

# FINAL EVALUATION REPORT

**AUGUST - 2024**

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**Emergency Response Program Evaluation**



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## List of Acronyms:

<b>Acronym</b>	<b>Full Form</b>
<b>AAP</b>	Accountability to Affected Population
<b>CFS</b>	Child-Friendly Spaces
<b>CHS</b>	Core Humanitarian Standards
<b>CPiHA</b>	Child Protection in Humanitarian Action
<b>CS</b>	Child Safeguarding
<b>CVA</b>	Cash and Voucher Assistance
<b>EQ</b>	Evaluation Question
<b>FCM</b>	Feedback and Complaint Mechanisms
<b>FGDs</b>	Focus Group Discussions
<b>IDP</b>	Internally Displaced Persons
<b>IT</b>	Information Technology
<b>KII</b>	Key Informant Interview
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>NFIs</b>	Non-Food Items
<b>NGOs</b>	Non-Governmental Organizations
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>DAC</b>	Development Assistance Committee
<b>PSHEA</b>	Prevention of Sexual Exploitation, Abuse, and Harassment
<b>RNA</b>	Rapid Needs Assessment
<b>SOPs</b>	Standard Operating Procedures
<b>TOR</b>	Terms of Reference

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# Executive Summary

## Background and Objectives

In February 2022, Russia launched a full-scale invasion of Ukraine to overthrow its government and establish a pro-Russian federation. Russian forces attacked the country from multiple directions and targeted major cities like Kyiv and Kharkiv, resulting in widespread destruction of buildings and significant loss of life. The conflict also triggered one of the largest refugee crises in Europe since World War II, with millions of Ukrainian civilians fleeing to neighbouring countries, and millions more becoming internally displaced. The psychological impact of the conflict on Ukrainian civilians has been profound, with children in particular paying an enormous price for the war. SOS CV Ukraine implemented the 2023 Emergency Response project within the framework of the Humanitarian Funding Pool with the aim that "Children affected by the war and their families/caregivers receive appropriate support to reduce their suffering and improve their well-being." SOS CV Ukraine Children's Villages Ukraine implemented the project through a network of SOS CV Ukraine Family Strengthening centers and partner NGOs in over 16 regions.

## Methodology

The evaluation applied the OECD DAC criteria, Core Humanitarian Standards, and project-specific management and coordination criteria as outlined in the Terms of Reference (TOR). The evaluation matrix aligned these criteria with relevant evaluation questions, ensuring a comprehensive assessment of relevance, effectiveness, efficiency, coherence, and compliance. A mix of qualitative and quantitative methods, including desk reviews, key informant interviews, focus group discussions, and surveys, were used to gather insights. Additionally, stories of change highlighted the project's impact on participants. Some TOR questions were revised or excluded to maintain evaluation focus and feasibility. After submitting the first draft of the report, a validation meeting with SOS staff was also conducted on August 26, 2024, to gather further clarifications and inputs, which helped refine and enhance the evaluation findings.

## Key findings<sup>1</sup>

### Relevance



#### Tailoring the Project to the Needs of Vulnerable Groups

The evaluation found that the SOS CV Ukraine project was well-designed to meet the specific needs and priorities of vulnerable groups. The project's design was informed by a Rapid Needs Assessment (RNA) conducted in 2022. Additionally, during the implementation of the project, three quarterly needs assessments were conducted in April, August and October 2023 to ensure that the project's activities remained aligned with the evolving needs of the target groups. By continuously assessing needs, the project was able to focus on key target groups, including Internally Displaced Persons (IDP) families, families who lost members due to the war, families fostering children, families with injured children, children with disabilities, and other families residing in host areas. As a result, the project's interventions were consistently well-aligned with the most pressing needs of these groups.

The project's success was supported by comprehensive Monitoring and Evaluation (M&E) systems, which were guided by standard operating procedures (SOPs) aligned with international standards from organizations like the Red Cross and UNICEF. These SOPs ensured consistent data collection and tracking of outcomes, providing a robust framework for evaluating the project's effectiveness. Additionally, the project maintained regular engagement with various stakeholders, including INGOs, OCHA representatives, and local authorities. This collaboration helped prevent duplication of efforts and allowed the project to tailor interventions to the unique needs of each community.

Survey and FGD data indicated that most participants felt their needs were adequately addressed. Specifically, 81.3% of caregivers and 73.3% of children reported that SOS CV Ukraine consulted them about their needs. Children especially valued the personalized approach provided through services like case management, MHPSS, and Child-Friendly Spaces (CFS), which contributed to significant improvements in their social relationships, mental health, and overall well-being.

However, the evaluation also identified areas for improvement. While MHPSS activities were generally effective, 37% of children rated these services as only "moderately effective," indicating a need for further enhancement. Additionally, specific groups, such as people with disabilities and women, reported unmet needs in areas like financial assistance, speech therapy, and specialized

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<sup>1</sup> The evaluation, as outlined in the Terms of Reference (ToR), covered three locations in western Ukraine where SOS CV Ukraine conducted activities in 2023: Ivano-Frankivsk, Uzhgorod (in Zakarpattia), and Chernivtsi. This evaluation focused on these locations because a separate evaluation of the SOS CV Ukraine Emergency Response project, covering other regions in Ukraine, had already been conducted from April to September 2023. Additionally, while the project served children of all ages, this evaluation specifically focused on older children aged 9–18, who were considered mature enough to provide feedback.

psychological services. Children also suggested extending the duration of classes, offering more self-development activities, and expanding language learning opportunities.

### Responsiveness to Participant Needs and Priorities

The evaluation found that the SOS CV Ukraine project effectively addressed the evolving needs and priorities of its participants. Despite some mixed opinions on the consistency of needs assessments, the interventions were generally well-aligned with participants' needs, leading to the successful achievement of key outcomes and outputs.

In terms of the relevance of services, survey data indicated that most services provided were well-suited to the participants' needs. For instance, 88.5% of caregivers reported that case management services were appropriate, and 95% found the MHPSS services to be effective. Child Friendly Spaces (CFS) were also considered beneficial, with 94% of participants indicating that these services met their needs. However, some participants noted that the food assistance was temporary and insufficient, and that certain services, such as MHPSS group activities, were viewed as only "moderately effective" by 37% of children. For further details, please refer to the analysis under EQ1.

Additionally, FGDs with caregivers and children highlighted the project's positive impact on well-being. The activities effectively addressed essential needs for safety, socialization, and psychological support. Children particularly valued age-appropriate activities, which helped them build social connections, improve mental health, and develop new skills. However, logistical challenges, such as travel distances and scheduling conflicts, were noted as barriers to participation.

The project demonstrated strong adaptability, especially in the second half of 2023, when it shifted focus to providing psychological services and addressing developmental setbacks in children. This flexibility was crucial in maintaining the project's relevance and effectiveness as participant needs evolved.

KIIs and FGDs confirmed that the project was recognized for addressing needs that other entities were unable to meet. Local authorities praised the timely and effective support provided by SOS CV Ukraine, though some areas of unmet need, such as housing and legal services, were identified as falling outside the project's scope.

Despite the project's overall responsiveness to the needs of its participants, some unmet needs were identified. Specific groups, such as people with disabilities and women, reported a need for greater financial support, speech therapy, and specialized psychological services. Participants also suggested improvements, including extending the duration of services, offering more self-development and language learning opportunities, and expanding access to legal protection and bullying prevention. For further details, please refer to the analysis under EQ4.

## Effectiveness



### Achievement of Project Objectives

The evaluation confirmed that the SOS CV Ukraine project successfully met or exceeded all its targets for outcomes and outputs. Staff at all levels validated that the project's objectives were fully achieved, as reflected in the project logframe. The project quickly gained recognition in local communities, with staff expressing pride in keeping families together and ensuring no children under their care ended up in state orphanages.

The project exceeded expectations in several areas, particularly in reaching more beneficiaries than anticipated in case management. It demonstrated flexibility by adjusting targets based on situational needs, such as reallocating resources when the expected number of injured children was lower than anticipated.

Data collection was rigorous, with SOS CV Ukraine staff tracking indicators and gathering data from participants through paper and electronic questionnaires, always obtaining consent before collecting personal information.

Beyond meeting quantitative targets, the project had a profound impact on participants' lives. Stories from local staff illustrate how the project empowered individuals, supported families through trauma, and provided essential aid, underscoring its effectiveness and relevance

### Project's participants Satisfaction with the Assistance

The evaluation found that participants were overwhelmingly satisfied with the interventions provided by SOS CV Ukraine. Both survey and FGD data indicated high satisfaction levels, particularly with MHPSS, health services, and Child-Friendly Spaces (CFS). Social cohesion emerged as a key benefit of participating in CFS activities, with 100% of surveyed children reporting a positive impact on their lives.

The interventions positively influenced various aspects of children's well-being, especially in social relationships and mental health, as highlighted by 29 and 26 children out of 30, respectively. Caregivers also reported significant improvements in their well-being, with 80% noting that their well-being had improved or significantly improved due to the project.

Feedback from FGDs with teenagers and younger children underscored the effectiveness of the social and educational aspects of the activities, which contributed significantly to their sense of belonging and personal growth. However, some teens expressed dissatisfaction with certain activities, feeling they did not meet their interests or needs. Additionally, younger children raised concerns about the use of their photos, noting that while they understood their parents had provided consent, they felt it was important for them to have the right to give their own consent as well. This highlights the need for greater sensitivity to children's perspectives on privacy and consent. For further details, please refer to the analysis under EQ4.

Despite the high overall satisfaction, participants identified areas for improvement. Suggestions included extending the duration of activities, offering more opportunities for self-development and language learning, and increasing the availability of psychological and legal support. Participants also recommended expanding services to address additional needs, such as self-defence courses<sup>2</sup> and bullying prevention. The NSDation Child Protection and Education specialist suggested that requests for self-defence courses might indicate underlying concerns or fears among children that need to be further understood and addressed. Additionally, since providing such services is not within the scope of the project, it was suggested to improve communication with the affected population so they are aware of what services SOS can provide. For further details, please refer to EQ4.

In addition, challenges were noted in accessing some services, particularly difficulties in securing timely appointments with psychologists. Additionally, some respondents expressed a need for more sustained and comprehensive support in areas like speech therapy, legal protection<sup>3</sup>, and integration support for IDP children. For further details, please refer to the analysis under EQ5.

## Efficiency



The evaluation of SOS CV Ukraine revealed overall positive perceptions of the timeliness and effectiveness of assistance provided, with the majority of children and caregivers reporting timely support. However, some delays were noted, particularly in case management and the delivery of food and cash assistance. According to comments received from SOS staff during the validation meeting, delays in cash transfers were primarily due to the eligibility checks required for families selected to benefit from the support. This process takes approximately three weeks to complete before the transfer of funds can proceed. While this is a necessary step to ensure that assistance is provided to the right beneficiaries, participants are often unaware of this process and may perceive it as a delay in receiving funds. This underscores the need for SOS to enhance communication with targeted communities about the eligibility checks and the expected timeline for receiving support. The project's adaptability to the evolving wartime context, including its shift from emergency response to long-term support, was widely seen as a strength, though it raised concerns about staying true to the original mission. The introduction of newly tailored SOPs in 2023 significantly enhanced operational efficiency, morale, and communication, leading to better project outcomes. However, there was a reduction in the number of identified injured children as indicated by local KIs compared to the planned target. It is worth mentioning that targeting injured children is largely demand-based, as indicated by SOS staff during the validation meeting. In 2023, the relative

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<sup>2</sup> The proposed activity is not currently within the scope of SOS's work. However, it presents an opportunity to either consider these identified needs in future planning or to share them with other actors who can provide the necessary support. This approach aligns with SOS's ultimate goal of ensuring children are supported and empowered

<sup>3</sup> The proposed activity is not currently within the scope of SOS's work.

stability in the war fortunately led to fewer injured children than expected and ultimately led to less demand for injured children services. Given this, it is suggested to establish a flexible budget line or reserved fund specifically for emergencies to better respond to unforeseen situations like these, rather than setting a fixed target, as the rationale for these services is based on demand and might be hard to anticipate.

## Coherence



The evaluation underscored the strong interlinkages and synergy between SOS CV Ukraine, clusters, and other organisations, which fostered a well-functioning referral system and effective coordination. This coherence was identified as a key strength, with SOS CV Ukraine actively participating in cluster meetings and collaborating across various levels. Additionally, the organisation has implemented successful measures to prevent duplication of efforts, particularly through mapping and coordination with government stakeholders. While duplication issues were present early in the project, improved systems significantly mitigated these challenges over time, with SOS CV Ukraine's unique services in child-friendly spaces further distinguishing their efforts.

## Capacity



According to the evaluation results, SOS CV Ukraine placed considerable emphasis on capacity building during 2023, leading to significant improvements in staff skills and overall team morale. Training was provided across various areas, including MHPSS, child protection, and project management, with ongoing supervision to support staff development. These efforts contributed to a more capable and resilient team. However, a need for further capacity building was identified, particularly in working with children with disabilities, highlighting the importance of targeted training in this area.

The evaluation also uncovered significant challenges related to staffing levels. The organization faced understaffing at both national and local levels, leading to high workloads and delays in service delivery. Contributing factors included a shortage of qualified personnel, brain drain, and role duplication. Local staff particularly noted a lack of field personnel, such as speech therapists and case managers, which resulted in long wait times for beneficiaries. To address these challenges, the evaluation recommended restructuring the workforce and optimizing resource allocation to ensure more effective service delivery.

## Accountability to Affected Populations



The evaluation highlights that while Feedback and Complaint Mechanisms (FCM) are generally established and utilized, awareness among project participants varies significantly by location. In

Zakarpattia, 80% of children and 58% of caregivers were aware of the FCMs. In Ivano-Frankivsk, awareness was slightly lower, with 73% of children and 52% of caregivers being aware. In contrast, Chernivtsi had the lowest awareness among children at 44%, but the highest among caregivers at 82%. This variation can undermine the effectiveness of these systems, particularly in areas where awareness is low. Additionally, in terms of utilizing the FCM, notable differences were observed between children and caregivers. While only 2% of caregivers reported submitting feedback, 45% of children reported doing so. To ensure the success of the project and the protection of participants, it is crucial to inform all participants, especially the most vulnerable, about these mechanisms and ensure their accessibility. A notable aspect of the project is its emphasis on children's participation, which should be organized more systematically, adhering to established child participation protocols. Feedback also indicates a disparity in activity evaluation between male and female caregivers, with male participation notably lower. It is important to consider the general situation in the country, particularly the impact on families of mobilized and retired military personnel, as well as the common reluctance of men to participate in events due to fears of army mobilization. By understanding and addressing these concerns, the project can be more effective in improving male caregivers' evaluation of activities and encouraging contribution to activity design.



## Inclusion and Do No Harm

The study found that while the SOS CV Ukraine project has made commendable efforts to ensure the inclusion of marginalized, disadvantaged, and vulnerable groups and to adhere to the "Do No Harm" principle, there are areas that require further improvement.

The project has implemented a comprehensive set of mechanisms to promote inclusion and safeguard vulnerable populations. These measures include conducting rapid needs assessments to identify the specific needs of the most vulnerable groups and designing project activities to address these needs. Staff, particularly those in Child Safeguarding (CS) teams, have received extensive training in safeguarding procedures, risk assessment, and risk mapping. Additionally, a robust reporting system is in place to monitor and address cases of harm, exploitation, and abuse.

Despite these efforts, the evaluation highlighted some areas where the project could strengthen its inclusion strategies. For instance, while SOS CV Ukraine has made notable efforts to include children from marginalized groups in project activities, the evaluation revealed that caregivers with disabilities reported a higher percentage of unmet needs compared to those without disabilities. Additionally, accessibility issues were noted at the Zakarpattia centre, where children in wheelchairs could not enter due to poor conditions, necessitating the use of alternative spaces for events.

These findings suggest that while the project has made significant progress, further enhancement of inclusion strategies is necessary. This includes improving ongoing monitoring and tracking of vulnerable groups to ensure their needs are fully addressed.

## Child Safeguarding



The evaluation underscores SOS CV Ukraine's strong commitment to child safeguarding, highlighted by a comprehensive policy framework and effective reporting mechanisms. The organization has successfully implemented measures like dedicated reporting channels, mandatory training, and adherence to the Prevention of Sexual Exploitation, Abuse, and Harassment (PSHEA) policy, aligning with both national and international standards. However, challenges persist in fully integrating safeguarding and complaint mechanisms and maintaining continuous awareness among staff and children. Additionally, while proactive in assessing and mitigating child safeguarding risks (CS risks) such as bullying, violence, and emergency safety, the project faces gaps in consistency across locations and the availability of specialized staff. To address these issues, the evaluation recommends enhancing training and awareness efforts, standardizing safeguarding procedures across all project locations, and conducting location-specific training to better meet the unique needs of each area.

# Introduction and Project Background

## Background

In February 2022, Russia launched a full-scale invasion of Ukraine to overthrow its government and establish a pro-Russian federation. Russian forces attacked the country from multiple directions and targeted major cities like Kyiv and Kharkiv, resulting in widespread destruction of buildings and significant loss of life. The conflict also triggered one of the largest refugee crises in Europe since World War II, with millions of Ukrainian civilians fleeing to neighbouring countries, and millions more becoming internally displaced. The living conditions of those remaining in the country have deteriorated due to limited access to electricity, heating, water, and telecommunications as a result of severe damage to vital infrastructure.

The psychological impact of the conflict on Ukrainian civilians has been profound, with children in particular paying an enormous price for the war. According to UNICEF, “The war in Ukraine is robbing children of stability, safety, school, friends, family, a home and hopes for the future.”<sup>4</sup> Bombardments have damaged or destroyed educational buildings across the country, profoundly disrupting children’s education. In addition, children have witnessed horrific conflict-related violence, suffered severe injuries, lost family members and sometimes, their own lives. Orphaned children or those separated from their parents during displacements face heightened risks of abuse, exploitation, and trafficking<sup>5</sup> within Ukraine or wherever they are now living.

International organisations such as the UN, the Red Cross, and numerous NGOs have mobilised to provide food, medical aid, and shelter to displaced populations. Despite these efforts, humanitarian conditions remain dire, with the severity of people’s needs often correlated with their proximity to the front line. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), in 2023, approximately 40% of the population in Ukraine (17.7 million people) required humanitarian assistance, including 6.5 million internally displaced persons<sup>6</sup>. As the war drags on, while the international community remains engaged in seeking sustainable resolutions, it continues to provide emergency relief for those who need it. The situation remains highly volatile and uncertain.

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<sup>4</sup> <https://www.unicef.org/emergencies/war-ukraine-pose-immediate-threat-children>

<sup>5</sup> <https://www.unicef.org/emergencies/war-ukraine-pose-immediate-threat-children>

<sup>6</sup> Ukraine Humanitarian Fund Annual Report 2023

## Project Overview

SOS CV Ukraine implemented the 2023 Emergency Response project within the framework of the Humanitarian Funding Pool with the aim that "Children affected by the war and their families/caregivers receive appropriate support to reduce their suffering and improve their well-being." SOS Children's Villages Ukraine implemented the project through a network of SOS CV Ukraine Family Strengthening centres and partner NGOs in over 16 regions.

The project served children of all ages, ran from January to December 2023, and targeted the following groups:

- Foster families
- Kinship families
- Families who adopted children during the war
- Vulnerable families severely affected by the war, including single-parent and large families and families with children with disabilities
- Families who lost a parent or a child due to the war
- Children severely traumatised by the war
- Children injured by the war
- The staff of SOS CV Ukraine Children's Villages Ukraine.

To provide a comprehensive response aimed at alleviating people's suffering, SOS CV Ukraine focused their response in the following areas:

1. **Child Protection in Humanitarian Action (CPIHA):** Ensuring children and families facing child protection concerns were identified and had their needs addressed, with access to appropriate case management and referral services. This includes the following activities:
  - Children with Injuries
  - Alternative Care
  - Foster Family Care
  - Education
2. **Mental Health and Psychosocial Support (MHPSS):** Improving the mental health and psychosocial well-being of children and their caregivers through direct support and strengthening the knowledge of specialists working with these groups. Activities include: (1) 'classic' PSS (2) 'Children & war' approach (3) needs-based, one-off interventions (individual & group) (4) resilience-focused capacity building for adults and children (for families and through education institutions). In addition, Mobile teams of psychologists conducted resilience lessons in schools across Ivano-Frankivsk, Lviv, Kharkiv oblast and Zakarpattia regions for both internally displaced children and local communities affected by Russian military aggression.

3. **CVA-Cash and Voucher Assistance:** Enabling families with children, including foster and biological families, to meet their basic needs through cash-based support, both multipurpose and conditional.
4. **Child-Friendly Spaces (CFS):** Supporting children and young people with free access to group-based and structured play, recreation, leisure and learning activities delivered in safe, inclusive, contextually, and age-appropriate settings.
5. **Health:** Providing access to quality physical health services, medicines, and medical equipment tailored to individual needs.
6. **Food Support:** Ensuring children and caregivers receive necessary food support.
7. **Shelter and Non-Food Items (NFIs):** Providing appropriate shelter and essential NFIs to meet basic needs, ensuring safety, protection, and accessibility.

SOS CV Ukraine collaborates with both the Human Rights and Child Rights Ombudsman and engages with the Ministry of Social Policy and the Ministry of Health at the ministerial level. Furthermore, SOS CV Ukraine contributes to the National Coordination Headquarters on Child Rights, which regularly coordinates measures to protect the rights, freedoms, and legal interests of children impacted by military aggression. To maximise the rapid reach of project participants, SOS CV Ukraine adopted a consortium strategy involving local NGOs. These local NGOs, acting as implementing partners (IP), receive funding and coordination from SOS CV Ukraine. They are required to serve SOS CV Ukraine's target groups, adhere to quality and accountability standards, and enhance the SOS CV Ukraine brand.

The project was implemented across Ukraine, covering 16 regions through either partners or SOS CV Ukraine Centres:

- Western Ukraine: Ivano-Frankivsk, Chernivtsi, Ternopil, Zakarpattia, Lviv, Khmelnytsky regions.
- Central Ukraine: Chernihiv, Kyiv, Zhytomyr, Poltava regions.
- Eastern Ukraine: Kharkiv, Donetsk, Dnipropetrovsk regions.
- Southern Ukraine: Odesa, Mykolaiv, Zaporizhia regions.

# Evaluation Methodology

## Scope and Purpose

Per the Terms of Reference (ToR), the evaluation encompassed three locations in western Ukraine where SOS CV Ukraine implemented activities: **Ivano-Frankivsk, Uzhgorod (in Zakarpattia), and Chernivtsi**<sup>7</sup>. In these locations, the evaluation team assessed progress, identified successes, challenges and opportunities by evaluating project outcomes and outputs as outlined in the "August Revision of Logframe\_HFP Ukraine for 2023" (see Table 1). While the project served children of all ages, the evaluation focused on older children aged 9–18, who were mature enough to provide feedback. back.

Table 1: Project Outcomes and Outputs

Sector	Outcomes	Outputs
Case Management	<b>Outcome 1:</b> Children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed.	<b>Output 1.1:</b> Children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed through an individualised case management process
		<b>Output 1.2:</b> Caseworkers' capacities for effective case management increased to adequately respond to the needs of children.
MHPSS	<b>Outcome 2:</b> Children and their caregivers experience improved mental health and psychosocial well-being.	<b>Output 2.1:</b> Psychosocial support and mental health referral provided to children and caregivers.
		<b>Output 2.2:</b> Specialists working with children and families strengthen their knowledge on topics relevant for MHPSS in humanitarian action.
Health	<b>Outcome 3:</b> Children and their caregivers have access to quality protective physical health services.	<b>Output 3.1:</b> Children and caregivers have access to relevant medicines and medical equipment based on individual needs.
		<b>Output 3.2:</b> Children and caregivers have access to quality medical/health services based on individual needs.
Food	<b>Outcome 4:</b> Children affected by humanitarian crises live in food-secure environments.	<b>Output 4.1:</b> Children and caregivers receive food support.
Shelter/ NFIs	<b>Outcome 5:</b> Children and their caregivers have appropriate accommodation and NFIs that meet their basic needs, including safety, protection and accessibility.	<b>Output 5.1 (Accommodations):</b> SOS CV Ukraine UA: Foster families and kinship families have safe accommodation.
		<b>Output 5.2 (NFI):</b> Children and caregivers are provided with basic NFIs.

<sup>7</sup> An evaluation of the SOS CV Ukraine Emergency Response project in Ukraine covering other regions from April to September 2023 was already conducted

<b>Cash</b>	<b>Outcome 7:</b> Families with children (including foster and biological families) meet their basic needs as a result of cash-based support.	<b>Output 7.1:</b> Vulnerable families receive multipurpose cash.
		<b>Output 7.2:</b> Vulnerable families receive conditional cash.
<b>CFS</b>	<b>Outcome 12:</b> Children and young people are supported through access to group-based activities that are delivered in safe, inclusive, contextual and age-appropriate approaches.	<b>Output 12.1:</b> Child friendly spaces and mobile child friendly spaces are launched/supported.

# Evaluation Methodology

## Evaluation Questions and Criteria

The evaluation was structured to address the following specific evaluation questions according to Core Humanitarian Standards and the OECD DAC criteria of relevance, effectiveness, efficiency, coherence, and compliance. The evaluation questions are presented in the table below, along with the associated criteria and the data collection methods used to address each area.

Table 2. Provisional Evaluation Matrix

<b>Evaluation Questions</b>	<b>CHS<sup>8</sup></b>	<b>Desk Review</b>	<b>KIIs</b>	<b>FGDs</b>	<b>Caregiver Survey</b>	<b>Children Survey</b>
<b>A. Relevance: Does the project address the situation of the specific target groups?</b>						
<b>EQ 1:</b> To what extent was the project tailored to the specific needs and priorities of vulnerable groups??	<b>CHS 1:</b> Did people and communities in situations of crisis and vulnerability exercise their rights and participate in actions and decisions that affect them?	Yes	Yes	Yes	Yes	
<b>EQ 2:</b> To what extent the project interventions respond to the needs and priorities of the project participants?	<b>CHS 2:</b> Did people receive timely and effective support in accordance with their specific needs and priorities?		Yes	Yes	Yes	Yes

<sup>8</sup> Core Humanitarian Standard

<b>B. Effectiveness: To what extent were the intervention’s objectives achieved?</b>						
<b>EQ 3:</b> To what extent were the overall objective, outcomes and outputs of the project achieved?	<b>CHS 3:</b> Are recipients better prepared and more resilient to potential crises?	Yes	Yes		Yes	
<b>EQ 4:</b> To what extent are project participants satisfied with the project interventions?	<b>CHS 2:</b> Was support timely and effective, that is in accordance with people’s specific needs and priorities?				Yes	Yes
<b>EQ 5:</b> To what extent were project results achieved for participants from different vulnerable groups? Were there any barriers to achieving results for a particular group?	<b>CHS 4:</b> Does support cause harm to people or the environment?		Yes	Yes	Yes	Yes
<b>C. Efficiency: How were economic resources/inputs (funds, time, etc.) converted to results?</b>						
<b>EQ 6:</b> Was assistance delivered in a timely manner to be of use to project participants?	<b>CHS 2:</b> Was support timely and effective, that is in accordance with people’s specific needs and priorities?	Yes		Yes	Yes	
<b>EQ 7:</b> How was the project adapted in line with the context to ensure that resources were used in an optimal manner?	<b>CHS 9:</b> Are resources managed ethically and responsibly?	Yes	Yes			

<b>EQ 8:</b> To what extent did operational processes result in quality implementation and results?		Yes	Yes			
<b>D. Coherence: How compatible was the intervention with other interventions in a country, sector or institution?</b>						
<b>EQ 9:</b> To what extent the project interventions had synergies and interlinkages with other actors' interventions?	<b>CHS 6:</b> Was support coordinated and complementary?	Yes	Yes	Yes		
<b>EQ 10:</b> To what extent the intervention added value while avoiding duplication of efforts?		Yes	Yes	Yes		
<b>E. Capacity: To what extent was capacity built among SOS CV Ukraine staff during 2023, and did capacity-building adequately meet staff needs?</b>						
<b>EQ 11:</b> Were capacity-building activities for staff sufficient and aligned with programmatic needs?	<b>CHS 7:</b> Were interactions with staff and volunteers respectful, competent and well-managed?	Yes	Yes	Yes	Yes	
<b>EQ 12:</b> Have staff expertise and skill sets improved as a result of capacity-building activities?		<b>CHS 9:</b> Were resources managed ethically and responsibly?	Yes	Yes	Yes	Yes
<b>EQ 13:</b> Is the size of the SOS CV Ukraine			Yes	Yes	Yes	Yes

team appropriate for project needs?						
<b>Cross-Cutting Issues</b>						
<b>F. Accountability to Affected Population (AAP)</b>						
<b>EQ 14:</b> Information sharing: To what extent were the target groups aware of the project and the services it provided?	<b>CHS 1:</b> Were participants able to exercise their rights and participate in actions and decisions that affect them?	Yes		Yes	Yes	Yes
<b>EQ 15:</b> Participation: To what extent are affected populations, especially children and vulnerable groups, involved in the planning, implementation and monitoring of the project?		Yes	Yes	Yes	Yes	Yes
<b>EQ 16:</b> Feedback and complaints mechanism: To what extent are feedback and complaints responded to and resolved in a timely manner and adaptations made based on it?	<b>CHS 5:</b> Can concerns be safely reported and addressed?	Yes	Yes	Yes	Yes	Yes
<b>G. Inclusion and Do No Harm</b>						
<b>EQ 17:</b> What mechanisms are in place to ensure the	<b>CHS 4:</b> Did support cause harm to people or the environment?	Yes	Yes	Yes	Yes	Yes

inclusion of marginalised, disadvantaged, and vulnerable groups in the project activities? How does the project ensure Do No Harm?	<b>CHS 2:</b> Was support timely and effective, that is in accordance with people’s specific needs and priorities?					
<b>H. Child Safeguarding Compliance: How well does the ERP project adhere to the SOS CV Ukraine Children’s Villages International Child Safeguarding (CS) approach?</b>						
<b>EQ 18:</b> To what extent are CS structures and procedures adapted to an ERP project?	<b>CHS 2:</b> Was support timely and effective, that is in accordance with people’s specific needs and priorities?	Yes	Yes	Yes		
<b>EQ 19:</b> To what extent are the CS measures and procedures known and accessible, understood, applied and promoted by all project’s participants and staff throughout all project activities?	<b>CHS 1:</b> Were participants able to exercise their rights and participate in actions and decisions that affect them?		Yes	Yes	Yes	Yes
	<b>CHS 5:</b> Can participants safely report concerns and complaints and get them addressed?					
<b>EQ 20:</b> How were CS risks assessed, what risks were identified during the project and what mitigation measures were in place?	<b>CHS 4:</b> Did support cause harm to people or the environment?			Yes		

## Evaluation Methods and Approach

The evaluation employed a mixed-methods approach, drawing on both quantitative and qualitative data from a variety of sources to provide a comprehensive understanding of the project's impact and effectiveness. **Quantitative data** was obtained via surveys with caregivers and children aged 14–18 in the three locations. The sampling strategy is shown in the table below. The children's surveys were conducted at SOS CV Ukraine Child-Friendly Spaces in each evaluation location to ensure safe and comfortable environments for children to share their experiences.

Table 3: Sampling Strategy for Surveys to Collect Quantitative Data

Location	Project Participants (Children and Caregivers)	Caregivers' Survey Sample Sizes	Children's Survey Sample Sizes
Zakarpattia	19,200	78	10
Ivano-Frankivsk	11,000	45	10
Chernivtsi	6,500	27	10
<b>Total</b>	<b>36,700</b>	<b>150</b>	<b>30</b>

**Qualitative data** was obtained through key informant interviews (KIIs), focus group discussions with caregivers and children (FGDs), and stories of change. The latter were used to obtain more qualitative detail on the positive effects of the project as experienced by project participants.

Table 4. Qualitative Data Collection Methods

Data Collection Method	Group	Number of Participants
<b>KIIs</b>	SOS CV Ukraine Regional Office Representatives	3
	SOS CV Ukraine Country Office Representatives	2
	SOS CV Ukraine Field Staff	9
	Cluster Coordinators	2
	Local Authorities	3
<b>FGDa</b>	<b>Zakarpattia</b>	
	Children aged 9–13	8
	Children aged 14–18	10
	Caregivers	11
	<b>Ivano-Frankivsk</b>	
	Children aged 9–13	11
	Children aged 14–18	10
	Caregivers	13
	<b>Chernivtsi</b>	
	Children aged 9–13	6
	Children aged 14–18	10
	Caregivers	11
<b>Story Of Success</b>	Zakarpattia	1
	Ivano-Frankivsk	1
	Chernivtsi	1

## Challenges and Limitations

**Project challenges** are described throughout the paper and include things like human resource shortages, especially after the first year and especially specialists trained to work with children with special needs, unsafe environments and air raids, blackouts leading to interruptions in the ability to heat and cool buildings and conduct activities, lack of space in buildings for personnel and humanitarian supplies, widely dispersed participants with some participants far away from centres, traumatised participants who lacked motivation to participate at the beginning of the project, fluctuating project cycles with the seasons.

### **Evaluation Challenges and Limitations:**

- Regarding gender consideration, as anticipated at the design stage, the current situation in Ukraine, including the mobilisation law in the Western areas, resulted in male project participants being primarily unavailable for interviews. Consequently, a majority of the surveys were conducted with female project participants. This, however, does not present a limitation to the evaluation, as the target for the sample is the primary caregiver, regardless of whether that person is male or female.
- Despite providing explanations and reassurances about confidentiality and privacy to the children and caregivers during the preparation for the sessions, some children showed reluctance to participate for reasons such as not wanting their peers to know that they were receiving psychosocial support services. As a result, the team respected their desire not to participate, and they did not attend the sessions.

## Ethical Considerations

Considering the conflict-related context, a key theme of this evaluation was the special attention paid to ethical considerations throughout all data collection processes to respect the dignity and autonomy of all participants and to ensure maximum safeguards for participating children. Some specific steps that the team took to ensure an ethical approach were as follows:

- **Obtaining informed consent:** The evaluation team obtained informed consent from both children and caregivers, explaining the purpose of the survey, how the data would be used, and what confidentiality measures were in place. Both caregivers and children understood their participation was voluntary and that they could withdraw at any time without any negative consequences.
- **Maintaining confidentiality:** At all times, team members were mindful about protecting the confidentiality of responses. For example, the team ensured that SOS CV Ukraine staff did not attend the data collection sessions to protect confidentiality and maintain the impartiality of the evaluation.

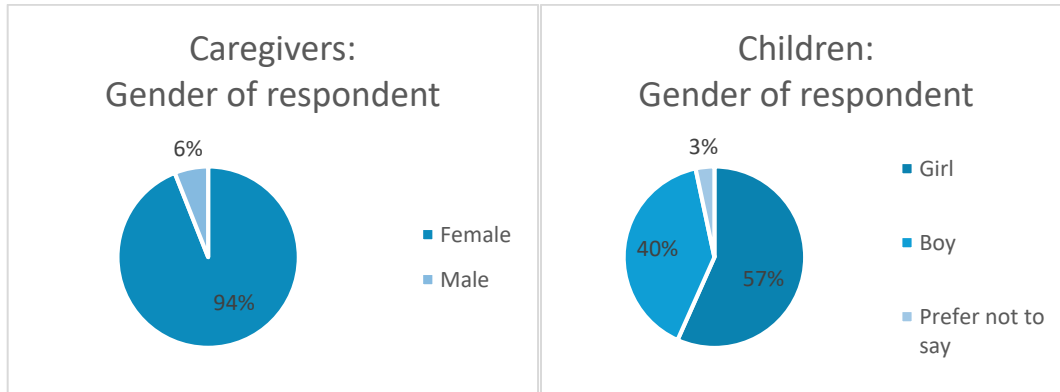
- **Using a trauma-informed approach:** The team was aware that participants may have experienced trauma and took care not to ask distressing questions. Team members were also trained to recognize signs of discomfort and to provide appropriate support or referrals if needed. Moreover, the team conducted surveys in familiar and safe environments, such as SOS CV Ukraine centres, to help participants feel at ease.
- **Using a child-friendly approach:** The evaluation team used language, and methods appropriate for children's age and comprehension levels to ensure they understood the questions and felt comfortable responding. The team took time to build rapport with the children to make them feel comfortable and valued, ensuring they understood that their responses were important.

# Respondents Overview

## Survey Respondents

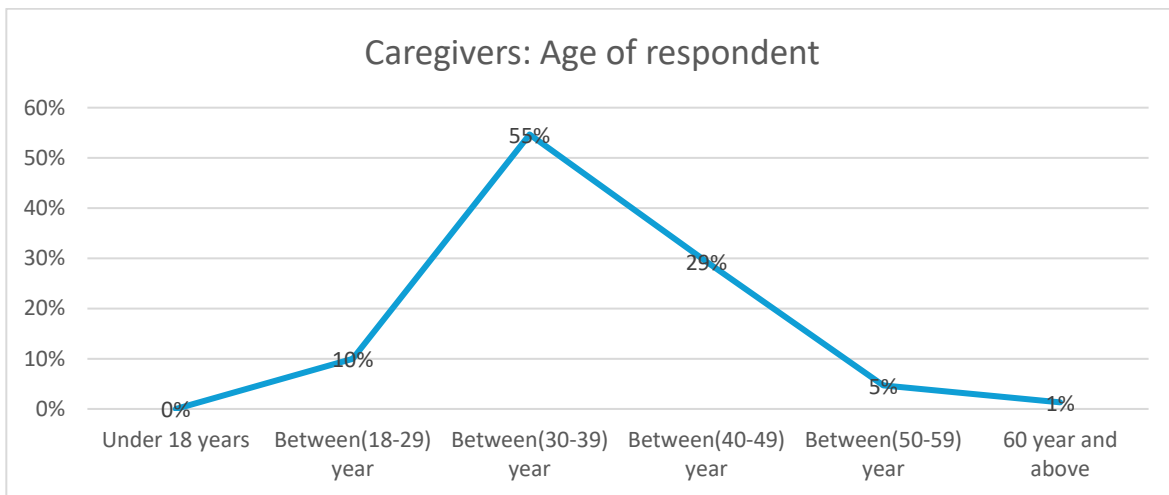
The following is a description of both caregiver and child survey respondent characteristics. Most (94%) of the caregiver respondents were female, as expected. Among children, respondents, (~57%) also identified as female.

Figure 1. Gender of Respondents



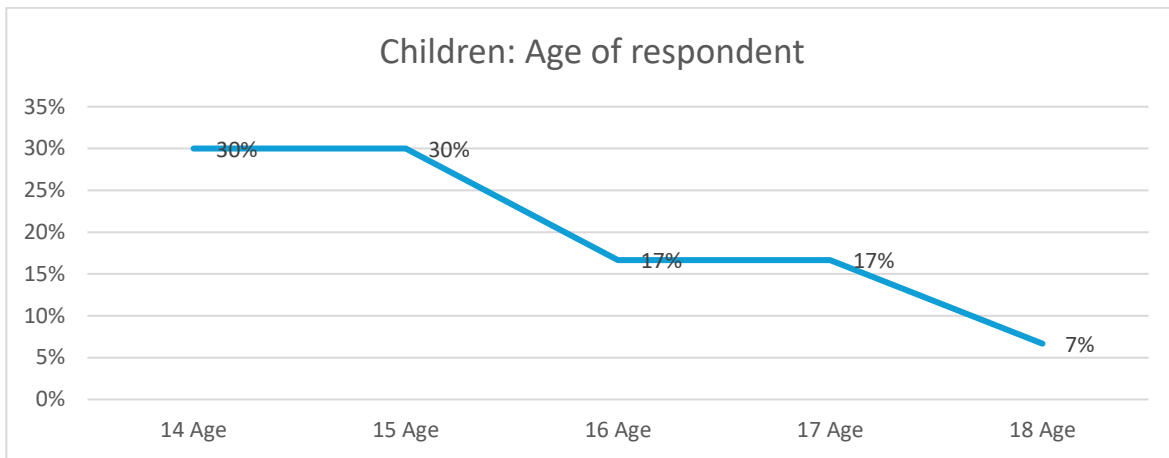
The age breakdown of caregiver respondents is shown in the figures below. The highest percentage of respondents (55%) was in the 30–39 years old age group.

Figure 2. Age Breakdown for Caregiver Respondents



Among the 30 child survey respondents, most were either 14 (30%) or 15 (30%) years old.

Figure 3. Age Breakdown for Child Respondents



Regarding location, respondents were fairly evenly distributed between the three locations. In the caregiver group, a slightly higher number of respondents were from Chernivtsi, whereas in the child group, slightly more respondents were from Ivano-Frankivsk.

Table 5. Location of Respondents

Location	Caregivers # (%)	Children # (%)
Zakarpattia	45 (30%)	10 (33%)
Ivano-Frankivsk	50 (33%)	11 (37%)
Chernivtsi	55 (37%)	9 (30%)

Caregiver respondents reported receiving a wide array of services through SOS CV Ukraine. The breakdown of these services by type and number of respondents is shown in the following figure.

Figure 4. Family Services Received According to Caregiver Respondents

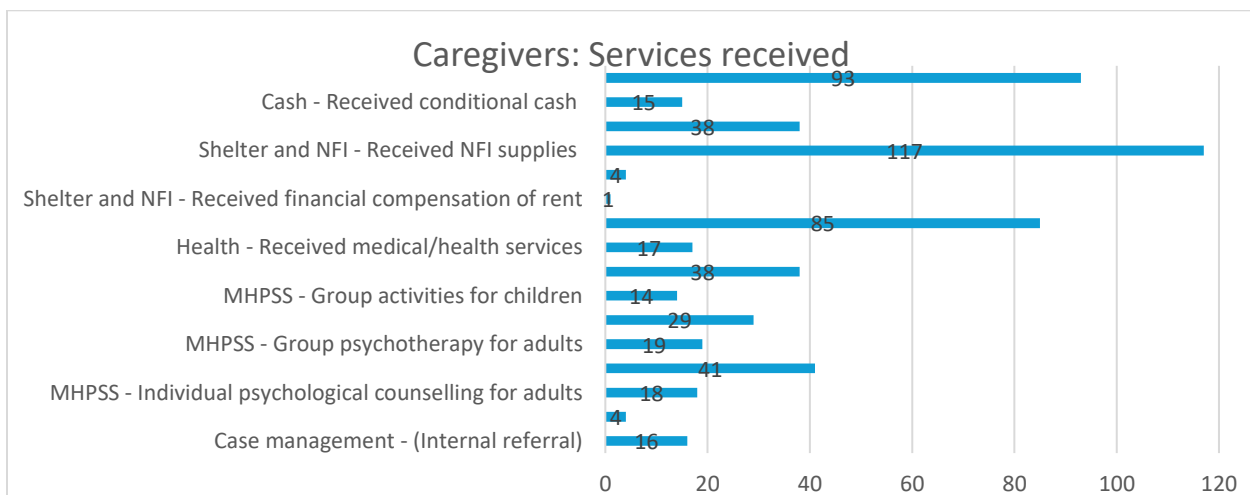
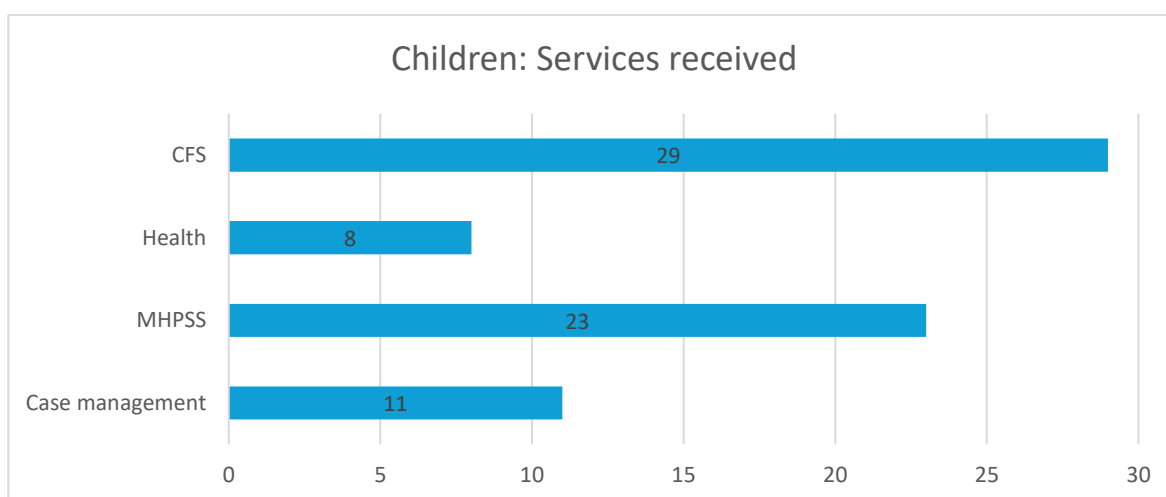


Figure 5 Family Services Received According to Children Respondents



### FGD Participant Profiles

As part of the evaluation, FGDs were conducted with both caregivers and children across the project areas to gather qualitative insights.

**Caregiver FGDs:** Three (3) FGDs were conducted with caregivers:

- Zakarpattia (July 26, 2024): 11 female participants.
- Ivano-Frankivsk (July 17, 2024): 13 participants, including 1 male.
- Chernivtsi (July 12, 2024): 11 participants, including 1 male.

**Child FGDs:** Six (6) FGDs were held with children, with two groups in each evaluation location/region:

- Younger children (ages 9 to 13)
- Older children (ages 14 to 18)

### KII Participants

In all, 19 KIIs were conducted with SOS CV Ukraine staff members from different levels of the organisation as well as several cluster representatives and local authorities from each area.

- 3 Interviews with Representatives of the SOS Regional Office
- 2 Interviews with Representatives of the SOS Country Office
- 9 Interviews with SOS Field Staff
- 2 Interviews with Cluster Coordinators
- 3 Interviews with Local Authorities

# Evaluation Findings

## 1. Relevance

Does the project address the situation of the specific target groups?

**EQ1: To what extent was the project tailored to the specific needs and priorities of vulnerable groups? (CHS1)**

**Finding: The evaluation found that SOS CV Ukraine's approach to needs assessment and adaptation was well-suited and effectively tailored the project to address the specific needs of targeted groups, making optimal use of the available resources.**

KIIs with regional, national, and local SOS CV Ukraine staff revealed that the project targeted a range of families and children affected by the war across the three target regions: The desk review of the project plan document<sup>9</sup> confirmed that the target groups and vulnerability criteria were defined based on the needs assessment. The specific groups included:

- IDP families
- Families with lost family members or servicemen fathers due to the war
- Families fostering children
- Families with Injured children
- Children with disabilities

Other families living in the hosting areas/communities

Local staff emphasised the inclusive nature of the project, noting that all families in need who applied for assistance were accepted; none were turned away. As one of the staff stated,

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*“We covered all family-type children`s homes and foster families with IDP status—100%. There are 375,000 IDP families in Zakarpattia Oblast, so of course, not all families were covered, but all who applied received help.”*

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All levels of SOS CV Ukraine staff confirmed that SOS CV Ukraine employed rigorous methodologies and conducted quarterly needs assessments (as well as cross assessments and needs forecasting) using questionnaires for adults and children in the three locations. KI staff detailed that rapid needs assessment and comprehensive needs assessment were conducted using questionnaires for both adults and children in the three evaluation locations.

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<sup>9</sup> [2022 UKR PCM RNA Ukraine 2023 August](#)

The SOS approach to conducting RNA<sup>10</sup> is both relevant and robust, particularly given the extensive information generated by other actors and the access to detailed government data.

In some cases, conducting direct surveys with the affected population may not be necessary, as this can lead to assessment fatigue and inefficiencies. Instead, SOS effectively utilized secondary sources, including reports and documents from the Government of Ukraine (such as the Ministry of Social Policy, Ministry of Education and Science, and Ministry of Reintegration of the Temporarily Occupied Territories), as well as assessments from international NGOs responding to the crisis in Ukraine. Key repositories searched included ReliefWeb, REACH Resource Center - Ukraine, and the UNHCR Operational Data Portal on the refugee situation in Ukraine. Additionally, KIIs were conducted with leaders and employees of national NGOs who are directly involved in providing assistance to the affected population.

The quality of the data collected through this approach appears to be high and well-aligned with SOS's strategy and mandate. However, it is important to acknowledge potential data gaps related to SOS's capacity, mission, and objectives in Ukraine. According to the SOS team, three quarterly needs assessments were conducted in April, August and October 2023. Furthermore, the comprehensive individualized assessments conducted for case management enable SOS to adapt to specific needs, thereby enhancing the relevance and effectiveness of the project.

Moreover, the desk review highlighted that SOS CV Ukraine has a clear and systematic M&E system in place to monitor and evaluate its services. This system is guided by comprehensive Monitoring and Evaluation Standard Operating Procedures (SOPs)<sup>11</sup>, which standardised data collection processes across SOS CV Ukraine. These SOPs outline how participant counting, and service data collection should meet minimum monitoring standards, aligning with guidelines from the International Federation of the Red Cross and UNICEF. Additionally, there are specific data collection SOPs<sup>12</sup> with the purpose of unifying approaches to organising the data collection process for SOS CV Ukraine. These SOPs take into account the requirements of humanitarian standards in child protection, the strategic directions of the organisation's work, and the specific context of responding to wartime risks in Ukraine.

Monitoring activities and achievements were consistently documented in monthly progress reports<sup>13</sup> and tracked through the logframe<sup>14</sup>.

National staff KIIs noted that SOS CV Ukraine also coordinated with working groups to avoid duplication. And SOS CV Ukraine local staff member said,

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<sup>10</sup> [2022 UKR PCM RNA Ukraine 2023 August](#)

<sup>11</sup> [UKR23 M&E SOP Data Collection for Basic project Monitoring II](#)

<sup>12</sup> [SOP M&E Ukr 2024 Data collection \(revision\)](#)

<sup>13</sup> [SOS CV Ukraine CV Ukraine Progress Reports](#)

<sup>14</sup> [August Revision of Logframe HFP Ukraine for 2023](#)

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*“The coordinator often visits clusters with local authorities, heads of centres, social services, where support for IDP families is considered, these issues are accumulated for synergy.”*

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The information would then be compiled into dashboards to track the allocation of aid to the specific target groups.

Moreover, the project demonstrated flexibility in response to the evolving needs of the affected population. A local staff member detailed how the project shifted overtime to accommodate shifting needs:

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*“In the first half of 2023, we covered all the basic needs of the families who contacted us (then families were actively arriving): food, bedding, dishes, hygiene, seasonal clothes for children. In the second half of 2023, our focus changed: the beneficiaries had a need for the services of a psychologist, a speech therapist, there were significant setbacks in the development of children that had to be overcome.”*

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This approach aligns with Core Humanitarian Standard (CHS) 1, which emphasises that individuals affected by humanitarian crises should have the opportunity to exercise their rights and participate in decisions that affect them. By conducting formal needs assessments, SOS CV Ukraine ensured that participants were given the opportunity to potentially influence the design of interventions intended to address their needs. The KIIs indicated that SOS CV Ukraine conducted regular assessments, and quantitative survey data confirmed that the majority of participants were consulted about their needs.

Survey data confirmed that SOS CV Ukraine regularly consulted the affected populations about their needs. The following table shows responses to the survey question, **“Did SOS CV Ukraine consult you about your needs?”**

Table 6. Frequency of SOS CV Ukraine Inquiring About Respondent Needs

<b>Responses to the survey question, “Did SOS CV Ukraine consult you about your needs?”</b>	<b>Caregivers # (%)</b>	<b>Children # (%)</b>
<b>Yes</b>	122 (81.3%)	22 (73.3%)
<b>No</b>	26 (17.3%)	7 (23.3%)
<b>Don’t Know</b>	2 (1.3%)	1 (3.3%)

The majority of caregiver respondents who indicated “yes” said that SOS CV Ukraine consulted them about their needs via a phone survey. Others mentioned in-person meetings with SOS CV Ukraine.

Among child respondents, most said that an SOS CV Ukraine staff person or trainer consulted them in person. Others mentioned being consulted through a Viber group. One child mentioned being consulted through voting, meaning that in training sessions, the trainer would sometimes conduct a “vote” in the group about which topics to cover in the sessions. This approach demonstrated alignment with CHS 1, that participants should be *able to “exercise their rights and participate in actions and decisions that affect them.”* One child noted,

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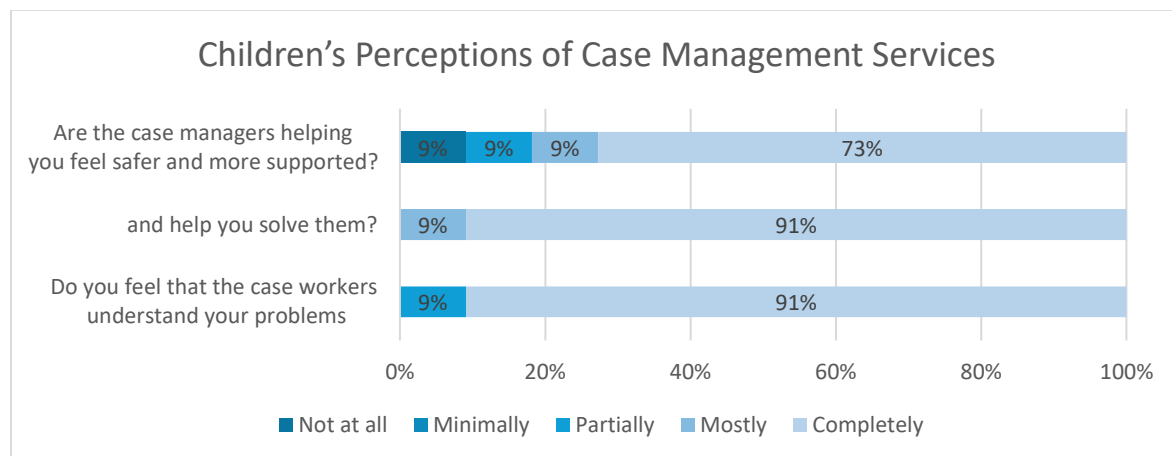
*“My psychologist was interested and she asked me everything... I received a laptop according to the application and need which allowed me to continue my education as I always wanted.”*

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This individualised approach to case management provides evidence for the attainment of Output 1.2.<sup>15</sup>

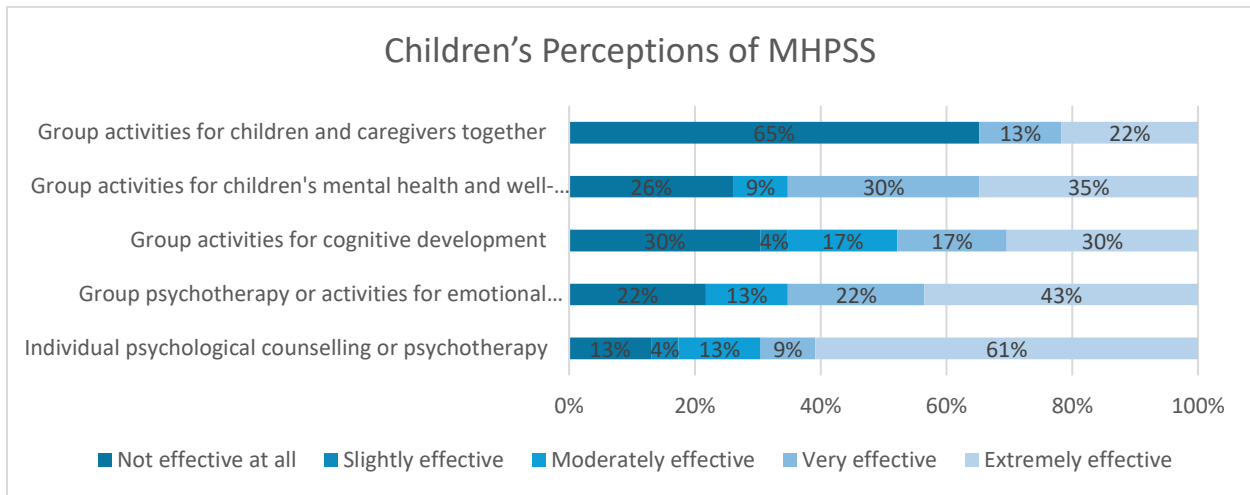
The survey results suggest that the project was largely tailored to the needs of the targeted children and their families. Child survey results largely suggested that the interventions targeted the children’s needs. Data from the child surveys also suggests that case management, MHPSS, and CFS were mostly tailored to meet children’s specific needs. The vast majority of children expressed that case managers understood their problems and helped them solve them. A lower proportion of children (but still a significant majority) felt supported by the case managers.

Figure 6. Children’s Perceptions of Case Management Services per Child Survey



<sup>15</sup> **Output 1.2.** Caseworkers capacities for effective case management increased to adequately respond to the needs of children.

Figure 7. Children’s Perceptions of MHPSS per Child Survey



Children’s perceptions of MHPSS activities (shown in Figure 6 above) and the CFS service were largely positive, suggesting that these services addressed the children’s needs. The child survey showed that 76% of children and 87% of adolescents viewed the CFS services as extremely or very effective. Of the CFS services, one child respondent noted,

***"We were led by a cool girl from Kharkiv ...To better meet my needs, work with her should resume."***

Another child respondent mentioned,

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*"I think the art classes have the most positive influence because I am an artist."*

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Despite these positive outcomes, some suggestions for improvement from children, including:

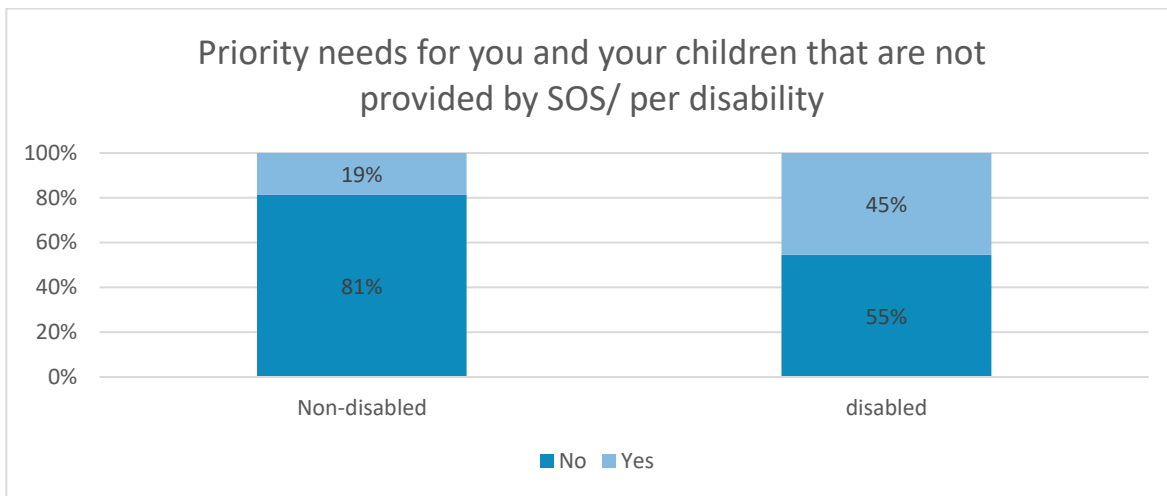
- Longer classes, as some of them were short.
- A greater focus on activities related to self-development and psychological well-being
- More English-language learning classes and also the second foreign language - the Slovak language in Zakarpatia
- Two children suggested adding field trips to museums or the mountains

A difference in results between gender groups was noted in the caregiver survey, but the small sample size of males casts some doubt on the validity and reliability of this finding. Regardless, this finding is reported as follows: In the caregiver survey, 21% of respondents noted they or their families had some priority needs that were not addressed by SOS CV Ukraine, and all of these respondents were women, with no males reporting missed priority needs. Women cited missed

needs for greater financial assistance (e.g., compensation for rent); house supplies such as kettles, dishes, folding beds, and mattresses; and drugs and medicine.

Other findings from the caregiver survey suggested that SOS CV Ukraine may not have addressed all the needs of people with disabilities. As shown in Figure 7, 45% of respondents with disabilities noted missed priority needs compared to 19% of those without disabilities. These unmet needs included rental housing assistance, speech therapy services, and medications for specific health conditions. Additionally, many respondents with disabilities highlighted the need for financial support to help meet their basic needs.

Figure 8. Caregiver Perceptions of Missed Priority Needs



Regarding the locations of respondents, no differences were noted between groups in responses to this question, suggesting that the interventions were evenly applied across the three locations.

FGDs with caregivers confirm that SOS CV Ukraine primarily targeted children during the project but also subgroups such as children of single parents, children who had recently lost a parent who was a serviceman, pregnant mothers, IDPs, foster parents, and families facing other kinds of difficulties. FGD participants in Chernivtsi confirmed that aid was tailored to different families' and children's needs. For example, families with multiple children needing online education received laptops to support their participation. Additionally, some children were provided with speech therapy services to address their specific needs.

Caregivers across the three groups acknowledged that some children or families did not have access to the project, but not because of unfairness or discrimination. Rather, some children may have qualified for the services but simply did not know about them. Other times, parents knew about the services but were not willing or could not take their children to the centre to receive them because of distance, scheduling conflicts, or lack of motivation. FGD participants agreed that in general the services have met children's needs and families' needs, and in many cases far exceeded expectations.

However, some caregivers noted unmet needs, including:

- Speech therapy (which was available in 2023 but not 2024)
- A mini-kindergarten service for 4–5 hours (private is too expensive)<sup>16</sup>
- Specialised psychological services,
- Financial assistance with allergy medications and rent payments,
- Babysitting, life skills training, and other educational services.

FGDs with children aged 14–18 in all three locations revealed that the children found the comprehensive and multifaceted nature of the SOS CV Ukraine support very beneficial. Areas highlighted by participants were psychological help and food and medical assistance. However, children expressed the concern that not all families who need support are aware of the services, indicating a potential area for improvement in identification, communication, and outreach. For their suggestions on how to improve communication and information sharing, please see the communication section.

The FGDs with younger children aged 9–13 also confirmed that the SOS CV Ukraine activities were helpful, with children in all areas agreeing that they learned from the activities and made new friends. Children described being very shy and reluctant to participate when they first started activities at the centre. But over time, as they made friends and learned new skills like art and knitting, they began to enjoy their participation. Some said the classes made them feel better. One girl from Chernivtsi who was sad, withdrawn, and overwhelmed in the beginning feels that life is meaningful now that she has made friends.

The following quotes from young children who attended activities at the centre illustrate their experiences:

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*“Thanks to the emotion-management training, I learned to control my emotions and not let them out when it's unnecessary.”*

*“I learned how to paint fluid art, and I really enjoyed it.”*

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<sup>16</sup> The proposed activity is not currently within the scope of SOS’s work. However, it presents an opportunity to either consider these identified needs in future planning or to share them with other actors who can provide the necessary support.

**EQ:2 To what extent did the project interventions respond to the needs and priorities of the project participants? (CHS2)**

**Findings: The evaluation found that the project responded and adapted very well to the evolving needs and priorities of project participants over time.**

Survey findings indicated that while there were mixed opinions regarding the consistency of conducting needs assessments, the majority of participants suggested that the interventions responded to the needs and priorities, thus achieving Outcome 1 and Output 1 One child noted,

*"The team works at 100%, maximally involves children."*

The table below summarizes caregiver responses regarding whether the interventions met their needs:

Table 7. Caregiver Responses Regarding Whether Interventions Met Needs

Service	Did Not Meet Needs	Somewhat Met Needs	Completely Met Needs
Case Management		11.5%	88.5%
MHPSS	1%	4%	95%
Health		7%	93%
Food		16%	84%
Shelter and NFI	1%	11%	88%
Cash		10%	90%
CFS		6%	94%

Among the participants indicating that interventions had somewhat met their needs, the reasons given were as follows:

- The food assistance was temporary and therefore not adequate. However, it is worth mentioning that this type of assistance is designed for emergency situations and, therefore, cannot be provided on a continuous basis. This suggests the need to communicate more clearly to participants that the purpose of the assistance is to provide emergency relief, rather than ongoing support.
- Assistance for children was focused on entertainment more than education.
- The children's centre could look more cheerful.
- A pregnant woman cited inadequate funds for the provision of a stroller.

The FGDs with caregivers confirmed that SOS CV Ukraine activities met families' needs for necessities and the needs of many children for safety, socialisation, play, artistic expression, support, and more.

- Participants from Zakarpattia highlighted that many of the activities were age-appropriate, such as for younger children or teenagers. They also expressed that psychological needs were met for the project as well as needs for developmental support.
- Participants from Frankivsk noted that activities provided opportunities for social interaction and for practicing communication, which was particularly helpful for shy children. In addition, allowing children to conduct workshops was very empowering, and the psychological services helped children cope with their fears and adapt to new environments. Participants from Frankivsk especially praised the quality of the staff and recognised that children from all over the city looked forward to attending the activities.
- Participants from Chernivtsi spotlighted the engaging formats of activities, such as game-based classes and mastermind activities and the use of therapy animals such as dogs and horses. They also called out the educational support and language classes as being helpful for children who were IDPs and art and Lego activities for encouraging children’s creativity as well as collaboration between children.

The table below summarises some additional comments by caregivers FGD participants

Table 8. Summary of Caregiver FGD Perceptions of the Project

<b>FGD Group</b>	<b>Barriers</b>	<b>Most Helpful Aspects of the Project</b>	<b>Suggestions for Improvement</b>
<b>Zakarpattia</b>	-Participants mentioned travel distances as being a barrier to participation -Scheduling conflicts were also a barrier	-Psychological support with clear guidance from psychologists and actionable steps to take with children, including children who have emotionally shut down, which helped to reduce worry about children’s well-being -Developmental support and speech therapy -Provision of laptops was highly beneficial	-Extend the services for an additional six months, especially psychological services. Provide ongoing speech therapy -Introduce more programming for middle-school students
<b>Ivano-Frankivsk</b>	-Participants also mentioned travel distance. The location on the other side of the city poses a logistical challenge, making it difficult for	-Psychological and emotional support, especially for those who went through trauma -Accommodation of special requests, such	Establish a mini-kindergarten as mentioned above, this is currently outside

	<p>students to access the centre regularly.</p> <p>-Limited Registration Capacity: limited number of registration spots available, which does not meet the high demand from potential participants.</p>	<p>as for blankets and medical supplies was highly appreciated</p>	<p>the scope of SOS's work).</p>
<b>Chernivtsi</b>	<p>-Scheduling conflicts</p> <p>-Lack of awareness of classes</p> <p>-Eligibility issues</p>	<p>-Developmental support and speech therapy</p> <p>-Medication and vitamins</p> <p>-Crisis management classes for parents</p> <p>-Unique interventions like equine therapy helped children with speech and other developmental delays</p>	<p>-Establish a kindergarten in the centre</p> <p>-Establish projects to help mothers relax, encourage children to attend school, and support infants</p>

Participants from the three groups mentioned acquiring a range of beneficial skills through the activities. In Zakarpattia, parents said they learned about better behaviour management for their children, including actionable steps they could take with children who are less socially engaged or need additional emotional support. In Ivano-Frankivsk, parents mentioned acquiring skills in play techniques, boundary setting, crisis response, and task-based problem-solving. Meanwhile, parents in Chernivtsi described learning how to interact more effectively with their children, including accepting their individuality and handling conflicts constructively.

FGDs with the younger children revealed that staff were effective in bringing quiet and scared children out of their shells, which seemed to relieve their distress. This is discussed in more depth in the previous section under EQ1.

The KIIs confirmed the above findings that the SOS CV Ukraine project largely met people’s needs in the three locations. At the regional level, SOS CV Ukraine staff recognised that the SOS CV Ukraine project in Ukraine adapted significantly to the changing needs of the population. For example, the MHPSS services started slowly but became increasingly relevant.

From the local authorities’ perspective, the SOS CV Ukraine project addressed needs that the state and other entities had been unable to address. SOS CV Ukraine responded to these needs in an effective and timely manner.

- **Ivano-Frankivsk:**

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*“I can only say a huge thank you to such an organisation as SOS CV Ukraine because they supported people...and helped them. I saw this help and I saw how it was carried out. It was very much needed and very timely. Everything that the state and we could not do, they provided. We sent people there with help for children, dishes, a baby carriage, and blankets.”*

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- **Chernivtsi:**

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*“The sensory room is just incredible. Children from Chernivtsi come there and work with psychologists and social workers, and we could not have bought this with our own money.”*

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KIIs also indicated several areas of unmet need. A local staff member put it, expressed that while the needs vary greatly, from housing to personal items, the team has made extensive efforts to meet these demands as much as possible. Some of the specific areas noted by the KIIs are listed below. Many of these needs, understandably, fall outside the scope of the project but are included here for reference.

- New housing
- Expensive household appliances (This was mentioned as a need, but specific items were not identified.)
- Legal services (referrals were made to partner organisations “Right to Protection”)
- More food and hygiene items
- More cash assistance

The evaluation concludes that the SOS CV Ukraine project was largely effective in responding to the needs and priorities of the project participants, fulfilling the expectations of CHS 2. The project’s adaptability and comprehensive support services were particularly noteworthy, though future interventions could benefit from enhanced outreach and expanded service offerings to address identified gaps

## 2. Effectiveness

[To what extent have the intervention’s objectives been achieved?](#)

**EQ3. To what extent were the overall objective, the outcomes and outputs of the project achieved? (CHS3)**

**Findings: According to the information reviewed during the evaluation, the project met or exceeded all targets for project outcomes and outputs.**

SOS CV Ukraine staff at all levels confirmed that the project successfully achieved its targets in terms of outcomes, outputs, and indicators. A local KI confirmed that all targets were met, as evidenced by the project logframe. Local staff reiterated that the project not only achieved its goals but also quickly gained recognition among local populations. Two staff members expressed pride in their teams' ability to keep families together and find suitable substitute families, ensuring that no children under their care ended up in state orphanages.

In addition to meeting its targets, the project also exceeded expectations in several areas. For instance, it reached more people than originally anticipated, according to a regional KI, and surpassed targets in the case management area. In some instances, targets were adjusted based on situational realities, such as the lower-than-expected number of injured children in the target locations. This flexibility demonstrates the project's ability to adapt and redirect resources to other areas of need, thereby maintaining its relevance and effectiveness.

To ensure the achievement of project outcomes, a local KI stated that SOS CV Ukraine staff continuously tracked outcome and output indicators. Data was collected from adult and child participants through both paper and electronic questionnaires, with specific forms maintained for each case. The process consistently included obtaining consent from parents and children before collecting personal data or taking photographs.

Beyond the numbers, the project had a significant impact on the lives of its participants, as evidenced by specific cases shared by local staff:

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*“Mothers of children also became our partners. As an example, we conducted comprehensive work for an IDP mother, her child attended various activities for teenagers, and this mother wanted to do volunteer work and held a master class on making eco-leather earrings with us. The master class caused a huge stir among other mothers, and this prompted this mother to think about entrepreneurial activity. She attended entrepreneurship courses and opened her own business.”*

*“This is a 6-year-old girl from the Luhansk region, who was supposed to go to the 1st grade, but had a great attachment to her mother. Therefore, the mother turned to the centre and the girl also received comprehensive help from a social pedagogue and a psychologist. The girl received the services of sand therapy, as well as preparation for school, was able to let go of her mother and began to communicate with her peers.”*

*“We also helped parents. For example, we worked with the anxiety of one mother who received a concussion in Irpin, a rocket hit her house. The mother*

*had a huge distrust of all charitable organisations. We provided this family with case management services. First, we worked with the mother's anxiety, then the child felt more calm with the mother, then we added courses for the child to the case support - she started attending IT, English, and we also helped the child with glasses. We were able to close the case and restore faith in people and charities.”*

*“We provided case management assistance to a family of an IDP, whose family member (a military serviceman) went missing. This family had nothing at all. We called this family and provided textiles for basic needs. We tried to buy this family not only food, but also products that can bring joy to children, like fruit purees. We carried out the work of specialists, the family needed the services of a speech therapist, a defectologist, and these specialists are not in the city at all. It was a breath of fresh air for the mother from this family. Thanks to the project, she found people with such problems and found strength in herself and realised that she can cope with everything in life.”*

**EQ4. To what extent are project participants satisfied with the project interventions? (CHS2)**

**Findings: Survey and FGD data indicated that participants were overwhelmingly satisfied with services received through the project, especially MHPSS, health services, and CFS services. Improvements in social cohesion were cited as one of the most important benefits of CFS participation.**

Survey data shed light on the effectiveness of the provided assistance as viewed by project participants. In the survey, both children and adults reported high levels of satisfaction with interventions across areas, which, in turn, suggested high levels of effectiveness.

Table 9. Survey Responses Regarding Satisfaction with Services

<b>Service</b>	<b>Children (% Satisfied)</b>	<b>Adults (% Satisfied)</b>
<b>Case Management</b>	91%	89%
<b>MHPSS</b>	100%	96%
<b>Health</b>	88%	100%
<b>CFS</b>	97%	100%
<b>Food</b>	n/a	95%
<b>Shelter and NFI</b>	n/a	94%
<b>Cash</b>	n/a	92%

The results from the children’s survey provided more detail about how the interventions improved young people’s lives. Out of the 30 children surveyed, 100% of the children responded yes to the question, “Do you think that participating in SOS CV Ukraine activities have made things better for you?” In response to the follow-up question, “Do you think these results will last a long time?” 90% of children answered “yes.”

In addition, 97% of the children reported that as a result of the activities, they felt psychologically better. The children noted which areas of their lives had been most positively affected by the activities; results are shown in the table below.

Table 10. Areas of Children’s Well-Being Most Affected by SOS CV Ukraine Activities

Area	Number of Children (out of 30) Mentioning Area
<b>Social Relationships</b>	29
<b>Mental Health</b>	26
<b>Safety and Security</b>	23
<b>Academic Success</b>	16
<b>Physical Health</b>	13
<b>Enhanced Social Interaction with Classmates at School</b>	6
<b>Other</b>	2

The “Other” category included the following responses:

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*“I became better at English and because of this project, I enjoyed going to English classes at school because I knew I would get good grades” and “I was non-tactile, now I like to hug, before I really didn't like it.”*

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Overall, SOS CV Ukraine activities had the most positive effects on children’s social relationships and mental health. These findings suggest that the provision of a supportive, inclusive environment was key to the SOS CV Ukraine activities’ success in fostering resilience in participants and strengthening their social connections. These results align with CHS 3, which emphasises that participants should become more psychologically resilient to crises as a result of interventions. Children's responses to the survey highlight how the support they received helped them overcome social barriers and become more engaged with their peers. One child shared,

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*“There was a situation at school where no one talked to me, and I was lonely, like all IDP children. After participating in the project’s activities, which encouraged me to interact more with others and build my confidence, I became more open, and my classmates started talking to me.”*

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Another child reflected on their journey, stating,

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*"At first, I was afraid of people and hesitant to make new acquaintances or have conversations. However, through the guidance and encouragement provided by the project, I gradually overcame these fears, and now it's no longer a problem for me to engage with others."*

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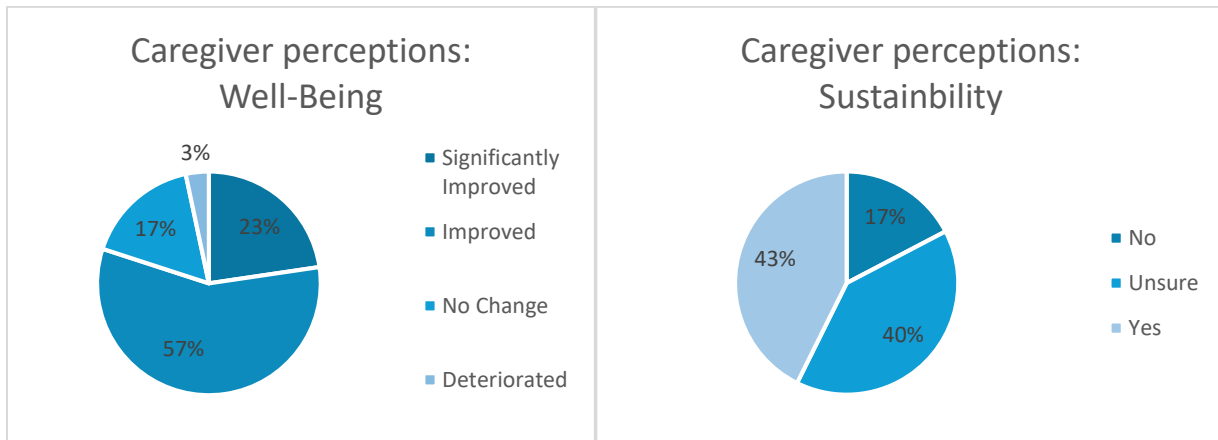
Similarly, the caregivers' survey reflects the broader impact of the project services on family well-being. According to the caregivers' survey, the majority of caregivers (80%) expressed that after participating in the SOS CV Ukraine project, their well-being had either significantly improved or improved. The project helped families feel more stable and secure, improving both their financial conditions and ameliorating psychological burdens on their children. Some positive examples of improvement that respondents highlighted were as follows:

- One caregiver noted that the assistance helped her child "recover" emotionally after the death of his father in the war, providing crucial psychological support and a safe space for healing.
- Another mentioned that the project's activities enabled their child to build new friendships, which enhanced their social well-being and happiness.
- One respondent said, *"Can you imagine, when there was no electricity, they brought us a generator. This support has been invaluable and continues to help us to this day, providing stability and peace of mind during challenging times."*

Table 11. Areas of Caregivers' Well-Being Most Affected by SOS CV Ukraine Activities

Area	Number of Caregivers (out of 150) Mentioning Area
<b>Social Relationships</b>	81
<b>Financial Stability</b>	76
<b>Mental Health</b>	67
<b>Safety and Security</b>	37
<b>Physical Health</b>	31

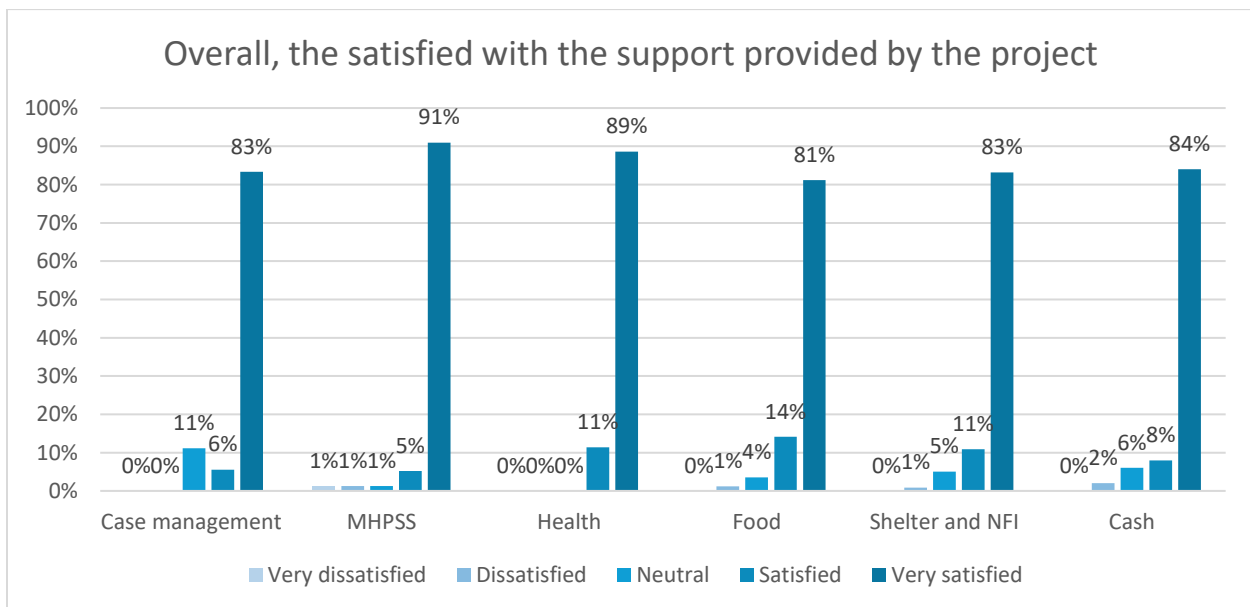
Figure 9. Caregiver Perceptions of Well-Being Changes and Their Sustainability



As indicated by the figure on the above right, some respondents believe that the benefits will have lasting effects, especially regarding the stability and well-being of their children. However, a small percentage (3%) of respondents reported that their well-being had deteriorated since participating in the project. These individuals attributed this to ongoing financial hardship, including difficulty affording basic needs due to insufficient income and high living costs. While they appreciated the assistance provided, they felt that its one-time nature and limited scope did not significantly improve their circumstances. These respondents recognized the project's potential but emphasised the need for more consistent and sustained support to achieve a lasting impact.

Overall, the responses reflect a mix of gratitude for the assistance and scepticism about its long-term impact, primarily due to external factors such as the ongoing war and economic instability.

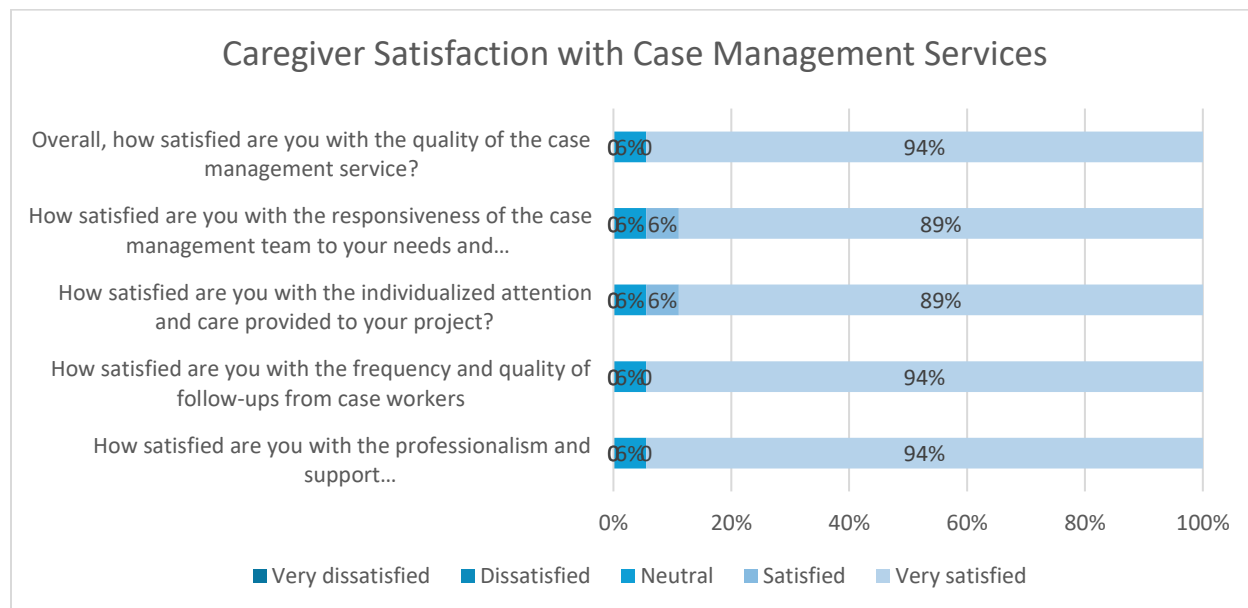
Figure 10. Caregiver Satisfaction with all services



As shown in the figure above<sup>17</sup>, the caregiver survey results indicated that the majority of respondents were very satisfied with the services provided by SOS CV Ukraine.

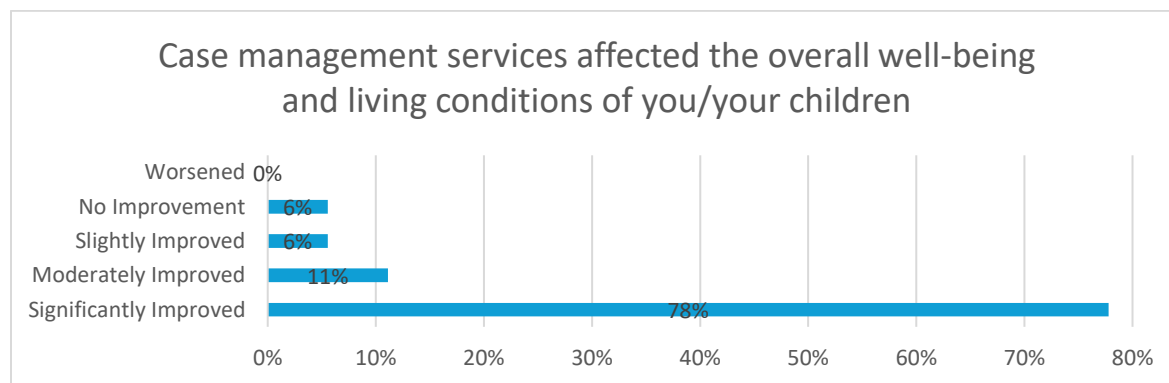
**Case Management:** The majority of caregiver respondents were very satisfied with all aspects of their experience, especially the professionalism of case managers and the frequency and quality of their follow-up.

Figure 11. Caregiver Satisfaction with Case Management Services



Most caregivers also expressed that the case management services had improved the well-being of their children.

Figure 12. Caregiver Perceptions of Case Management Effects on Children’s Well-Being



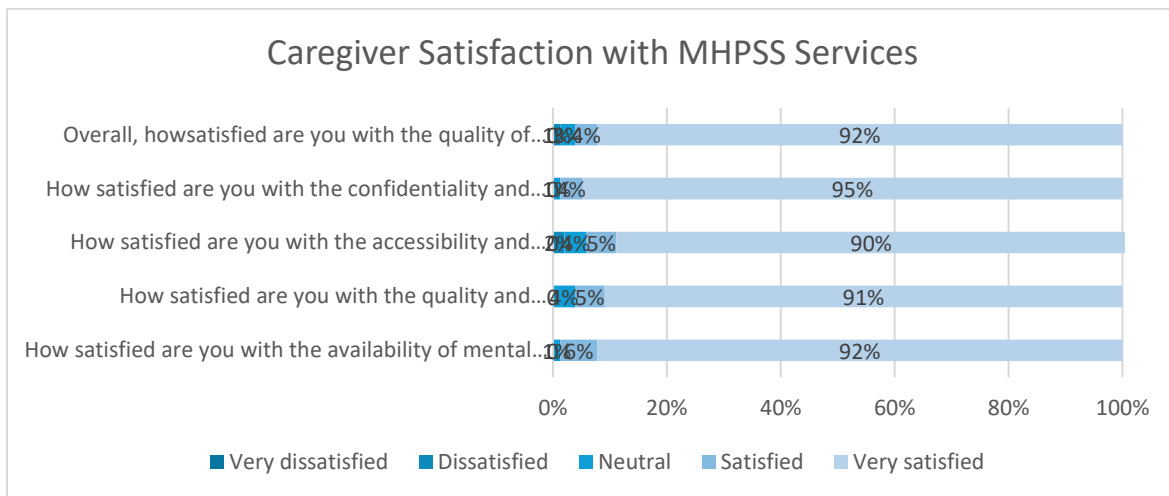
<sup>17</sup> It should be noted that the analysis of satisfaction levels for various services is based on the proportion of respondents specific to each service type (% of row total). For instance, if a service has a smaller group of beneficiaries, the satisfaction rate is calculated based on the responses from that group alone. As a result, differences may be observed when comparing the overall satisfaction rate with the satisfaction rates at the activity level.

**MHPSS:** Most respondents were very satisfied with MHPSS services, particularly the confidentiality, quality, and availability of services. On a positive note, one caregiver respondent noted that

*“The speech therapist is a very good specialist, the children began to speak better, and now their peers understand them.”*

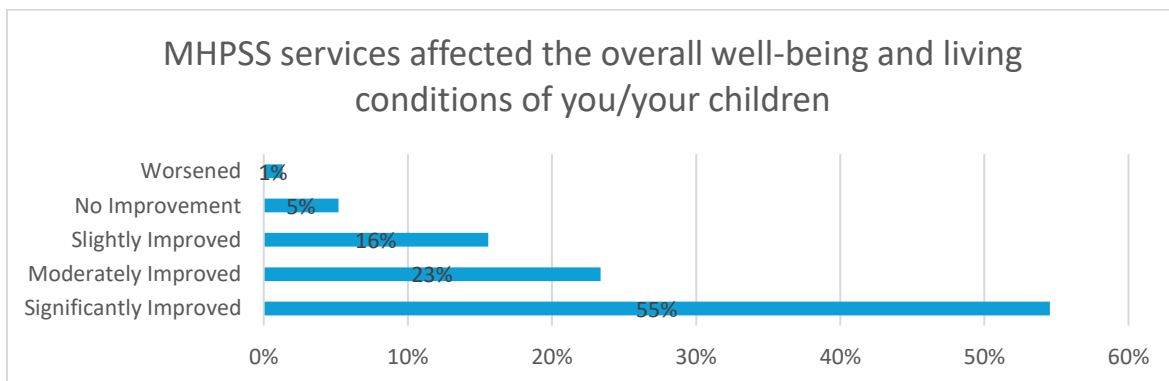
However, regarding availability, a few respondents did note that it was sometimes difficult to get an appointment with a psychologist and that it was necessary to make an appointment a week or more in advance.

Figure 13. Caregiver Satisfaction with MHPSS Services



As indicated by the figure below, a majority of caregivers also expressed that the MHPSS services had improved the well-being of their children, helping them to become more energetic, cheerful, happy, and communicative. Several respondents answered that there were only a few meetings, but they were still helpful. However, some expressed dissatisfaction with the psychologist citing that his approach was perceived as overly stern. One respondent noted that the services were offered too far from where they were staying.

Figure 14. Caregiver Perceptions of MHPSS Effects on Children’s Well-Being



**Health:** Most respondents were completely satisfied with health services, highlighting the effectiveness, quality, and confidentiality of services. Caregivers also indicated that they received vitamins and medicines for their children, which helped considerably. They also indicated receiving medical equipment such as a blood pressure monitor, eyeglasses for their children, and a first aid kit. However, several caregiver respondents expressed that the one-time assistance was only minimally helpful. One respondent expressed that there were too few sessions with a speech therapist, but they could not go anymore because it was too difficult to get there because of distance or scheduling difficulties. Thus, they sought private help. Other respondents suggested that more speech therapists and psychologists were needed.

Figure 15. Caregiver Satisfaction with Health Services

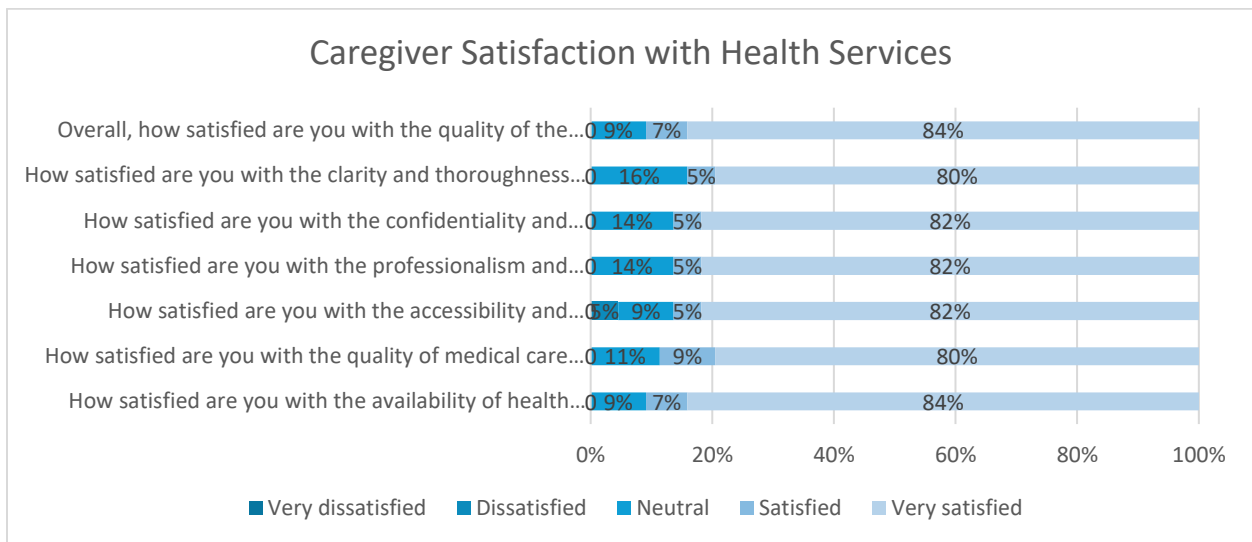
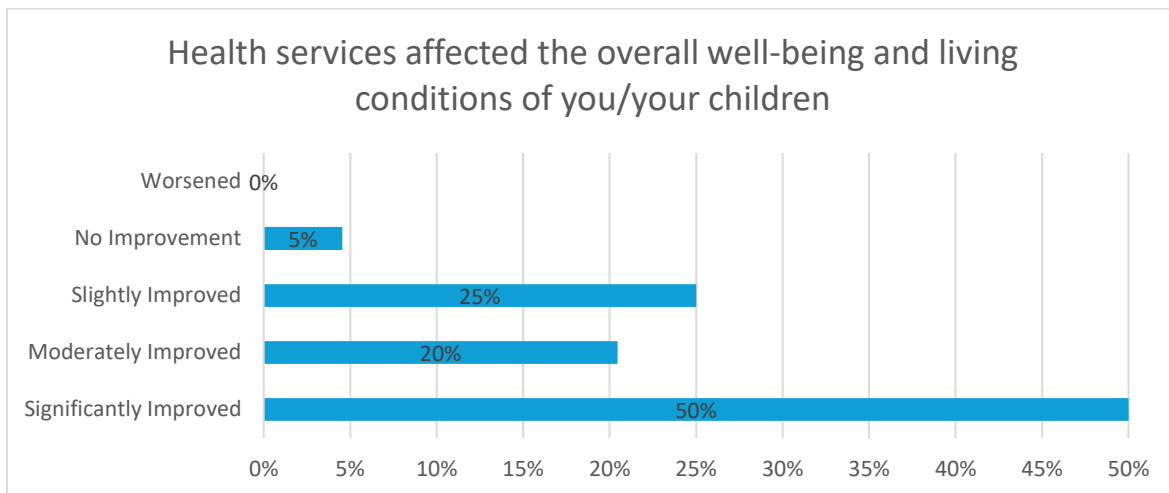


Figure 16. Caregiver Perceptions of Health Service Effects on Children's Well-Being



**Food:** Most respondents were satisfied with the quantity and quality of food services and that their nutrition had improved as a result of the food assistance:

*“We received the basic products we needed for everyday life.”*

Two respondents expressed that the SOS CV Ukraine food aid was much better than food aid from other organisations.

Figure 17. Caregiver Satisfaction with Food Assistance

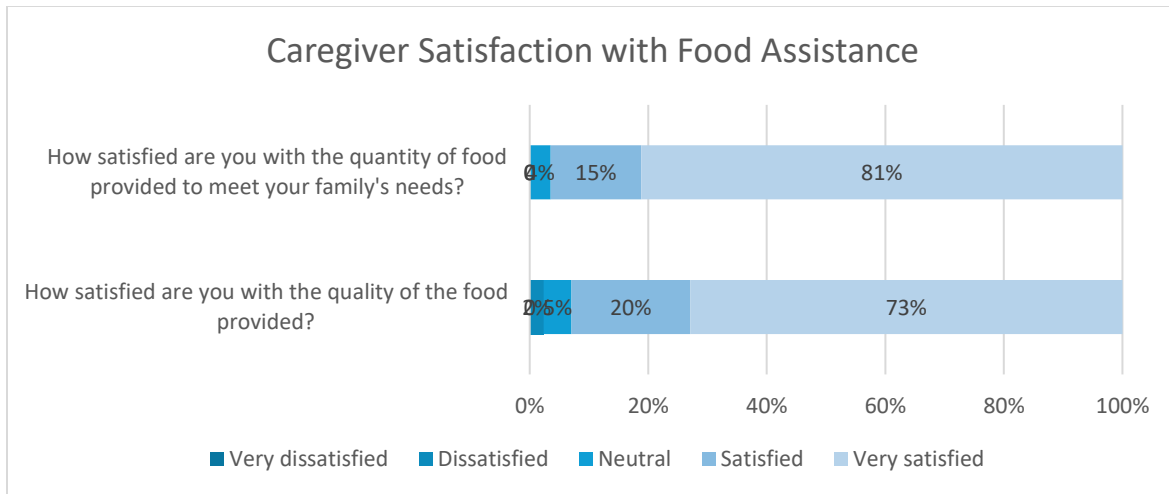
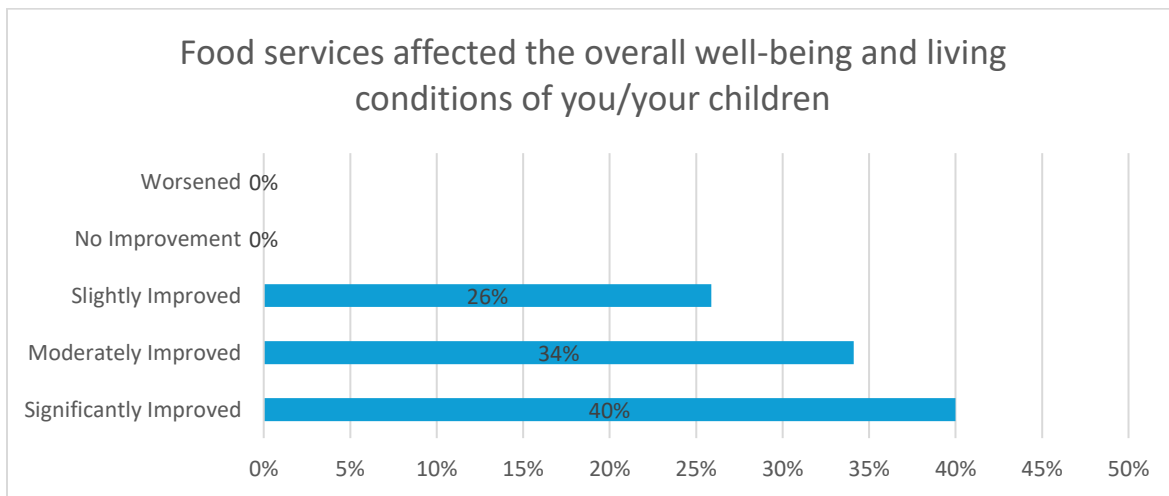


Figure 18. Caregiver Perceptions of Food Service Effects on Children’s Well-Being



**Shelter and NFI:** Respondents indicated that they received NFI items such as clothes and stationery for school, household cleaning supplies, and other household items. This helped them financially and allowed them to live more comfortably. Most respondents expressed satisfaction with the quantity and quality of NFI services.

However, a few caregiver respondents indicated that the quantity of NFI services was insufficient.

- Several noted that the assistance was one-time and, therefore, insufficient to meet their ongoing needs.
- one respondent mentioned receiving only a bed set and hygiene items, which did not fully address their family’s needs.
- Another indicated not receiving assistance with shelter (this may have been outside the scope of the SOS CV Ukraine project, as many participants expressed frustration with their lack of permanent housing).
- One respondent mentioned ***"I was dissatisfied because we could have been given more help, since my husband is a soldier."***

(This indicates a possible lack of awareness regarding the selection criteria, as previously mentioned under the 'Relevance' section).

Figure 19. Caregiver Satisfaction with Shelter and NFI

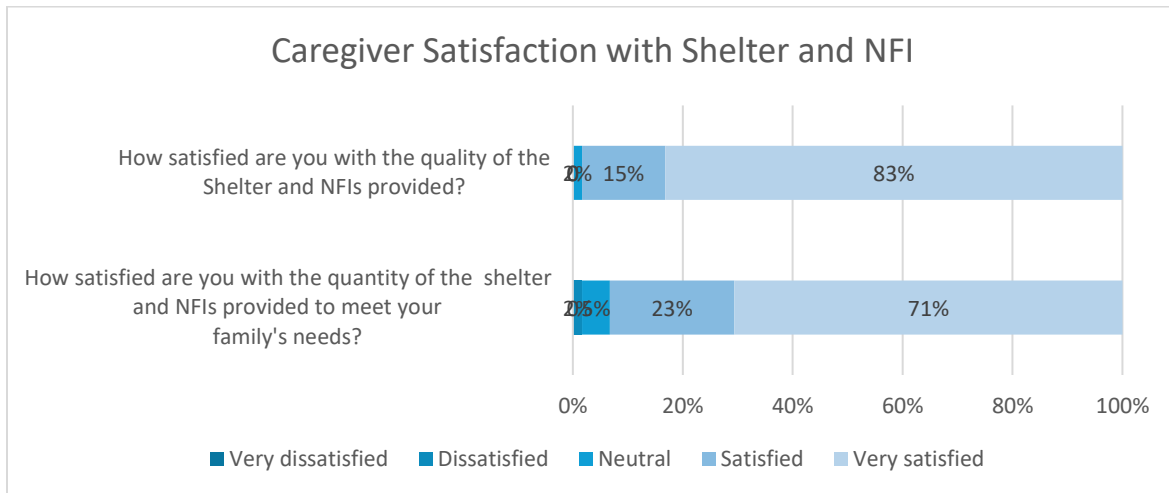
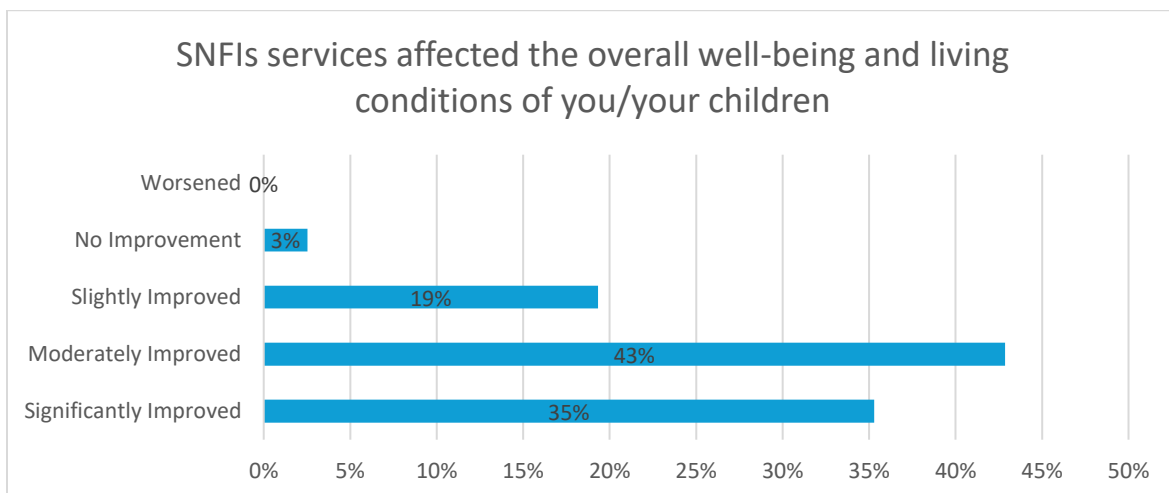


Figure 20. Caregiver Perceptions of NFI and Shelter Effects on Children’s Well-Being



**Cash:** All respondents were satisfied with the amount of cash provided. It helped to reduce their financial burdens, and it gave them the flexibility to buy everything they needed for their children and homes. Recipients of the Multi-Purpose Cash Assistance (MPCA) program reported receiving cash assistance for three months, while those who received conditional cash assistance received it as a one-time payment. Although the assistance was beneficial, some respondents felt that the amount of cash was still insufficient to cover all their needs. One recipient of the conditional cash support expressed,

***"The cash aid was a one-time and small amount, which wasn't enough to meet all my family needs, but we are very happy about it."***

Three respondents indicated being able to pay for housing but not having enough money for other basic needs. Another respondent said,

***"There was a great lack of clothes for the child, we bought and still buy everything second-hand."***

Figure 21. Caregiver Satisfaction with Cash Assistance

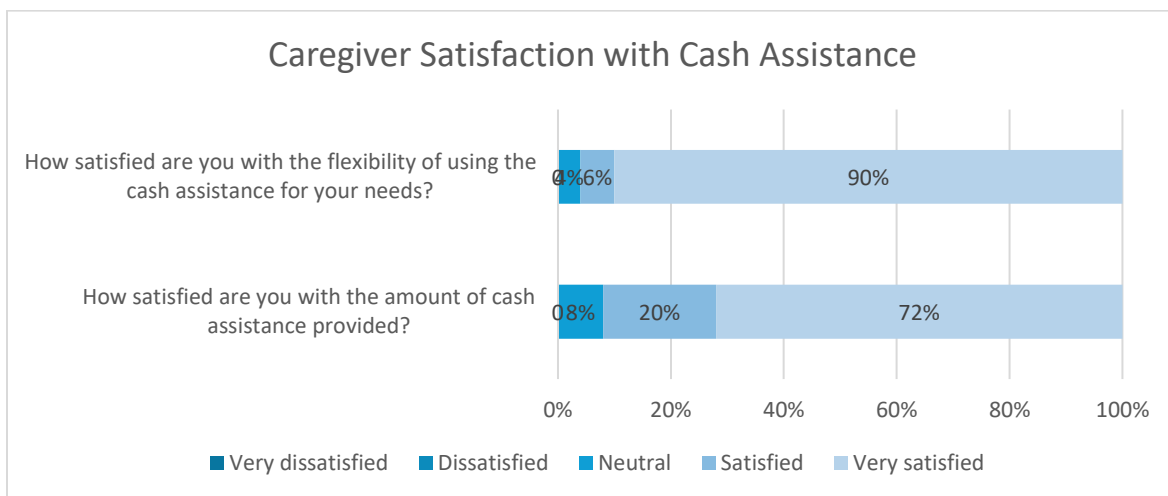
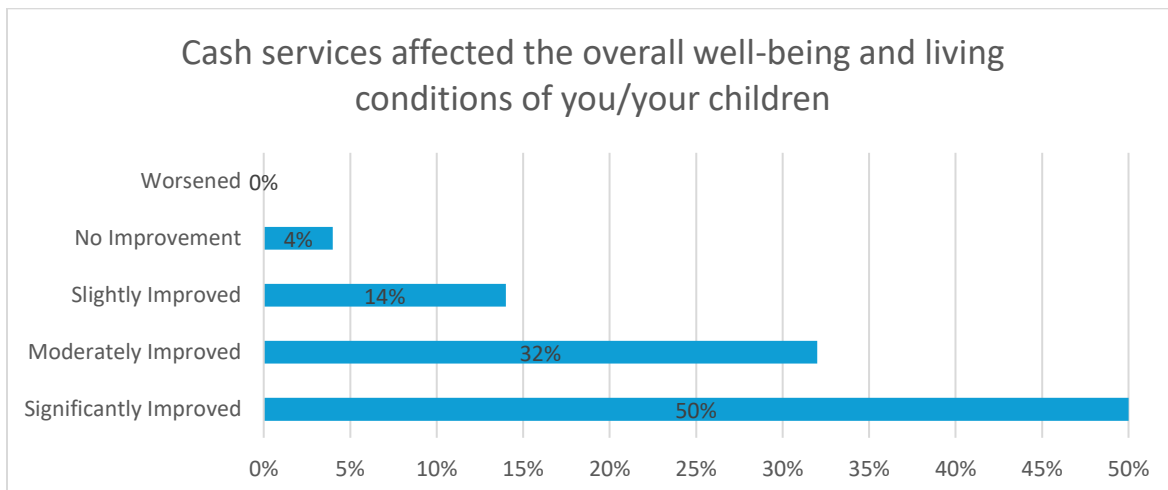


Figure 22. Caregiver Perceptions of Cash Service Effects on Children’s Well-Being



**CFS:** Most respondents were very satisfied with CFS services, highlighting service effectiveness, quality, safety, and confidentiality. Respondents indicated that their children enjoyed themselves and their emotional states improved. They also noted that the teachers were very polite and sincere. One respondent stated that the services *“helped their child to improve his emotional state after the death of his father, and he found new friends.”*

Another respondent expressed that their child:

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*“Started to feel at home because he communicated with other IDP children who were similar to him.”*

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Regarding the accessibility of CFS services, a few respondents expressed being far from the place and difficult to reach.

Figure 23. Caregiver Satisfaction with CFS Services

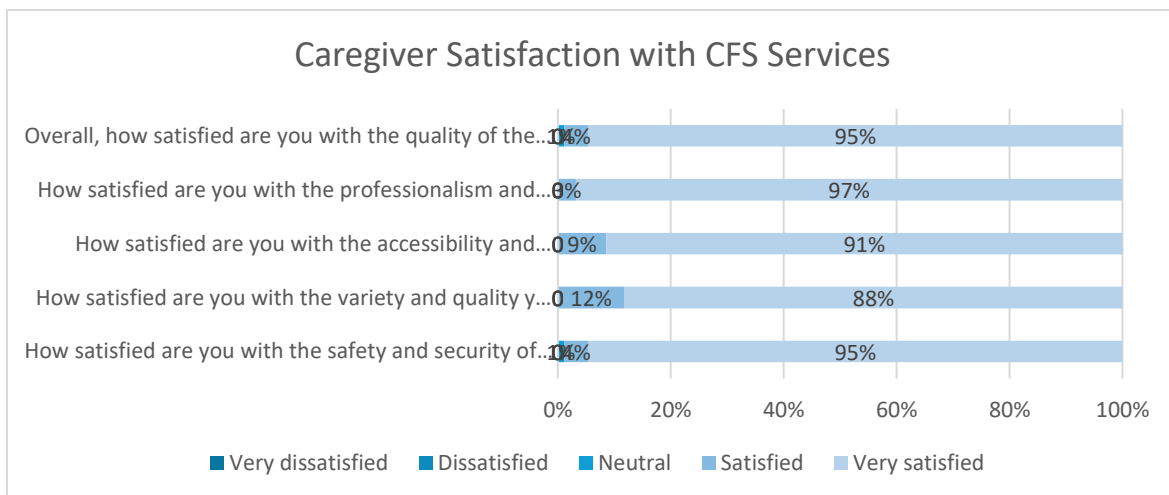
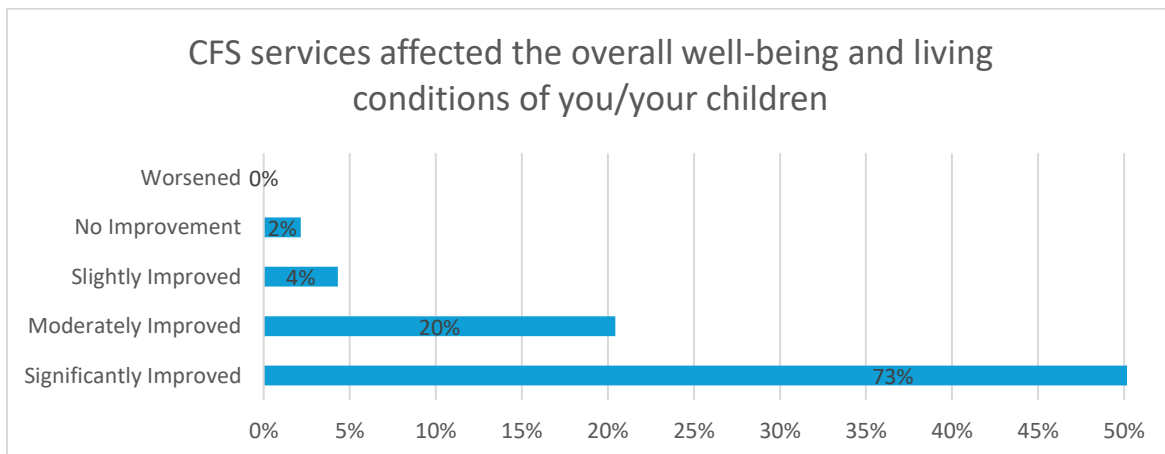


Figure 24. Caregiver Perceptions of CFS Effects on Children’s Well-Being



Respondents did list some suggestions for how SOS CV Ukraine might enhance the effectiveness of the CFS interventions. These were as follows:

- Three respondents suggested longer-term assistance to ensure a more sustainable impact.
- Three respondents suggested more activities for teenagers: English and other language classes, summer camps, excursions, movies, IT school, and self-defence courses. Regarding the Self-defence courses, The NSDation Child Protection and Education Specialist recommends that the SOS team investigate the reasons behind the requests for self-defence courses, even though these fall outside the project's scope, as they may indicate underlying fears and concerns among the children. Understanding these issues can help address unmet needs by either introducing new services through SOS or referring the children to other organizations that provide this type of support, ensuring that the children are effectively supported and protected.
- Offer drawing, dancing, and gymnastics, more educational activities and sports for children, and more activities for boys.
- Offer more tailored activities for mothers with small children.
- Offer kindergarten<sup>18</sup>. for children from 9 am to 4 pm.
- Offer family activities such as festivals.
- Offer more summer activities.
- Increase the frequency of visits/activities in Mukachevo.
- Expand to other districts and villages.

The caregiver FGDs confirmed that most parents perceived the SOS CV Ukraine project as highly effective in meeting basic needs and providing psychological support. In Ivano-Frankivsk, one FGD participant praised the comprehensive nature of support ranging from household products to food and other items. Some suggestions of services to add to improve overall project effectiveness were adding the following:

- Self-defence courses for girls
- Bullying prevention classes for parents
- Legal protection courses for parents
- Classes to help IDP children integrate more effectively with other children

The FGDs with children aged 14–18 confirmed the above findings that children perceived SOS CV Ukraine project as highly effective as a whole. The most useful activities across the three areas are shown in the table below.

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<sup>18</sup> The proposed activity is not currently within the scope of SOS's work. However, it presents an opportunity to either consider these identified needs in future planning or to share them with other actors who can provide the necessary support. This approach aligns with SOS's ultimate goal of ensuring children are supported and empowered

Table 12. Most Useful SOS CV Ukraine Activities as Reported by Older Teen FGD Participants

<b>FGD Group</b>	<b>Most Useful Activities or Aspects of Activities</b>	<b>Suggestions for Improvement</b>
<b>Zakarpattia</b>	<ul style="list-style-type: none"> <li>-Game library because it facilitated social connections</li> <li>-Educational events (e.g., lecture before Constitution Days)</li> <li>-Psychological support</li> </ul>	<ul style="list-style-type: none"> <li>-More folding beds to enhance participants' comfort</li> <li>-More foreign language courses (e.g., Slovak)</li> </ul>
<b>Ivano-Frankivsk</b>	<ul style="list-style-type: none"> <li>-Self-esteem activities</li> <li>-Sessions with psychologist</li> <li>-Sex education training</li> <li>-Leadership training</li> <li>-Needlework activities</li> <li>-Any activities that facilitated conversations and connections</li> </ul>	<ul style="list-style-type: none"> <li>-Excursions like trekking and travelling</li> <li>-Master classes in needlework and drawing</li> <li>-Repeating classes that filled up so that more children could attend</li> </ul>
<b>Chernivtsi</b>	<ul style="list-style-type: none"> <li>-Sports</li> <li>-Educational activities, especially language classes</li> <li>-Relaxation room</li> <li>-The variety of all the activities</li> <li>-The optional nature of the activities, so that children were not forced to attend</li> </ul>	<ul style="list-style-type: none"> <li>-More courses to improve psychological resilience</li> <li>-More sports</li> <li>-Access to computers for gaming activities</li> </ul>

Highlighted repeatedly by the children in all three locations was that the activities themselves were useful, but it was the social nature of the activities that had the most impact on their well-being. The activities facilitated social connections and friendships, which in turn led to personal growth and addressed the children's needs for companionship and social enrichment. One child in Ivano-Frankivsk described overcoming their fear of people and starting to communicate more, leading to a significant improvement in their social skills and confidence. Overall, there was general agreement among the children that the activities had allowed them to make new friends and cultivate a sense of belonging suggesting that the project fostered a sense of community among the children. However, in Ivano-Frankivsk, two FGD participants mentioned that they found certain sessions, such as the psychotype training (described as 'boring') and the Cashflow game (described as 'confusing'), to be less engaging.

FGDs with the younger children confirmed that children perceived the activities as effective. Most agreed that they learned things in the project, made friends, and generally felt better after joining. However, the young children were also honest about things they did not like. In one instance, some photos of the children were used publicly, and even though consent was obtained from their parents, the children expressed discomfort and felt that they should have been asked for permission directly which raises safeguarding concerns.

**EQ5. To what extent were project results achieved for participants from different vulnerable groups? Were there any barriers to achieving results for a particular group? (CHS4)**

**Findings:** The evaluation showed that some vulnerable groups, such as children with developmental disabilities, derived great benefits from the project. However, staffing shortages translated into long wait times to see specialists, which may have hindered some families' access to assistance.

Data from the child and caregiver surveys consistently supported the effectiveness of SOS CV Ukraine activities for children as a vulnerable group. Activities were carefully tailored to children's needs for inclusion, psychological safety, social support, educational opportunities, relaxation, and entertainment. In the children's survey, children agreed or strongly agreed that it was easy to use services.

Figure 25. Children's Perceptions Regarding Service Ease of Use

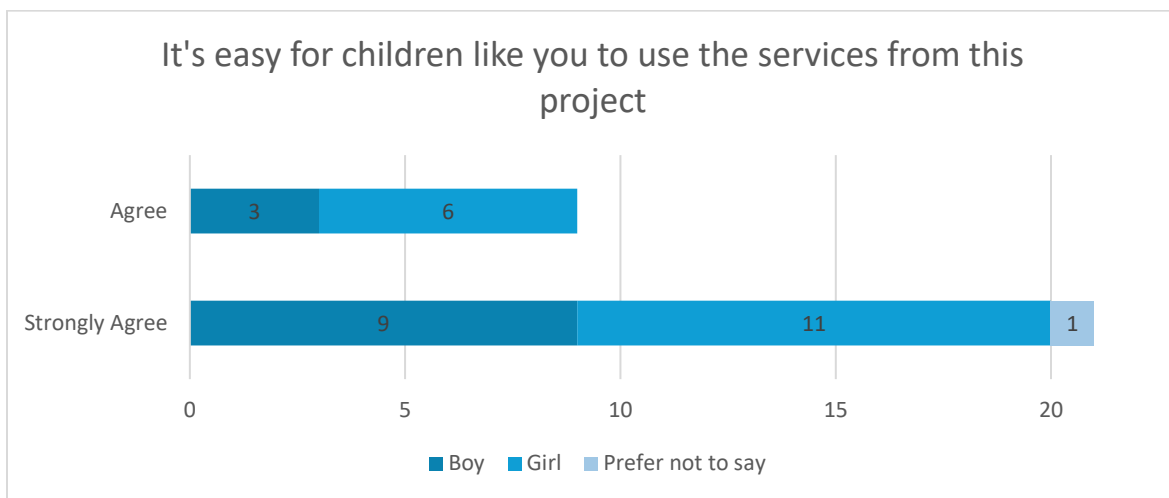
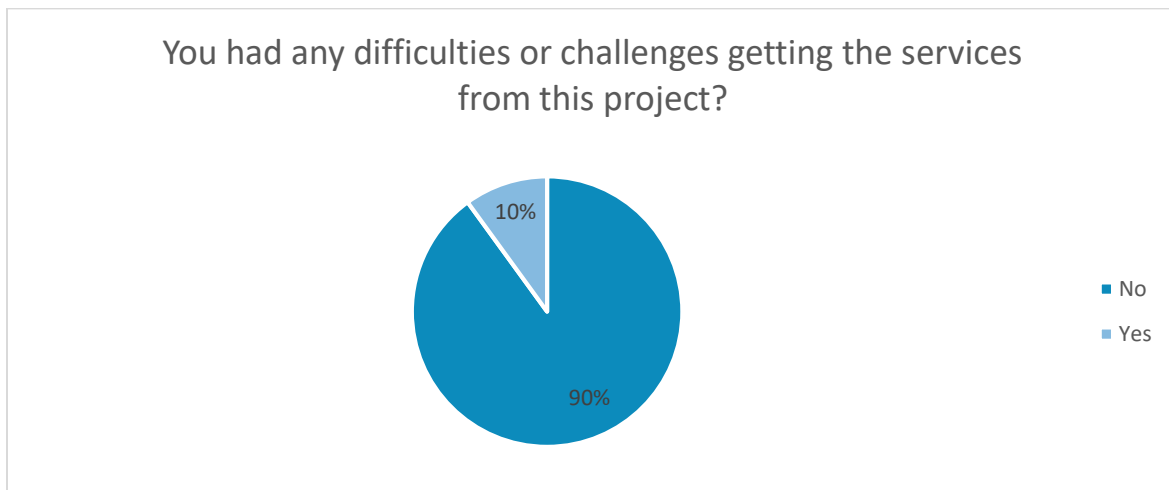


Figure 26. Children's Perceptions Regarding Access Difficulties



Related to the above question/figure, two respondents who answered that they faced difficulties were girls from Chernivtsi, and the difficulties they faced accessing services were distance related. Barriers that were mentioned in responses to other questions were long wait times for meeting with a psychologist and again, long distances to travel to attend appointments (e.g., with the speech therapist.) Caregiver responses to the question about how SOS CV Ukraine could make projects more effective highlighted opportunities for SOS CV Ukraine to tailor activities to specific sub-groups within the population of children, such as toddlers, boys, and teenagers. Considering that many respondents suggested more activities for teenagers among these responses, it is possible that the expanded project for teenagers represents an opportunity for SOS CV Ukraine to improve its services.

Regarding other vulnerable groups, as discussed in the Relevance section above, a caregiver survey finding suggested that people with disabilities may have had some unmet needs. Figure 6 showed that 45% of respondents with disabilities noted missed priority needs compared to 19% of those without disabilities. However, it is important to clarify that these unmet needs were general in nature and not specifically related to their disabilities. Similar needs, such as additional financial support and a request for a solar-powered generator, were also identified by respondents without disabilities, indicating that these needs are common across the broader population and not linked to their disability status.

The caregiver FGD results from Ivano-Frankivsk and Chernivtsi confirm that SOS CV Ukraine made efforts to target the most vulnerable populations, such as single mothers, pregnant women, IDPs (especially those with young children), families with foster children, and families in which the father was recently lost during service to the country. The caregivers did not observe any instances of discrimination, but did note that some people in these groups might have missed out because they did not know about the project. Other barriers that were mentioned were distance to the centre from potential participants' homes, scheduling conflicts, and limited space in the classes. The FGDs with the older children confirmed the above finding: Children suspected that people who needed services may have missed out because they were unaware of the SOS CV Ukraine services. In one of the older children's FGDs, children mentioned that those with disabilities needed more support. Younger children in the FGDs shared stories of being quiet and withdrawn before starting the SOS CV Ukraine project and learning to open up and make friends. This suggests that SOS CV Ukraine effectively reached and helped some of the most vulnerable children, as evidenced by their psychological distress.

The KIIs with local SOS CV Ukraine staff underscored how SOS CV Ukraine team members such as the psychologist, development specialists, and speech therapists helped address the needs of children with disabilities, who were one of the groups targeted by the project. One local KI provided the following example:

*“A 7-year-old boy from Kharkiv had elements of the autistic spectrum, entered the 1st grade, but due to the fact that he had memory problems, unexpressed social skills, poor language, he was returned from school to preschool education. At the mother's request, we provided comprehensive assistance: A speech therapist, a social pedagogue, and a psychologist worked with the boy, who also worked with the child's mother, and we conducted school preparation classes with him. The boy was able to increase his vocabulary, became self-confident, acquired social skills on how to behave with children, managed to increase concentration, also improved his body perception, stopped being afraid of people. The child and his mother returned to Kharkiv, and as his mother reported, the boy went to the 1st grade of school and successfully began his studies.”*

However, while the support provided was impactful, the Child Protection and Education Specialist on the NSDation evaluation team noted that this practice of returning the child to preschool education might be detrimental. It would have been more beneficial to integrate the child into the classroom with an Alternative Educational Plan and additional support, such as a shadow teacher, to ensure the child could thrive within the mainstream educational environment.

Besides the KIIs, other sources of evaluation evidence (surveys and FGDs) pointed to the effectiveness of the speech therapists and developmental specialists in particular for reaching especially vulnerable children, including those with developmental disabilities, speech and language disorders, and psychological trauma.

One group that may have missed out on needed services were families that lived far away from the centres in the three locations. These families had to travel long distances to attend projects, which sometimes prohibited their participation and made it difficult for them to receive tangible forms of aid. However, SOS CV Ukraine staff did the best they could with mobile teams to ensure that the tangible aid and other forms of assistance reached these families. One local SOS CV Ukraine staff KI noted, ***“It is a long distance to the office, some families have to travel three hours and it costs money, the beneficiaries told us, but we contacted the community leaders and met on their territory...It was necessary to take humanitarian aid, so food kits were divided into groups, it took longer time to bring food assistance, but it solved the problem.”***

National SOS CV Ukraine staff KIs mentioned another barrier that may have affected families and children receiving the aid they needed: Some people were simply more open than others to receiving assistance. Therefore, if a family had children with particular needs but they did not want help addressing them, there was little that SOS CV Ukraine staff could do under those circumstances. For example, one cluster KI pointed out that many children with disabilities are not recognised as such by their parents. Thus, they do not receive services. KIs also mentioned that some of the centres were not wheelchair accessible for children with disabilities or injuries, which may have hindered their participation in activities.

### 3. Efficiency

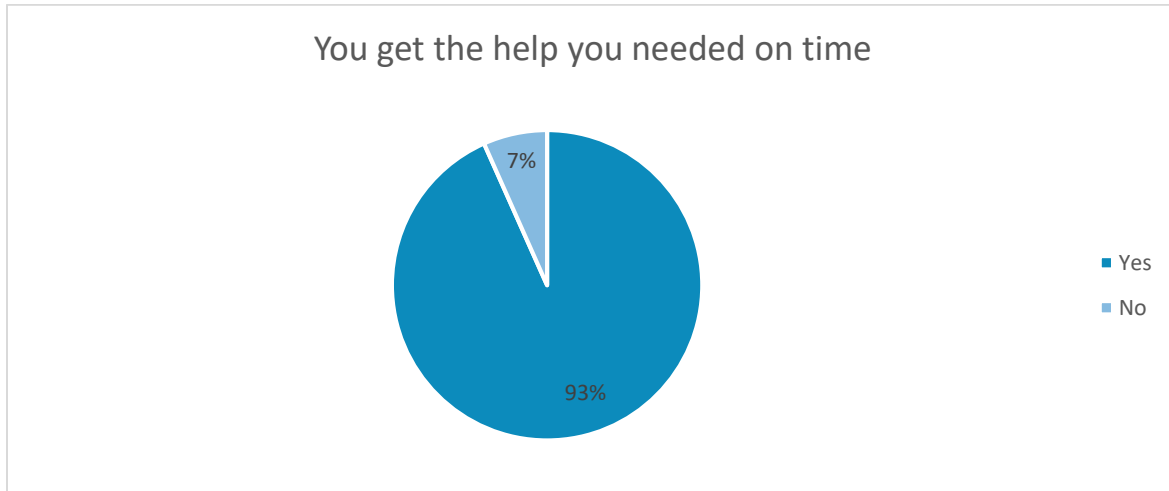
#### How economic resources/inputs (funds, time, etc.) are converted to results

**EQ6. Was assistance delivered in a timely manner to be of use to project participants? (CHS2)**

**Findings: Most sources of data in the evaluation suggested that assistance was provided in a timely manner. However, case management services were perceived as less timely compared to other services, with some participants reporting waits of up to two months for cash and food assistance.**

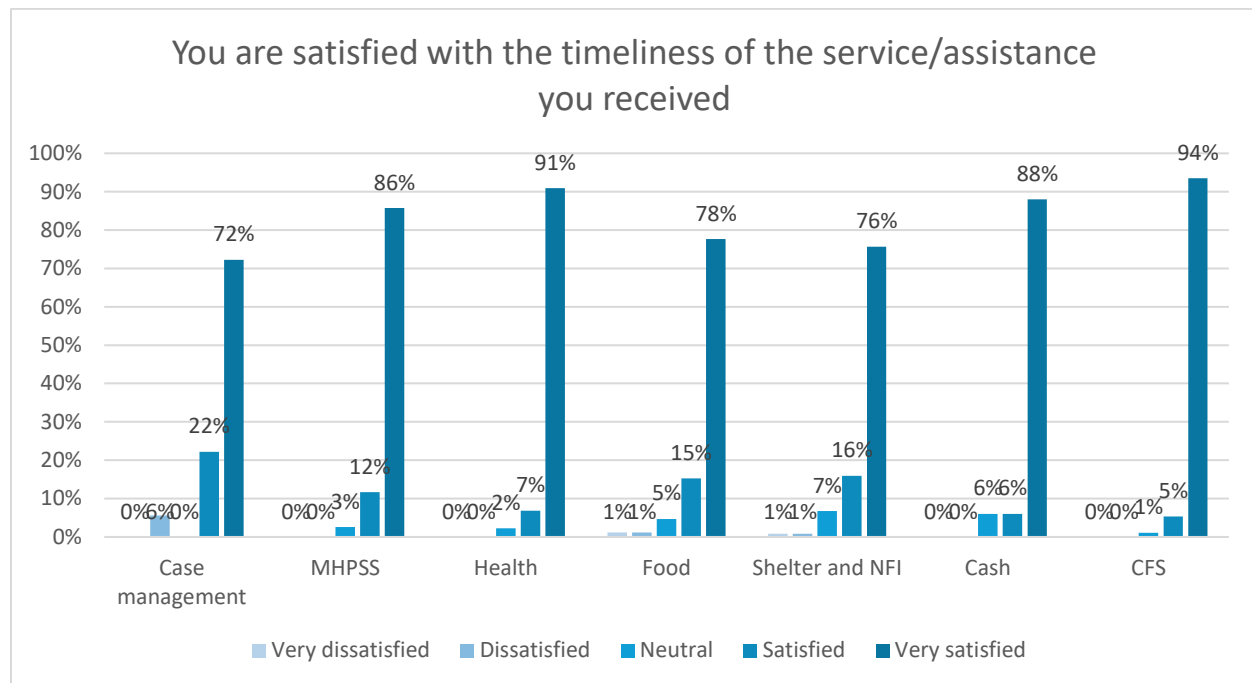
Based on the child survey results, nearly all children perceived the assistance as timely. However, 7% reported delays in case management, and in some instances, food and cash assistance were also delayed.

Figure 27. Children’s Perceptions of Timeliness of Support



The results from the caregiver survey provided more detail. As shown in the figure below, the majority of respondents perceived all services as timely, with some variation across services. In general, health and CFS services were perceived as most timely, whereas case management services were perceived as least timely. Notably, 6% of respondents reported being dissatisfied with the timeliness of case management services— this was the only service category in which the percentage of respondents who were dissatisfied was higher than 1%. In addition, in the comments for the timeliness question, five respondents indicated waiting more than two months to receive assistance, specifically food and cash assistance.

Figure 28. Caregiver’s Perceptions of Timeliness of Support



The caregiver FGDs confirmed the above results that SOS CV Ukraine provided most services in a timely manner. In Ivano-Frankivsk, participants indicated that all services were timely. The participants in Chernivtsi reported that services were timely and well organised. For example, important medications were provided almost immediately. In Zakarpattia, participants provided more detailed information about wait times for services:

- Psychological services: 2–3 days
- NFI kits: Within 2 weeks
- Diapers and other supplies: immediately after registration

The KII results also supported the finding that project implementation was mostly timely. National-level SOS CV Ukraine KIs mentioned some slight revisions to timelines but reiterated that most importantly, everything they set out to do they achieved. Some factors that affected the overall timeliness of the SOS CV Ukraine response were as follows:

- Cash transfer delays: As noted by SOS staff during the validation meeting, these delays were mainly due to the time required for eligibility checks for families selected to receive support. This process, which ensures that funds are allocated to the correct beneficiaries, typically takes about three weeks. However, because participants are often unaware of this procedure, they may perceive it as a delay in receiving assistance. This highlights the importance of improving communication with the targeted communities about the eligibility check process and setting clear expectations regarding the timeline for receiving support.

- Staff shortages, which were quite pronounced because of organisations competing for qualified staff
- Project cycles were complex because they needed to be responsive to seasonal variations and changing needs throughout the year. For example, during the summer, there is often a higher demand for recreational activities for children, while some other types of activities may not be necessary. Additionally, the project cycle must consider the timing of the school year, cultural practices, climate conditions, and specific seasonal requirements to ensure that the activities are relevant and effective for the participants at that time.

**EQ.7 How was the project adapted in line with the context to ensure that resources were used in an optimal manner? (CHS9)**

**Findings: The analysis indicated that SOS CV Ukraine adapted the project on both strategic and tactical levels in response to the unpredictable context and evolving needs to ensure that resources were utilised in an optimal manner.**

KIIs revealed numerous examples of how the project adapted to the changing wartime context to ensure resources were used optimally, in line with CHS 9. These adaptations included small adjustments, like shortening activities during air raids, and larger shifts, such as broadening the focus from IDPs to other families in need. A significant shift involved addressing the needs of injured children, but as fewer injured children were identified, the project moved away from this focus. There was a noticeable reduction in the number of identified injured children compared to the planned target. According to SOS staff during the validation meeting, targeting injured children is primarily demand-based. The relative stability in the war in 2023 resulted in fewer injured children than anticipated. Given these circumstances, it is recommended to establish a flexible budget line or reserve fund specifically for emergencies to better respond to unforeseen situations. This approach would allow for a more adaptive response, as setting a fixed target may not always be feasible due to the unpredictable nature of such needs.

As the project progressed, there was a strategic shift from an emergency response focused on “saving lives” to supporting families and children in normalising and integrating into communities. While this adaptability was widely regarded as a strength by most KIIs, one regional SOS CV Ukraine staff KI expressed concern that this shift marked a departure from the project’s original emergency mission. The feedback suggests that while adapting to changing needs is essential, there is a risk of diluting the project’s original identity if it shifts too far from its initial purpose. However, this shift can also be viewed as necessary in a protracted crisis where both emergency aid and long-term support must be provided in parallel. This dual approach ensures that immediate needs are met while also addressing the ongoing challenges of helping families and children adapt to a new normal. No other KIIs echoed concerns about this adaptability, indicating broad support for the project’s ability to balance both types of support effectively.

The team made tactical adaptations as well to adjust to the difficult environment in which they were operating, with limited resources and widely scattered beneficiaries. Purchasing ecoflow power generators allowed the team to be able to continue activities despite constant black outs. In one centre, they even went so far as to create an autonomous boiler room for heating that was not dependent on electricity. KIs also mentioned increasing fundraising activities to address shortfalls in providing for children’s educational needs. An example given was fundraising in cooperation with the city of Corvallis to purchase books and musical instruments for children, which were regarded not as extras but as part of these children’s right to an education. Finally, to address the needs of people living far away from the centre, the team developed a mobile team and also online services (e.g., such as with a psychologist).

**EQ.8 To what extent did operational processes result in quality implementation and results? (CHS9)**

**Findings: According to the data sources, SOS CV Ukraine upgraded its SOPs in many areas during the project, resulting in significant improvements in operations along with greater efficiency and cost savings.**

In addition to the adaptations and improvements mentioned in the previous section, the SOS CV Ukraine KIs highlighted a number of other ways in which the organisation improved its operational processes to boost the quality of implementation and results. The regional staff mentioned newly tailored sets of standard operating procedures (SOPs) for SOS Ukraine in 2023, covering areas such as logistics and procurement, MEAL, emergency response, data protection, cash handling, and FCM. The results of these changes were better working conditions and enhanced morale among staff, greater efficiency, and cost savings. The local KIs also expressed great enthusiasm for the new SOPs, with one saying, *“In our new SOPs, all operational processes for this project, purpose, goal, target audiences, stakeholders are laid out in a structured way. We can use it for work, and it has a positive effect on the results.”*

National staff mentioned appreciating these changes as procedures became clearer and more organised, reducing chaos and simplifying work. Moreover, the improved SOPs in procurement, which affected the selection of implementing partners in grant projects, enabled the organisation to save money and channel this money into helping more people. The new processes also allowed the team to respond more quickly to events (e.g., a nearby dam blast). Besides improving procurement, the organisation increased its MEAL capacity, creating a separate team to manage quantitative and qualitative indicators and conduct child safeguarding monitoring. Another procedural change that was mentioned by a national staff KI was hiring a new director of emergency response to improve processes in this area, whereas local staff discussed the improvements in internal communication systems as well as communications with and between participants. For example, the team created memos for participants to better inform them about services, which greatly reduced the workload of specialists who were spending considerable time

repeatedly answering the same questions. In another instance, a Viber group was created so that participants could share information about the services with each other.

#### 4. Coherence

##### The compatibility of the intervention with other interventions in a country, sector or institution.

**EQ9. To what extent the project interventions have synergies and interlinkages with other actors' interventions? (CHS6)**

**Findings: The evaluation found that SOS CV Ukraine engaged in high levels of coordination with organisations and groups at all levels, from large state entities all the way down to small participant groups, with positive effects on humanitarian operations as well as individual lives.**

KIIs revealed strong interlinkages and what one KI called “huge synergy” between SOS CV Ukraine, the clusters, and other organisations, with an extensive and well-functioning referral system. These were developed to the extent that coherence emerges as one of the key strengths of the response. A cluster KI reported that *“All the coordination elements with SOS CV Ukraine Children’s Villages have been successful. They participate in all cluster meetings. When a need is identified, they always respond. Referrals to other organisations worked the same way, they also responded that we had no negative experience. There is reporting to the cluster elements.”*

However, one cluster KI noted that SOS CV Ukraine is not as active as they used to be. *“SOS CV Ukraine is expected to be as active as it was previously in 2023. Now they are more quiet during the coordination meetings. I want them to come out with new initiatives and participate in developing new methodologies and tools”* (especially those pertaining to case management techniques).

The local authority KIIs confirmed that interlinkages were strong among all the organisations working in the same areas: *“Any event, whether it's a big one, or a Children's Day, Youth Day, or City Day. We invite all the organisations that deal with a particular area. If it's children, it's SOS CV Ukraine, Save the Children. We discussed as much as possible which tent would be set up by whom, and who would provide what services so that there would be no duplication.”* SOS CV Ukraine staff at regional, national, and local levels also described strong cohesion and coordination efforts. At the regional level, SOS CV Ukraine staff described coordinating with donors and countries (e.g., Baltic countries, Czech Republic, Greece, and Italy) receiving Ukrainian refugees.

On the national level, KIIs spoke of coordination taking place at multiple levels and with a wide range of stakeholders. For example, SOS CV Ukraine coordinates with the oblast civil-military administrations, Ministry of Reintegration, social policy, regional working groups, MHPSS

technical working group, OCHA cluster system, the national headquarters for the protection of the rights of children, child protection cluster and sub-clusters, community groups, and others. The local KIs mentioned coordinating with many of the same entities mentioned by the national KIs, but in addition, they also collaborated more closely with social service organisations in communities, community groups, and with the participants themselves.

These quotes from SOS CV Ukraine local staff KIs illustrate some profound benefits of this coordination, with entities ranging from state-level actors to participant groups:

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*“As an example, we had a place to settle people thanks to cooperation with state partners - in state places of temporary residence. We have prepared and released an official document with all the information about places of temporary settlement in the region, and thanks to this, IDPs can choose a place of temporary residence for themselves and receive all the necessary information.”*

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**EQ10. To what extent the intervention is adding value while avoiding duplication of efforts? (CHS6)**

**Findings: No evaluation evidence pointed to duplication of efforts during the SOS CV Ukraine response.**

The KIIs provided valuable information on SOS CV Ukraine deduplication efforts. The cluster KIs did not observe any duplication of efforts, but one KI said this was because there were not many other organisations besides Save the Children doing what SOS CV Ukraine does. However, this KI also noted that SOS CV Ukraine would wait for a request from the cluster before responding to any participant needs on their own in the absence of coordination. Cluster KIs also discussed some methods used by SOS CV Ukraine and other organisations for avoiding duplication, such as “redirect cards” and building block software for multipurpose cash interventions that have the institutionalised deduplication mechanism. One cluster KI said that humanitarian groups should have such deduplication software for all other types of intervention.

The SOS CV Ukraine KIIs confirmed the above finding that SOS CV Ukraine employs a range of methods to avoid duplication, such as mapping and involving government stakeholders. One national-level KI noted that duplication did happen in the beginning but lessened as the project went on and better coordination systems were developed. This KI said, *“The duplication was huge at the beginning. We started to cross-check through the clusters—if the beneficiaries are receiving cash assistance through children homes of family type. We cross check with the service of family affairs. This cluster is also a platform to coordinate and share the fields of*

*intervention.*” National SOS CV Ukraine KIs were not aware of any duplication, with most stressing that the combination of services that SOS CV Ukraine provides in the region (particularly those in the child-friendly spaces) is totally unique: ***“Our uniqueness is a child-friendly space and a private space for teenagers where they make friends, learn social communication, play games, attend trainings and watch movies. All teenagers have a problem with addiction to gadgets and we worked with it so that teenagers attend excursions, training, and workshops instead of looking at their gadgets, we opened up their interest in something new.”***

## 5. Capacity

To what extent was capacity built among SOS CV Ukraine staff during 2023, and did it adequately meet staff needs?

**EQ11. Were capacity-building activities for staff sufficient and aligned with programmatic needs?**

**Findings: SOS CV Ukraine conducted a wide range of capacity-building activities during the response, resulting in notable growth in the staff’s skill sets and improved team morale.**

Capacity building was another strength of the SOS CV Ukraine response. According to the SOS CV Ukraine KIIs, SOS CV Ukraine takes capacity building “very seriously,” and the organisation invested heavily in capacity-building activities during the project, even though

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*“They are a very capable team in general”*

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per regional staff KI. The project had allocation specifically for capacity building. As such, in-person and online training was conducted in areas such as MHPSS, CVA, CHS, child protection and safeguarding, anti-corruption, finance, the Nexus approach, media literacy, cybersecurity, and project management, supplemented by support for trainees and regular supervision.

Besides child protection training (which was mentioned many times), the case management training was also mentioned several times. In addition, SOS CV Ukraine provided team building and stress management training for staff, given the nature of the work, to stabilise the team and help team members become more resilient.

**EQ12. Have staff expertise and skill sets improved as a result of capacity-building activities?**

**Findings: The capacity-building activities delivered to the staff resulted in notable growth in their skill sets and improved team morale.**

As a result of the extensive training as well as challenging work experiences, the staff grew considerably in their skills, as noted by SOS CV Ukraine KIs across the board. Another benefit of the training was improved morale and lower employee turnover. One local SOS CV Ukraine KI said,

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*“We do not have personnel changes, the team is stable, we were able to implement the project without replacing team members, and this indicates the effectiveness of capacity building.”*

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However, one regional KI expressed concerns about the team's limited skills in working with children with disabilities, both during project activities and in monitoring and gathering their opinions. This underscores the need for SOS to enhance capacity building, ensuring that staff are equipped with the necessary tools and techniques to effectively support children with disabilities.

**EQ13. Is the size of the SOS CV Ukraine CV Ukraine team appropriate for project needs?**

**Findings: Evaluation evidence suggested that the SOS CV Ukraine team was understaffed at both the national and local levels, resulting in high workloads for staff and longer-than-optimal wait times for participants to receive certain services.**

SOS CV Ukraine KIIs suggested that the team was understaffed due to a lack of qualified people to fill the roles and ineffective team structure. Regional KIs recognised that consequently *“staff were overloaded with work.”* However, their interpretation was that in addition to staffing shortages, the human resource structure being used was not optimal, with some duplication of roles. According to this KI, a restructuring of the workforce is needed to allow some employees to work 50% on one project and 50% on another (without doubling the work), to facilitate distribution of personnel across the organisation and fill any gaps.

In reviewing the situation, it appears that several factors contributed to staff shortages at SOS VC Ukraine. According to national KIs, the primary reasons for these shortages included brain drain, health issues, psychological challenges, and staff poaching, which were significant challenges for the organisation in 2023. Additionally, it was noted that intense competition for staff among various humanitarian organisations led to some turnover, although high turnover was not the main cause of the shortages. Instead, these shortages were present from the beginning of the project and

persisted throughout, affecting multiple levels from administrative roles at the national level to field personnel, particularly psychologists and speech therapists.

Moreover, while some turnover did occur, a core group of staff at the local level remained loyal to the organisation, resulting in low turnover within this group. Another contributing factor to the staff shortages was that many staff contracts were not renewed in December 2023, further exacerbating the issue. This suggests that the shortages were not solely due to turnover but rather a combination of factors that affected the organisation's staffing capacity throughout the project. Although this evaluation focuses on the implementation of activities in 2023, it is important to acknowledge the operational challenges that could affect the future design and capacity of similar initiatives. Consequently, recommendations for future programs have been included.

Furthermore, some of the employees were IDPs themselves, which made their living conditions unstable. These KIs noted a lack of administrative and procurement support and legal support. As a side note, the KIs also noted that some offices were too small to accommodate all employees, even with staff shortages, and that sometimes the internet did not work in these offices. A recommendation was to rent a larger building to accommodate staff more comfortably.

One local KI expressed that they did not perceive staffing shortages, but the other four agreed that there were too few staff to handle the workload. While the national staff noticed shortages in office personnel, local staff reported shortages in field personnel, especially developmental specialists, speech therapists, case managers, and psychologists to work with different populations (e.g., adults, children, elderly caregivers of young children). One local KI noted,

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*“There were queues for receiving services because we have a high reputation, and we cannot quickly satisfy the needs of all beneficiaries in services. I'm afraid of another reduction in the team. It's wrong.”*

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Another KI talked about the long wait times to see the speech therapist. Other sources of evidence in this evaluation, such as surveys and FGDs, confirmed that staff members such as speech therapists and psychologists were in great demand but short supply.

## Cross Cutting Issues

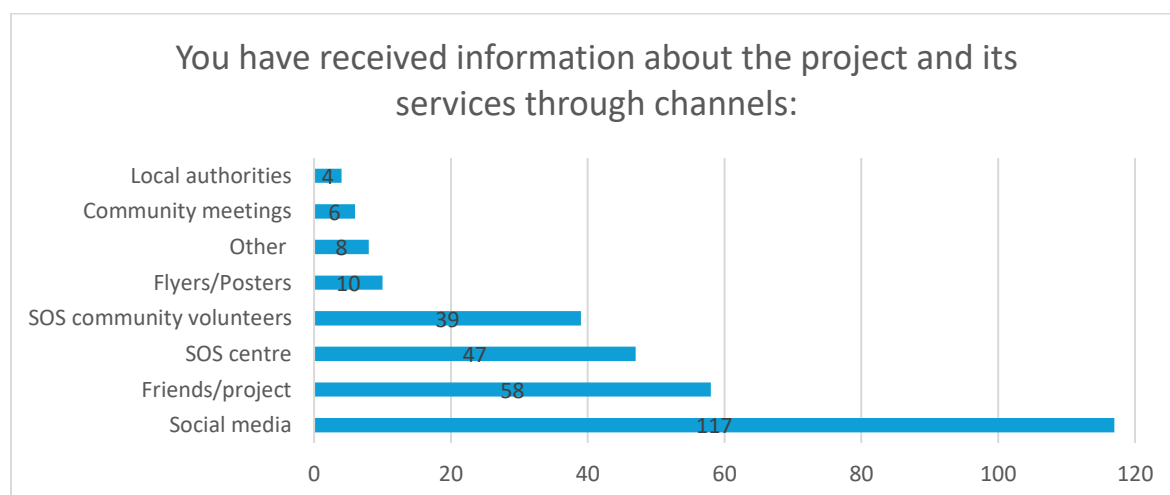
### 1. Accountability to Affected Population (AAP)

**EQ14. Information sharing: To what extent the target groups are aware of the project and the services it provided?**

**Findings: The evaluation findings suggested that SOS CV Ukraine made concerted efforts to communicate with target groups and participants about activities and services but that some eligible families remained unaware of the assistance.**

Per the surveys, the majority of children (93%) and adult (83%) respondents perceived the efforts of SOS CV Ukraine to communicate with them about the nature and timing of services as effective or very effective. The children described a range of efforts by SOS CV Ukraine staff to communicate with them about services. For example, they reported that social media platforms like Telegram and Viber were heavily utilised for communication about events and activities. Child respondents described multiple groups (e.g., creative, youth) where users could access information about classes and sign up for activities. Staff also disseminated information with the children through phone calls, direct messages, and in-person interactions. In these communications, staff provided detailed answers and explanations to any questions, ensuring that information was conveyed clearly and promptly. Caregiver respondents reported that SOS CV Ukraine communicated with them about projects through a variety of channels, as shown in the figure below.

Figure 29. SOS CV Ukraine Communication Channels Reported by Caregivers



While no children perceived the SOS CV Ukraine communication as ineffective, 6% of adults perceived communication as ineffective (4%) or very ineffective (2%). In the suggestions area for this question regarding how to improve communication, 40 caregivers suggested more advertising

on social networks and social media apps, 10 suggested more advertising on banners, and 5 suggested advertising through local government.

Children also expressed some ideas about how SOS CV Ukraine might improve their communication. One child said,

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*“Unfortunately, I have never seen information about the centre on Telegram channels, or recommendations of groups. It is necessary to be more present on social networks where children sit: Telegram, Tik-Tok, Reels on Instagram, and the necessary page on Instagram.”*

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Additional suggestions were as follows:

- The SOS CV Ukraine team should create an Instagram or TikTok page specifically targeting teenagers, as it's a popular platform among that age group.
- Telegram was suggested as an optimal platform, if SOS CV Ukraine could increase membership in these groups
- Some users' parents found the centre through Facebook, but this platform is less commonly used by teens, indicating a need to use more youth-friendly platforms.
- The SOS CV Ukraine team should make regular posts on social media detailing activities and events, to attract new participants.
- Place billboards and posters around the city to increase awareness about the centre, as many teens are unaware of its existence.

As a whole, these suggestions point to an opportunity for SOS CV Ukraine to enhance its outreach efforts to reach teenagers in particular.

Similar to the survey results, the caregiver FGD results were mixed about SOS CV Ukraine communications. In Ivano-Frankivsk, FGD participants expressed that communication had been effective, and they were not aware of people who were missed due to not knowing about SOS CV Ukraine services. However, in Zakarpattia, participants said that limited information sharing about projects hindered people's access and that many people only learned about the projects through word of mouth or social media. Participants in Chernivtsi agreed that some people who qualified for the project may have been missed because they did not know about it. These results suggest that SOS CV Ukraine has room to strengthen its communication mechanisms across the three locations and particularly in Zakarpattia and Chernivtsi.

In the FGDs with children aged 14–18, children agreed that SOS CV Ukraine could expand its outreach efforts (especially in Ivano-Frankivsk and Chernivtsi). Children in both these locations suggested more traditional information sharing through word-of-mouth, through other organisations or influential individuals, and using social media platforms like Facebook,

Instagram, and Telegram. Some children in Ivano-Frankivsk also recommended using city billboards to advertise the project.

The KIIs with local SOS CV Ukraine staff confirmed a variety of mechanisms through which the staff communicated with participants. Staff described speaking directly with communities, putting up posters, and posting memos with detailed information in social networks.

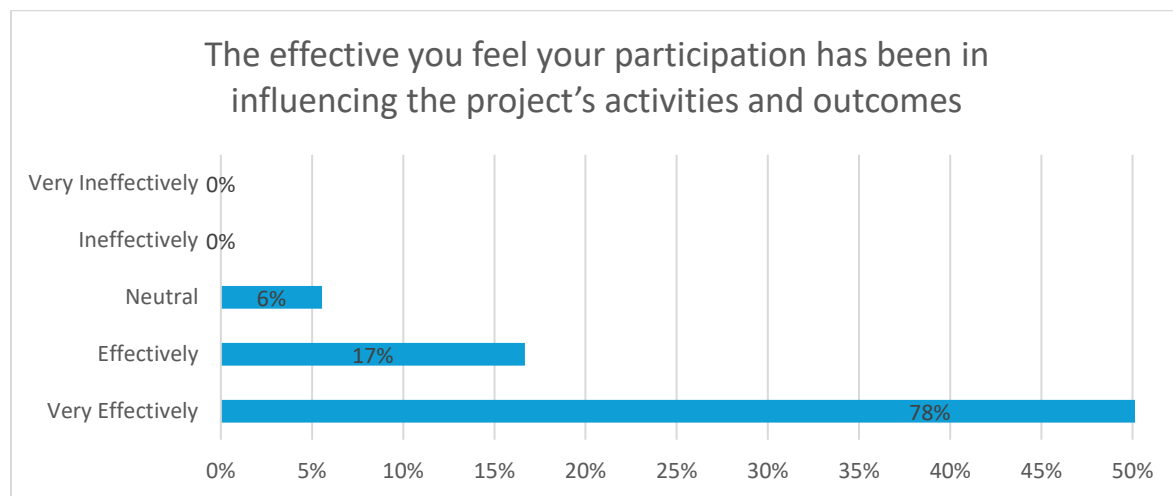
**EQ15: Participation: To what extent are affected populations, especially children and vulnerable groups, involved in the planning, implementation and monitoring of the project?**

**Findings: Findings support that SOS CV Ukraine involved participants in planning, implementation, and monitoring, with some potential for improvement in this area according to data sources.**

In humanitarian crises, people’s participation in planning and implementing projects that affect their lives allows them to have a voice and exercise their rights, which is the essence of CHS 1. This evaluation found that children’s participation in the project was a highlight of the SOS CV Ukraine intervention, with a (60%) of children indicating that they had participated in planning and/or implementing project activities. For instance, several children respondents stated that they helped design, organize and implement activities for younger children, which aligns with the concept of participation.

According to the analysis, participating children perceived that their contributions had made an important difference, with 95% of participating children reporting that their contributions had been effective or very effective.

Figure 30. Children’s Perceptions of the Effectiveness of Their Participation



However, the children's participation findings were different from those for caregivers<sup>19</sup>, in which only 6% of all respondents reported that they or family members had participated in planning or implementing services. The analysis revealed some differences among the three locations with respect to this finding. While 9% of respondents in Chernivtsi and 8% in Ivano-Frankivsk reported, the opportunity to help with planning, implementing, or checking any project activities, no respondents in Zakarpattia did. These findings point to an opportunity for SOS CV Ukraine to more actively engage adults and caregivers in planning and implementing activities, in all three locations but particularly in Zakarpattia.

Caregiver FGDs did not provide significant insights into the extent of people's participation in project design, though participants in Ivano-Frankivsk reported that children had participated in conducting workshops, which was extremely empowering for them. However, these responses seem to reflect an understanding of participation more as engagement in activities rather than in shaping the design or implementation of the assistance.

The SOS CV Ukraine KIIs provided mixed results regarding the extent to which SOS CV Ukraine involved participants in the planning, implementation, and monitoring of the project. The two regional -level KIs expressed that this may not have been a strong area of the response. The national KIs pointed out that SOS CV Ukraine gathered participants' opinions during needs assessments and encouraged them to provide feedback throughout the project. However, one national KI said, ***“Perhaps, we are not so active in that. The participants have to be more included in planning.”***

Local staff expressed somewhat different perceptions of efforts to involve participants in planning activities. They said, ***“plan our activities for the next year according to the requests of the beneficiaries,”*** but it was not clear if SOS CV Ukraine used a systematic approach to gather these requests or if the process was informal. However, one particularly meaningful example of how SOS CV Ukraine involved children in activities was through the “children for children” events, during which children offer activities for other children (e.g., a child organised a volleyball team and coached them). The local KIs also mentioned that they involved children in monitoring by asking them to complete feedback forms after all activities. Fewer examples were given about how they systematically involved caregivers, but some KIs mentioned the formal mechanism of gathering feedback from caregivers during needs assessments and soliciting feedback in informal ways through social media and direct communication.

One SOS CV Ukraine local staff member KI discussed working with the Roma community, who they said was one of the most marginalised groups in the region. Since the Roma children do not read or write, the team had to rely on oral communication. The KI mentioned that the best approach for conveying information with the Roma community was through their leaders.

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<sup>19</sup> This difference may stem from varying understanding and interpretations of the term "participation" between children and caregivers during the surveys

**EQ16: Feedback and Complaints Mechanism (FCM): To what extent are feedback and complaints responded to and resolved in a timely manner and adaptations made based on it?**

**Findings: The evaluation confirmed that SOS CV Ukraine established a variety of channels through which participants could submit feedback, and findings indicated they responded to this feedback in a timely manner. However, lack of awareness of FCM is an area to improve.**

SOS CV Ukraine CV Ukraine offers a comprehensive Feedback and Complaint Mechanism (FCM) designed to accommodate the diverse needs of its project participants. The available channels include a free hotline, suggestion boxes, an online form accessible via QR code, email, direct appeals to staff, and messaging through Telegram and Viber. Social media platforms like Facebook and Instagram are also used, though they redirect participants to official channels for formal feedback. Additionally, proactive methods such as focus group discussions, monitoring visits, and satisfaction surveys are employed to actively gather feedback. As per their SOP, these channels are designed to ensure accessibility for all participants, regardless of age, gender, disability, or other vulnerabilities, enabling them to express their needs and opinions effectively.

For children, SOS CV Ukraine CV Ukraine has implemented age-appropriate feedback mechanisms to ensure their voices are heard and their needs are met. Preschoolers can express their experiences through drawings, which help staff assess their mood and engagement. For middle school-aged children and teenagers, feedback channels include writing, phone calls, and other electronic means, with communications tailored to their age and psychological well-being.

As per the SOP, to maximise accessibility and inclusiveness, the organisation employs clear language, illustrations, and game elements, ensuring all communications are child-friendly. Additionally, a safe, confidential environment is provided, with various communication formats available to accommodate different needs. Advisory support is also offered to children, parents, and guardians, including assistance for those with disabilities, with special social workers ensuring confidentiality and timely help.

The evaluation findings reveal that while these mechanisms are mostly enforced and utilized, a significant percentage of children and caregivers lack awareness of them. While a majority of children (67%) and adults (65%) reported being aware of the FCM mechanism, a location-specific analysis reveals significant variations in awareness levels. Zakarpattia showed the highest awareness among children, while Chernivtsi reported the lowest (only 44%). Similar variances were observed among the caregiver group (see table 13). This suggests that the effectiveness of FCM awareness campaigns may be inconsistent across different locations, potentially leaving significant portions of the population, particularly in areas like Chernivtsi, without adequate access to these critical reporting mechanisms. In addition, 75% of children agreed that it was “easy” to provide feedback or make complaints.

The disparities in awareness levels point to the need for targeted and location-specific strategies to ensure that all community members, especially in low-awareness areas, are informed about the FCM mechanisms. Without consistent awareness, vulnerable groups may be at risk of not being able to report their concerns or access necessary support, which could undermine the overall effectiveness of the safeguarding efforts.

Another difference that emerged was that those receiving case management services were less knowledgeable than those receiving other services about the FCM. No meaningful differences were found between gender groups or between people with and without disabilities regarding awareness of the FCM.

Table 13. Percentage of Respondents Aware of FCM

<b>Group</b>	<b>Zakarpattia</b>	<b>Ivano-Frankivsk</b>	<b>Chernivtsi</b>
<b>Children</b>	80%	73%	44%
<b>Caregivers</b>	58%	52%	82%

Survey respondents noted a variety of channels through which they could provide feedback. These are shown in the table below. It is interesting to note that adults and children demonstrated different levels of awareness about various channels, with more adults aware of the hotline and more children aware of being able to make complaints in person.

Table 14. FCM Channels Noted by Participants

<b>Channel</b>	<b># of Caregivers Reporting Awareness</b>	<b># of Children Reporting Awareness</b>
<b>Phone Hotline</b>	75	5
<b>In-Person</b>	52	17
<b>Online Form</b>	41	3
<b>Suggestion Box</b>	12	14

Salient differences also emerged regarding children’s and caregivers’ uses of the FCM. While only 2% of caregivers reported submitting feedback, 45% of children reported doing so. Among channels used by respondents to submit feedback, differences also surfaced between children and caregivers, with children most often providing feedback in person and the two adults who reported providing feedback doing so online. Except for one child who did not receive a response, all child and adult respondents reported being very satisfied with the results of submitting feedback, reporting that it took staff less than a week to respond to their concerns. One respondent reported feeling safe to submit the feedback, and the remainder of child and adult respondents reported feeling very safe. The children provided more details in their comments/explanations regarding their experiences with the FCM.

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*“My feedback was taken into account, and they reduced the group attendees from 15 to 10 people.”*

*“They immediately responded with gratitude and were happy with the feedback, they responded in less than a day.”*

*“I quickly received a comprehensive answer, everything was clear to me.”*

*“Everything was quickly and easily explained, and it was nice to talk to the person.”*

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Despite most children approving of the FCM, some children had a few suggestions for improvement.

- Put a "come up and talk" box in every room.
- Shy children could report feedback through their friends.
- The staff needs to be better informed about how to submit feedback and complaints.
- Tell children in advance about the opportunity to give feedback.
- It would be easier to fill out an online form or leave a review on Google Maps.
- Allow participants to be able to submit complaints anonymously on a piece of paper.

The KIIs confirmed the above-mentioned channels for submitting feedback. National KIIs mentioned some changes to the project as a result of participant feedback, such as selecting a different supplier of food packages.

## 2. Inclusion & Do No Harm

**EQ17: What mechanisms are in place to ensure the inclusion of marginalised, disadvantaged, and vulnerable groups in the project activities? How does the project ensure Do No Harm?**

**Findings: While the SOS CV Ukraine project has implemented mechanisms to include marginalised, disadvantaged, and vulnerable groups and adheres to the "Do No Harm" principle, there is a need for improvement in a few areas.**

The SOS CV Ukraine project has implemented a comprehensive set of mechanisms aimed at ensuring the inclusion of marginalized, disadvantaged, and vulnerable groups while adhering to

the "Do No Harm" principle. These measures include conducting rapid needs assessments to understand the multifaceted needs of the most vulnerable and designing project activities that address these needs through various services and aid items.

The staff, particularly those in CS teams, have been extensively trained in safeguarding procedures, risk assessment, and mapping, ensuring that they are well-equipped to protect vulnerable populations. Additionally, a reporting system has been established to monitor and report cases of harm, exploitation, and abuse, further reinforcing the commitment to safeguarding these groups.

On the other hand, while SOS CV Ukraine made notable efforts to include children from marginalised groups in activities, one survey finding that suggests room for improvement was that compared to caregivers without disabilities, a higher percentage of caregivers with disabilities reported unmet needs as mentioned in earlier sections. In addition, one local-level SOS CV Ukraine KI reported that the centre in Zakarpattia was not accessible for children in wheelchairs:

*“Children in wheelchairs cannot enter, the conditions are poor, and we cannot ensure their safety, so we hold events for children in wheelchairs in spaces outside, there is not enough accessibility.”*

These findings suggest that while the project has made good progress, further enhancement of inclusion strategies is needed, particularly in improving ongoing monitoring and tracking of vulnerable groups to ensure their needs are fully addressed.

The ways in which the project ensured Do No Harm are discussed in the next section.

### 3. Child Safeguarding

[How well does the ERP project adhere to the SOS CV Ukraine Children’s Villages International Child Safeguarding \(CS\) approach?](#)

**EQ18. To what extent are CS structures and procedures adapted to an ERP project?**

**Findings: SOS CV Ukraine adapted and formalised widely accepted CS structures and procedures to the project at both national and local levels, according to the analysis.**

The SOS CV Ukraine CV Ukraine demonstrates a strong commitment to safeguarding children and youth through a comprehensive policy framework that enforces zero tolerance toward any form of abuse or harm. This commitment is operationalized through efficient and accessible reporting mechanisms, including dedicated phone numbers, email addresses, complaints boxes, and opportunities for face-to-face reporting.

Additionally, each project location is supported by a CS focal point with clearly defined roles and responsibilities, and all new staff and collaborators receive mandatory and refresher training on the safeguarding policy.

According to SOS CV Ukraine documents, the inclusion of the Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH) policy further underscores SOS CV Ukraine CV Ukraine’s dedication to protecting vulnerable populations. This policy is disseminated to every new employee before they sign their contract, and whistleblower channels at both national and international levels are established to support the policy’s enforcement. However, while the PSHEA policy has been translated and approved, there is a recognized need for more frequent training and regular refreshers, particularly for new staff, to ensure continuous awareness and compliance.

KIs highlighted the ongoing efforts to enhance the organization's safeguarding capabilities. This includes mandatory criminal background checks for staff and regular communication with caregivers and children on how to act when they suspect endangerment. Notably, SOS CV Ukraine CV Ukraine upgraded and formalized its CS policies during the project, establishing response teams with clear protocols for addressing CS complaints. One national KI remarked on the significant improvement, noting,

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*“We did not have child safeguarding procedures before. Now we have it in a more serious form.”*

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Despite these advancements, there are areas for improvement. The current overlap between CS safeguarding (CSG) reporting mechanisms and the FCM raises concerns, particularly since a good percentage of 32% children indicated they were unaware of the FCM reporting channels. This gap underscores the need for increased awareness-raising efforts and the introduction of reporting mechanisms specifically designed for children. It may also be beneficial to establish a separate, child-friendly system dedicated to addressing CSG concerns.

On the local level, SOS CV Ukraine CS policies have been thoughtfully adapted to align with Ukrainian legislation and the UN Convention on the Rights of the Child, reflecting a strong integration of international standards with local legal frameworks. Additionally, SOS CV Ukraine CV Ukraine has implemented robust data protection measures, safeguarding personal information in accordance with national laws. These measures extend to both electronic and physical data, ensuring compliance with national legislation.

The incorporation of a PSHEA clause demonstrates SOS CV Ukraine CV Ukraine’s commitment to ethical standards, but there is an opportunity to further strengthen this aspect of the policy. Providing more detailed guidance on preventing and responding to instances of sexual exploitation and abuse, along with implementing sound reporting and accountability mechanisms, would enhance the policy’s effectiveness.

**EQ19. To what extent are the CS measures and procedures known and accessible, understood, applied and promoted by all project’s participants and staff throughout all project activities?**

**Findings: The survey data and field observations reveal that, overall, child safety is a priority within the project, though there are areas requiring further attention and refinement.**

As awareness of FCM mechanisms was discussed in prior sections, this section focuses on CS as well as security risks and safety measures.

### **Awareness and Perceptions of Safety**

Survey data provided some evidence regarding participants’ perceptions of SOS CV Ukraine CS measures and their feelings of safety while involved with the project. All child respondents reported feeling safe (10%) or very safe (90%) in the place where project activities were held. Caregivers had more mixed feelings, with 66% expressing that they felt their children were very safe, 27% safe, 7% neutral, and 1% unsafe.

The latter respondent indicated that the reason for their answer was a lack of bomb-proof shelters in the building. Most respondents (73% of children and 65% of adults) indicated that they were informed about risks and how to keep themselves/their children safe. The field evaluation team observed safe evacuation plans displayed in centres and noticed the presence of fire extinguishers and first aid kits.

However, an area for further exploration is whether children received training on safe evacuation, including a clear explanation of risk scenarios and the steps they should take in various emergency situations.

### **Training and Communication**

Children reported most often being informed about risks and safety measures by project staff but also being informed by facilitators and parents. Caregivers also reported most often being informed by project staff but also being informed by facilitators and volunteers. Variations were noted between caregivers and children and across locations regarding awareness of risks and safety measures. Children in all locations expressed higher levels of awareness of risks and safety measures, and the group with the lowest level of awareness was caregivers in Chernivtsi. No meaningful differences were found for the variables of gender and disability.

Table 15. Percentage of Respondents Aware of Risks and Safety Measures

<b>Group</b>	<b>Zakarpattia</b>	<b>Ivano-Frankivsk</b>	<b>Chernivtsi</b>
<b>Children</b>	80%	64%	78%
<b>Caregivers</b>	47%	48%	11%

## Perceptions of Rule Implementation

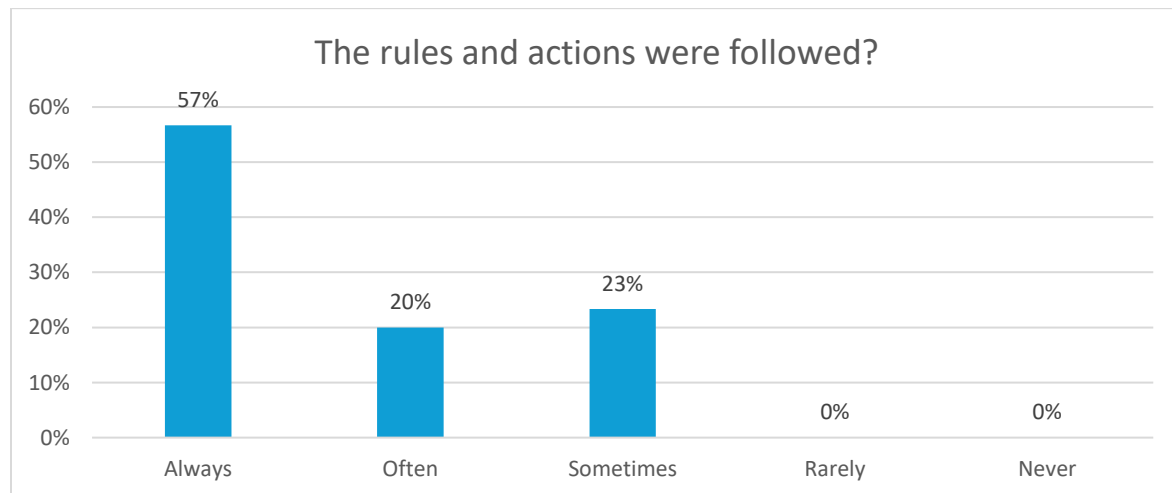
When asked whether the project had implemented effective rules and actions to keep children safe, 80% of children strongly agreed, 17% agreed, and 3% were neutral. No children disagreed with the question. Children listed some of the rules of which they were aware:

- A very important rule is not to judge.
- If we go somewhere, stick together.
- The basic rule is do not harm yourself or another.
- Don't use phones at training
- Do not interrupt, and the rules are always written on the blackboard in the classroom.
- The location is in the city centre, there is always a camera, and the door is closed.

Children's responses mostly reflect awareness of general security rules rather than specific child safeguarding measures. This suggests that while children are aware of basic security protocols, there may be less clarity regarding specific safeguarding practices.

When asked whether they had observed these rules and actions being implemented, most respondents (both children and caregivers) said yes. Children commented that rules were consistently followed, contributing to a positive and structured environment. Children also noted that even in the absence of staff, participants tended to continue following the rules, indicating a high level of self-discipline and trust in the established guidelines. Other children described mixed compliance, with some children needing more guidance and reminders than others.

Figure 31. Children's Perceptions of Rule Implementation



Moreover, 95% of caregivers expressed that they felt that staff genuinely cared about their children’s safety and well-being.

Figure 32. Children’s Perceptions of SOS CV Ukraine Rule Implementation

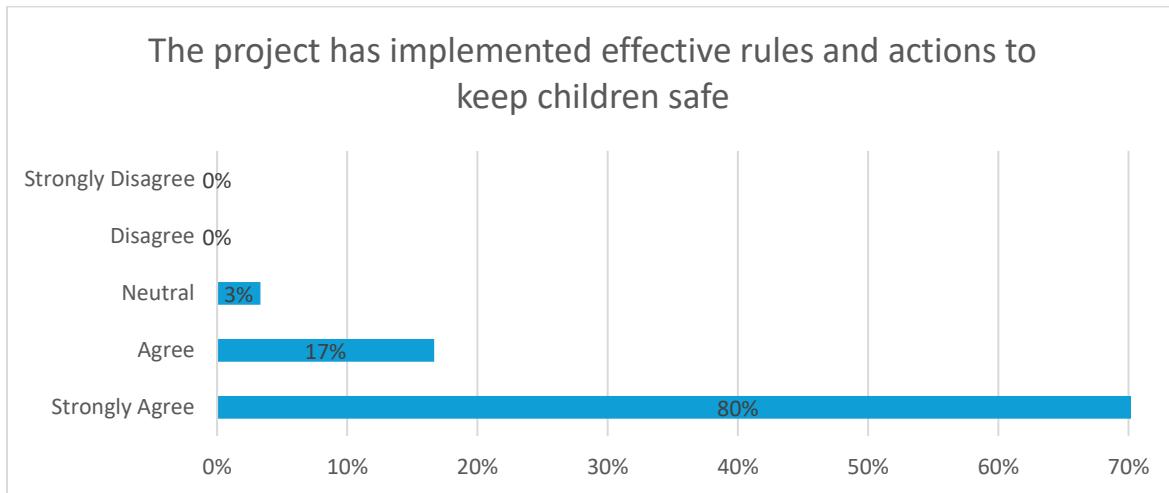
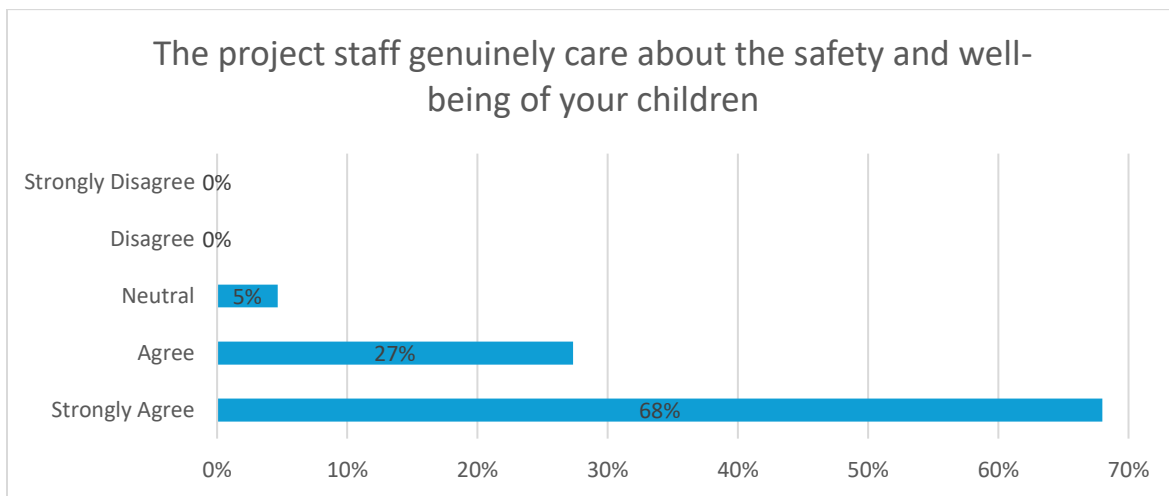


Figure 33. Caregivers’ Perceptions of SOS CV Ukraine Staff Caring About Their Children’s Safety and Well-Being



This emphasis on physical security aligns with the urgent needs posed by the conflict but has also influenced the nature of the safeguarding responses from both children and caregivers. The data and feedback indicate that respondents predominantly focus on physical safety from security threats rather than addressing other forms of child safeguarding risks, such as trauma, loneliness, and the psychological impacts of conflict. As a result, all responses were centred around safety from security threats, highlighting a potential gap in understanding broader safeguarding issues.

This focus on immediate physical safety underscores a need to broaden the scope of safeguarding awareness. It is crucial to raise awareness of other safeguarding risks that may develop in SOS CV Ukraine facilities, at home, or in school settings, and to integrate specific educational content on how to identify and report these risks. Expanding training and awareness projects to cover a wider

range of safeguarding issues—including emotional and psychological well-being—will ensure a more comprehensive approach to child protection. By incorporating these elements into the safeguarding framework, the project can better address the multifaceted needs of children affected by conflict and enhance their overall safety and well-being.

Other survey results that shed light on respondent perceptions of SOS CV Ukraine CS approaches pertain to the question about whether respondents knew what to do if they/their child/another child was being harmed or was in danger. In response to this question, almost all respondents (90% of children and 91% of adults) said yes. Finally, some children and caregivers offered suggestions for improving safety:

- A child said the centre needed a bomb-proof shelter.
- A caregiver suggested lectures by police specialists on sexual violence, trafficking, and slavery
- One child said, *“You can put everybody in groups of two, as in a camp, so that children do not run forward and do not run across the road.”*

Caregiver FGDs confirmed the survey findings above those caregivers largely approved of SOS CV Ukraine safety measures. In addition, participants in all three locations reported that they knew what to do if they suspected child endangerment and that these processes were clear and reasonable. Participants in all three locations expressed high levels of confidence in SOS CV Ukraine safety measures, overall, and reported that their children felt safe attending SOS CV Ukraine -sponsored activities. In Ivano-Frankivsk, one participant knew their child felt safe because he/she did not want the activities to end. A participant in Chernivtsi noted that the SOS CV Ukraine location was well thought out and that it had a comfortable bomb shelter.

In addition, caregivers who participated in the FGDs across the three areas perceived the staff as being very caring towards their children, which enhanced their children’s feelings of safety and support. This FGD finding confirms the survey results discussed earlier. No participants reported any negative experiences with staff.

- In **Zakarpattia**, participants noted that staff were attentive, provided comfort, and created a welcoming environment.
- Participants in **Ivano-Frankivsk** unanimously agreed that the level of care and concern shown by SOS CV Ukraine staff was extremely high. An example given was that on one occasion, staff turned a potentially distressing situation (a child pinching their hand) into a positive experience, using humour and support without applying pressure. This is how the staff used loving and non-imposing methods to communicate and enforce rules, which effectively guided children’s behaviour.
- In **Chernivtsi**, participants shared that staff actively monitored and responded to children's needs, such as approaching crying children to offer comfort and support, checking in with parents, and providing alternative activities if needed. Staff managed interactions

effectively; for example, they responded professionally to the crying of a child with a disability, reducing their distress and informing the father about the event in a calm manner.

Several caregiver FGD participants had suggestions for improving child safety at the centres, in communities and schools, and at home:

- **Zakarpattia:** Participants suggested integrating bullying protection measures into parenting skills training to help their children deal with bullying situations and self-defence courses for girls.
- **Ivano-Frankivsk:** Participants did not have suggestions and expressed that the current set-up was sufficient.
- **Chernivtsi:** Participants suggested training for children on internet safety and continued efforts to teach children about traffic rules and street safety.

FGDs with the children aged 14–18 also showed that children mostly felt very safe—both physically and psychologically—across the three areas. The children expressed that they felt staff members cared about them. In Chernivtsi, for example, children said they felt safe because they felt safe with the staff, could express opinions without fear of being chastised (psychological safety), and felt safe in the physical space. Moreover, there were clear procedures about what to do during alarms. In Ivano-Frankivsk, children expressed they felt mostly safe. However, a number of children there expressed fears about opening up and being completely vulnerable with the psychologist. And in Zakarpattia, children who prefer less active play found the games in the library relatively uncomfortable and dangerous due to the noise and the risk of being pushed by other children.

Moreover, the project’s security measures, such as selecting office spaces away from potential missile strike targets and conducting thorough inspections of shelters, illustrate a proactive approach to staff safety. KIs also noted the integration of anti-bullying initiatives and efforts to combat violence against children, including a press conference on the prevention of violence against children.

SOS CV Ukraine KIIs shed light on how SOS CV Ukraine promoted CS awareness and applied CS policies in events. The SOS CV Ukraine KIs highlighted that to enhance CS awareness among caregivers and children, they engaged in “constant communication with them about safeguarding,” including the rule about reporting CS risks or violations within 24 hours of the occurrence. The local staff described how they provided everything necessary for safe events, often in cooperation with social security services. Moreover, all employees completed first aid courses and have certificates from the Red Cross, and first aid kits were available at events. All psychologists received psychological first aid training. If events took place outdoors, staff adjusted them according to weather conditions.

In addition, staff conducted training sessions with all children so that they could correctly identify and respond to violence. Before each event, the employees would communicate the safety rules to children in an accessible way. The specialist would use language that all children could understand, since many of them had special educational needs.

**EQ20. How were CS risks assessed, what risks were identified during the project and what mitigation measures were in place?**

**Findings: The evaluation evidence underscored that SOS CV Ukraine systematically identified risks at both national and local levels and worked with the resources at hand to mitigate these risks.**

The national-level SOS CV Ukraine KIs reported that they identified CS risks that emerged during the project in a 47-page document, gathered as a team, and analysed these risks. Some of the risks that SOS CV Ukraine staff discussed in the interviews were as follows.

Table 16. Safeguarding Risks and Mitigation Measures Identified by SOS CV Ukraine KIs

<b>Risk</b>	<b>Details</b>	<b>Mitigation Measure</b>
<b>Children–children bullying</b>	-This was the most widespread CS problem that emerged during the project, with bullying especially being directed towards Russian-speaking children. -Many children were afraid to go to school because of bullying	-Anti-bullying campaign -Movies, games, and other activities to educate children about peaceful conflict resolution and anti-bullying -Children were allowed to speak Russian at the centres
<b>Other forms of violence and violent communication</b>	This occurred from parents towards children, from teachers towards children, and from some special needs children towards teachers	-Specialists modelled non-violent communication in the centres, which parents could learn from -Specific courses for parents on non-violent communication -Guardians of children with special needs were present during activities to help supervise the children
<b>Bombardments/Air alarms</b>	Children could be injured or killed during a bombardment. At a minimum, the air alarms induced fear in the children and disrupted activities.	-Shelters or designated safe areas in centres that have been approved by inspector and equipped with chairs and flashlights -Activities stopped during air alarms

<b>Blackouts</b>	Lack of electricity meant no lighting for activities and also no heating/cooling, putting occupants of buildings (including children) at risk	Teams purchased generators and developed alternate ways to heat buildings
<b>Family separation</b>	Children feared being separated from parents during an evacuation (a very legitimate fear)	Doors kept open during activities so that children could easily access parents in next room
<b>Theft of humanitarian supplies in dangerous areas</b>	A lack of secure warehouses for humanitarian supplies introduced the risk that those supplies could be stolen	Supplies were stored in centres, sometimes on stairs, but this was not ideal as it restricted space and movement
<b>Too few specialists</b>	There were not enough development specialists, special education teachers, speech therapists to respond to children's needs	No solution yet; more specialists are needed

Caregiver FGDs in Chernivtsi revealed a number of measures SOS CV Ukraine put in place in the centre to mitigate conflict-related risk, such as procedures for responding to air alarms and the presence of a comfortable bomb proof shelter. In Ivano-Frankivsk, participants noted that psychologists had talked to them about child safety issues such as bullying, and other meetings had addressed street safety and particular safety issues for teens. However, specific measures were not mentioned in FGDs in Zakarpattia, with parents requesting some of the services that were offered in other areas but not in Zakarpattia, such as training on bullying prevention. This suggests that compared to caregivers in other areas, caregivers in Zakarpattia may have felt their children were less secure or safe, perhaps because of factors pertaining to the local environment.

Children aged 14–18 in the FGDs agreed that the safety rules that SOS CV Ukraine implemented at the centre were generally adequate, but in several locations, children mentioned the concern that these rules were not always enforced or followed. However, in Chernivtsi, some children said there were too many rules, which made them uncomfortable. Clearly, children were not in agreement on this particular issue. Some additional safety measures that the children thought could be helpful were installing video cameras in the centres and restricting access, not allowing strangers (particularly men) to enter. The children aged 9–13 suggested in their FGDs that for more emotional safety, more attention should be paid to confidentiality and privacy so that other children do not know what services a child is receiving.

## Conclusions

This section presents the conclusion, structured according to the established evaluation criteria.

### Relevance

1. **The evaluation found that SOS CV Ukraine successfully tailored its project to meet the specific needs of vulnerable groups of children and their caregivers.** The project's inclusivity and adaptability were strengths, ensuring that all applicants received timely assistance and that services evolved to meet changing needs. The robust M&E system supported these efforts, guided by comprehensive SOPs that align with humanitarian standards.

However, some gaps were identified, particularly regarding unmet needs among people with disabilities and women, and some individuals struggled with not knowing what services were offered under the project's umbrella. At the same time, children and caregivers suggested several ways to communicate information about the project's services, which should be considered, especially those involving social media.

This highlights a need to further improve identification and selection of individuals in these groups, increased resourcing of specialist staff, and refined communication strategies tailored to children with disabilities and the other key vulnerable groups.

2. **The SOS CV Ukraine project was effective in responding to the evolving needs and priorities of its participants, meeting the expectations of CHS 2.** It is clear that community members perceive the project as highly successful, and therefore they expect more. When additional services outside the project's scope are not provided, community members feel disappointed. It is important for the project to have a strategic communication plan targeting local communities to better explain what is within and outside the project's scope. A crucial means of clarifying the project's scope is to enhance community participation in project design. This experience helps them better understand the possible activities and involve them in the difficult decisions the project team must make when there are insufficient resources to cover all needs or activities.

There is also a need for improved communication and outreach to overcome logistical barriers including transportation challenges and limited awareness of project services. While the project successfully addressed many critical needs, future efforts should focus on enhancing service outreach and expanding service offerings.

### Effectiveness

3. **The evaluation found that SOS CV Ukraine successfully achieved, and in some areas exceeded, its project objectives and outputs.** Staff at all levels confirmed that targets were met, with the project logframe highlighting that the number of targeted participants

was either achieved or exceeded. Local staff also noted that the project quickly gained recognition among local populations.

The project demonstrated adaptability by adjusting targets to meet evolving needs, particularly in case management, where it surpassed expectations. Beyond the metrics, the project made a significant impact on the lives of vulnerable children and families, providing critical support and fostering resilience in challenging circumstances.

Overall, the project was effective in meeting its goals and making a lasting impact on the communities it served.

4. **Survey and FGD data reveal high levels of participant satisfaction with SOS CV Ukraine's interventions, particularly in MHPSS, health, and CFS services.** The project had a notably positive effect on participants' social relationships and mental health, contributing to psychological resilience, as aligned with CHS2 standards. The activities fostered a sense of community, with children and caregivers alike reporting improved well-being. However, some respondents noted areas for improvement, such as the need for more consistent and sustained support, better access to services (see #2), and tailored activities (see #1).
5. **The evaluation found that SOS CV Ukraine contributed to effectively supporting vulnerable groups, particularly children with developmental disabilities, through tailored services that enhanced psychological well-being, social inclusion, and educational outcomes.** However, challenges such as staffing shortages, long wait times, and geographic distance limited access for some families. Additionally, some vulnerable individuals may have missed out on services due to a lack of awareness or reluctance to seek help. Mobile teams and dedicated staff helped mitigate these challenges.

## Efficiency

6. **The evaluation revealed that while the majority of children and caregivers perceived the assistance provided by SOS CV Ukraine as timely, there were some exceptions.** Specifically, 7% of children and 6% of caregivers reported delays, particularly in case management and the delivery of food and cash assistance. These delays were also reflected in some FGDs and KIIs, with specific challenges such as funding approval delays, staff shortages, and seasonal project adjustments impacting the timeliness of services.
7. **The project's adaptability to the changing wartime context, including shifts from emergency response to long-term support, was largely viewed as a strength.** The dual focus on both emergency response and longer term needs, crucial in a protracted crisis, was achieved through SOS's approach to individual case management which identified individual needs using a holistic perspective. The team's innovative solutions, such as developing mobile and online services, highlight their commitment to meeting diverse

needs. However, the removal of support to injured children due to lack of identification may indicate a need to reassess identification processes to ensure no gaps exist.

8. **The implementation of newly tailored SOPs in 2023 significantly improved operational efficiency, morale, and cost savings for SOS CV Ukraine.** These changes clarified procedures, enhanced MEAL capacity, and improved communication both internally and with participants, resulting in better working conditions and more effective project outcomes.

## Coherence

9. **The evaluation highlighted the strong interlinkages and synergy between SOS CV Ukraine, clusters, and other organisations, which contributed to a well-functioning referral system and effective coordination.** This coherence emerged as a key strength of the response, with successful participation in cluster meetings and collaboration across various levels. However, concerns were raised about a perceived decline in SOS CV Ukraine's active participation in coordination meetings, suggesting a need for renewed engagement in developing new initiatives and methodologies.
10. **SOS CV Ukraine has implemented effective measures to avoid duplication of efforts, such as mapping and coordination with government stakeholders.** While some duplication occurred early in the project, improved coordination systems significantly reduced this issue over time. The unique combination of services provided by SOS CV Ukraine, particularly in child-friendly spaces, further distinguishes their approach.

## Capacity

11. **SOS CV Ukraine demonstrated a strong commitment to staff capacity-building, resulting in notable improvements in skills and team morale.** Extensive training in various areas, including child protection and case management, contributed to a more resilient and skilled team. However, the evaluation identified areas for further enhancement, particularly in supporting children with disabilities and addressing staffing shortages. The current team structure and size appear insufficient to meet the demands of the project effectively, leading to high workloads and delays in service delivery.

## Accountability to Affected Populations

12. **The evaluation indicates that while the FCM mechanisms are generally in place and utilised, awareness among project participants varies significantly by location.** This inconsistency may limit the effectiveness of the feedback and complaint systems, especially in areas where awareness is low. Ensuring that all participants, especially the

most vulnerable, are informed and able to access these mechanisms is crucial for the success of the project and the protection of participants.

## Inclusion and Do No Harm

13. **The SOS CV Ukraine project demonstrated a strong commitment to the inclusion of marginalised, disadvantaged, and vulnerable groups, as well as adhering to the "Do No Harm" principle.** The implementation of mechanisms such as rapid needs assessments (RNAs), staff training, and a reporting system reflects an effort to address and protect these populations. However, identified gaps in accessibility and inclusiveness, particularly for individuals with disabilities especially in Zakarpattia centre, and the need for improved data collection and monitoring indicate that further refinement is necessary to fully meet the needs of all target groups.

## Child safeguarding

14. **SOS CV Ukraine CV Ukraine demonstrates a strong commitment to child safeguarding through a well-established policy framework and effective reporting mechanisms.** The organization has implemented comprehensive measures, including dedicated reporting channels, mandatory training, and the Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH) policy, which reflects adherence to both national and international standards. Despite these robust efforts, challenges remain, particularly regarding the integration of safeguarding and complaint mechanisms and ensuring continuous awareness among staff and children.

The existing systems, while commendable, reveal a need for more focused efforts on ensuring that children are fully aware of and can access safeguarding mechanisms, as well as addressing gaps in the integration of child-specific reporting channels. Enhancing training and awareness efforts and refining the safeguarding framework to address both physical and emotional risks, will further strengthen the overall safeguarding environment.

15. **CS risk assessment: Throughout the project, SOS CV Ukraine CV Ukraine demonstrated a proactive approach to assessing and addressing CS risks.** A detailed analysis of identified risks and corresponding mitigation measures reveals a well-structured response to challenges such as bullying, violence, and safety during emergencies. Risks were systematically documented and addressed through targeted measures, including anti-bullying campaigns, nonviolent communication training, and the establishment of safe areas during air alarms. However, gaps remain in addressing some risks effectively, such as the need for additional specialists and the disparity in safety measures across different locations.

## Recommendations

This section presents the conclusion, structured according to the established evaluation criteria.

### Relevance

- **Enhance community awareness of the project, its services, and selection criteria:** Continue and enhance efforts to raise awareness about the project and its services among target populations by employing a multi-faceted approach. This could include a combination of community outreach, partnerships with local organisations or local authorities, and enhanced communication strategies, such as social media campaigns, community meetings, and distribution of printed materials in key areas. Additionally, consider implementing child-friendly mechanisms to share information about the project, such as outreach campaigns in schools and child-focused community events. It is crucial to maintain a clear communication plan that outlines what the project can and cannot provide, as this transparency will help manage expectations, prevent dissatisfaction, and build trust with the target populations.
- **Improve Access to Services by Addressing Transportation and Distance Barriers:** Develop solutions to address transportation challenges that prevent families from accessing services, such as offering transportation stipends, creating mobile service units, or partnering with local transportation providers. In more than one location, participants mentioned difficulties in accessing services. Although this may be an inevitable result of serving large communities, and while expanding the reach of mobile teams could be an additional solution for those who travel long distances, if resources are limited, the project may need to expand the service map in local communities to include other players providing services in hard-to-reach areas. This could improve referral activities or information sharing about these services for those who must travel long distances. Additionally, individual support services could be utilized to assist with transportation, especially for people with disabilities and the most vulnerable groups, if transportation costs pose an additional barrier.
- **Address Unmet Needs:** The evaluation identified unmet needs among certain subgroups, particularly children with disabilities and women. To address these gaps, consider expanding services such as speech therapy and specialized psychological support. Additionally, explore the provision of financial assistance specifically aimed at essential household support, with a particular focus on shelter and accommodation needs.

### Effectiveness

- **Clarify Case Management Timelines and Expand Targeting Criteria:** The evaluation activities revealed significant success in implementing case management activities. However, the timeline for handling cases requires further clarification and explanation of

the SOPs during the safe identification phase of beneficiaries, which will help manage their expectations regarding the timing of services and improve their satisfaction with the timing of activities. On the other hand, people with disabilities mentioned that they needed more specialized services. Therefore, the selection criteria or targeting of case management activities could be expanded to include people with disabilities who require these additional services.

- **Address Stigma Around Psychosocial Support:** It is evident from the feedback collected from children and caregivers that there is a negative perception of the term "psychosocial support," and there appears to be some stigma associated with it, potentially related to cultural context. Therefore, it may be appropriate to either enhance awareness about the importance of psychosocial support, emphasizing that it addresses normal reactions in children in response to abnormal circumstances, or to consult with children and community members to find more culturally appropriate terms, such as simply referring to the activities by the name of the implementing program.
- **Implement a Child-Centered Consent Process for Using Photos:** As expressed by children in the FGDs, they felt uncomfortable with their photos being used publicly, even though parental consent was obtained. To address this, implement a child-centred consent process that involves directly seeking permission from the children themselves, in addition to parental consent, before using their photos in public settings. This approach ensures that children feel respected and comfortable with how their images are utilized.
- **Introduce Awareness Sessions and Behaviour Modification Programs for Parents:** Awareness Sessions and Behaviour Modification Programs for Parents: It is recommended to introduce more awareness sessions and behaviour modification programs aimed at parents, with a particular focus on improving attitudes towards children with disabilities. The evaluation highlighted that some parents do not recognize or acknowledge their children's disabilities, which hinders these children from receiving the essential services they need. Additionally, there are instances where families are hesitant to accept assistance, even when it is necessary. By offering targeted awareness sessions, parents can gain a better understanding of the importance of identifying and addressing their children's specific needs. Behaviour modification programs can further help in shifting parental attitudes, encouraging them to be more receptive to seeking and accepting the support their children require.

## Efficiency

- **Enhance Case Management Efficiency:** implement a centralised digital case management system that allows caseworkers to update and track cases in real-time. For example, equipping caseworkers with a mobile app enables them to log case details, schedule appointments, and communicate with clients while in the field, reducing time spent on administrative tasks. Additionally, using automated SMS notifications can remind

clients of upcoming appointments and update them on case progress, ensuring timely communication and reducing the likelihood of missed services.

- **Improve Communication About Eligibility Checks:** Develop and implement a clear communication strategy to inform targeted communities about the eligibility check process for cash transfers. This should include details about the time required for these checks and the reasons behind them, ensuring that participants understand why there may be a delay in receiving assistance.
- **Establishing a Flexible Emergency Response Fund:** Establish a flexible budget line or reserve fund specifically for emergencies to enhance the project's ability to adapt to changing needs and contexts. This financial flexibility will enable the project to respond quickly to unforeseen situations, such as unexpected changes in the number of injured children due to shifts in wartime conditions. Additionally, adopt a demand-based approach for resource allocation instead of setting fixed targets. This will allow the project to better accommodate unpredictable variations in affected communities needs and ensure the optimal use of resources.

## Capacity

- **Enhance capacity-building efforts:** by including specialised training for staff on supporting children with disabilities. Additionally, SOS CV Ukraine should evaluate and optimise its team structure and size to ensure that staffing levels are adequate, and roles are clearly defined, which could involve restructuring the workforce and expanding recruitment efforts to fill critical gaps.

## Accountability to Affected Population

### Participation

- **Systematize Child Participation:** A distinctive feature of the project is its focus on children's participation, and it will be important to organize this participation in a more systematic way, adhering to child participation protocols.
- **Enhance Male Caregiver Engagement:** Feedback from caregivers sometimes reveals differences in the evaluation of activities between male and female caregivers. This lower participation by male caregivers is due to contextual factors such as the recent military mobilization law announced, which may have limited their availability and engagement. Therefore, it may be important to launch more adapted mechanisms to engage male caregivers, which could improve their evaluation of the activities and enhance their input into activity design. By acknowledging these contextual challenges and creating flexible opportunities that consider these constraints, programs can better support and involve male caregivers, ensuring a more inclusive approach.

## Complaints and Feedback Mechanism

- **Targeted Awareness Initiatives:** Launch location-specific awareness campaigns to address the disparities in FCM awareness, focusing on regions like Chernivtsi where awareness is lower.
- **Dedicated Safeguarding Reporting Mechanism:** Develop and implement dedicated child-friendly reporting systems separate from general complaint mechanisms. For example, create a child-specific safeguarding reporting app or hotline, staffed by trained professionals who can address and support children's concerns directly and confidentially.
- **Regular Training and Refresher projects:** Provide ongoing training and refreshers for staff, caregivers, and children to reinforce their understanding and utilization of FCM mechanisms, with a special focus on safeguarding and child protection.
- **Enhanced Monitoring and Evaluation:** Strengthen the monitoring of FCM awareness and utilization across all locations to identify and address gaps, ensuring that all participants have equal access to these critical mechanisms.

## Inclusion and Do No Harm

- **Enhance Accessibility:** Develop and implement specific guidelines to ensure that all project sites and activities are accessible to individuals with varying needs, including those using wheelchairs. However, achieving equity and inclusion in the project's activities requires further interventions to make the centres more accessible to people with disabilities, such as necessary infrastructure improvements in some centres.
- **Raise Awareness and Change Attitudes Towards Disabilities:** According to the team's observations, an additional challenge exists with the parents of children with disabilities, as they do not recognize that their children are with disabilities, despite this official legal term being associated with many rights for them. Therefore, it may be appropriate for the outreach team or CFS centre team to conduct awareness raising sessions on disabilities, targeting all caregivers, whether they have children with disabilities or not. Additionally, behaviour change courses could be implemented by psychologists, targeting the parents of children with disabilities to provide them with knowledge and change their attitudes.
- **Increase Staff Training and Awareness:**
  - Provide ongoing training for staff on disability inclusion, accessibility standards, and the specific needs of different vulnerable groups.
  - Foster a culture of inclusivity within the team to better support and advocate for the needs of marginalized populations. For example, establish a child advisory panel composed of Ukrainian children from various backgrounds to provide feedback on project activities and strategies.

- Recognize staff who excel in creating inclusive projects that cater to the specific needs of children affected by conflict, such as those who develop innovative solutions for supporting children in temporary shelters or rural areas.

## Child Safeguarding

- **Increase Training and Awareness Efforts:** Implement more frequent and targeted training sessions for both new and existing staff on safeguarding policies, including PSHEA, and ensure regular refresher courses. For example, conduct quarterly training workshops focusing on the PSHEA policy and safeguarding best practices, incorporating real-life scenarios and interactive elements to enhance understanding and compliance.
- **Improve Awareness of Safeguarding Mechanisms:** The project requires a greater focus on raising awareness about safeguarding reporting mechanisms. While 45% of children reported having used these mechanisms and hold a positive attitude toward them, there is a need for a broader approach to empower children and ensure they have the necessary tools to report safeguarding concerns effectively. To address this, the project should launch targeted awareness campaigns aimed at both children and caregivers. These campaigns could include interactive sessions with child-friendly and dynamic visuals or materials in schools and SOS VC Ukraine centres. The goal would be to educate children and caregivers about the available reporting channels, the importance of reporting safeguarding concerns, and to mainstream safeguarding efforts by conducting systematic child safeguarding risk assessments. This approach will help to ensure that all participants are well-informed and empowered to utilize the safeguarding mechanisms in place.
- **CS risk assessment**
  - **Expand and Standardise Safeguarding Measures:** Develop and implement standardised procedures for addressing common risks, ensuring consistency across all project locations. For example, create a uniform protocol for anti-bullying and non-violent communication that can be applied across all centres, and ensure that each location has access to the same level of resources and training.
  - **Increase Localised Training:** Conduct location-specific training sessions based on the unique needs and requests of caregivers in different areas, such as additional bullying prevention training in Zakarpattia.

# Annexes

Annex A. Data collection tools

Annex B. Evaluation matrix

Annex C. Stories of Change



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