysis and how this design targets specific outcomes for specific groups of children, in addition to general community needs.

In practical terms, the ET found that UNICEF response was based on the following general approaches to reaching children in emergency:

- Development of life skills among children by training school professionals (teachers and psychologists) to develop life skills among school-age children. The selected approach was infusing learning content on Life Skills into the school subject Basics of Health, which was offered to school children 1-11 grades.
- Training school psychologists who in turn trained and mentored teachers, as well as teacher training who implemented a more supportive approach and activities designed to identify address stress and other problems related to stress such as fear and anxiety.
- Support implementing partners (local NGOs) to provide psycho-social activities to children: either in community places of support (CPC, Family Support Centres, Youth clubs, Child Friendly Spaces) or by mobile reach through mobile teams.

**Coverage:** Approximate total number of beneficiaries reached by all implementing partners combined is **317,461**<sup>41</sup> children. As UNICEF programme documents do not identify the number of children needing PSS and protective services in particular, the number of children reached is analysed against the number of all children in need<sup>42</sup> on both sides of the contact line.

According to latest reports,<sup>43</sup> approximately 700,000<sup>44</sup> children in conflict-affected areas are in need of support. It should be noted that this number is only used to indicate trends rather than solid data findings because: a) the actual number of children affected by the conflict is beyond the number of children living along the contact line as many families have moved throughout the whole of Ukraine; b) not necessarily all

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<sup>39</sup> Humanitarian Response Plan, 2016; [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2016\\_hrp\\_ukraine\\_english.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2016_hrp_ukraine_english.pdf)

<sup>40</sup> “End-of-project evaluation report, ECHO Children of peace project: Life skills education and psychosocial support for conflict-affected children and adolescents in Ukraine”, Christopher Talbot, Consultant, Education in Emergencies and Reconstruction; Michael Wessells, Consultant, Child Protection and Psychosocial Support in Emergencies, 2016; p.8-9

<sup>41</sup> This number should only be seen as indicative as it includes all children reported as reached both by implementing partners **and** schools. As UNICEF response targets primarily school age children, it may be assumed that some children may have received more than one service e.g. served both by the community centre and the school in their town. However, UNICEF M&E mechanism did not allow for identifying such duplications of numbers so that the actual number of children served is validated.

<sup>42</sup> This refers to the number of children in need of any humanitarian support. No data was identified as to the number of children in need of psycho-social support. It is assumed that a great proportion of children in need of humanitarian aid may also need psycho-social assistance or protective services. However, assessments of the need of PSS were not identified.

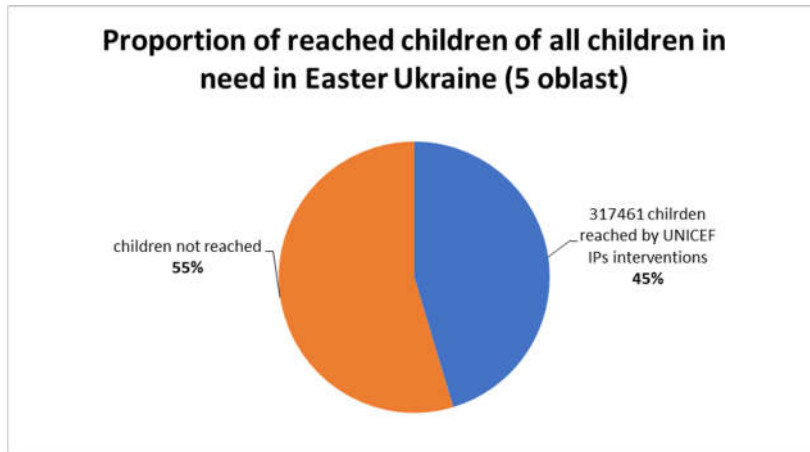
<sup>43</sup> UKRAINE SITUATION REPORT April 2019] p.1, footnote 3; ([https://www.unicef.org/appeals/files/UNICEF\\_Ukraine\\_Humanitarian\\_Situation\\_Report\\_April\\_2019.pdf](https://www.unicef.org/appeals/files/UNICEF_Ukraine_Humanitarian_Situation_Report_April_2019.pdf))

<sup>44</sup> the 2019 HRP estimates that 700,000 children living in conflict-affected areas are in need, of them 500,000 children in need live in the 20-kilometre zone on both sides of the contact line and in non-government-controlled areas; *ibid*

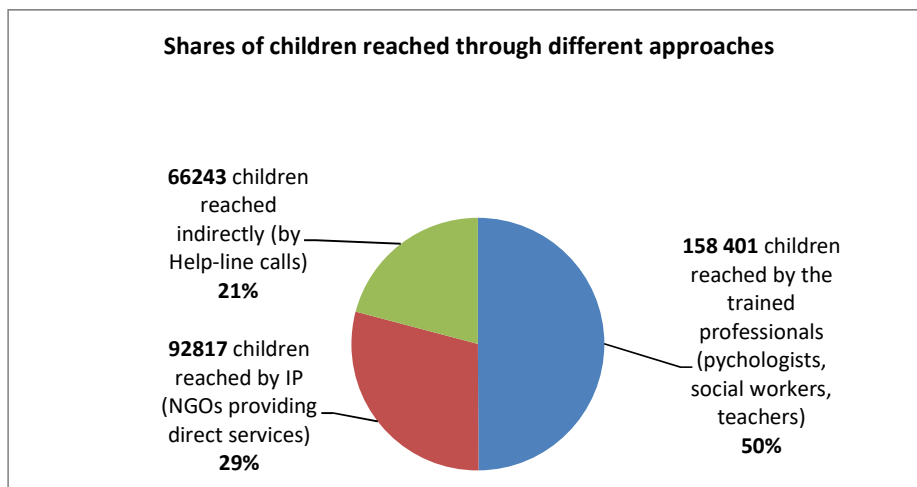
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children affected by the conflict may be in need of PSS and protective services. In the absence of a more detailed assessment and disaggregated data,<sup>45</sup> the evaluation may indicate that *circa 45% of children in need (317,461)* have been reached by UNICEF interventions.



Of all children reached, **79% were directly reached** (collectively by NGOs and schools) and **21% were reached by a call to La Strada Helpline**.



Reaching children by phone, direct servicing in community centres or schools represents different approaches of providing support, which means providing different depth and type of support and with different service goals and outcomes.

It has been challenging to provide detailed typology of the groups reached and disaggregated numbers because although UNICEF interventions were universally accessible to all children, there was no particular monitoring data on specific groups of children and families. Generally, IPs reported to have worked with any of the following groups of beneficiaries

<sup>45</sup> Some reports refer to 200 000 children specifically in need of PSS but the figures quoted refer to only two oblast (Lugansk and Donetsk), therefore it is irrelevant to use that in this analysis. (<https://www.unicef.org/press-releases/200000-children-need-urgent-support-overcome-trauma-volatile-conflict-eastern>)

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Table 5 Coverage of PSS response – groups of beneficiaries

Group	Sub-group	Comment on coverage
Children affected by the conflict in 5 oblast <sup>46</sup> :	<b>School-age children in host communities</b>	<b>Sufficiently covered:</b> <b>317,461</b> children were reached through UNICEF IPs interventions. PSS design was universal and was open to all children willing to join. As CPCs aimed at improving communities' life, decreasing isolation of IDPs and better communication between host communities and IDPs, children from host communities, who were not directly affected by the conflict, were well-received and encouraged to jointly involve in any PSS activities.
	<b>IDP children</b> who settled in 5 regions (oblast). There is data that IDP families with children, including children with disabilities, settled in other regions in Ukraine e.g. Odessa, with several sanatoriums providing medical care for disabled children. As only the 5 regions (oblast) near the contact line are within this evaluation's scope, the ET does not have data to analyse UNICEF response in other areas of Ukraine.	
	<b>non-IDPs children in areas affected by war</b>	
Children not affected by war:	<b>School age children</b>	
Caregivers of children in 5 oblast:	<b>IDPs</b>	<b>Insufficiently covered:</b> <b>12333<sup>47</sup></b> caregivers were reported to have been reached by PSS activities <sup>48</sup> i.e. <b>4% of all beneficiaries</b> . Most IPs report that working with families was not within the design of the services. Some said they never worked with parents, some said they unintendedly worked with parents who came to children's sessions.
	<b>Host communities</b>	

<sup>46</sup> Respondents informed this evaluation that there is a great deal of IDP children and families who settled in other areas other than the 5 oblast throughout the whole country. However, this evaluation's scope only covers the 5 oblast as per ToR. For complete estimates of both needs and response, future research needs to cover the whole territory of Ukraine so that the situation of all children affected by the conflict can be tracked and analysed.

<sup>47</sup> Accumulative from IPs final reports to UNICEF indicating specifically the number of reached caregivers. This figure may be bigger as some IPs report a total number of beneficiaries including both children and caregivers with no disaggregation.

<sup>48</sup> Does not include parents with whom school professionals worked with – such data is not available.

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		Although some work was done with families, this was not systematic.
<i>Reaching the most vulnerable</i>	<b>Children 0-3</b> – were not specifically targeted within UNICEF IPs design.	<b>Insufficiently covered:</b> 100% of the interviewed IPs report that the design of their services did not specifically address any of the most vulnerable groups of children. IPs also indicated that they did not have the tools to either properly identify, assess and work/refer children of the most vulnerable groups.  Children below school age remained particularly unaddressed due to: - PSS activities specifically targeted school age-children because schools were entrance to the largest number of children - Pre-school facilities are not mandatory for parents so reaching children through such facilities is limited - Young children were not eligible for other actors' PSS services in the field (e.g. Caritas)
	<b>Children separated from their families or at risk of family separation</b> – at the early stage of programme implementation UNICEF was involved in evacuation of children placed in 2 Family-type Placement Centres and boarding-schools (internats). Other specifically targeting interventions were not identified.	
	<b>Children with disabilities</b> - CWD were reached by UNICEF interventions as part of the general response (attended events, families of CWD were referred to sanatoriums in Odessa region). IPs report that they did not specifically target CWD within the service design.	
	<b>Children survivors of violence</b> - IPs report that they did not specifically target children survivors of violence within the service design. Additionally, there is paucity of services for abused children making referral even harder.	
	<b>Unaccompanied minors</b> – no data was available on unaccompanied minors neither in the national statistics nor from UNICEF.	
	<b>Child soldiers</b> – there were anecdotal reports from respondents on child recruitment for soldiers during the conflict but no documented data is available to validate that.	

**Participation:** The capacity of the PSS interventions was maximised by involvement of local groups in the identification of needs of the community as well as in the provision of services within the CPC at the CPC location. IPs reported that many of the IDPs who found support in the community centre themselves became useful to others by applying their professional skills e.g. legal advisors, psychologists, art therapists, teachers, etc. In the absence of many capacitated non-profit organisations in Ukraine, professionals groups in some communities organised themselves to provide first psychological aid at the very start of the conflict (Sloviansk, Donetsk oblast). On the other hand, the ET found little evidence that beneficiaries (children and families) participated in the design, implementation and evaluation of the service provision.

**Do no harm:** UNICEF has put a lot effort to coordinate its response with other actors on the field e.g. Save the Children, IOM, Caritas, UNFPA, etc. thus trying to avoid duplication of effort. As general assessments on

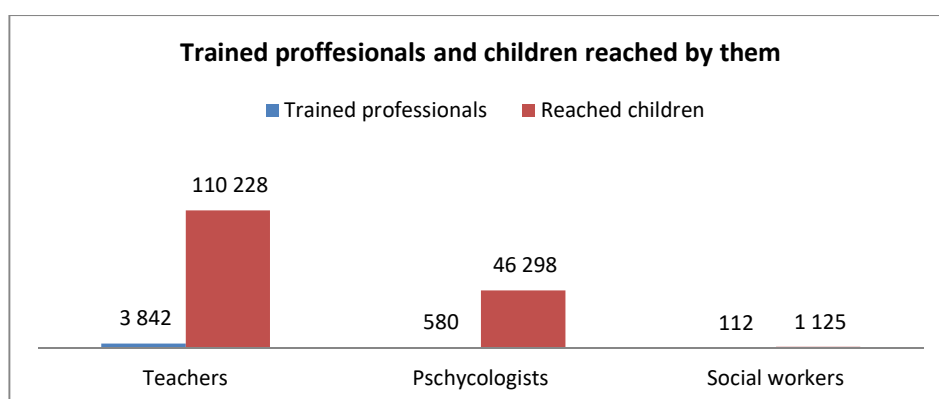
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the situation in Eastern Ukraine were done, they did not include a more systematic and detailed collection of data on the individual needs of the families with children, interventions designs would have been better gauged to meet the needs of families. The ET is aware that there have been a number of people who did not use PSS services, however, documented analysis of the reasons behind were not identified. The school professionals' training was well monitored. This allowed for identifying emerging needs related to burn-out and prevent harmful stress among professionals working with children affected by the conflict. This informed UNICEF timely response by providing follow-up support and supervision.

**Building on available resources and capacities:** UNICEF designed its interventions in a way that built on the available resources and capacities threefold: 1) **Social protection system:** In the context of regular programming UNICEF invested in building the capacity of the social support system by training and providing support to social workers. In 2014, the government cut posts of 12,000 social workers, and so at the time of emergency, the social system was insufficiently able to respond to the rapidly increasing needs of vulnerable families with children. Social workers informed this evaluation that at the time of the conflict, their number was either reduced or remained the same but the number of cases increased enormously. This led to high levels of burn-out and low levels of efficiency. During emergency, UNICEF support to the social protection system was not intensive. 2) **Educational system:** In the context of emergency, UNICEF mainly focused on building the capacity of teachers and schools psychologists who were seen by UNICEF as an entry point to the most sustainable network to reach the children through. In some areas in the East, schools were the only public facilities still functioning after the breaking of the conflict.

The figure below indicates the distribution of focused support for the professional groups across the two state systems (education and social) and the respective number of children reached with PSS and protective services.



It is visible that focusing UNICEF support in the school professionals improved their capacity to provide PSS to more children. On the other hand, insufficient support for the social workers in the state social system limited the capacity to provide for the social needs of the families and children. In the context of underdeveloped social services in Ukraine this may have potentially lead to insufficient attention to the "social" component of the psycho-social support. Additionally, the design of PSS services provided by NGOs generally did not include social workers in the professional teams. 3) **Grassroots and NGO community:** UNICEF response in emergency required quick identification of existing organisations to act as PSS service providers. Therefore, UNICEF supported both bigger organisations such as Ukrainian Red Cross as well as built the capacity of smaller underdeveloped grass-root NGOs or community groups. UNICEF made good effort to identify possible partners as this was a difficult task in the context of scarce number of capacitated NGOs with high professionalization in service provision.

**Integrated support systems:** UNICEF focused on integrating its training-of-professionals response into the educational system e.g. developing an agreement with the MoES on training of school professionals, integrating PSS-related activities in the mainstream curriculum subjects and providing access for NGOs to partner with schools for PSS activities allowed for good integration of the support into the school system of Ukraine. This ensured access to **157,276 children** predominantly in schools but also some in kindergartens and other educational facilities. The success factor for that was the wide network of schools across Eastern Ukraine, most of which continued to function even at the time of the conflict.

The ET observed little integration of NGO-run PSS interventions into the social protection system. The factors for this have been the following: a) Underdeveloped network of social services across the country; b) where capacities existed within the state system, these capacities were insufficiently supported to be able to reach to more families with children and by higher quality social work; c) the understanding of social work in Ukraine remains rather Soviet, i.e. implying more administrative approach to service provision, case management concept and practice are widely missing, service provision market is not yet developed<sup>49</sup>; d) reforms in the other systems (education and health) are running in silos and are insufficiently harmonised with the reforms in the social protection system. This allows for little integration of service provision.

The above described factors contributed to CPCs developing as community places which acted as a platform for beneficial communication for IDPs and host community members, however, with little integration and referral to other systems. In the light of the data provided by IPs as well as state department social workers and managers<sup>50</sup> that there was no referral between them and no case management approach applied, the CPCs developed to some extent as stand-alone universal community services rather than acting as a referring/entry point to other support services.

**Multi-layered supports:** UNICEF did several general situational assessments to inform UNICEF PSS response. They well informed the general response design but provided insufficient data on the individual needs of the children and families which contributed to the following: a) there was an insufficiently shared understanding among IPs on the definition of psycho-social support and its expected outcomes for the individual child and the family; b) there was no consistent design of PSS: designs varied among implementing partners, which on the one hand allowed for flexible response to local needs, while on the other, left room for services design to mainly rest on IPs own understanding (often varying and not always professional) of the concept of PSS and the expected outcomes rather than based on the individual needs of children and families; c) as protection services did not consistently involve individual assessment of need of the families and children, the main approach to working with children and families has been group work. IPs indicated that they did not have sufficient tools to assess individual needs of families and children so that they can act accordingly or refer to other relevant services.

UNICEF has made an effort to ensure multi-layered response. Based on the data provided the interviewed IPs as well as on all IPs' written reports to UNICEF, the ET found that:

a) in the development of the conflict, UNICEF was involved in clusters and sub clusters to support the functioning of the state services addressing basic physical needs (food, shelter, water, basic health care, control of communicable diseases). Beyond that, little data has been identified that UNICEF advocated for strengthening the capacity of state services to meet the emergency needs of the children and families. The ET recognises UNICEF effort to build the capacity of the state social services back in 2014, which was part of the regular programme). Unfortunately, that process stopped with the start of the conflict due to the government's inability to act adequately in a state of emergency.

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<sup>49</sup> Presently, UNICEF is investing into development social policy towards modernizing and inclusive of case management approach by piloting integrated service approach.

<sup>50</sup> Oblast Centre Social Service for Family, Children and Youth; City Centre for Family, Children and Youth

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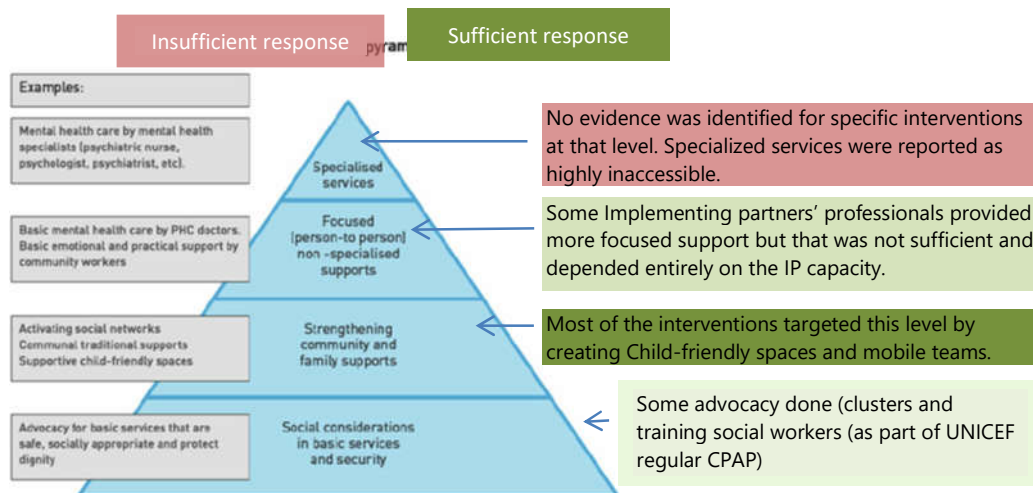
b) Most of the interventions were organised around community level activities involving a variety of children (IDPs, host, affected by war or not affected by war, etc.<sup>51</sup>). This corresponded to the second layer of the Intervention pyramid (see below).

c) The need for a more focused support to children and families was recognised by UNICEF. However, due to the urgency, UNICEF largely relied on the existing capacity of the partners to provide more focused support. Additionally, the design of the PSS service was universal and did not allow for working with specific types of children. In general, no IPs of those interviewed reported to have been specifically equipped with tools for individual assessment and individual work with children within UNICEF training programme. The need of the children of more focused support could be recognised (assessed and responded to) to the extent that IPs had the professional competence – both in terms of whether they have the professional capacity to do so and in terms of the types of specialists available on the teams. Some professionals were reported to have done a very good job in providing individual focused assistance to children to overcome difficulties e.g. some parents reported that they are pleased with the result of the individual work of the psychologist or speech therapist with their children who experienced conflict-related traumas. School psychologists have mainly done group activities with children, while some provided individual (and thus more focused) support.

It can be assumed that UNICEF approach to providing more focused support to children would be mainly ensured through training school psychologists to provide it when and if they had the skills to assessed as necessary.

d) The underdeveloped service provision of social services as well as mental health services in the country limited the opportunity to refer children to specialised care. Cases were reported during field work that suicidal children needing specialised mental health help could not get any. (For example in Mariupol, where 100 000 IDPs<sup>52</sup> were registered, there is only 1 child psychiatrist available, but who is not accessible due to limited capacity of people to pay for care.)

Based on the data above, UNICEF multi-layered response is seen by the ET to be distributed along the layers of the Intervention pyramid in the following way (colour coded for better visualisation):



<sup>51</sup> Please refer to Table...Coverage f PSS response – groups of beneficiaries for a detailed list of groups

<sup>52</sup> Source: Mariupol municipality interview

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**Domains for psycho-social effects:**<sup>53</sup> While it was challenging to measure effects with expected outcomes for the PSS programme not defined, and data across such outcomes not being collected, based on documents review as well as data from the FGD with parents and children, the ET has discussed some effects below. However, we are unable to make any significant conclusions on the predominance of these effects, the reference to specific groups of children or the level of UNICEF contribution to them. Also because the targeted groups of children have also been target for other actors' interventions, too.

**For children:** *Skills and knowledge:* some children received educational support to catch up with their studies and be able to fit in the new school in the host communities better. *Emotional well-being:* a) according to parents<sup>54</sup> symptoms such as speech problems, distress and uneasiness were successfully dealt with. Parents in the control group, where children did not receive such support, reported that they struggled with such symptoms and some still do, whilst not receiving support; b) generally, the ET finds that the emotional well-being of children reached by all interventions (both through school interventions and community-based centres run by IPs) was positively affected. *School interventions,* according to studies in 2017,<sup>55</sup> teachers in UNICEF training programme observed that "children showed improvement in their prosocial behaviour, emotional comfort and their relationship with peers." Teachers, however, were less effective<sup>56</sup> in influencing the levels of traumatic stress, most likely because they have a different professional task (educational) as well as competence. Additionally, their ability to work with highly-stressed students in large-size classes was limited. School psychologists have reduced the levels of traumatic stress among children in schools: **from 37% children** categorized as highly-stressed to **11%**<sup>57</sup>. *CPCs run by UNICEF IPs:* Studies on the effect of the overall UNICEF intervention through community-based PSS activities has not been done. However, one implementing partner has assessed that the effect of the psychological work with conflict-affected children (especially IDPs) was tremendous – distress has been **reduced by 50%**<sup>58</sup>. Whether or not similar effects have been achieved among other IPs' beneficiaries is difficult to say due to lack of outcome level data collected. *Social well-being:* children interviewed for this evaluation indicated, that at the time they used the community centres (CPCs), they were happy to find friends among other users. However, this finding is not consistent with other IPs; statements and solid conclusions on the overall effect are hard to draw.

**For parents:** The family is generally the most significant support provider for a child distressed by the conflict. Studies revealed that not only did support from families and friends remain the main protective factor but that "family conflicts and economic difficulties are having a bigger impact on Ukrainian children than the war itself."<sup>59</sup> The study also suggested "multi-layered interventions are designed to emphasise prosocial behaviour and positive parenting."<sup>60</sup>

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<sup>53</sup> Based on Guide to the Evaluation of Psychosocial Programming In Emergencies, UNICEF, 2009

<sup>54</sup> FGD with parents of children users of CPC.

<sup>55</sup> NAUKMA, Research summary: UNICEF psychosocial support programs for school children in Donetsk and Luhansk oblasts, p.10

<sup>56</sup> Ibid.

<sup>57</sup> Ibid.

<sup>58</sup> Promir. Source: Interview with IP and written report submitted to UNICEF.

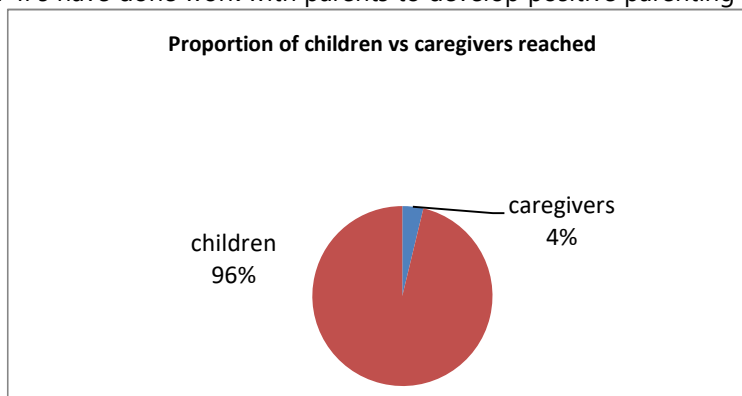
<sup>59</sup> NAUKMA, Research summary: UNICEF psychosocial support programs for school children in Donetsk and Luhansk oblasts, p.9

<sup>60</sup> Ibid.

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The ET finds that while some UNICEF IPs have done work with parents to develop positive parenting skills, acknowledging that some CPCs have distributed UNICEF publications promoting positive parenting skills and information on supporting children in dealing with stress, there is not enough evidence to demonstrate possible effects on families. It might be assumed that it is because UNICEF interventions were more child-focused than family-focused, hence did not sufficiently address family's needs, both psychological and social. IPs report to have worked with **12,333**<sup>61</sup> caregivers, which is 4% of the total number of beneficiaries.



**For the communities:** On the community-level CPC provided valuable space for people (especially IDPs) to mobilise their own resources by providing peer-support. Many respondents indicated that not feeling isolated in dealing with their problems was the most significant change for the people struggling with the aftermaths of war. Community spaces such as CPCs enabled people (both adults and children) to feel more supported in going back to normal and starting to recall “what living in a peaceful city was like”. The intervention enabled professional groups working with children (teachers, head teachers, and school psychologists) to better understand the situation of children in five of the most war-affected oblasts and gave them the tools for engaging in supportive communication and a positive approach with children, for addressing issues of withdrawal, anger, and disruptive behaviour, and referring children who need specialized assistance.<sup>62</sup>

### 3.3.1. Unexpected effects

- **Children:** There are indications that children’s resilience may have declined over time – in 2014 48% of children were able to cope with stress whilst in 2016 this share is 19%<sup>63</sup>. Whether or not this negative trend continued after 2016, we cannot say as no up-to-date data was collected or identified. However, it is likely that the difference over time is because adults were feeling worn down by the war and were themselves not in a good position to provide support. UNICEF interventions, too, did not focus so much on supporting parents.
- **Families:** Where UNICEF interventions were able to reach parents, parents were positively affected in terms of developing a positive understanding of the significance of the mental health for their children. The existing social norm that psychologists are of no use has changed. Some parents indicated that they converted from having little trust in the psychologists to believing that mental health (of both themselves and their children) matters and is worth addressing.
- **Communities:** With the cease of UNICEF funding, many of the services were closed and *circa* 30% of the professional community of school workers (teachers, school psychologists and social pedagogues) trained within UNICEF programme have left the system or have changed jobs.

<sup>61</sup> Accumulative from IPs final reports to UNICEF indicating specifically the number of reached caregivers. This figure may be bigger as some IPs report a total number of beneficiaries including both children and caregivers with no disaggregation.

<sup>62</sup> “End-of-project evaluation report, echo children of peace project: Life skills education and psychosocial support for conflict-affected children and adolescents in Ukraine”, Christopher Talbot, Consultant, Education in Emergencies and Reconstruction; Michael Wessells, Consultant, Child Protection and Psychosocial Support in Emergencies, 2016

<sup>63</sup> “End-of-project evaluation report, ECHO Children of peace project: Life skills education and psychosocial support for conflict-affected children and adolescents in Ukraine”, Christopher Talbot, Consultant, Education in Emergencies and Reconstruction; Michael Wessells, Consultant, Child Protection and Psychosocial Support in Emergencies, 2016; p.8-9

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Nevertheless, individually developed skills and capacities have been transferred into other professional areas such as activities with children in village culture clubs, schools, etc. and these professionals continue to apply the knowledge and skills gained.

### 3.4 Efficiency

In the absence of a result framework including short-term objectives, expected results and measurable success indicators, the conventional methods of assessing efficiency will not be applied here. The analysis is therefore based on the main output indicator, across which data had been collected, *i.e.* children reached. For the purpose of this evaluation, the efficiency is measured across a) allocation of resources across the PSS programme; b) UNICEF strategies to support partner capacity; c) PSS programme management and M&E.

#### a) Allocation of resources across the PSS programme

The table below represents a cost vs output measure both for the whole programme and per implementing partner (IP). The overall budget UNICEF spent on PSS in 2014-2018 was **3,265,01564 USD**. A **total of 12,333 caregivers** and **317,461 children** were reached.

This represents **roughly 45% of children in need**. (*Please see Impact, section Coverage*). The average **indicative cost per child is 11.5 USD<sup>65</sup>** where UNICEF's financial contribution to that is app. 90%. Efficiency poses the question whether, given the budget, the specified output could have been achieved at a lower cost. The ET did not have any comparative data to make a fair judgment for the PSS programme as a whole. Furthermore, such estimation would require monitoring data on the quality of the interventions and the achieved outcomes for the children. However, the following factors contributed to the achieved relation budget vs. reached children as it is: a) In emergency context little was invested both by the state and UNICEF to boost the capacity of the state social support system. Moreover, the government downsized 12 000 social workers, which additionally weakened the response of the state to the needs of the most vulnerable; b) In the absence of quality social services UNICEF chose to invest in civil society organisations with a strong need to strengthen their organizational capacity, both financial and professional. This required UNICEF effort in identification of NGOs, training provision and investment in basic capacities e.g. covering equipment, premises and human resources costs.

Table 6 Allocation of incurred costs against outputs

Partner	Total project budget USD	children reached	Indicative cost per child
City Aid Center	294 203	2 526	<b>116.5</b>
La Strada	47 643	66 243	<b>0.7</b>
Mariupol Youth Union	429 000	51 201	<b>8.4</b>
Proliska	53 831	198	<b>271.9</b>
Promir	98 711	3 496	<b>28.2</b>
Terre des Hommes	423 930	703	<b>603.0</b>
Ukrainian Frontiers	193 362	2 439	<b>79.3</b>
Red Cross (Khrarkiv)	256 296	5 495	<b>46.6</b>
Red Cross (Selidove, Porkovsk, Berdiansk)	375 350	5 495	<b>68.3</b>
WordsHelp	131 695	7 000	<b>18.8</b>
Ya Volnovakha	132 175	11 850	<b>11.2</b>
Most	168 526	2 414	<b>69.8</b>
Training child professionals:			

<sup>64</sup> Based on financial data made available to the ET by UNICEF.

<sup>65</sup> Indicative costs per output are calculated based on all programme-related costs divided by the number of outputs *i.e.* children reached. Indicative cost would be different to actual cost per child as some projects may have other outputs as well (e.g. parents reached). Indicative costs are only used for measuring cost-effectiveness implications. Note! UNICEF may have additional spending on PSS (outside the scope of the data made available) which ideally should be taken into account in measuring indicative costs.

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<ul style="list-style-type: none"><li>• NAUKMA<sup>66</sup></li><li>• ECHO Project<sup>67</sup></li></ul>	987677 <sup>68</sup>	158 401 <sup>69</sup>	<b>6.2</b>
<b>TOTAL</b>	<b>3 592 399</b>	<b>317 461<sup>70</sup></b>	<b>11.3</b>

The table above indicates that cost-effectiveness across the IPs varies greatly. The differences do not stem from conceptually different interventions or designs (apart from the Help-line). A possible explanation could be that the partners had different levels of capacity, understanding of PSS, both as a concept and as approach. Furthermore, La Strada interventions demonstrated most efficient reach (budget vs children reached) i.e. less than 1 USD per child. The explanation is twofold: a) UNICEF invested in an existing system i.e. La Strada helpline had already been functioning, hence required little investment in capacity building; and b) reaching beneficiaries by phone is cheaper and easier than direct interventions and it has different objective and characteristics. On the other hand, TDH interventions appear as least efficient (603 USD/per child).

### b) UNICEF strategies to support partner capacity

UNICEF employed two approaches in PSS provision:

- **Invest in existing systems** such as:
  - School professionals – training for 580 psychologists and teachers in schools in Eastern Ukraine and provision of equipment
  - La Strada Helpline set up to provide assistance on violence issues and children rights protection for several years now.
  - Social workers – training for 112 workers from state social support centres in Eastern UkraineBy investing in them UNICEF enhanced their capacity to reach and support children and their families.
- **Engage with newly-emerged grass root initiatives** and local NGOs to establish new services towards psycho-social support to children and their families. However, most of them were under-resourced and lacked organizational capacity (overall management, financial management, reporting, fundraising) and capacity to engage in social service provision. UNICEF addressed this challenge by providing:
  - Budget for staff, renting premises and equipment
  - Hands on guidance on project proposal writing and budgeting;
  - Guidance to the programmatic staff of implementing organizations on monitoring the progress across the project implementation;
  - Training to various levels of programme staff to enhance their capacity and preparedness to provide services to the beneficiaries. UNICEF generally made efficient use of available training opportunities for its implementing partners and duplication was appropriately avoided where a number of other actors also invested in training e.g. UK embassy in Ukraine, Ministry of Foreign Affairs of Canada, Medicines Sans Frontières, EU, UNHCR, GIZ, OSCE, UNFPA, etc.<sup>71</sup>

<sup>66</sup> NAUKMA has contributed to reaching children indirectly by training child professionals, both as a partner in ECHO project (Aug 2015 – Nov 2016) and as a stand-alone partner later on (Feb-Jul 2017, hence budget provided separate to ECHO budget here).

<sup>67</sup> ECHO (**European Commission Humanitarian Aid and Civil Protection**) project has provided grant for UNICEF to train school psychologists, teachers and social workers.

<sup>68</sup> Total budget spent on training child professionals

<sup>69</sup> Total number of children reached by child professionals trained by partners of UNICEF incl. NAUKMA

<sup>70</sup> As pointed in section on Effectiveness of this report, this number should only be seen as indicative as it includes all children reported as “reached” both by implementing partners **and** schools (through ECHO project). As UNICEF response targets primarily school age children, it may be assumed that some children may have received more than one service e.g. served both by the community centre and the school in their town. However, UNICEF M&E mechanism did not allow for identifying such duplications of numbers so that the actual number of children served is validated.

<sup>71</sup> Please see Annex x.

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An analysis of financial investment in existing systems vs newly developed services indicates that existing services were more efficient in reaching children affected by the conflict. Lower efficiency is expected when services are developed, as building their general capacity requires more resources.

UNICEF appropriately mixed the two approaches *i.e.* investment in both existing and newly developing services presumably to achieve both larger and quicker coverage in emergency context and to create new community services in an underdeveloped support system in the country. To achieve good return on investment, UNICEF needs to ensure appropriate humanitarian and development nexus by further modelling and scaling up these community services.

The overall PSS response for Ukrainian children and youth is being implemented through **68<sup>72</sup> spaces providing community support** absorbing a total of **2 557 079 USD** (IPs and UNICEF contribution). **A rough estimation indicates that 1 such community service costs 37 604 USD for 2 years of provision.** UNICEF has the capacity to refine costing also against the staff number of composition required to ensure good quality service for children and their families. Along with that quality M&E indicators based on outcomes need to be developed as part of proper modelling and replication. As on the one hand, Ukraine is paving the way towards creating environment for social market, while on the other hand, UNICEF is recognized as a reliable partner in this process, timing for this exercise is right.

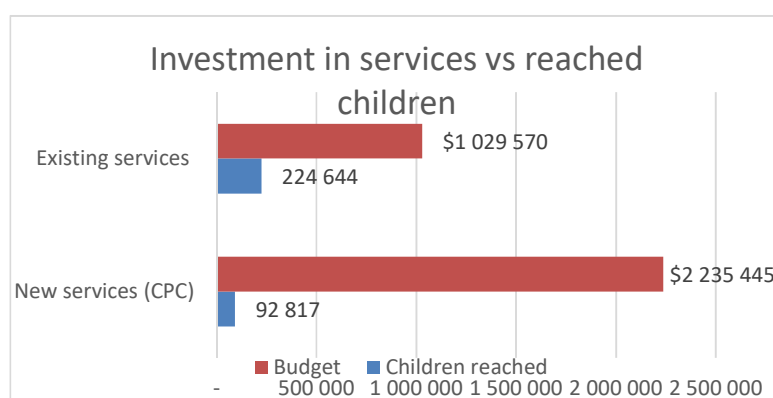
### c) PSS programme management and M&E

Generally, the programme management and planning is not sufficiently informed by an efficient and adequate system for monitoring, evaluation and reporting. On-going monitoring effectively serves the management for general reporting purposes, but not for assessing the quality changes in children's life or capacity building components e.g. it did not include consistent indicators related to quality of the work with children, overall quality of service provision, impact assessment. Indeed, midway of the evaluated period UNICEF commissioned a study<sup>73</sup> indicating that the levels of stress among children have decreased. These findings would have been completed by a more systematic analysis of the quality effects on children and their families, should UNICEF have integrated outcome-based indicators along which monitoring data to be collected.

While staffing seems to be adequate in UNICEF, and the skill mix seems right, high turnover of staff in 2016-2017 negatively affected UNICEF performance in PSS programme management, leading to a loss of institutional memory and inconsistencies in monitoring data collection process.

UNICEF field presence seems to have been efficiently managed:

field offices were relocated more to the East to ensure closer monitoring of the unfolding crisis and to better



<sup>72</sup> As per ToR, p.10: 18 child- and youth -friendly spaces, 11 community protection centers (child and family protection places), 15 Youth clubs and 24 mediation rooms in host communities.

<sup>73</sup> NAUKMA, Research summary: UNICEF psychosocial support programs for school children in Donetska and Luhanska oblasts

support the local actors in PSS implementation. UNICEF made these decisions in appropriate and time-efficient manner.

### 3.5.Sustainability

This section looks at the extent at which the effects identified in the Effectiveness section were sustained in time as well as the factors that enabled or prevented this.

The analysis is based on the dimensions related to domains of:

- changes in the lives of the children
- changes in the lives of the parents
- changes in the communities and systems

Table 7 Levels of sustainability across domains of changes

Domains	Level of sustainability	Justification
<b>SYSTEMS AND COMMUNITY</b>	<b>LOW</b>	<ul style="list-style-type: none"> <li>• <b>NGOs running community services (e.g. CPCs, etc.)</b> - Whilst many community services (CPCs) have ceased to function, a few components of the PSS service are sustained today by some of the IPs:                             <ul style="list-style-type: none"> <li>❖ <i>Although very few, some community centres continue to provide the same quality service package</i> extended with additional social services. This is the case in Mariupol city where the PSS service components was absorbed by the local authority, both institutionally and financially. In other cases, some components of the service were cut down due to UNICEF funding restrictions resulting in reduction of staff (e.g. Sartan Centre);</li> <li>❖ <i>Mobile teams</i> - The CPC mobile teams relying solely on UNICEF funding have ceased to exist.</li> <li>❖ <i>Some NGOs continue to function and have thus preserved the potential capacity built by UNICEF to deliver services in emergency context</i> although presently they provide services but in different service context:                                     <ul style="list-style-type: none"> <li>- Transformed service design – some CPC have modified the service aim (e.g. early intervention), approach (e.g. individual long-term work; diagnostic work) and target groups (e.g. children with special needs). This is the case where the NGO provider has secured some post-UNICEF funding and responds to emerging needs in the community)</li> <li>- No longer sustaining PSS-related service components – some UNICEF-funded NGOs<sup>74</sup> have ceased to provide PSS-related services and are presently delivering other types of services e.g. to non-children target groups (people in poverty, families and children of demobilised soldiers, etc.).</li> </ul> </li> <li>❖ <i>Some NGO partners have ceased to exist as organisations</i> and their capacity as emergency service provider has been presently lost<sup>75</sup>.</li> </ul> </li> <li>• <b>Educational system</b> - Training of school psychologists strengthened capacities of school psychologists who had no exposure to emergency setting. However, the return on investment is in doubt in the light of the</li> </ul>

<sup>74</sup> Red Cross, Zaporyzhie; Red Cross and City Aid Centre, Dnipro

<sup>75</sup> E.g. Ya Volnovaha

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		<p>ongoing MoES reform to shift the focus of school psychologists who will only work with teachers and not children once the reform is implemented. On system level the investment in training teachers and school psychologists has not produced system changes and is fading away – in all districts school professionals trained by UNICEF leave the system at an average rate of 20%<sup>76</sup> a year, as reported by the local authorities interviewed. Given that training campaign was complete by 2017, this trend indicates that by 2022 the effects of trained school professionals are likely to have gone. Return on investment is likely to increase if UNICEF advocates for improvement of the academic curricula for psychologists, especially child psychologists and school psychologists.</p> <ul style="list-style-type: none"> <li>• <b>The state social support system</b> was least affected by any sustainable changes – UNICEF investment did not address system changes but only targeted changes on individual level of social workers (through training). However, that investment did not produce any sustained changes due to the very small number of trained social workers and the high turnover in the system due to low salaries.</li> </ul>
<b>CHILDREN</b>	<b>MODERATE</b>	<p>Children’s sustained effects varied across the locality and capacity of the service provider:</p> <ul style="list-style-type: none"> <li>• Some children continue to have access to the same quality PSS service package or modified (either extended with new forms or slightly downsized, see Systems and community above)</li> <li>• Children have restricted access to specialised MHPSS support - PSS therapy was discontinued after the end of UNICEF projects affecting specifically cases of children requiring long-term support. Some cases were still not closed i.e. work has been discontinued without completion.</li> <li>• Children having been served by mobile teams in conflict areas continue to be reached by the mobile teams as they were little affected by UNICEF discontinued funding.</li> </ul>
<b>FAMILIES</b>	<b>LOW</b>	<ul style="list-style-type: none"> <li>• To the extent that PSS activities targeted families, the sustained effect is related to changed social norms among parents regarding the significance of child mental health.</li> <li>• As parents were not covered extensively in the PSS programme, the potential capacity of services to reach and provide support to parents is small.</li> <li>• There is potential to further develop the community service model towards ensuring better quality of services by shifting them to become more family-oriented to families in difficult life circumstances. Depending on whether and how this process will be continued, it will face UNICEF with the expectation to deliver more needs-oriented high-quality services with a case management approach including proper referral mechanism.</li> </ul>

<sup>76</sup> local authorities interviewed within this evaluation report turnover of school psychologists between 10 % and 30 % depending on the locality

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The table above gives an illustration of sustainability assessment for each domain of effects of the Programme. It clearly indicates that one area that will require further support is fostering the capacities of the systems to become more oriented to providing a variety of quality services for vulnerable children and families; advocacy for developing a social service market.

In this context possible transformation of UNICEF engagement could be towards diversifying its mix of core roles<sup>77</sup>:

- ✓ **Facilitating national dialogue towards child-friendly social norms** - facilitating a shared vision of the child services in the country among all stakeholders at all levels – parents and children, national policy-makers (ministries governing all systems around the child – social, educational and healthcare); Centres for Children, Families and Youth on district and regional level; local authorities (municipalities and amalgamated communities administrations); existing service management and staff, residential institutions management and staff (including boarding schools hosting a large number of children with special needs) and alternative services.
- ✓ **Policy advice and technical assistance** towards intensifying informing and advising policies run by MoSP, Ministry of Education and Ministry of Health on what specific reforms need to be fostered to enable the environment for the development of more family-oriented services based on actual needs. Special focus should be paid on services for parents and children with disability<sup>78</sup>, children victims of violence, services preventing family separation and reintegration services for families and children in formal care (including boarding-schools). In post-emergency context there is deepening vulnerability among children who are either poor or have disability. In Ukraine they comprise the largest share (63.73%<sup>79</sup>) of all children placed in formal care.
- ✓ **Modelling/piloting** – UNICEF has the capacity to demonstrate conceptual frameworks such as care management, client-centred assessment and planning, client involvement, etc. in living services. In practical terms this means either using existing services modelled by UNICEF in the country (such as CPCs, mobile teams) or developing new services (or both) that reflects all good practices both in terms of care management with all its proper components and how services should be staffed to reflect the vision of the service, eventually breaking down professional development goal into objectives and operational designs. UNICEF is praised for already being on board of this process through a project on modelling and piloting integrated services in the East. In this effort UNICEF is also aware that the process of decentralisation, if the necessary safeguards are not implemented (standards and monitoring of those standards), may result in variability of application of these standards across the country reflecting different capacity levels of local institutions and providers and budget availability. It is crucial that local

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<sup>77</sup> The Core Roles are: The voice for children and adolescents; Child rights monitoring and evaluation; Policy advice and technical assistance; Leveraging resources from public and private sources; Facilitating national dialogue towards child-friendly social norms; Enabling knowledge exchange; Modelling/piloting; and ensuring proper internal controls and risk management

<sup>78</sup> The share of children with disabilities living in institutions against the total number of children with disabilities in Ukraine is significant. (Evaluation of the Country Programme of Co-operation between the Government of Ukraine and UNICEF 2012-2016, p.49)

<sup>79</sup> Evaluation of the Country Programme of Co-operation between the Government of Ukraine and UNICEF 2012-2016, p. 45

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authorities are supported in conceptualizing services in a way that these services are sufficiently available<sup>80</sup> and accessible<sup>81</sup>.

- ✓ **Enabling knowledge exchange** – furthering this core role into generating independent data, research and analysis on the situation of children in the existing services as well as how to address the development needs of the systems around the child. For the services that are expected to be developed by local authorities – developing adequate quality M&E mechanisms.

### 3.6. Impact

Although this evaluation is not a classical impact assessment, some indications of possible impacts have been identified.

**Impacts for children:** It is hard to gauge whether or not and what impacts for children were achieved through UNICEF interventions field data indicates that although some IDP children have managed to socially integrate in the host communities, they do not fully mix with their peers. Children<sup>82</sup> said that IDP and host children go to school together and have a peaceful life together; however, the network of friends for IDP children was and continues to consist mainly of other IDP children. This is indicative that social integration has been partly impacted.

**Access to specialised mental health support** continues to be very limited. Respondents report that there is a number of children, although not significant, who need psychiatric assistance. An increase of suicidal trend among children was reported in some of the oblasts and respectively limited financial and human resources to deal with this trend.

**Resilience** seems to have been impacted to some extent but not significantly. Children and adolescents showed some reductions in hyperactivity and conduct problems, and increased levels of prosocial behaviour as well as improved peer relations. However, 2016 studies<sup>83</sup> showed that “25% of the children showed high levels of distress, and only 19 % of children said they were able to cope with the stress by themselves. In contrast, over 48% of the children in the 2014 sample had indicated that they could cope with the stress by themselves.” Further, 36% of the children in 2014 felt supported by adults, whilst in 2016 their share increases up to 50%<sup>84</sup>. Whether or not this troubling pattern has continued after 2016, we cannot say as no up-to-date data was collected or identified. However, it is likely that the difference over time is because adults were feeling worn down by the war and were themselves not in a good position to provide support. UNICEF interventions, too, did not focus so much on supporting parents.

Whether or not the conflict has had any contribution to **family separations** in the five East areas (oblast) is hard to validate as neither national statistics nor UNICEF have up-to-date data after 2016. Although the general trend in Ukraine is towards a decrease<sup>85</sup> of children placements in formal care<sup>86</sup> before 2016, in

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<sup>80</sup> Availability refers to ensuring access to a wide range of social services in order to allow choice and an appropriate response to needs. (as defined in the European Common Quality Framework for Social Services of General Interest)

<sup>81</sup> Accessibility relates to the location and administration of services, the physical set up as well as clear and easily available information about the service. (as defined in the European Common Quality Framework for Social Services of General Interest)

<sup>82</sup> 2 FGD with children (IDP and host) in Harkiv and Donetsk oblast.

<sup>83</sup> “End-of-project evaluation report, ECHO Children of peace project: Life skills education and psychosocial support for conflict-affected children and adolescents in Ukraine”, Christopher Talbot, Consultant, Education in Emergencies and Reconstruction; Michael Wessells, Consultant, Child Protection and Psychosocial Support in Emergencies, 2016; p.8-9

<sup>84</sup> Ibid.

<sup>85</sup> Evaluation of the Country Programme of Co-operation between the Government of Ukraine and UNICEF 2012-2016, p.48

<sup>86</sup> The concept of “formal care” is used here to refer to state-funded care provided within Ukrainian establishments or services either in a family setting or facilities run by the Ukrainian MoES, MSP, the MoH or the Ministry of Justice, where the child does not live with their biological family either permanently or for certain periods of time.

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2015 there was an increase by 6.32%<sup>87</sup> of boarding school children and these children comprise the largest share (63.73%)<sup>88</sup> of all children placed in formal care (mostly due to poverty-related or disability-related vulnerabilities). Social service representatives and MoES interviewed during this evaluation indicated that there were IDP children placed in formal care (social protection institutions as well as boarding schools). Although solid data on their share was not available, it may be assumed that there has been a group of vulnerable children affected by the conflict who have been separated from their families and placed in formal care. This assumption is based on the following findings: The insufficient capacity of the state support systems is even more visible at times of emergency because the social needs of the families exacerbate. As these needs are out of scope of CPCs functions, they remain largely unmet. This puts families in difficult life circumstances diminishing their ability to properly take care of their children thus increasing the risk of placing children in formal care.

**Impacts for families:** Where UNICEF interventions were able to reach parents, parents were positively impacted in terms of developing a positive understanding of the significance of the mental health for their children. In the context of insufficiently qualified psychologists in Ukraine, parents indicated that they had little trust in the psychologists being capable of helping their children. These social norms were positively impacted in the areas where UNICEF had interventions with parents; while such attitudes still remain to exist in the areas with few or no interventions *e.g.* parents non-users still sustain the belief that psychologists are useless and even harmful.

To this date families continue to experience pressing social needs such as *e.g.* unemployment, housing, social assistance. These needs are exacerbated in the context of widely underdeveloped state social services. Impacts on the lives of the families might have been greater, had UNICEF interventions been sufficiently designed to address families' social needs and with better referral to other systems of social support. Some IDP families now live as single-parent headed households – the inability to resolve unemployment issues makes fathers stay with their employment in the conflict areas making sure their wife and children are safe somewhere else. We do not have solid data to illustrate that issue; however, several IPs reported that they observed such a trend. This indicates that it is worth exploring and analyzing the significance of the impact of the conflict on single-parent families.

**Impacts for communities:** Most professionals working in UNICEF IPs PSS services indicated that integration between IDPs and host communities has been successful. Some beneficiaries, too, confirmed that finding – they have a harmonised life within the community and clashes between politically sensitive groups have diminished greatly. With the cease of UNICEF funding, many of the services were closed and *circa* 30% of the professional community of school workers (teachers, school psychologists and social pedagogues) trained within UNICEF programme have left the system or have changed jobs. Nevertheless, they report that even though they no longer work in the same capacity, they still work with children and continue to apply the knowledge and skills gained. In this context, UNICEF interventions have contributed to impacting professional competences on individual level, however, not on system level

## Chapter 4: Humanitarian-Development Nexus

Recognising that coordination and alignment with government policies are important for ensuring coherence between humanitarian and development strategies, the ET looks beyond that, exploring the synergy between the development and humanitarian interface on national and subnational levels. ET was not looking into the nexus as an integration of humanitarian assistance into the broader political agenda or simply as alignment of emergency actions to government policy, rather, the coherence between

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<sup>87</sup> Based on data from Statistical Office of Ukraine, Державна служба статистики України. Захист дітей 2012, 2013, 2014, 2015, Статистичний збірник

<sup>88</sup> Evaluation of the Country Programme of Co-operation between the Government of Ukraine and UNICEF 2012-2016, p.45

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humanitarian and development is analysed in terms of making use of an appropriate mix of tools to achieve collective outcomes<sup>89</sup> in reducing children's needs and vulnerabilities.

### 4.1 Humanitarian context

PSS programming started a few months after the conflict in Crimea broke out in 2014. The first CPC were established in Central Ukraine for the purpose of relieving IDPs from Crimea. The conflict in the East broke out shortly after. At the time there was low level of preparedness to act in humanitarian and emergency context both on part of the state and UNICEF. There was a predominant perception among the state, UNICEF and the wider population that the conflict was not going to last more than just a few weeks.

UNICEF launched its PSS programme (being just one component of humanitarian action) following interventions in other humanitarian areas e.g., water and sanitation, health, etc. This should be considered in an analysis against developmental goals of UNICEF PSS programme in emergency that unfolded throughout 2014 until 2018.

This evaluation team finds that the most significant areas where synergy between PSS and development is of utmost relevance to the needs of the vulnerable children are the social support: because PSS needs were closely related to social needs of the children and their families; education: because PSS was largely focused on school-age children hence was provided through schools; decentralisation: because a process of decentralisation has been going on in the last few years affecting the provision of services on local level, hence would have implications on HDN.

### 4.2 Development context

Generally, the critical element of synergetic programming will be a shared analysis and common objectives based on children's vulnerabilities. Therefore, this section looks at coherence between regular planning for development and emergency programming. UNICEF programming has been influenced by a country context, where the existing support systems were underdeveloped and undergoing a Westernising transition even prior to the crisis. The implications on planning have been that with very limited resources (staff and budget) UNICEF was committed to major developmental goals related to reforming large-scale systems affecting children such as social protection, education, health and justice. It is in this fragile context that the conflict broke out, and UNICEF started for emergency and contingency planning.

With strategic programme areas towards integrated inclusive services<sup>90</sup> and child rights-based systems<sup>91</sup> already identified in CPAP 2014-2017, UNICEF PSS activities were partly linking emergency and development targets in the following way:

PSS AND DECENTRALISATION	LEVEL OF SYNERGY: HIGH
<b>Justification based on findings on the contextual needs:</b>	
In emergency, CPCs were providing services locally and in the vicinities of the community itself (through mobile outreach). In the context of decentralisation in Ukraine this approach represents high level of coherence between emergency action <sup>92</sup> and developmental agenda of the country, especially	

<sup>89</sup> As defined in the context of the New Way of Working (OCHA, 2017); <https://www.unocha.org/story/new-way-working>

<sup>90</sup> CPAP 2014-2017 programme component UNICEF Programme Component: *Child Rights Based Systems, Policies and Budgets*

<sup>91</sup> CPAP 2014-2017 programme component UNICEF Programme Component: *Effective Integrated and Inclusive Services*

<sup>92</sup> Refers not only to action by UNICEF but also to activities of other development and humanitarian actors such as UNFPA, Caritas, Save the Children, etc. However, an analysis of their activities and linkage of that activity to UNICEF is not included here.

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because post-emergency efforts of UNICEF are towards modelling and piloting integrated services in Eastern Ukraine at the level of amalgamated communities.	
<b>PSS AND SOCIAL SUPPORT</b>	<b>LEVEL OF SYNERGY: MODERATE</b>
<b>Justification based on findings on the contextual needs :</b>	
<p>Creating CPCs/child-friendly spaces had a high synergy potential because by supporting CPCs, UNICEF contributed to the setting up of a model for community support when such basic integrated services were largely missing in pre-conflict reality. This had a good potential to extend the capacity of the existing systems which were underserving vulnerable people, and in emergency, this level of vulnerability increased significantly. However, failing to ensure good referral to existing mainstream systems contributed to CPCs remaining a stand-alone service. Many of them, as described in sustainability and effectiveness sections of the present report, eventually faded away because of expiration of funding. Few remained in place either because they were taken up by local authorities (e.g., local authorities of the city of Mariupol) or because they shifted to serve other target groups driven by new donor priorities (e.g., the Ukrainian Society of the Red Cross).</p> <p>Before the crisis and as part of the regular programme UNICEF contributed positively to some changes in institutional performance and policy changes by the Government (e.g., introduction of social workers). The downsizing of the social workers by 12,000 was a serious blow to the ability of the system to respond to the needs of the vulnerable children, both conflict-affected and non-conflict-affected. Regular programming aiming at further building the capacity of state social workers would have been very relevant, especially in the prospect of a protracted emergency. While UNICEF provided training to state social workers in emergency context, they constituted less than 3%<sup>93</sup> of all trained professionals. By involving civic society actors as IPs, UNICEF laid foundations towards building capacity of potential non-state service providers, thus strategically addressing the regular programme goal of diversifying the social market through introducing social contracting and business model in social service provision<sup>94</sup>.</p>	
<b>PSS AND EDUCATION</b>	<b>LEVEL OF SYNERGY: LOW</b>
<b>Justification based on findings on the contextual needs:</b>	
<p>UNICEF planned for PSS response through schools targeting mainly emergency needs. Schools were the largest existing system that remained relatively functioning in the areas of and close to the conflict, thus ensuring UNICEF effort to reach out to as many children as possible. Additionally, UNICEF PSS response was designed to reach mostly school-age children, which is largely relevant for the emergency context. However, little evidence was found to link that to developmental needs of the educational system. In the context of education system reform, a general assumption can be made that Ukrainian educational system is in the process of becoming more inclusive. However, there are no indications that the regular programming at the time of the emergency period adapted to the changing reality or responded to any such specific developmental needs of the schools emerging from the humanitarian context. Moreover, in addition to targeting better access to school for conflict-affected children<sup>95</sup>, UNICEF regular programme<sup>96</sup> at the time of emergency programming did not outline any specific focus on development needs of educational system. Naturally, the new CPAP 2018-2022 builds on the innovations from humanitarian response to include a programme component 'All children learn' which represents the major shift from 'education in emergency' programme response (2014-2017) to the development agenda (2018-2022)."</p>	

<sup>93</sup> Based on reports of IPs on training for professionals in emergency.

<sup>94</sup> CPAP 2014-2017; programme component UNICEF Programme Component: *Child Rights Based Systems, Policies and Budgets; Expected output 1.3 Business model to provide social services through CSOs established*

<sup>95</sup> CPAP 2014-2017; Indicator 2.3.3.: Number of children affected by the conflict who have access to education kits and repaired education facilities contributing to programme output 2.3. Access to essential commodities ensured within UNICEF Programme Component: Effective Integrated and Inclusive Services

<sup>96</sup> Both CPAP 2014-2016 and its extension to 2017

### 4.3 Promoting resilience through linking development-humanitarian

UNICEF has considerably contributed to building capacity of both national and subnational authorities as well as civil society actors.

Linking development-humanitarian in terms of national authority: As a country in transition, Ukrainian support systems are fragile and are insufficiently able to serve the needs of the children and their families. The conflict further exacerbated this inability. There was some UNICEF advocacy towards reforming the system prior to the conflict; however, the emergency situation suffocated much of that due to the shift from development to emergency operation on part of UNICEF and the inability of the state to continue development in times of emergency. Improving the capacity of the state social support system needs to be advocated and fostered by UNICEF. Special consideration should be made to managing the change from transforming regional centres into amalgamated community (OTG) based centres for support. The facilitation of that process needs to take into account the possibility of reducing the staff on the level of OTG<sup>97</sup> and the possible implications of that on the staff professional support and service quality.

Transition of community-based PSS: In post-emergency context, ET sees a good potential for ensuring coherence between emergency and development: Ukraine has a new legislation on social services paving the way to introducing national standards for provision of integrated services as well as case management approach in their implementation.<sup>98</sup> UNICEF is currently piloting this model in Eastern Ukraine to demonstrate the implementation of the model represented by services for toddlers, early intervention and others among which is also the service CPC (previously provided in emergency context and now establishing itself as an integrated community service in post-war reality.). However, the replicability of the model largely depends on the capacity of subnational authorities at various levels mainly because they have to ensure funding and capacitated staffing. Transitioning PSS-provision in schools: Reforms in the educational system are uncertain due to a) the organizational positioning of psychologists and their role (child-oriented, teacher-oriented or administration-oriented), and b) the possible solutions for the very high turnover of psychologists. Raising the capacity of school psychologists by reforming university curricula can be a way forward. It will ensure better coherence with development goals as far as post-conflict education is concerned.

Linking development-humanitarian in terms of subnational authority: Generally, in a centralised country, such as Ukraine until now, subnational authorities are strongly affected by the ability of national authorities

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<sup>97</sup> Compared to regional Centres for Family, Youth and Children.

<sup>98</sup> On January 17, 2019, the Law "On Social Services" was amended (Draft Law No. 4607). The Law establishes a new procedure for providing social services in communities, including the engagement of non-profit organizations in providing them. The amended law has undergone significant changes, including, in particular, those related to public associations and charitable organizations as participants of the social services provision system. According to the amended law, the social services provision subjects are defined as public associations of social service providers and public associations of social service beneficiaries, as well as public associations and charitable organizations that directly provide social services. Therefore, the Law establishes the necessity of interaction between public authorities and public associations in the field of social services providing. One of the key areas of the state social services policy is the involvement of public associations, charitable and religious organizations in implementing the amended Law. Public associations and charitable organizations are defined as non-governmental providers of social aid. The Law also provides for the establishment of the Social Services Register, which will include information on social services providers and beneficiaries. The Law envisages the selection of social service providers through competition-based social contracting mechanism, that is, a budget-funded procurement of services. Consequently, public associations and charitable organizations have an opportunity to become social contractors on a competitive basis. The payment for social services will be provided to public and charitable associations at the expense of budget funds through reimbursement of costs of such services.

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to quickly and appropriately provide support to vulnerable people, and especially vulnerable people affected by the conflict. Until decentralisation is in its progressive stage nationally, such scenario will continue to be omnipresent. Currently, the decentralisation process is in its early stages, and there is still little guidance on the standards on maintaining social services at the level of amalgamated communities (so called OTG99). In the context of Ukrainian approach to decentralisation, service provision is going from regional level to the level of amalgamated communities. In emergency setting, CPCs were providing services locally and around the community (through mobile outreach), which represents high level of coherence between emergency action<sup>100</sup> and developmental agenda of the country. The successful transition to development and achieving collective outcomes will largely depend on whether in 'decentralised reality' services will be provided as close to the place of living of the child and its family as possible. Although going from a larger level of regionality (district and region) to a lower level (amalgamated community) is positive, there is a risk of services not being sufficiently accessible and available to all vulnerable children, especially those living in remote areas.

Linking development-humanitarian in terms of civil society: Civil society remains weak and NGOs do not have sufficient capacity to take up some of the burden in provision of support to the most vulnerable. Moreover, Ukraine remains far from diversifying its social market through social contracting. UNICEF made specific effort to build NGOs' capacity. While generally speaking, this has been a positive move, there were weaknesses in establishing benchmarks to measure capacity and associated outcomes. Most of the community services visited by the ET faded away. Of those, which continue to exist organisationally, ET observed three types of transitions:

a) Services absorbed fully by the local authority with little (e.g. Sartana CPC) or no downsizing (Mariupol). The City Centre for Family, Youth and Children in Mariupol was the only one identified where the CPC has developed and expanded to include other social services. It represents a model of synergy between emergency response and development objectives towards a collective outcome. The crucial factor in this is the fact that UNICEF built on existing system, i.e. the city social service department for youth, children and families which already had good pre-conflict partnership with local NGO; b) Services that shifted focus to other target groups driven by donor priorities (Red Cross, Dnipro, Zaporizhzhia); c) Services that continue to operate on voluntary basis but with critically minimal capacity (e.g. Slovyansk, City Aid Centre Zaporizhye, Rubezhi in Kharkiv) represent pockets of grass-root initiatives that have the potential to re-organise themselves to emerging needs locally. For instance, the Centre in Slovyansk still houses premises and voluntary staff (psychologists) equipped to work with children with special needs in the community. They are reaching out to families with autistic and other children with disabilities and families are eager to use them, especially in the context of no early intervention services or services for children with disabilities in the region. With just a little support or even incentive, such centres can transform into service providers to vulnerable children also in post-conflict context.

## Chapter 5. Conclusions, Lessons Learned, Recommendations

### 5.1 Conclusions

Psychosocial programming is generally related to development of skills and knowledge, emotional wellbeing and social wellbeing of children and families. The PSS Programme in Ukraine is realised by support of existing systems: educational and social and establish new services towards psycho-social support to children and their families. In the emergency context this approach provides an opportunity to have a bigger scope and to reach a bigger number of children and families. Having in mind the stage of reform of these

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<sup>99</sup> Об'єдинення територіальна громада

<sup>100</sup> Refers not only to action by UNICEF but also to activities of other development and humanitarian actors such as UNFPA, Caritas, Save the Children, etc. However, an analysis of their activities and linkage of that activity to UNICEF is not included here.

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systems, the efforts lead to establishment of a new community service with integrated nature, but fail to ensure a good referral mechanism to existing mainstream systems. In this sense, the PSS programme remains a community service and fails to reach the most vulnerable groups of children. Additionally, these services are not family oriented and enable to use the social work approaches in order to ensure effective specialised support. Regarding support for education, the approach does not lead to systematic change due to focusing only on the training of the school professionals.

The main challenges in the programming and implementation of the PSS are related to the mobilization of family and community support networks, integration of psychosocial support in education and creation of a strong referral system.

The concept of children and family participation does not come across the design of the PSS programme. There is no information about mechanisms established to facilitate the active participation of different crisis-affected groups in the assessment, design, implementation, monitoring and evaluation of the PSS programme.

**When it comes to relevance,** ET concludes that overall, the PSS Programme was relevant to the national and local emergency context. UNICEF used its networks locally, as well as the presence of the Field Office to work with local authorities where possible, and designed PSS interventions often in consultation with several other players. The PSS programme was partly relevant to the system needs, given that the CPCs and CFCs have a potential to develop as integrated services, which has already been planned. The PSS intervention was designed according to the UNICEF guidelines for PSS in emergencies. It was partly relevant to the needs of beneficiaries. The equity focus was present throughout some of the interventions.

**When it comes to effectiveness,** ET concludes that UNICEF interventions contributed positively to reducing the isolation of IDP families and children and increasing the sense of normality and community living of those affected by the war. There has been a varying progress towards achieving PSS-related output indicators. In terms of outcomes, there have been indications that UNICEF has positively contributed to the psychological well-being of school-age children in the areas affected by war: by reducing the levels of negative behaviour of children in schools and reducing the levels of distress through psychological work. Due to a primarily child-focused rather than family-focused design of the interventions, UNICEF interventions did not sufficiently reach the most vulnerable groups of children among which children survivors of violence, young children (0-3 and pre-school), and children with disabilities.

**When it comes to efficiency,** ET concludes that the programme management and planning is not sufficiently informed by an efficient and adequate system for monitoring, evaluation and reporting. On-going monitoring effectively serves the management for general reporting purposes, but not so much for assessing the quality changes in children's life. UNICEF IPs had a largely varying degree of efficiency in their operations within a similar conceptual model of service provision but resulting from different capacity (both organizational and professional). UNICEF appropriately mixed the two approaches *i.e.* investment in both existing and newly developing services presumably to achieve both larger and quicker coverage in emergency context and to create new community services in an underdeveloped support system in the country. UNICEF generally made efficient use of available training opportunities for its implementing partners and duplication was appropriately avoided where a number of other actors also invested in training. Staffing seems to be adequate in UNICEF and the skill mix seems right but high turnover of staff in 2016-2017 negatively affected UNICEF performance in PSS programme management, leading to a loss of institutional memory and inconsistencies in monitoring data collection process. UNICEF field presence seems efficiently managed: field offices were relocated more to the East to ensure closer monitoring of the unfolding crisis and to better support the local actors in PSS implementation. UNICEF made these decisions in appropriate and time-efficient manner.

**When it comes to sustainability,** ET concludes, that UNICEF PSS programme has been moderately sustainable mostly in terms of community centres based on existing systems which were eventually absorbed by the local authority (two CPCs in Mariupol). Training of school professionals strengthened capacities of schools in the East. However, the return on investment is in doubt in the light of the ongoing MoES reform. Also, the investment in training has not produced system changes. The state social support system was least affected by any sustainable changes. Children's sustained effects varied across the locality and capacity of the service provider: some continue to have access to the same or modified PSS service package, while others have restricted access to focused support - PSS therapy was discontinued after the end of UNICEF projects affecting specifically cases of children requiring long-term support.

**When it comes to impact,** ET concludes, that on community level, UNICEF PSS programme has had positive impact on strengthening social cohesion and community integration between host communities and IDP children and families, as well as reducing isolation of children and families aspiring to deal with the consequences of war. UNICEF PSS interventions have significantly impacted families' attitudes and understanding of the significance of mental health for their children thus contributing to strengthening their parental capacity to better care for their children. As parents themselves need support in times of war to prevent being worn out, it is very likely that this positive long-term effect could have been higher had families been of greater focus of the interventions. UNICEF PSS interventions have had little impact on system level as the emergency response did not rely much on the existing (but underdeveloped) support systems and focused on developing new services e.g. CPCs on community level. The emergence of these new services did have a potential to impact pre-existing support systems (e.g. social assistance, healthcare and particularly mental health, etc.) provided the capacity for referral had been better developed. Families' social needs e.g. employment and housing, continue to be pressing and there were little indications that these were in some way impacted by UNICEF interventions. Children's well being and social integration has been impacted to a large extent, although some IDP children continue to live in an isolated environment of IDP peers. Children's resilience has been impacted to some extent.

**When it comes to HDN,** ET concludes that UNICEF PSS activities were partly linking emergency and development targets. The level of synergy between PSS programme and decentralization is high. In emergency, CPCs were providing services locally and in the vicinity of the community. In the context of decentralisation, modelling and piloting integrated services in Eastern Ukraine is done at the level of amalgamated communities by UNICEF. The level of synergy between PSS programme and Social support is moderate. The model for community services has a high synergy potential for development as an integrated service but failing to ensure good referral to existing mainstream systems meant it remained a stand-alone service. The endeavours to increase capacity of social workers as a part of the regular programme remain unsustainable due to the downsizing of their number. However, the capacity development of local NGOs contributed to diversifying the social market. The level of synergy between PSS programme and Education is low. UNICEF planned for PSS response through schools targeting mainly emergency needs, but little evidence was found to link that to developmental needs of the educational system.

## 5.2 Lessons Learned

ET identified several general lessons learnt, that, if taken into account, could enhance future similar Programmes' performance in different aspects (relevance, effectiveness, efficiency, sustainability, impact, HDN).

1. Importance of a systematic and comprehensive assessment of detailed needs of children and families and development of a specific programme document. Designing the PSS Programme in such a way (describing the specific needs and groups targeted, priorities, aims, objectives and results framework) leads to planning specific activities tailored to the specific needs of children, families and the general community.
2. Importance of increased participation of the target groups. Increasing the level of participation ensures relevance of the service design to the needs and enhancing the level of effectiveness.
3. Significance of the system approach. The system approach requires that work and support for the children is realized together with support for the families. The achievement of a long-term impact depends on the work with the whole family system and usage of a family-oriented approach.
4. The protection of children from violence, exploitation, abuse and neglect is an urgent priority for all actors working in humanitarian situations. The efforts need to be quick, well planned and effective and they need to be able to measure whether they are reaching children and properly protecting them. This means that services have equity focus and are targeting all the groups, especially the most vulnerable. Continuous monitoring of children's rights ensures timely identification and development of interventions addressing the most urgent bottlenecks.
5. Strong partnerships and collaboration are essential to achieving strategic results. The nature of humanitarian challenges faced by Ukraine and UNICEF require extensive collaboration with various partners, collective planning, implementation and monitoring. Such multi-partners systematic interventions require merging organizational capacity, knowledge and experience.
6. Integration of humanitarian and development objectives, indicators and activities at the planning and funding stages ensure a high level of relevance and sustainability. The crucial element of synergetic programming is a shared analysis and common objectives based on children's vulnerabilities. The development of the new services in case there is a lack of existing require more effort to design and advocate to increase the potential to impact pre-existing support systems

### 5.3. Recommendations

The below non-exhaustive list of recommendations is presented, bearing in mind that recommendations with low feasibility and not within the marge of authority of UNICEF were omitted.

#### Key recommendations:

1.	Advocate with the Government of Ukraine <u>to mainstream PSS into curricula of relevant professionals (social workers, teachers, school psychologists etc)</u> and oversee provision of psychosocial support.
2.	In the short term, advocate with the Ministry of Education and Science to <u>review job description and responsibilities of school psychologists</u> . To ensure coherence to development goals as far as post-conflict education is concerned, in the long term, contribute to <u>improving the capacity of school psychologists</u> by advocating to reform university curricula, integrating PSS first aid in the curricula of psychologists.
3.	Advocate with the Government of Ukraine to <u>introduce certification of social workers and psychologists</u> , introducing minimum standards of the quality of service provision in the area of PSS first aid and referral.
4.	In cases when NGOs are available to provide services, advocate for opportunities of social contracting with NGOs to ensure social/PSS services provision for children and their families at local level.
5.	<u>Support to the Government of Ukraine to analyze different forms/models of providing PSS (incl. costing) in the framework of social protection services</u> for children and families.

#### Additional recommendations:

Target	Recommendation
The Government of Ukraine	<ul style="list-style-type: none"> <li>Continue the social reform to develop different models of social services (incl. PSS) for different vulnerable categories of children and families, adopt a social contracting mechanism and social service market.</li> </ul>
	<ul style="list-style-type: none"> <li>Increase the number of social workers in the country to appropriately address the needs of the most vulnerable families and children</li> </ul>
	<ul style="list-style-type: none"> <li>Ensure possibilities for social workforce development including trainings, supervision, standards for caseload.</li> </ul>
NGOs-Service Providers	<ul style="list-style-type: none"> <li>Bearing importance of PSS even in the aftermath of the conflict, also in the light of social contracting mechanism to become more developed as social sector reform progresses, a number of IPs should raise their fundraising and project management skills to harness the plethora of volunteer-based initiatives and enhance their quality in their service provision.</li> </ul>