

AUSTRALIAN HUMANITARIAN PARTNERSHIP UKRAINE RESPONSE: LESSONS LEARNED FROM THE REAL-TIME REVIEW



What were the strengths and challenges of the AHP mental health and psychosocial support (MHPSS) program in Ukraine, Romania and Moldova?

How did the real-time review (RTR) approach benefit programming?

Image: Children enjoy a music session at a refugee centre in Bucharest. Photo: ADRA Romania

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| <p>Response</p> | <p>Delivered by two consortia led by World Vision Australia and Plan International Australia, the Australian Humanitarian Partnership (AHP) Ukraine Response addressed critical education, protection and psychosocial needs in Ukraine and the neighbouring countries of Moldova and Romania. The timeframe for the response was March 2022 to April 2023.</p> |
| <p>End of Program Outcome</p> | <p>To protect the well-being of internally displaced people (IDPs), refugee children, adolescents and their caregivers affected by the Ukraine crisis, and ensure their access to quality, gender- and age-appropriate integrated support services.</p> |
| <p>Evaluation</p> | <p>Real-Time Review: Protection Support Services for Australian Humanitarian Partnership (AHP) Final Report delivered July 24, 2023 <i>Research by Conflict Management Consulting (CMC)</i></p> |
| <p>Background</p> | |
| | <p>On 20 March 2022, the Australian Government Department of Foreign Affairs and Trade (DFAT) through the Australian Humanitarian Partnership (AHP) launched the humanitarian response to the Ukraine conflict to respond to the critical health, protection and psychosocial needs in Ukraine and neighbouring countries of Moldova and Romania. DFAT commissioned a real-time response review (RTR) with the primary objectives of harvesting real time learning from the mental health and psychosocial support services (MHPSS) response and identifying opportunities for improvement.</p> <p>The RTR was conducted as a rolling learning initiative, with multi-phased data collection stages taking place in November 2022 and April 2023. Learning workshops were held at the end of each data collection stage and key findings synthesised into Stage One and Stage Two learning reports and shared with key stakeholders. The workshops provided AHP partners the opportunity to learn from the findings and adapt/improve programming based on recommendations. The third, final report was delivered in July 2023.</p> |

Learning brief

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| <p>MHPSS Program Focus</p> | <p>The World Vision project aimed to address the critical protection and education needs of refugees with a particular focus on children. This was achieved through the establishment of inclusive and accessible support centres, branded as Happy Bubbles. The project encompassed various activities, such as the provision of protection services and violence referral mechanisms implemented through the safe spaces model, provision of MHPSS and emergency education and recreation programmes, as well as distribution of learning kits to vulnerable girls and boys.</p> <p>The assistance provided by Plan included MHPSS, gender-based violence (GBV) services, child protection in emergencies (CPiE), as well as complementary assistance for raising awareness about COVID-19 and protection issues like trafficking. Cash programming was implemented as a complementary measure.</p> |
| <p>Drivers of Success, Lessons and Limitations</p> | <p>The real time review assessed the AHP response based on OECD DAC criteria: relevance, inclusion, effectiveness, efficiency and sustainability. The review concluded that overall the MHPSS program accommodated the needs of affected people and was successful in achieving its objective of improving their psychosocial well-being. The key drivers of success as well as limitations and lessons are summarised below.</p> <p>Relevance</p> <div style="background-color: #f4a460; padding: 10px; margin-bottom: 10px;"> <p>Program design was done in consultation with local communities.</p> <p>The response was grounded in context, developed through participatory processes and based on principles of good practice. It also addressed gaps not covered by other MHPSS actors.</p> <p>It aligned with the priorities of the Ukraine Government’s and long-term plan to establish and sustain a wide network of local MHPSS structures.</p> <p>Program design and activities were adapted to reflect changes in the economic, social and political context (guided by lessons from the RTR).</p> </div> <div style="background-color: #f4a460; padding: 10px; margin-bottom: 10px;"> <p>Drivers of Success:</p> </div> <div style="background-color: #f4a460; padding: 10px; margin-bottom: 10px;"> <p>Limitations and Lessons:</p> <p>Training was provided to equip local partners to implement MHPSS response, but also important to acknowledge capacity building is more than training.</p> <p>Need to recognise the diversity of experience amongst humanitarian stakeholders and identify individual needs of local partners for capacity building.</p> </div> <p>Inclusion</p> <div style="background-color: #f4a460; padding: 10px; margin-bottom: 10px;"> <p>Drivers of Success:</p> <p>The response placed a strong emphasis on the inclusion of vulnerable groups in refugee and host communities including women, children, people with disabilities and ethnic minorities. A deliberate effort was made to engage the Roma people after the first stage of the RTR identified there was room for improvement in this regard.</p> <p>Accountability to affected populations: comprehensive feedback mechanisms were established via social media platforms, hotlines, QR codes and complaint boxes. All feedback was incorporated in the response as much as possible.</p> </div> <div style="background-color: #f4a460; padding: 10px;"> <p>Limitations and Lessons:</p> <p>Not all country offices and local partners had dedicated MEL specialists - this resulted in some limitations for GEDSI data collection and monitoring.</p> <p>Room for improvement in the engagement of males, the elderly and LGBTQIA+ community.</p> </div> |

Learning brief

Effectiveness

National staff were highly motivated and committed to emergency work and developed proficiency in provision of psychological first aid (PFA), individual healing, and other MHPSS interventions.



Drivers of Success:

Implementing agencies showed organisational agility in rapidly changing context.

Based on feedback from program participants and frontline workers, the most effective services included stress management support, community based PFA, facilitation of referrals and peer support. The child friendly spaces were considered highly effective in improving the mental wellbeing of children.



Limitations and Lessons:

It was challenging for agencies to find the best way to organise MHPSS support. Local social service providers were extremely busy and there was a resistance to change established practices. Consulting with local partners about the most convenient approaches for them enabled more effective referral systems.

Building trust with affected communities is crucial to their participation in project activities.

Efficiency



Drivers of Success:

The flexibility of DFAT funding played a key role in allowing adaptability of the program and helped ANGOs and AHP partners manage challenges.

Management structures were mostly effective.



Limitations and Lessons:

AHP partners encountered challenges during the start-up phase related to the lack of track record and lack of presence of both ANGOs in Ukraine and one ANGO (Plan International) in Romania.

Recruitment of staff and/or selection of local partners to support implementation were identified as the main challenges facing ANGOs, which affected the timeliness of initial implementation.

The set-up time of response should be considered for project timelines - time to establish the team, employ personnel and develop partnerships. This period cannot be bypassed, even with experience of implementing a similar program in another context.

Sustainability



Drivers of Success:

Both ANGOs focused on localisation which in turn contributes to establishing longer-term sustainability of psychosocial service provision to affected populations. The ANGOs supported local partners and provided capacity strengthening (safeguarding, child protection, MHPSS, GBV, procurement, financial management etc) to enable them to effectively deliver the response.

Funding was secured to continue activities in one out of three target countries, while the other partners benefitted from enhanced capacity for MHPSS.

The strong technical capacity of local partners will enable them to continue effective MHPSS work beyond the program's completion.



Limitations and Lessons:

AHP partners noted the unpredictability of funding cycles limited their ability to scale up long term MHPSS programming.

The development of transition plans and exit strategies will help to ensure those accessing MHPSS services can continue to get the support they need after the program's completion.

Recommendations for MHPSS Programming

- Stakeholders, including donors, should adopt a flexible and responsive approach, allowing for a program to be adapted to meet the changing needs of the affected population.
- MHPSS interventions in crisis contexts requires significant resources for the education, supervision and training of MHPSS specialists.
- It is important to coordinate with MHPSS providers and local authorities in alignment with national strategy. A focus on capacity building of local MHPSS providers and strengthening existing systems (MHPSS, child protection and education) within government in target countries avoids creating parallel systems and ensures sustainability of interventions.
- When designing the program's Theory of Change, interventions should be evidence-based and informed by theories and scientific approaches in mental health support. In addition to outputs and activities, ensure the results framework can be used to monitor a breadth of MHPSS response results and outcomes.
- Develop specialised interventions to improve the integration of senior community members and their caregivers (e.g. elderly club, peer-support groups, chess club).
- Dedicate specific programming and spaces for males, to address issues such as gender-based violence (GBV) and engage them in psychosocial activities.
- Ensure MHPSS programmes have a margin for ethnic minorities.
- Strengthen the inclusion of sustainability mechanisms in program design
- Ensure sufficient resource allocation for monitoring, evaluation and learning (MEL) activities and appoint MEL experts.
- Share learning - disseminate valuable good practices of MHPSS program design, implementation and coordination with internal and external stakeholders
- Maintain a variety of feedback sharing mechanisms for affected people including hotlines, email, social media platforms, QR codes and confidential reporting during activities/meetings. Monitor participant awareness and use of these mechanisms and the response of implementing organisations.
- Ensure adequate and appropriate human resources are in place and provide technical and psychological support to enhance the capacity of project staff to deliver the response in the most effective way.
- Address gaps not covered by other MHPSS actors, including targeting hard-to reach communities.

| | Benefits of the Real Time Review Approach |
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| | <p>The RTR evaluation approach was welcomed by AHP partners as it provided valuable and immediate feedback which guided the direction of project activities within a volatile context. Based on learnings from the RTR - after initial implementation in Romania and Moldova - World Vision decided to start a program in Ukraine, realising that affected people had started returning to Ukraine and there was an increased need for MHPSS and humanitarian support. The Stage One RTR also recommended an extension of the AHP response to cover the whole school year. This was achieved through a three-month program extension which enabled the response to avoid disruption of services.</p> <p>As well as helping to inform the interventions, the review also enabled partners to discover and address project shortfalls early on. For example, during stage one of the RTR, partnership tensions were reported by AHP and local partners. Recommendations following this stage suggested that organisations invest in their working relationship and manage mutual expectations. As a result, coordination was strengthened.</p> <p>In its final report, CMC highlighted that the RTR as a monitoring, learning and evaluation format was practical for the implementing organisations, with the multi-phased approach enabling on-the-fly adjustments to programming, administration, and implementation. Overall, the real-time review provided a comprehensive assessment of the design and implementation of the AHP program in Ukraine, Moldova and Romania, with important lessons and recommendations for future MHPSS responses.</p> |
| | Reflections on the RTR from AHP Partners |
| | <p>Plan International Australia: <i>"The RTR allowed us to make informed decisions due to having live data and analytics. A RTR allows for humanitarian responses to remain adaptive and validates approach taken."</i></p> <p><i>"The RTR allowed for ground truthing of MEL and data collection while also highlighting deficiencies in coordination early on".</i></p> <p>World Vision Australia: <i>"World Vision were able to make changes to the program and local partners were able to be involved in the whole process".</i></p> <p><i>In relation to adaptability, the RTR process allowed for decision-making and adapting the response as necessary".</i></p> <p>AHP Partnership Director <i>"It is important that responses are adaptive. In the Ukraine, teams were moving around as the conflict flared up in different regions. It was difficult to get staff into response areas and get programs up and running".</i></p> <p><i>*This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade and draws on the findings of the RTR developed by Conflict Management Consulting for the AHP Ukraine response. The views expressed in this publication are the authors' alone and are not necessarily the views of the Australian Government.</i></p> |