



Ministerstvo zahraničních věcí
České republiky

Ministry of Foreign Affairs
of the Czech Republic

FINAL REPORT OF EVALUATION

EVALUATION OF TEN HUMANITARIAN RESPONSE PROJECTS TO THE CONFLICT IN UKRAINE

December 2024


NAVIGA
ADVISORY & EVALUATION
Evaluation team

Main evaluator: Lukáš Maláč

Experts: Radim Gill, Marie Valínová

Local expert: Taras Byk, Vladislav Cocimariuc



<p>Partner country (country of implementation):</p> <p>Moldova and Ukraine</p>	<p>Project locations:</p> <p>Lviv, Odesa, Kyiv, Vinnytsia region and Transcarpathia region, Chisinau and surroundings, Carpineni, Gagauz region and possibly other locations in the South region</p>
<p>Title of evaluated intervention in Czech and English:</p> <ol style="list-style-type: none"> 1. Mobilní autobusová ošetřovna pro Vinnyckou oblast (Mobile bus infirmary for the Vinnytsia region) 2. Pomoc vnitřně přesídleným osobám (IDP's) v Zakarpatské oblasti (Assistance to internally displaced persons (IDPs) in the Transcarpathian region) 3. Školící a monitorovací nástroje pro zamezení korupce při poskytování humanitární pomoci (Training and monitoring tools for the prevention of corruption in the provision of humanitarian aid) 4. Podpora bezpečných podmínek pro léčení vážně nemocných dětí ve Lvově (Support of safe conditions for the treatment of seriously ill children in Lviv) 5. Školení pilotů národní letecké univerzity v ČR (Pilot training at the National Aviation University in the Czech Republic) 6. Termoenergetická opatření uprchlického centra Carpineni (Thermal energy measures of the Carpineni refugee centre) 7. Rozšíření zdravotnických, vzdělávacích a sociálních služeb pro ukrajinské uprchlíky v Moldavsku I. (Expansion of health, educational and social services for Ukrainian refugees in Moldova I.) 8. Rozšíření zdravotních a sociálních služeb HomeCare pro ukrajinské uprchlíky (Expansion of HomeCare health and social services for Ukrainian refugees) 9. Dodávka zdravotnického vybavení pro klinickou nemocnici v Kišiněvě (Delivery of medical equipment for a clinical hospital in Chisinau) 10. Zajištění potřeb nejzranitelnějších uprchlíků (Ensuring the needs of the most vulnerable refugees) 	<p>Specialization:</p> <p>Assessing the humanitarian response to the conflict in Ukraine</p>

<p>Coordinator:</p> <p>Ministry of Foreign Affairs of the Czech Republic</p>	<p>Implementer:</p> <ol style="list-style-type: none"> 1. ROYAX s.r.o. 2. Caritas Czech Republic 3. International non-profit organization "Partnership for Transparency Fund Europe" 4. "KRYLA NADIYI" Charitable Foundation 5. Kyiv National Aviation University (NAU), CTU – Czech Technical University in Prague, F-AIR spol. s r. o. 6. Public association "Green City Lab Moldova" 7. SOS AUTISM association, Fedra network 8. HomeCare Association 9. Clinical Hospital of the Ministry of Health of Moldova, supplier Linet s.r.o. 10. Adra o.p.s. (ADRA CZ), ADRA Moldova
<p>Project Start Date:</p> <p>2022</p>	<p>Project End Date:</p> <p>2023</p>
<p>Total contribution utilised from Czech development cooperation funds (CZK):</p> <p>114,987,453 CZK</p>	<p>Total funds utilised, including co-financing (CZK):</p> <p>118,908,953.43 CZK</p>
<p>Other donors engaged in the project: N/A</p>	
<p>Authors of the evaluation report:</p> <p>Lukáš Maláč, Marie Valínová, Taras Byk</p>	
<p>Period of the evaluation:</p> <p>08/2024-12/2024</p>	
<p>Date, signatures:</p>	

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Management Summary

Introduction

The subject of this assignment is to carry out an independent evaluation of the humanitarian response to the conflict in Ukraine based on ten selected projects implemented on the territory of Ukraine and Moldova. These projects are under the responsibility of the Ministry of Foreign Affairs of the Czech Republic (MFA) and the Ministry of Interior of the Czech Republic under the Humanitarian Aid priority sector.

The evaluation was carried out in accordance with the internationally recognized OECD – DAC criteria adapted for humanitarian reviews and other defined criteria, such as external presentation and crosscutting principles of the Czech Development Cooperation. Its outcomes – findings, conclusions and recommendations – should be used in decision-making by the MFA in cooperation with other stakeholders on the future focus and implementation of the Czech Development Cooperation projects, interlinking Humanitarian Assistance with development initiatives in so-called humanitarian-development nexus. The assignment stresses in this context the importance of the assessment of involvement and added value of different types of implementers.

Evaluation was carried out in collaboration of experts from Naviga Advisory and Evaluation who had the responsibility for the overall coordination and data collection in Moldova (supported by local expert) and Wooden Horse Strategies from Ukraine, who took care for data collection in this country and drafted relevant parts of the Final Report.

Evaluated interventions

Subject of the evaluation are 10 projects funded from the Humanitarian Assistance of the Czech Republic (implemented in 2022–2023) in Ukraine and Moldova, focusing on health services, shelter, institutional support, and (to a lesser extent) childcare and education with a total budget of CZK 110 million. In Ukraine, projects include a bus ambulance for emergency care, shelter for internally displaced persons, anti-corruption training for grass-root humanitarians, and infrastructure improvements for treating ill children, spanning regions like Transcarpathia, Lviv, Odesa, and Vinnytsia. In Moldova, initiatives involve thermo-energy rehabilitation at refugee centres, enhanced healthcare services, and support for vulnerable refugees, especially families with disabled children.

The projects aim to address critical needs, improve living conditions, and build capacity for long-term impact. Efforts include creating modular housing, providing medical equipment, supporting educational and social integration, and training Ukrainian civilian pilots in the Czech Republic. These projects are tailored to diverse local needs, ensuring effective humanitarian assistance and strengthening resilience amidst the ongoing crisis.

Methodology and approach

The approach to evaluation was based on field data collection in Ukraine as well as Moldova. In Ukraine data were collected continuously since the end of September till early November. In Moldova a seven days evaluation mission took place. The applied methods included desk research of project documentation, statistical analysis of financial and demographic data, in-depth interviews (IDIs) with key stakeholders, focus groups with beneficiaries, and limited use of questionnaires. Interviews were conducted with project implementers, government representatives, NGOs, and international donors, with local experts leading efforts in Ukraine and Moldova to address language barriers and cultural context. Focus groups, facilitated by local professionals, gathered direct input from refugees and internally displaced persons (IDPs) in both countries.

Several challenges were identified and addressed during the evaluation. Language barriers were mitigated through interpretation services, while local experts ensured culturally sensitive engagement. Security risks in conflict zones like Odesa and Vinnytsia required careful planning and adaptation of field missions. Logistical issues included reduced access to refugee accommodation centres (RACs) due to closures, low response rates for pilot training surveys, and difficulties engaging overburdened NGOs in Odesa. Despite these obstacles, the evaluation team successfully gathered necessary data through alternative methods, including

focus groups and interviews with key stakeholders. The findings aimed to provide meaningful insights into project outcomes and the sustainability of humanitarian assistance efforts in a complex and dynamic context.

Conclusions

The evaluation was primarily aimed at the criteria of relevance (primarily with regard to the needs of beneficiaries) and effectiveness, stressing the request on identification of added value of implementers. Furthermore, good practice should be identified that could be replied in the future – however, taking into account changing needs of target groups (refugees, IDPs) and follow-up initiatives suggested within the framework of the nexus. Finally, the level of correspondence of the projects to the emergency needs on the one hand and sustainability of the projects on the other was another important focus of the analysis.

Relevance and adequacy of support are assessed as **high**. All supported projects did implement activities that were in line with the needs of beneficiaries and support was mostly aimed at the needs that were felt as the most relevant, following the set out objectives of support; in case that only a specific part of the needs of target groups were covered by the project, in most cases the project team recognized that needs are covered by other stakeholders and the implementer focused on needs that were “left out” of the support by other partners either due to their (thematic) specificity (such as providing access to health care to elderly and other vulnerable groups by the means of home care services / telemedicine) or the needs being specific to a narrow sub-group of the target group. Relevance of the projects specifically to the needs of refugees and IDPs is, however, variable. Part of the projects were aimed directly on working with these target groups and provided direct services and / or capacities for key support (such as accommodation). Other projects had a more ad-hoc character and their relevance for refugees and IDPs was rather indirect.

Projects had, in general, proven high degree of flexibility and ability to adapt to changing needs of target groups. This high degree of flexibility was observed as one of the key added values of Czech support and enabled proper and timely targeting to actual needs of target groups. However, in some cases this flexibility was at the expense of clearly defined processes of implementation and reporting, which could be seen as quite loose and create potential risk of inefficiencies.

Projects were, at the same time, very heterogenous, following diverse objectives, target groups and thematic focus. No overarching strategy was followed in the first stage phase of response to the conflict. This contributes to the high flexibility and is also very understandable in the context of dynamically evolving crisis where the speed of response takes precedence over strategy. However, at the same time the overall relevance cannot be satisfactorily assessed as a common reference framework was not in place and objectives of supported projects were divergent. In effect, high degree of heterogeneity was observed also in reporting, structure and quality of monitoring and final outputs as well as access to key documents

The **effectiveness and timeliness** of support is assessed as **high**. It can be concluded that all supported projects were well aimed to the needs of their target groups and brought about relevant support.

Local organizations in Moldova and Ukraine, with established networks and long-term collaboration with Czech Development Cooperation (CzDC), played a key role in delivering timely and effective aid. Groups like HomeCare and SOS Autism in Moldova, and Caritas CR and Wings of Hope in Ukraine, leveraged existing relationships to meet the needs of vulnerable groups, such as refugees, elderly individuals, and children with disabilities, without delays or the need for new structures.

The Czech Republic’s humanitarian assistance stood out for its flexibility, enabling rapid adaptation to the changing needs and filling critical gaps overlooked by larger donors. This support targeted underserved groups, provided tailored aid, and focused on sustainable initiatives, such as energy-efficient renovations of refugee shelters and future repurposing for social services. In this context the flexibility, quick response and ability to react to specific needs of selected target groups (based on previous profound knowledge) can be demonstrated as added value of Czech support vis-à-vis other donors and partners. Similarly, another key added value was specific targeting of local vulnerable population as well as refugee / IDP groups, which contributed to lowering of potential social tensions in host communities.

Overall, the projects are assessed as effective also from the point of view of the **timeliness** criterion – supported interventions were in most projects in line with needs at the point of time and could have been implemented quickly. However, changing needs of target groups are recognized by most of the implementers and local partners as well as international stakeholders and need to be taken into account in future support –

aiming more at stabilization of refugee / IDP population in the host communities and supporting their integration. Insufficient focus on these stabilization and longer-term support activities in favour of direct emergency support was seen as a limitation of the provided assistance also by one of the evaluated projects – recognizing that if the stabilization activities (such as psychological and psycho-social support) were part of the “first response” projects, the integration of IDPs, stabilization of their family situation and their activation in the new life circumstances could have come sooner.

The **coherence and coordination of support were assessed as rather high**. Especially in the first weeks and months of the crisis the coherence and coordination were extremely ad-hoc, based on individual and often rather informal, communications between various implementers, government officials, local public administration officers and other stakeholders. Early crisis efforts were therefore fairly chaotic, involving numerous uncoordinated actors and lacking a systematic approach. Over time, coordination improved with key roles established by UNHCR and OCHA.

In Moldova, national-level coordination effectively outlines responsibilities for large-scale assistance (e.g., food, medicine, emergency housing), but local coordination remains informal and ad-hoc, relying on public officers, mayors, and RAC managers. In Ukraine, a structured system led by UN agencies and local NGOs ensures coordination, though gaps persist, with uneven aid distribution among communities. Notable efforts, like the Transcarpathia project uniting diverse institutions, highlight the potential of localized collaboration to address these challenges. Overall, the formal coordination at sub-national level as well as thematic coordination has been seen as stronger than in the case of Moldova.

Efficiency of support was perceived as **rather high**. Due to less formalized administrative setup high flexibility of implementation was achieved, driven by strong trust from long-term collaboration with implementers. Furthermore, this approach strengthened efficiency by relying on already existing structures with strong localized presence which minimalized costs necessary to set up local representation and delivery mechanisms – these were already in place and only needed to be, in some cases, capacitated. Taking advantage of this humanitarian–development nexus thus constitutes good practice also from efficiency point of view. However, certain projects, like the pilot in Odesa, highlight need for further support to make the project full and comprehensive. Originally designed to test an approach for broader capacity building, the delayed follow-up phase limited its overall efficiency. Efficiency of this approach could be seen as high only if the follow up initiatives aimed at upscaling the pilot project are implemented.

Impacts were in some cases difficult to isolate and evaluate comprehensively since most interventions focused on urgent needs of refugees and IDPs rather than long-term outcomes, and were implemented in complex environment involved many intervening factors and overlapping contributions from other stakeholders. Despite this, clearly positive impacts were observed at several projects, involving increasing personal dignity of IDPs/refugees, enabling them to integrate more smoothly into local communities and labour market, creating model cases how to approach investments into public services infrastructure or increasing the resilience of medical facilities to future crises. Last but not least, clear impacts of support on saving lives of civilians as well as servicemen has been observed. Impacts were therefore assessed as **rather high**.

Sustainability of the projects varies from **low to rather high** due to their ad-hoc nature, compounded by dwindling international support. It has been observed in numerous cases that once the financing stops, services and activities cannot be sustained. However, infrastructure projects, such as temporary accommodations, exhibit stronger sustainability potential. Facilities like those in Carpineni are planned for future public use, while investments in RACs and modular housing in Ukraine and Moldova are expected to serve educational, social, and other community needs, ensuring long-term benefits for local populations. Furthermore, high sustainability has been observed also observed in the case of trainings to NGOs in Odesa region, which contributed to their institutional capacity and, thus, long-term sustainability as important humanitarian actors. Similarly, high sustainability potential has been also observed by the project of NAU (training of civilian pilots), especially due to the component of harmonizing the curriculum of NAU with EU standards and accreditation of NAU as education institution that aligns with EU rules that bring a potential for long-term sustainability – appropriate trainings will be provided in Ukraine.

Furthermore, the issue of replication has to be assessed with regard to sustainability. Efforts aimed at supporting replication were observed in numerous cases. The delivery of ICU medical bus was followed by delivery of another medical bus for Dnipropetrovsk region and this solution is, in general, assessed as a best

practice. In the case of NAU project, on the top of aligning the curriculum with EU standards there are also discussions of other donors taking over similar support to practical training of pilots in the following years.

Taking into account the differing assessments above, the sustainability and replication of support overall is assessed as **rather high**.

Visibility of Czech-supported projects is mixed. Recipients focus more on the assistance than its source, but all projects in Ukraine show awareness and appreciation for support. Projects in Transcarpathia, Vinnytsya, and Lviv stand out due to their physical impact, like renovated hospitals and housing, which increase public awareness. The Odesa project, less visible outside the community, could gain wider impact if scaled. In Moldova, larger infrastructure projects, like the Carpineni rehabilitation, where the Czech Republic is the lead donor, have high visibility. Support to hospitals also boosts visibility, especially with Czech brands like Linet. However, smaller, fragmented contributions are less visible unless Czech NGOs lead the initiatives, increasing overall recognition. Even those unaware of Czech funding know the NGOs involved, suggesting potential for sustained impact through further cooperation.

Regarding the **cross-cutting criteria**, the support followed the principles of human rights and gender equality: In a number of cases, it targeted directly vulnerable groups like the elderly, disabled, and women, especially mothers and pregnant women. Projects focused on improving the living standards of these groups, with many initiatives supporting childcare and after-school activities. Women were highly represented in both the beneficiary groups (in Ukraine as well as in Moldova) and as employees in project implementation.

Specific contributions of the project to the good governance were observed. Although the support did not directly affect the operation of public institutions in targeted countries, they did focus on strengthening local capacities of NGOs in Ukraine as well as Moldova, on which the implementation and delivery of support to IDPs / refugees relied and which will be, considering the decreasing engagement of international donors and INGOs, increasingly more important in this field. Moreover, the fact that existing structure that were established / developed within the CzDC for delivery of emergency support has been observed as being in line with good governance principles and strengthened the humanitarian–development nexus. The Carpineni project, however, significantly contributed to environmental goals by improving energy efficiency and self-sufficiency, reducing future environmental impact.

Recommendations

Project level recommendation	Level of seriousness	Primary addressee
Maintain , wherever possible, the flexibility in project implementation as one of the key factors of success of implemented projects, especially in the context of potential gaps which may appear if UN organizations leave some regions and areas of their activities	1	MFA, Mol
Continue programs on capacity-building of local NGOs and CSOs	2	MFA, CzDA
Further support Moldovan authorities in implementation of the RESTART reform of social protection system, provide appropriate technical assistance, exchange of knowledge, advocacy and awareness raising, networking, etc.	2	CzDA, implementer

Programme / sector recommendations	Level of seriousness	Primary addressee
Leverage on existing added value of support financed by Czech Humanitarian Assistance in development nexus and on identified good practice. Focus on developing a comprehensive system of providing appropriate services to local as well as refugee / IDP vulnerable population targeting less developed regions , with focus on specific services that are highly relevant to the needs of these target groups but cannot be (due to specific character) provided in standard system of social services, such as psycho-social assistance, childcare and after-school activities, vocational trainings specifically for women, etc. Lean on existing networks in developing such services.	2	MFA, CzDA

Consider support specifically targeted at reintegration of war veterans into the workforce and society / local communities , including supporting operations such as managing the effects of trauma and Posttraumatic Stress Disorder (PTSD) or support to expanding disabled access to buildings.	3	MFA, MoI
Analyse, in cooperation with relevant partners and national / regional levels, existing or forthcoming (due to changes in response strategies and exit of donors and other stakeholders) gaps in key assistance to the most vulnerable groups of refugees / IDPs who will not be able to integrate into local community and will remain dependent on humanitarian assistance and formulate, in cooperation with partners, comprehensive response to fill these gaps .	2	MFA, MoI
Within development cooperation capitalize on good practice and visibility gained from the support to restoration of the facility in Carpineni, strengthen the energy efficiency focus as a cross-cutting objective in development cooperation in other sectors .	3	CzDA, MFA

System or procedure recommendations	Level of seriousness	Primary addressee
Harmonize requirements and forms requested on projects receiving support from Humanitarian Assistance of the Czech Republic (without necessarily increasing administrative burden).	2	MFA

1. Introduction

1.1. Evaluation context: Russian invasion of Ukraine and its impacts

The full-scale Russian invasion of Ukraine launched on 24 February 2022 is one of the most serious international conflicts in modern history. The main objective of this invasion is to occupy and control the eastern regions of Ukraine, specifically Donetsk and Luhansk, where Russian occupation administration have been operating since 2014. These areas are called 'people's republics' and enjoy relative autonomy under Russian support.

The Russian invasion has significantly affected regional stability and has had disastrous effects on various aspects of society. Combat operations have led to the tragic loss of civilian and military lives, as well as extensive material damage to infrastructure, including hospitals, schools, and civilian living quarters. The international response to the invasion included the swift imposition of comprehensive economic sanctions against Russia, to mitigate its military attacks and to encourage diplomatic negotiations to end the conflict.

Humanitarian assistance provided by the Czech Republic includes saving lives and alleviating human suffering through immediate financial, material, and expert response to sudden disasters or conflicts. It also focuses on stabilizing and rapidly restoring critical infrastructure and strengthening resilience and preparedness for future crises. Russia's aggression against Ukraine represents a significant security, political, and economic challenge for the Czech Republic, the European Union, and the global community. The Czech Republic has long-standing political, economic, development, and humanitarian relations with Ukraine and has traditionally enjoyed a good reputation in the country. Since 2014, Ukraine has been a specific country for the Czech Development Cooperation (CzDC) and priority for transition cooperation and humanitarian assistance.

All humanitarian assistance efforts are part of broader international efforts to alleviate civilian suffering in Ukraine and support long-term stability and post-conflict reconstruction.

1.2. Purpose of evaluation

The subject of this assignment is to carry out an independent evaluation of the humanitarian response to the conflict in Ukraine based on ten selected projects implemented on the territory of Ukraine and Moldova. These projects are under the responsibility of the Ministry of Foreign Affairs of the Czech Republic (MFA) and the Ministry of Interior of the Czech Republic under the Humanitarian Aid priority sector.

The evaluation was carried out in accordance with the internationally recognized OECD – DAC criteria and other defined criteria, such as external presentation and crosscutting principles of the Czech Development Cooperation.

An evaluation of humanitarian aid, however, differs from traditional policies and public interventions. Humanitarian aid is primarily characterized by its reactivity and rapid response. Generally, at least in the initial phases of humanitarian action, it is not a comprehensive and cohesive policy but rather an immediate response to a sudden situation (such as a natural disaster, conflict, etc.) with impacts on the lives of people in affected areas. Humanitarian action thus has a somewhat "spontaneous" nature: responses are typically formulated on an ad-hoc basis and reactively, often even "on the fly," i.e., without thorough formulation of the intervention logic.

The outcomes of this evaluation – findings, conclusions and recommendations – should therefore be used in decision-making by the MFA in cooperation with other stakeholders on the future focus and implementation of the Czech Development Cooperation projects, thus clear link to follow-up initiatives and, more generally, interlinking between humanitarian assistance initiatives and more complex development projects (implemented in further stages of stabilization and reconstruction) is clearly stressed. The evaluation is also expected to provide recommendations for possible replication of the type of project or sub-activities (which are subject to this evaluation) in other developing countries or locations. Last but not least, the assignment stresses the importance of the assessment of involvement and added value of different types of implementers.

1.3. Information on the evaluators

Naviga Advisory and Evaluation s.r.o. has long been at the forefront of the market in the field of evaluation and consulting for ministries, state administration, and self-government authorities in the Czech Republic. It is a dynamic consulting organization with more than twenty years of tradition in the Czech market. Since its establishment, the company has focused on consulting and expert advisory in the field of implementation of public expenditure programs and projects. In this field, analytical and evaluation projects, strategic and project consulting projects, development of project plans, processing of analyses, and specific inputs for EU structural funds projects have been delivered by the company.

The evaluation team of this evaluation was further strengthened by the staff of Wooden Horse Strategies (WHS), an American-Ukrainian public policy consultancy based in Ukraine with more than 25 years of experience in strategic communication, government relations, public policy research, political consulting and monitoring and evaluation. Moreover, WHS has been heavily involved in the organization and distribution of humanitarian aid in Ukraine after the start of the Russian invasion in 2022, within the framework of its own project "Help Ukraine - Operation Palyanytsya" (see <https://helpukraine22.org/>). As part of this project, WHS focuses primarily on humanitarian aid in the field of health, and since 2022 has collected and distributed humanitarian aid to more than 30 health facilities and 130 NGOs, amounting to more than 4 million USD. In June 2023, the "Help Ukraine - Operation Palyanytsya" team was awarded the "Philanthropist of the Year" award by the Association of Ukrainian Charitable Organizations.

All the members of the evaluation team have extensive work experience with evaluations of various projects, programs, and development cooperation (incl. previous evaluation experience in the target country).

2. Information on the evaluated intervention

2.1 Brief information on the Evaluated projects

To evaluate the large-scale humanitarian assistance in Ukraine, it was necessary to narrow down the sample of projects evaluated (total value of CZK 110 million). The evaluation focused on ten selected projects implemented in Ukraine (5) and Moldova (5). These projects represent a variety of implementation modalities, types of implementers and beneficiaries, often with follow-up of current implementations.

The implementers and partners of ten projects evaluated in Ukraine are ROYAX s.r.o., Caritas Czech Republic, International NGO "Partnership for Transparency Europe", Charitable Foundation "KRYLA NADIYI" and National Aviation University Kyiv (NAU), Committee of Voters of Ukraine and F-AIR Ltd. In Moldova, these are the Public Institution "Green City Lab Moldova", SOS AUTISM Association, Fedra Network, HomeCare Association, Clinical Hospital of the Ministry of Health of Moldova and ADRA CZ and ADRA Moldova.

The subject of the evaluation are 10 projects supported by the humanitarian aid of the Czech Republic in Ukraine in the period 2022-2023. The first part of the projects was allocated to Ukraine and the second part to Moldova. Due to the geographical diversity of the five supported projects in Ukraine, which were implemented in different locations such as Lviv, Odesa, Kyiv, Vinnytsia and Transcarpathia region, it was necessary to consider the diversity and specific needs of each location during the evaluation.

Compared to the projects in Ukraine, which are spread over more sites, the projects in Moldova are implemented in a more limited number of sites (Chisinau and surroundings, Gagauzia and possibly other sites in the South region). These specificities reduce the geographical fragmentation of the projects and allowed for better optimization of the planning and implementation of the evaluation mission, which led to a reduction of the overall time consumption of these activities.

Summary of projects

A summary of these projects is presented in the table below:

Project name	Year	Sector	Project funds (CZK)	Region	Brief project content
Bus Ambulance for Vinnytsia region (ROYAX Ltd.)	2023	Health	9,480,000	Vinnytsia region, Ukraine	The key initiative of the project was to provide fast and quality health care in crisis situations. The mobile medical space is equipped to stabilize patients, provide first aid and transport them safely to hospitals, which is essential for survival and saving lives in emergency situations.
Assistance to Internally Displaced Persons (IDP's) in the Zakarpattia region (Caritas Czech Republic)	2022	Shelter	23,528,953	Transcarpathia region, Ukraine	The project aimed to provide long-term quality housing for IDPs in the Transcarpathia region of Ukraine. It was implemented through the construction of modular housing units according to the ClickHome concept and the adaptation of existing substandard accommodation facilities.
Training and monitoring tools to prevent corruption in the provision of humanitarian aid (Partnership for Transparency Europe)	2022–2023	Institutional Support	1,600,000	Odesa, Ukraine	The project has aimed to strengthen the capacity to act as reliable partners for international organisations and donors in the implementation of humanitarian and stabilisation assistance in Ukraine, with the possibility to expand to other areas including Moldova.
Creation of comfortable and safe conditions for the treatment of seriously ill children (Kryla Nadiyi Foundation)	2023–2024	Health	5,000,000	Lviv, Ukraine	A project focusing on creating comfortable and safe conditions for the treatment of seriously ill children in Lviv was a key initiative to improve the infrastructure of two key clinics.
Training of Ukrainian Airline Transport Pilots in Czechia (National Aviation University of Kyiv)	2023–2024	Education	22,000,000	Czech Republic	The project aims to support the National Aviation University in aligning its curriculum with EU requirements and train 20-25 Ukrainian transport aircraft pilots in the Czech Republic who are unable to undergo flight training in the closed airspace over Ukraine.
Thermo-energetic rehabilitation measures of the temporary centre for refugees (Green City Lab Moldova)	2022–2023	Shelter	10,000,000	Carpineni, Moldova	The objective is to improve living conditions, reduce energy consumption and maintenance costs. The plan includes an energy audit, installation of photovoltaic panels, insulation, replacement of windows, renovation of the boiler and equipment of the centre.

Expansion of health, education and social services for Ukrainian refugees in Moldova I (SOS Autism Association)	2022–2023	Health, education and psycho-social assistance	10,000,000	Chisinau, Moldova	The project has focused on supporting Ukrainian refugees, especially families with disabled children. Activities include provision of medical materials and first aid kits, capacity building of the centres, provision of social and educational assistance, and project awareness raising.
Extension of homecare's medical and social services for Ukrainian refugees (HomeCare Association)	2022	Health and psycho-social assistance	10,000,000	Chisinau and in regions in Moldova	The project was designed to provide critical assistance and care to Ukrainian refugees through health and social centres and mobile teams of the HomeCare network. Activities included the purchase of medicines, equipment (washing machine, dryer), cleaning products, hygiene products, bed linen, food, and hiring of medical and non-medical staff. Also, the purchase of rapid tests for COVID-19 and equipment for the mobile clinic "Pacea Familiei".
Supply of medical equipment for the Clinical Hospital in Chisinau (Linnet, Ltd.)	2022	Health	10,000,000	Chisinau, Moldova	The supply of medical equipment for the Clinical Hospital in Chisinau includes, for example, mobile clinics, an ambulance kit, hospital beds or an electrosurgery unit.
Meeting the needs of the most vulnerable local populations and refugees in Moldova (Adra o.p.s.)	2022	Multisector	17,300,000	Moldova	The project targeted the support of the most vulnerable refugees and the local population through the repair and equipment of accommodation centres, the provision of food, hygiene and non-food items, as well as through language courses to help improve their chances of employment and integration into their new environment.

2.2 Intervention logic

The intervention logic of various humanitarian projects in Ukraine and Moldova highlights their key objectives and outcomes. In the Vinnytsia region, the project aims to provide a bus ambulance to transport seriously injured individuals, especially during military aggression. This bus is equipped for minor surgeries and can operate independently for up to five days. Another project in the Transcarpathian region focuses on providing quality temporary housing for internally displaced persons (IDPs) by constructing modular units and improving water, sanitation, and hygiene (WASH) standards in collective settlements. In Odesa, the project enhances local institutions' capacity to manage international assistance through training in financial management, monitoring, and anti-corruption practices.

Further initiatives include creating safe and comfortable conditions for treating seriously ill children in Lviv, training Ukrainian airline transport pilots in Czechia, and implementing thermo-energetic rehabilitation measures at a refugee centre in Moldova. These projects aim to improve living conditions, ensure continuity of education, and reduce energy consumption. Another significant effort extends medical, educational, and social services for Ukrainian refugees, particularly those with disabled children, by providing necessary equipment, accommodation, and psychological support.

Lastly, projects in Moldova aim to increase healthcare capacity to support both refugees and the local population. This includes procuring medical equipment for mobile clinics and enhancing services to meet the needs of the most vulnerable groups. Overall, these projects are designed to provide critical emergency assistance, improve living conditions, and build local capacities to manage the ongoing humanitarian crisis effectively.

2.3 Assumptions and risks of the projects

The following assumptions and limits have been formulated by various projects (selection of the most crucial assumptions and limits that were tested within the evaluation):

- Sufficient capacity of local NGOs and other civic society organizations related to the delivery of humanitarian assistance
- Issues related to insufficient capacities of quality local suppliers and contractors (in Ukraine) necessary for construction works as well as availability of construction materials
- Power outages and general lack of access to public services
- Increase in prices of building materials and other inputs
- Continued support to Ukrainian refugees by the governments of neighbouring countries, especially Moldova
- Availability of specialists for social, healthcare, psychosocial, medical, and other services for refugees (able to communicate in their language)
- Tensions between refugees and local communities, especially the most vulnerable ones
- Risks related to further destabilization of Ukraine and surrounding countries (especially Moldova)

3. Evaluation methodology

3.1 Summary of Applied Methods

3.1.1 Desk research

The subject of desk research in this evaluation is mainly the project documentation, outputs of the supported projects (project documents, final reports, and their annexes, etc.), programme documentation (if relevant), other relevant documents of MFA related to the implementation of humanitarian assistance projects, relevant sectoral/operational documents in the target countries; strategic and programme documents of other donors, NGOs, international organizations, etc., operational documents and relevant projects of other donors and relevant actors (international organizations, NGOs, development banks), etc.

3.1.2 Statistical analysis of secondary data

Basic statistical analyses such as descriptive and exploratory data analysis have been applied to datasets that were available and useful for the evaluation (e.g. financial data, contextual data on populations of IDPs / refugees, survey data).

3.1.3 In-depth interviews (IDI)

Interviews played a key role in the evaluation of primary data collection. The interviews were primarily conducted in person; interviews via videoconference were used only to the extent necessary. In Ukraine, interviews were conducted by the local team, and in Ukrainian, while in Moldova, interviews were conducted using interpretation.

In general, the following groups of respondents have been approached:

- Project implementers, partners, and other institutions directly involved in the implementation
- Representatives of MFA, Ministry of Interior (MI), Embassies and General Consulates, etc.
- Representatives of public institutions on national, regional, and local levels
- Employees of the implementers/partners and/or supported institutions on the ground
- Representatives of key international stakeholders responsible for coordination of humanitarian response to the conflict in Ukraine and Moldova
- Representatives of other international donors and other actors
- Relevant NGOs and other civil society stakeholders on the ground – in supported localities

3.1.4 Focus group Discussions (FGDs)

Focus groups were used as the primary tool for collecting information from the final beneficiaries of the support - refugees/IDPs. Considering the situation of these vulnerable target groups, we consider it more appropriate to reach them in the form of a focus group rather than, for example, through an "impersonal" questionnaire survey. In total, we conducted 7 focus groups on both target countries, see attachment for details.

Focus groups in Ukraine were led by local experts in the local language based on a pre-agreed scenario. The experts then provided English minutes of the Focus Group. Focus groups in Moldova were carried out with consecutive translations from English into mostly Russian language.

3.1.5 Questionnaires

The use of the questionnaire survey was rather limited. Partly because of the relatively short timeframe for data collection but mainly because we do not consider it the most appropriate tool for collecting data from the

vulnerable target group of refugees/IDPs. For these reasons, the questionnaire survey was used only in two cases:

- Questionnaire survey with pilot training participants (*however, no response received*)
- Questionnaire survey with representatives of NGOs who participated in the project training in Odesa

In each questionnaire, the whole population of supported target groups was addressed (i.e., all pilots taking part in training and all representatives of NGOs who participated in training/capacity-building activities in Odesa). In both cases, the CAWI (Computer Assisted Web Interviewing) method of collection of responses was applied – questionnaires were programmed into a web-based application, and then the respondents were approached with a request to fill in the appropriate form.

Surveys with pilots were carried out in English. Surveys with representatives of local NGOs were carried out in Ukrainian.

3.1.6 Evaluation visits

Evaluation visits were key to data collection. In Ukraine all sites where support was provided were visited. In Moldova, it was not possible to visit all sites due to large heterogeneity of support (small scale support was provided to dozens of Refugee Accommodation Centres), moreover, significant part of RACs that were supported are no longer used for this purpose. Therefore, a sample of (still operational) supported centres were visited within the evaluation, in line with Input Report. Within the evaluation visits the evaluation team focused on assessment of current status quo of supplied equipment / constructed infrastructure.

3.1.7 Case studies

Case studies were elaborated at the level of the individual projects that were supported within the evaluation. Outputs of these case studies are presented in Annex A of this report.

3.2 Methodological and other obstacles

The evaluation team has identified the following risks of the evaluation.

RISK	MITIGATION
Language barrier	Funds were reserved in the applicant's budget to cover the costs associated with interpretation and translations. These costs were carefully planned with sufficient margin to ensure that in the event of unexpected circumstances or expanding needs, the applicant has sufficient funds to cover these services.
Insufficient knowledge of the local context causing incorrect application of evaluation methods (questions in individual/group interviews or in a questionnaire survey that respondents do not understand or cannot answer)	Involvement of local experts with sufficient awareness of the local context. Implementation of the evaluation in Ukraine was entrusted to a local team with extensive experience in consulting for the public sector (especially at the local level), evaluation and coordination and distribution of humanitarian aid in the context of the conflict in Ukraine.
Insufficient flexibility and operativeness in communication with local communities caused by the language barrier and the low availability of ICT (Information and Communication Technologies) in rural locations	Engagement of a local expert and a sufficient time scale for the implementation of field research, either in person or via remote communication. According to our experience, a local expert is crucial for the successful implementation of the evaluation mission. The local coordinator represented a mediator for communication

	between the evaluation team and local communities and local stakeholders.
Difficult identification of local stakeholders who are relevant for field research (specific natural persons who have something to say about the issue and its impact)	Conducting interviews with project holders and partners already at the stage of processing the input report, timely telephone contact (formal and informal through interviews with identified project holders).
Specific and very professional focus of the order	<p>Thanks to the professional knowledge and experience of the applicant in the field of evaluations, it was possible to provide the proposed solution quickly and efficiently, even beyond the requirements of the contracting authority.</p> <p>The applicant has unique know-how in the CzDC evaluation methodology, which represents a significant contribution in the field of providing qualitative and detailed analyses of project results. These professional competences and experience enable high-quality assessment and evaluation of projects and programs with an emphasis on the relevance of outputs and recommendations.</p> <p>In addition, the applicant has experience in the evaluation of humanitarian projects, also in the field of aid to war refugees (see the evaluation of humanitarian aid provided by the Czech Republic to Syrian refugees in Lebanon).</p> <p>This previous experience and cooperation with a Ukrainian partner with extensive experience in the field of humanitarian aid in Ukraine and the evaluation of support of public institutions and policies guarantees a sufficient professional level of the implementation team for processing the evaluation.</p>
A very early implementation of the evaluation after the end of the project implementation (in the order of months) will not allow to sufficiently evaluate the sustainability and impacts of the projects	Adaptation of the evaluation design - in the case of sustainability, the evaluation focused mainly on the key factors of sustainability and their achievement by the final beneficiaries - therefore, the sustainability potential was evaluated primarily.
The specific nature of humanitarian projects, which is significantly different from standard development projects, the application of "development" criteria can significantly distort the evaluation results and provide incorrect conclusions and irrelevant recommendations	Adaptation of the evaluation design for the context of humanitarian aid evaluation, in accordance with the internationally recognized approach of the OECD and other institutions. The evaluation criteria were adapted to reflect the specifics of humanitarian aid. The design is validated by a previous humanitarian aid evaluation.
Security threats resulting from the implementation of the evaluation in a de facto war context (especially projects in Odesa, but the security situation is also problematic in Kyiv, Vinnytsia region and to a lesser extent in other regions)	Data collection in Ukraine was carried out by a local team with experience of working in the target regions in the current security situation. Prior to field data collection in potentially risky areas, the security situation was evaluated in cooperation with the Representative Office (RO) in Kyiv, and mission planning will be adapted to this.
Personnel risks related to the ongoing war in Ukraine - for example, the risk of mobilizing a local expert to serve in the army during the implementation of the project	To eliminate this risk, cooperation was established not only with the local expert, Taras Byk, but with the entire Wooden Horse Strategies organization (see above). This strengthens the capacity of the local evaluation team and, if necessary, ensures substitutability.

Within the implementation of the field mission the following obstacles to the planned data collection had to be dealt with:

1. Due to changes in refugee needs as well as national response strategy **most of RACs in Moldova have been closed down**. The refugee population has mostly scattered within the local community and only parts of the most vulnerable refugees are still living in RACs that remained open (however, those are not used to the full capacity).

The originally planned number of RACs could therefore not be visited. In the end, only two RACs were visited. In order to substitute that, in the localities where originally visits to RACs were planned, FGDs were organized attended by refugees who live in the locality.

2. A visit of third RAC was planned in Chisinau, however, on the same day the visit was called off due to personal change at the position of the RAC manager (or so we were, at least, informed). The third RAC therefore could not have been visited.
3. The operation of the ICU medical bus provided to Vinnytsia region was transferred over to the military command, serving, first of all, the wounded soldiers. For that reason, some quantitative data was not available due to its classified nature.
4. The willingness of representatives of NGOs / CSOs in Odesa region to take part in the evaluation (FGD as well as survey) was quite low. As it is elaborated upon in the project report, these stakeholders are overburdened with working for local communities and IDPs (mainly distributing material and other support) and are rather “fed up” with attending trainings, capacity building sessions and other “soft” interventions provided by foreign donors and international organizations (in the context of actual financial support decreasing). Local team has managed, in cooperation with Committee of Voters of Ukraine (CVU), to organize data collection, however, the turnover is considerably lower than originally expected.
5. Survey with trained pilots was organized, however, with no response from the target audience. In distribution of the questionnaire, we had to rely on the project partner as we do not have contacts of the participants – therefore the responses are out of control of the evaluation team.
6. Due to high turnover of staff, the contacts for local representations of international organizations and other donors in Ukraine were outdated – none of the contacts was successful. Our team has, therefore, reached out to local offices of relevant organizations / donors as well as national authorities on its own, however, the response was negatively affected (some institutions refusing attendance in an interview), therefore only part of the planned IDIs at national level could have taken place (however, interview with UNHCR, being the key coordination partner, was successful). Interviews with relevant NGOs, international partners and other key stakeholders in the target regions were, however, successful and provided necessary external feedback.

3.3 Evaluation team

When putting together the implementation team, great emphasis was placed on the theoretical knowledge and practical experience of all the team members. The evaluation team included the following members:

- **A project manager (Lukáš Maláč)**, a lead evaluator with relevant project management experience and experience in the field of evaluation of publicly funded programmes/projects, including the evaluation of CzDC projects
- **Expert guarantor (Radim Gill)**, with long experience in both implementation and evaluation of regional and rural development projects, including implementation and evaluation of CzDC projects; graduate of training in project/programme cycle management
- **Local experts (Taras Byk and junior expert Vladislav Cocimariuc)** with in-depth knowledge of the local context and (in the case of the Ukrainian expert) extensive experience in technical assistance in project implementation, evaluation of foreign donor projects in support of local initiatives as well as coordination and distribution of humanitarian aid.
- **The junior position (Marie Valínová)** specializes in desk research and data analysis within projects and surveys.
- **Other members** of the evaluation teams work as interpreters, interviewers, drivers, etc.

The evaluation team of this evaluation was further strengthened by employees of **Wooden Horse Strategies**, an American Ukrainian public policy consulting company based in Ukraine with more than 25 years of experience in strategic communication, government relations, public policy research, political consulting, monitoring, and evaluation.

4. Evaluation findings

4.1 EQ1: What is the relevance of each project in terms of the needs of the beneficiaries?

The evaluation criterion of relevance is primarily aimed at assessing the extent to which the intervention is in line with the needs of the final beneficiaries, i.e., mainly refugees and IDPs, but also local communities that may be negatively affected by the arrival of these people. Secondly, the relevance assessment then also focuses on whether the humanitarian intervention is in line with the priorities of the relevant institutions, i.e., to what extent the support is part of a coordinated approach of the affected (host - in the case of Moldova) country. The assessment of relevance - i.e., the alignment of the support with the needs of refugees and IDPs in particular - forms the basis for the assessment of the other criteria. The sources of the findings include desk research, interviews, focus groups, questionnaires and personal interviews.

The assessment of relevance of each project is provided in the individual analyses which are attached to this report.

In general, the supported initiatives can be divided into several groups based on their relevance, resp. beneficiaries and their needs that are covered:

1. Projects directly supporting IDPs / refugees by providing shelter, in-kind support and other essential services (incl. health care and social services). These projects were implemented by organizations that work on the ground and usually have a long-term experience in this field and in the target countries. Projects within this category were working in direct contact with refugees / IDPs and most of them, at the same time, have established strong cooperation with relevant local / regional institutions and possibly also other organizations working on the ground. Based on data collected directly from the target groups as well as interviews with key stakeholders at national as well as regional and local levels it can be concluded that the relevance of all of these projects is very high. The implementers and/or their partners directly aggregate needs from the refugees / IDPs themselves and provide emergency support which is seen as appropriate by all stakeholders involved in the data collection (including target groups). In effect, these projects cover needs that are very time-sensitive and significant. In most cases it has been observed that the implementers are working in more complex environment with stronger presence of other donors and organisations providing support, however, no significant inefficiencies that would stem from potential lack of coordination were registered. Consequently, it was not observed by the evaluation teams that this complex environment would on any significant scale lead to duplication of similar support. This is mostly due to ad-hoc coordination on the ground that was organized between relevant stakeholders themselves (in the first stages of the crisis) or by local institutions. With time this local and ad-hoc coordination has evolved into a more systematized cooperation, this was, however, more the case in Ukraine where cooperation clusters were established in affected regions (organized by OCHA) which can be confirmed by the interview with the UNHCR representative as well as implementers of supported projects (especially programme manager of Caritas). In Moldova there is some level of coordination on the national level organized by UNHCR and divided into thematic platforms / working groups (again, confirmed by interviews with UNHCR and other donors as well as representatives of the Embassy), however, coordination on the ground still remains, according to the results of our field research (interviews with local project partners and local institutions), highly ad-hoc and informal. The following projects belong primarily into this category: Project implemented by Caritas in Transcarpathia, and projects by SOS Autism, HomeCare and ADRA / Ezzy Link in Moldova. All these projects were implemented as grants. Furthermore, also the project implemented by GreenCiy Lab in Moldova can be included into this category – although the implementer did not work directly with the refugees from Ukraine, the objective of the project was to create quality capacities for decent accommodation of refugees – thus was directly aimed at critical needs of refugees which were the most acute especially in the first months of the crisis. The timely manner of the projects' implementation (as elaborated upon in the respective project reports) was critical factor of the high relevance of this support. All the projects within this category are also very

relevant to respective Refugee Response Plans (UNHCR) / Ukraine Crisis Response Plan (IOM – International Organization for Migration) / Ukraine Humanitarian Response Plan (OCHA) and other national planning documents which were in force at the time of implementation (late 2022, early 2023 – the crisis / refugee response plans are being produced annually).

2. Projects covering more general needs of the population of target countries, often not explicitly targeted on refugees / IDPs. These projects have rather weaker link to target groups of refugees / IDPs and their relevance to this group is more indirect. All these projects were implemented as direct budgetary support – i.e. their goal was to supply specific equipment. Projects in this group are relevant especially in the sector of health care and were aimed at increasing the capacities of health care providers, including the capacities of emergency services. Although general increase of capacities might be the overall objective, there is always at least an indirect link to refugee / IDP population – health care providers, especially hospitals, were facing a significant increase in demand for health care services: In Moldova, the health care institutions had to deal with additional influx of refugee patients, which was further exacerbated by the fact that among the refugee population staying in Moldova there is a higher share of vulnerable people (as observed by key stakeholders – donors, national-level officers – as well as in key documents, such as the relevant Refugee Response Plan) and therefore has in general higher need of health care services than the rest of the local as well as refugee population. In Ukraine, the medical facilities have to deal with increased demand not only due to influx of IDPs, on the top of that, hospitals that are further away from the frontline also have to absorb patients transferred from health care facilities in other parts of Ukraine, including highly specialized facilities (such as Okhmatdyt Children's hospital in Kyiv, the biggest paediatric hospital in Ukraine, specialized, among other, on oncological children patients and organ transplantations), which were damaged or destroyed by the attacks of Russian Federation. Projects belonging into this category involve support to Western Ukrainian Specialized Children's Medical Centre in Ukraine and Clinical Hospital Chisinau in Moldova. Moreover, another direct budget support was provided in the form of delivering an ICU medical bus to Vinnytsia region, which is highly relevant to the overall goal of the Humanitarian Assistance – as it increased the capacities to save lives directly in region that is often target of attacks of the aggressor with high injured numbers following these incidents – provision of higher scope of emergency treatment directly on the spot as well as transportation capacities of higher number of injured at once significantly contributed to relieving the dire humanitarian situation close to the frontline – to such extent that currently the capacity of delivered ICU (Intensive Care Unit) medical bus is being applied directly to the frontline.
3. Ad hoc support in various fields which is generally beneficial, but its relevance to the immediate needs of refugees / IDPs is more indirect. However, these ad hoc support projects are still very relevant for their respective target groups and bring benefit in larger scale (or at least a potential of such benefits). There are two projects that can be put into this category, namely project implemented by the Partnership for Transparency along with its partners in Odesa region, which contributed to increasing the capacities of local NGOs and civil society organizations (CSOs) in compliance with requirements of international partners and donors (incl. anti-corruption measures) and the project implemented by National Aviation University in cooperation with Czech partners that provides support to training of Ukrainian commercial pilots (and thus is highly relevant to this target group - it prevents the gap in capacities of local pilots due to the fact that no practical training can be done in the Ukrainian airspace) as well as introduction of EU rules and standards to the academic courses on the leading aviation university in Ukraine.

Projects have in general proven high degree of flexibility – i.e. ability to adjust to changing needs of the target groups. This has been identified by implementers as well as public institutions and partially also other donors both in Ukraine as well as in Moldova as one of the added values of the support provided from the Ministry of Foreign Affairs. Due to this ability to appropriately react to changing needs of target groups, the support was often targeted to “niches” that were not covered by other donors or stakeholders providing support to refugees or IDPs. This flexibility is, according to the observations of implementers, mainly due to rather less strict and formalized processes related to implementation and changes in the projects – implementers had often quite free hand in implementation and changes were made operationally, following often rather informal communication between implementers and donor represented by employees of MFA and respective Embassies tasked with implementation of development support or humanitarian assistance. Formalization of these changes was often done rather ex-post, in the Final Report. As noted, this approach provided implementers with sufficient flexibility, which was highly appreciated by several their representatives. At the

same time, however, it suggests risk of inefficient spending. Such cases were not registered within the evaluated projects, which is at least partially due to the fact that implementers were working with the donor (MFA, Embassies) in a long term and thus sufficient (informal) trust was built.

This finding is also, to some extent, an expression of rather low degree of systematization and strategic reference framework for provision of Humanitarian Assistance in the context of Ukrainian crisis. It is understandable that especially in the first weeks the response had an ad hoc and spontaneous character which is not rooted by strategic goals. However, it was not observed that with time the support from the Humanitarian Assistance of the Czech Republic in response to Ukrainian crisis would become more targeted and overarched by a set of overall objectives – as the Humanitarian, stabilization, reconstruction and economic assistance programme for Ukraine, which provides a general strategic covering of the response of the Government of the Czech Republic to the crisis was approved first in October 2022. This is also the reason why the criterion of relevance cannot be fully assessed: the evaluation of relevance of the project responses to the needs of target groups as well as with regard to international response plans has been done in individual project assessments and summarized above.

Following this finding it needs to be pointed out that the supported projects that were evaluated within this analysis, are very heterogenous and quite fragmented. This is more the case among the projects implemented in Ukraine where almost no contact points between these projects can be identified – projects were implemented in different regions and contexts, aimed at different target groups and implemented very diverse activities. In the case of Moldovan projects, the situation is different, projects are more thematically close (with some exceptions) and there were even contacts and interlinks between these projects within their implementation. This distinction is mainly due to differences in identification process and also due to previous experience in the target countries in development context. Whereas in Moldova most of the projects were identified and formulated by or at least in cooperation with representatives of the Embassy, in Ukraine the sources of identification are very diverse. Some projects were the result of political agreements and Humanitarian Assistance programme was used to implement these decisions, other projects were implemented as a result of call for grant projects published by the MFA that were implemented in line with the operational Humanitarian Assistance Strategy (which is published annually). But in general, the sources of these projects were very diverse and not interlinked.

One of the expressions of this heterogeneity and lacking strategic (or at least operational) “umbrella” of the projects supported by the Humanitarian Assistance programme is the fact that available resources for document analysis within this evaluation were again very diverse and, in some cases, incomplete. Different forms and templates were used for applications as well as (sometimes even more so) for Final Reports of supported projects, the level of structuring of available resources is also very diverse (whereas in some projects clear prescribed structure was applied for reporting, in others the reporting had a rather narrative character without clear structure). Moreover, key documents had to be, in some cases, collected on an ad-hoc basis (and delivered continuously throughout the process of evaluation) as a unified system of reporting, sorting and archiving of key data is likely not in place.

Response to Evaluation question:

All supported projects did implement activities that were in line with the needs of beneficiaries. In most projects it can also be observed that the support was aimed at the needs that were felt as the most relevant by the target groups. Implementers often focused on needs that were “left out” of the support by other partners either due to their (thematic) specificity (such as providing access to health care to elderly and other vulnerable groups by the means of home care services / telemedicine) or the needs being specific to a narrow sub-group of the target group. In effect, projects had, in general, proven high degree of flexibility and ability to adapt to changing needs of target groups.

4.2 EQ2: What is the added value of individual types of implementers in terms of the expediency (effectiveness) of the humanitarian response to the war in Ukraine?

Contributions of support

Individual contributions of supported projects are elaborated in the project reports. In general, it can be concluded that the supported projects were well aimed at the needs of their target groups and brought about relevant support. Especially in the most acute phase of the crisis projects have demonstrably contributed to improving the material security of refugees / IDPs from the war on Ukraine and have also, when relevant, significantly contributed to access to decent accommodation. This was especially the case of the projects implemented in Transcarpathian region and in Carpineni – which significantly increased the capacity of accommodation for refugees / IDPs especially in the early stages of the crisis with focus on dignity of refugees / IDPs which is one of the key preconditions of their stabilization and activation in host communities. Moreover, these facilities will stay in place even after the crisis blows over and will be used for other public good purposes. Partial support to access to decent accommodation was also provided in other projects, especially in Moldova – project implemented by ADRA/Ezzy link did contribute to decent accommodation in collective facilities (RACs) by covering ad-hoc needs of a number of centres (along with numerous other donors and other stakeholders) and project implemented by SOS Autism focused specifically on access to appropriate accommodation to families with children with disabilities, especially autism, who have specific needs which could not be covered by the overall support to refugees. In individual cases, the projects have also brought about a better access to health care and social services, especially for the target groups of vulnerable refugees or people with specific needs – such as support provided by the NGO HomeCare (especially to elderly and disabled refugees) or SOS Autism (specific services to children with autism and/or other disabilities) in Moldova. Moreover, projects supported the capacities of health care both in hospitals (Lviv, Clinical Hospital in Chisinau) as well as emergency health care for servicemen (in Vinnytsia region). The support was also extremely helpful in increasing the capacity of accommodation for refugees / IDPs especially in the early stages of the crisis (Transcarpathia, Carpineni). See project reports in attachment A for more details regarding specific contributions of each of the evaluated projects to covering the needs of target groups and their efficiency.

Added value of implementers

Implementers of projects both in Ukraine and in Moldova were mostly organizations with strong local presence or/and long-term cooperation within the CzDC supported initiatives. The undeniable added value of these institutions rested in existing local networks. For example, the NGO HomeCare has in the last ca 15 years of cooperation with CzDC opened 14 local centres in the regions of Moldova, moreover, it cooperates on running of these institutions with appropriate administrative structures at local levels – with whom it has, therefore, established close cooperation. Similarly, another local NGO, SOS Autism, has also established a long-term cooperation with CzDC and, at the same time, cooperates with dozens of other stakeholders throughout Moldova which are associated in a network called FEDRA. In both these cases the implementers were able to mobilize very quickly their networks which provided solid and reliable basis for the support and enabled direct access to the affected target groups. No new structures needed to be established or implemented from outside in these cases and the support could therefore be delivered without any delays as well as without significant extra administrative costs directed to establishing local presence of the implementers. Moreover, this direct access to target groups – refugees, enabled quick and immediate access to information regarding their crucial needs which were not sufficiently covered by other stakeholders and support networks, especially in early phase of the conflict which was characterized by lacking data on needs and provided support (this clear deficit in the first weeks of the conflict was also confirmed by local representatives of UNHCR in Moldova).

Similarly, another project in Moldova has shown strong added value resulting from the position of the implementer in local context and its strong local networking. Namely this was a project implemented by GreenCity Lab, which is well rooted in local context and has active formal as well as informal ties to public administration at all levels in the field of energy efficiency. Relying on this position, the implementer was capable to implement a project of physical rehabilitation of an old and fairly delapidated facility into a RAC that provides decent living condition to refugees. The project was primarily concerned with replacing of old windows and doors and insulating the building – thus capitalized on the implementer's leading position primarily in investments into energy efficiency and took advantage of synergies between investment in this field and the need to increase capacities of decent accommodation for refugees. Moreover, taking advantage of these synergies will enable long term sustainability of the rehabilitated facility – with the plan to transform the newly rehabilitated building into capacities for provision of social services after the need for refugee accommodation

will be over (specifically, there is a plan to create a short-term stationary for children with autism and possibly other disabilities - as a respite social service that is not available so far in Moldova).

Ukrainian partners also proved reliable and resourceful in implementing projects supported by MFA. Similarly to cases in Moldova, the networks of local partners played a crucial role in effective and efficient delivery of urgent support. This was especially the case in the project of Caritas Czech Republic (hereafter Caritas CR), which was well prepared to meet the needs of IDPs in the Transcarpathia region when the Russian full-scale invasion began due to existing local networks that could be mobilized at almost moment's notice. The implementer has had own local presence in the target region and strong local partner who is embedded in target communities. For this reason, cooperation with the local administrations, churches and civil society was organically established from the very start of the intervention and Caritas CR was therefore able to assess and formulate plans to meet the relevant and time-sensitive needs of incoming IDPs, particularly in smaller communities (which was confirmed by interviews with local stakeholders – public as well as NGO). The fact that Caritas CR could lean on existing relationships at the start of the war made their efforts more efficient as they were able to move directly to planning and implementation rather than network and capacity building – similarly to cases in Moldova discussed above, strong local presence enabled not only delivery of support that is relevant to actual (and changing) needs of target groups, but also its effective delivery – no (significant) resources had to be spent on establishing of local presence and delivery mechanisms. The UNHCR based in Kyiv was also well prepared to move directly to planning and implementation due to their existing network of contacts around the country, namely among local NGOs.

In the case of project implemented in Lviv, the implementer (Wings of Hope NGO) has, similarly to some of the implementers in Moldova, a history of work in the medical sphere and an existing network of contacts in the medical profession which proved invaluable for project implementation as well as previous experience working with Czech government supported projects in the region. These characteristics have, similarly to implementers in Moldova, proven to be a strong added value that enabled not only high efficiency and relevance of support, but also increased the timeliness of delivery – the implementer is a trusted partner for final beneficiaries (Children's Hospital in Lviv) as well as donor (MFA), which enabled to “shorten” the chain of delivery of Czech support to local medical facility – in absence of such trusted partner a longer delivery chain would have to be created including multitude of public institution, which would significantly decrease the timeliness and effectiveness of support.

Similar added value, namely relying on partner with strong local presence and existing networks, can also be observed in other supported projects in Ukraine. In Vinnytsya, the Regional Centre for Emergency Medical Care and Disaster Medicine of the Vinnytsya Regional Council had an existing and organized network of contacts. As a non-profit enterprise organized under the directly elected regional council, the organization has an accountability to the public to provide services which reflects directly upon the performance of local government officials. Therefore, the organization was highly attuned and motivated to react quickly to meet the needs of the community during wartime. Similarly, the Committee of Voters of Ukraine (CVU) in Odesa is one of the oldest civil society organizations in the region with a long-standing history of reliable and consistent work of oversight of government activities. In a difficult region where civil society is generally weak, CVU has survived for two decades and maintained political independence. As a result, it is one of the few trusted brokers in the region that can be the platform for independent evaluation and program implementation.

Timeliness and flexibility

Furthermore, high degree of flexibility has been observed on the part of the implementers and, even more importantly, on the part of the support provided from the Humanitarian Assistance of the Czech Republic. Although it has been pointed out by some implementers that the processes of and requirement on implementation, monitoring, reporting and administration of projects supported from the Humanitarian Assistance are in some cases not rigorously set out, all implementers highly appreciate the extraordinary degree of flexibility they were allowed in these projects. This was confirmed, for example, during the interview with the Lviv NGO “Wings of Hope” who were happy about quite easy process of adapting project to unexpected challenges, such as new COVID wave and mobilization of workers refurbishing the hospital. Similarly, the association Green City Lab from Moldova, which implemented a project aimed at rehabilitation of a RAC in Carpineni, as well as the management of the RAC and representatives of local public institutions unanimously identified the high degree of flexibility and low rigidity of processes as key factor of record speed of the investment – in effect, the rehabilitated facility could still serve refugees at the peak of need for decent accommodation. Flexibility and trust are essential especially in the first phases of the crisis when the

implementers and their partners need to react to constantly changing status quo and needs of target groups as the crisis unfolds. This ability to immediately adapt to this changing environment has been observed by implementers as well as their local partners and local public institutions (such as representatives of local public institutions responsible for handling the IDP / refugee crisis) as one of the key added values of Czech Humanitarian Assistance, often contrasting with larger institutions with rather cumbersome processes of planning and modifications. This notion has been confirmed on many levels – from local NGOs implementing the projects to the representative of the UNHCR.

Following this finding, it has been observed that in many projects the support from Czech Republic focused on “filling the gaps” in support provided to the target groups. In Moldova, this additionality of support from the Czech Republic has been observed in different contexts:

1. Specific aim at provision of missing services to highly vulnerable target groups – refugees as well as locals - which are otherwise not available. For example, the health care and social services provided by HomeCare to vulnerable target groups, especially elderly and people with disabilities, should be highlighted. At the same time the “soft” infrastructure of HomeCare was also taken advantage of in delivering material support to refugees as well as locals who might be left out of the system of support otherwise.
2. Focus on specific sub-groups of vulnerable refugees as well as locals with very specific needs that cannot be provided in the “general” system of support; namely families with children with autism and/or other disabilities. These target groups require targeted and individualized support which is not provided to refugees in the system of temporary accommodation and material support that were established to manage the influx of refugees from Ukraine. However, Czech support was able, due to the aforementioned flexibility as well as previous engagement in this field, to support services and assistance tailored for these target groups.
3. Filling “gaps” in the system established with the support of large donors and INGOs in general. This was specifically the case of the project implemented by ADRA / Ezzy Link which reached out to RACs and communities under high pressure from the refugee crisis and provided individualized support to infrastructure (rehabilitation and equipment of RACs which were not covered by other donors) as well as in distribution of material support for refugees (for example specific focus was put on pregnant and lactating women). This ad hoc and “situational” support was highly appreciated by local administration as well as management of supported RACs, because it was able to flexibly target specific needs in each locality. In other words, the high flexibility of Czech support enabled high additionality to more rigid support provided by other donors. However, on the other hand, the support of this kind was also very fragmented and unsystematized.

Similarly, high flexibility of support from the Czech Republic was also seen as one of the key factors that enabled very fast rehabilitation of the RAC in Carpineni, bringing added value a significant increasing of energy efficiency of the facility - and thus reducing the expenses of the operation of the RAC as well as future functions of the facility. At the same time, it needs to be highlighted that in general there are significant risks of inefficient spending related to this high level of “free hand” given to the implementer – strong trust is a vital precondition for this mode of implementation of support.

In Ukraine, the support from Humanitarian Assistance of the Czech Republic has similarly proven an ability to fill the gaps in general assistance provided to IDPs and other target groups. For example:

1. In Lviv, with the support of the Czech government, the Wings of Hope NGO partnered with local medical facilities to fill the gaps in funding between the state budget (limited due to the war) and the needs of children suffering from nephrological and oncological diseases. This proved to be successful because of the existing trust factor between Wings of Hope and previous Czech funded initiatives with the organization, as well as because of the specific aim of the project: targeting children suffering from nephrological and oncological diseases. The target group covered both local children as well as IDP children transiting through the region.
2. In Transcarpathia, the focus on filling holes left by other large donors successfully complemented the overall effort to provide housing for IDPs. By using existing networks to renovate shelters, dormitories and provide modular housing for IDPs, existing local resources were maximized efficiently in addition to other efforts by large donors to provide new housing opportunities. The high degree of additionality was highlighted by the implementer representatives as well as other key stakeholders at local and regional levels. Moreover, this project was unique in the fact that the additionality has been observed

in both directions. Firstly, Czech support enabled to effectively fill gaps in necessary investments into collective accommodation (similarly to project of ADRA / Ezzy Link in Moldova, Czech support was in this respect additional to investments of other donors aimed at provision of decent conditions of accommodation). At the same time, the implementer was able to attract other donors to fill gaps in his own project of construction of modular housing for IDPs – typically other donors bore costs of equipment of the houses, which were not sufficiently covered in the project budget (this additionality of other donors to an investment primarily covered by the Czech support was similar to the project in Carpineni in Moldova, where other donors contributed to specific components of the overall reconstruction of the facility).

3. In Vinnytsya, the focus on specific needs proved effectiveness. In particular, the provision of a transportation vehicle to move injured and wounded individuals quickly to the nearest medical treatment facility filled gaps in existing services provided prior to the war. The fact that this kind of support was extremely timely and highly effective in responding to the most acute needs on the ground can be also demonstrated by the fact that after introduction, the services were not used only for civilians, but also for the needs of servicemen.

This specific ability of Czech support to directly support selected target groups and cover needs that are not sufficiently dealt with otherwise (i.e. “filling gaps”) is appreciated as an added value of direct support also by larger donors and international organizations. Specifically, the complementarity and additionality of Czech support was highlighted by the representatives of UNHCR which is tasked with coordinating the overall international response to the crisis.

Coherence and coordination

Supported projects were in general coherent with systems and approach to the refugee crisis in the target countries as these were defined by national institutions and response plans formulated by key partners, such as OCHA or UNHCR. This is the case especially in grant projects. In case of direct budgetary support, the assistance was more ad hoc and formulated based on a political decision. However, in all cases the support was linked to the issue of providing relevant response to the humanitarian crisis caused by the Russian aggression against Ukraine.

In the case of Moldova, it has been highlighted by all stakeholders (as well as relevant documents, such as Regional Refugee Response Plans) that the country did not have any previous experience with dealing with refugee crisis and thus was not ready for the intensive influx of refugees, especially in the first weeks of the conflict. Capacities as well as procedures and institutional framework had to be formulated and built from scratch in the context of highest crisis. Although the reaction of international partners was very rapid, it took several weeks before a more structured and organized response started to be formulated and implemented, not least due to the fact that international partners active in refugee response have not been at all familiar with Moldovan context and lacked infrastructure / networks in the target country.

In effect, the response especially in the first weeks and months of the crisis was largely ad hoc and rather unorganized, support to incoming refugees was provided by local authorities, NGOs as well as unorganized civil society. Gradually the more systematic response was formulated and the coordination role of UNHCR (in cooperation with relevant ministries) was established. The pattern of ad-hoc coordination at local levels however, to large extent, prevails.

Therefore, it has been observed by implementers as well as other local stakeholders (within respective IDIs), that the cooperation between donors is mostly ad hoc and done operationally in the affected areas and/or RACs, rather than having a systematic and planned character. Key role in the coordination is usually played by local administration – most importantly by district (rayon) representatives of the Department of Social Protection that collects data on refugees as well as local vulnerable population in their district. Donors, NGOs and other stakeholders are communicating with these institutions as well as with local mayors and, in the case of supporting RACs, with the managers of these facilities in order to plan and implement their interventions. The quality of coordination therefore often depends on the quality of human capital at these key positions, moreover, the dynamics between key local stakeholders is variable and often the communication is done through a focal person who holds (often rather informal) authority (significant differences in local dynamics between mayors, representatives of public administration, key local stakeholders – such as local NGOs or

RAC management have been observed during field data collection; the leading roles are often rather informal and varying from region to region). To a lesser extent there is a direct coordination / communication between various stakeholders who are active in the target localities (especially in the early stages of the crisis), however, this is also done rather on an ad hoc basis. Higher coordination between various donors takes place in case that one actor implements projects by more donors – as it is, for example, the case of HomeCare which implemented services supporting access of vulnerable refugees and locals to health care and social services with the support to by Czech Republic and, at the same time, organized psychological-social support services to refugees financed by UNFPA (the NGO is responsible for fixed and one mobile teams throughout Moldova) and implements a project aimed at prevention of gender-based violence supported by the same institution. Often there is also a component of material help in these projects – the delivery is therefore coordinated by the implementer itself.

In most of the projects analysed in Moldova, cooperations with other institutions were identified. In several cases the Slovak Aid has contributed to the implementation of support provided by these institutions – usually in the form of ad hoc donation targeted at specific component of the project. For example, in SOS Autism, the Slovak Aid supported reconstruction and refurbishment of the SOS Autism premises by co-financing investment into sanitary facilities and replacement of doors and windows. Similarly, in the RAC in Carpineni the Slovak Aid installed additional solar panels on the top of those which were purchased within the project supported by the Czech Republic, increasing the power output of the solar energy plan by a further 10 kW. Support from Slovak Aid was provided also in some of the projects implemented in Ukraine, most notably in Transcarpathia where it also took part on financing of the equipment of the constructed modular houses. Further cooperation with other stakeholders was experienced at the level of individual supported RACs, where there was always several donors who contributed to rehabilitation and equipment of the infrastructure as well as provision of services to refugees stationed in the RAC. Similarly, complementarity of the Czech support with investment from World Bank was observed in the support provided to the Clinical Hospital in Chisinau, where the joint efforts of these donors should result in opening the National rehabilitation centre. However, in all these cases it should be noted that, again, lateral communication / coordination between implementers / donors was quite low, mostly done at the level of the supported institution (e.g. the Clinical Hospital or each RAC) which actively seek out donors to finance components of their overall projects and/or cover immediate needs.

Ukraine experienced similar issues with coherence and coordination. While Ukraine had experience with IDPs since the Russian occupation of Crimea and the Donbas in 2014, the country had never experienced the scale and magnitude of an IDP crisis, especially during a full-scale invasion. As a result, there was little cohesion and coordination in the first weeks of the invasion. Over time the situation stabilized, large donors entered the country and local governments were able to adapt quicker to the needs of the approximately five million IDPs in Ukraine. As part of that stabilization process, the UNHCR played more prominent and continual role as many privately funded charitable efforts supporting IDPs and humanitarian aid dried up after the summer of 2022, and ceased operations.

Nonetheless, the non-governmental sector continues to play an important role and the involvement of local governments varies project to project and region to region. For example, in Lviv the NGO Wings of Hope project to renovate two medical facilities was completed without the involvement of the local administration. In fact, a noticeable envy was observed between the local administration and the project implementors. In Odesa region, the historic reputations for corruption in local government made their involvement impossible and as a result, the respected civil society organization CVU had to provide the platform for project implementation. Therefore, based on the survey and conversations with the Odesa region NGOs, we can conclude there are examples of successful horizontal coordination on local level among NGOs with no authorities or donors involved. In Vinnytsya and Transcarpathia though, cooperation between project implementers and local administrations were more constructive, especially in the former where the project was implemented by an enterprise directly accountable to the local council. Especially in the case of Transcarpathia, which is a significant target of IDPs¹, the role of regional thematic clusters in coordination of the overall response to IDP crisis has been highlighted by the implementer. Following these findings as well as IDIs with local/regional representatives and UNHCR staff in Ukraine, it can be concluded that the role of the formal coordination

¹ IOM estimates that as of October 2024 there are ca. 66 thousand IDPs in Transcarpathian region, thus ca. 5-6 % of pre-war local population. Source: IOM: Ukraine Internal Displacement Report, Round 18 – October 2024.

mechanisms in Ukraine is more relevant in facilitating effective coordination or cooperation between donors and implementers than in Moldova.

Response to Evaluation question:

One of the key added value that was recognized throughout the supported projects was the fact that local organizations in Moldova and Ukraine, with established networks and long-term collaboration with Czech Development Cooperation (CzDC), played a key role in implementation of projects – and therefore delivered mostly timely and effective assistance. Projects often leveraged existing relationships to meet the needs of vulnerable groups, such as refugees, elderly individuals, and children with disabilities, without delays or the need for new structures. Projects are assessed as effective also from the point of view of the timeliness criterion – supported interventions were in most projects in line with needs at the point of time and could have been implemented quickly. However, changing needs of target groups are recognized by most of the implementers and local partners as well as international stakeholders and need to be considered in future support – aiming more at stabilization of refugee / IDP population in the host communities and supporting their integration.

4.3 EQ3: Can good practice for further replication or continuity (next phase of support - stabilisation, recovery) be identified within the interventions evaluated?

Good practice of supported projects

Representatives of state authorities as well as other donors and other actors agree that the key good practice of projects implemented in Moldova is the inclusion of local vulnerable population among the target groups of all supported projects (partially with the exception of the project of Green City Lab, which was specifically aimed at the accommodation facility – however, even in this case it is expected that after the refugee crisis blows over, the facility will be used as capacities for social services, thus indirectly the vulnerable local population will take advantage of this project as well).

The Moldovan context is quite unique and different from other European countries that were affected by the refugee crisis. The situation of vulnerable target groups in Moldova was difficult even before the refugee crisis due to low capacities of social services and relevant support provided by the government and with the influx of Ukrainian refugees their situation has further worsened. This is mainly due to the increase in living costs that can be attributed directly and indirectly to the influx of refugees (e.g. steep increase in rents throughout the country). At the same time, local vulnerable residents often feel that significant support is provided to refugees, however, local vulnerable groups who have also been severely impacted by the refugee crisis are largely ignored. Naturally, it has been observed by many respondents of IDIs as well as participants of FGDs that tensions between local population and refugees are increasing. This may be especially the case in regions where Russian is predominantly spoken (e.g. in Gagauzia where a large number of refugees arrived due to proximity to Ukrainian borders or in the north of the country) where it was easier for the refugees to integrate due to the language not being a barrier to finding a job, placing a child into school, etc. Local population in such cases observe it as “unfair” that although the current situation of refugees from Ukraine who reside in these areas is mostly similar to the situation of vulnerable local groups (elderly people, mothers with children, disabled, etc.), only refugees from Ukraine would receive support in the form of vouchers or other services.

For this purpose, it is universally agreed that local vulnerable population need to be included into the response as well, however, not enough has been done in this regard. Projects supported by the Czech Republic are therefore **standing out among other donors and implementers** (as assessed by representatives of the relevant ministry), holding valuable good practice in involving local population into implemented activities – be it material support or provided services. This is mainly due to the specific added value of the implementers that was discussed in the EQ 2: Implementers were active in providing health care and social services to specific vulnerable target groups even before the refugee crisis – and support from the Czech Humanitarian Assistance was, to large extent, directed to increasing the capacities of these stakeholders so that their services could cover also vulnerable refugees.

In Ukraine, good practices for further replication and/or continuity can be observed as well. In Odesa, the pilot project involving 20 civil society organizations was well received and can be expanded and scaled, on the one hand, to strengthen capacity of those NGOs to provide high-quality humanitarian assistance and on the other hand to reach a wider audience in the region and even beyond. In addition, the introduction of anti-corruption as a key element was well received by participants. Using a respected local NGO as the implementer provided the neutral platform which charities and civil society organizations felt comfortable participating in training, which is in stark contrast to the local government. Moreover, the need for strong local capacities for provision of humanitarian assistance a support to affected population in general will be further increasing in the future – with many foreign donors and international NGOs phasing out their support for Ukraine the role of local civil society will be necessarily increasing. Pilot project implemented in Odesa can therefore provide good practice, a “template” for strengthening this sector on a larger scale.

In Transcarpathia, the creation of local construction teams to build additional modular housing when funds become available is another example of the potential for replication and continuity. However, it needs to be added, that although the inclusion of IDP population into the implementation – in the form of construction teams – does constitute a good practice of “cash for work” approach, the long-term sustainability of these teams is rather low due to on-going conscription to army service.

Similarly, the support provided to Vinnytsya region created unique good practice. The continuity of the project is possible with general maintenance of the existing transportation vehicle and the project can be expanded and/or replicated where needed and with additional funding. This has been, actually, the case as another medical bus was delivered by the same implementer to Dnipropetrovsk region – in this case, the transportation capacity was strengthened. In Lviv, two medical facilities are already conducting feasibility studies to expand surgery options to more patients, while the implementing organization is planning to realize similar projects both in Lviv as well as in other regions of Ukraine.

Concerns about the unfairness of the provision of medical services, shelter and other social benefits to IDPs has been lesser of an issue in Ukraine, where the entire population has been affected by the invasion. However, it is important to note that in all the Ukrainian projects implemented with the support of the Czech government, the local population has played a supportive role. This immediately reduces or eliminates concerns over IDPs receiving special treatment which is better than other vulnerable groups. In particular, the Transcarpathia project is implemented by a respected private sector charity Caritas CR, and the enormous support of religious organizations in providing humanitarian relief to Ukraine have largely insulated such organizations from criticisms.

Changing needs of target groups

With the crisis evolving – changing from an immediate humanitarian crisis to a long-term one, the needs of the refugees / IDPs as well as the response to the crisis is changing. These changes are being reflected also in the Regional Refugee Response Plan for the Ukraine situation 2024, which, in the case of Moldova, stresses the Humanitarian-Development-Peace Nexus which focuses primarily on sustainable inclusion of refugees into national systems and stresses the need for development initiatives and strengthening social cohesion².

This shift in needs and priorities is followed also by other international partners, with higher emphasis put on integration of refugees into local society – both in Ukraine and in Moldova. In line with this shift to the nexus activities the support to accommodation of IDPs / RACs and provision of direct assistance (in the form of material support as well as vouchers) to refugees is being scaled down. Refugee population is being encouraged to find own accommodation and jobs or start own business and support has been redirected to activities supporting this integration. Moreover, it should also be noted that the total value of support by international donors, including international organizations is being lowered over time as the focus on situation of the refugees from Ukraine is veining.

In Ukraine, the stakeholders involved in our evaluation have recognized that as the war has changed, so have the humanitarian needs. The first year was overwhelming focused on IDPs, particularly the issue of emergency shelters. The second year focused on IDPs and the general population but with an emphasis on such needs

² See Ukraine Situation Refugee Response Plan 2024, 125-144.

as electricity, heating, and medicines. Now, though many IDPs are integrating into their new communities, the needs continue to focus on electricity, heating, and medicine for the general population, including IDPs. At the same time, as witnessed by conversations with NGOs in the Odesa region, the number of new IDPs arriving to their region is still quite high, while the support both, from public costs and international donors has significantly decreased. The relevance of support to the capacities of local NGOs and civil society in general is therefore growing – not only in Odesa region, but across all territory of Ukraine. These formal as well as informal organisations have to gradually take over the responsibility for provision of assistance to IDPs and local vulnerable population, following the decrease of external support.

In terms of integration of IDPs, one of the most critical needs is helping them with finding employment or starting their business instead of continuous humanitarian support which may result in growing paternalistic moods within this group of population, as well as keep alienated from the host community.

Then, on the background of the shrinking humanitarian support from international donors and organizations, especially, in the West and Centre of Ukraine, there is a growing demand for strengthening capacity of local NGOs which have already taken part of the responsibilities formerly carried by those international structures.

Moving forward with an eye towards the end of the war and reconstruction, the long-term legacy that will haunt Ukraine will be managing the effects of trauma and post-traumatic stress disorder (PTSD). Disability access in public and private buildings for wounded veterans will also become an acute issue. Reintegrating veterans into the workforce, potentially negative attitudes towards returning refugees and men who did not serve in the military, housing shortages, drug/alcohol abuse, family/domestic violence and other challenges that Ukraine will have to manage. Identifying efforts now and organizations working with trauma issues, the disabled, veterans, and refugee reintegration will position the Czech government to fill critical needs in the coming years.

In Moldova, the focus of the response is similarly increasingly highlighting activities to encourage integration of Ukrainian refugees. In line with these trends many of the RACs that previously hosted refugees from Ukraine are being closed down in favour of direct support for renting own accommodation. Key role among services helping the integration play language courses, support to jobs and entrepreneurship, childcare and education, after school activities, etc.

At the same time, it should be noted that the structure of refugees from Ukraine in Moldova is specific when compared to other European countries. Moldova has, to large extent, been a transit country for refugees from Ukraine – most of the refugees move to other European states. Also, due to the proximity to Ukrainian border there is also a significant share of refugees who move between Ukraine and Moldova based on current status quo of the conflict and its frontline. In effect, it is mostly the more vulnerable population that remains in Moldova – such as elderly people, people with chronic illness and disabilities, etc.³ It must be stressed that significant part of these highly vulnerable refugees will not be able to integrate into local society and will need continuous support in the form of accommodation and livelihood for the whole duration of the crisis (particularly, these target groups, such as elderly, people with disabilities, etc., will not be able to find jobs and take care of their livelihoods). Therefore, support to RAC capacities and livelihood of refugees will have to, at least to some extent, be provided continuously.

As for refugee population that can be integrated into the host country if sufficient support is provided, the aim of national government as well as UNHCR (which is also formulated in the respective Refugee Response Plan) is to integrate the refugees into the “standard” system of provision of social assistance in Moldova. The refugee population with specific needs should be therefore included within the currently on-going **reform of the policy of social assistance in Moldova** – so-called RESTART programme, which was launched in 2023 by the Ministry of Labour and Social Protection and aims to establish a system that would improve the accessibility and quality of social services to vulnerable populations in Moldova. It should be noted, though, that the system of provision of social assistance is very weak and largely dependent on support from international partners.

³ This issue has been stressed not only by a multitude of stakeholders from different sectors in in-depth interviews but is highlighted also in refugee response plans published by UNHCR – the share of vulnerable population among the refugee community in Moldova is higher than in other European countries. Thus, this is a crucial characteristic of the structure – and hence needs – of refugee population in Moldova and needs to be taken into account when designing any response.

However, the needs of vulnerable refugees are not identical to the needs of local vulnerable population – therefore, the **standard system of social assistance might not sufficiently reflect specific needs of refugee population**. Based on field data collection, especially FGDs with refugees in Chisinau as well as in regions, the following specific needs must be highlighted:

- Childcare and after school activities. Ukrainian refugees consist, to a much larger extent than local population, of single adult family units (or at least single economically active adult), in the big majority these are only-women units. This represents a major obstacle to integration – women have to primarily take care of the children and often cannot share these duties with anyone else neither in the family (husbands stayed in Ukraine) nor in the host community. Therefore, these target groups have a much stronger need for specific services aimed at childcare and after-school activities than local vulnerable population.
- Psycho-social support – traumatized refugees from Ukraine need this kind of services, which is very rarely available in the “standard” system of social assistance.

These services aimed at supporting integration of the Ukrainian refugees into host communities are being provided by a multitude of NGOs and other stakeholders, however, there is a big disparity between their availability in Chisinau and elsewhere. In Chisinau, there is a multitude of international donors and NGOs aimed at providing language courses, vocational training, support to entrepreneurship, etc. as well as education activities provided in Ukrainian / Russian languages and childcare / after school services. These are often rather isolated initiatives supported by different stakeholders without mutual coordination, however, provide sufficient capacities to refugee population. The situation is significantly different in the regions where the availability of support aimed at integration of refugee population is very limited. Moreover, refugees, according to the FGD discussions, observe that the overall attention and available support has rapidly decreased over time. This was the case in several localities that were visited during our field data collection - refugees experienced that previously available services, such as after school activities or psycho-social support, have been discontinued after respective projects ended and there is a strong feeling of being “left behind” and forgotten on the part of these refugees.

In Ukraine, IDPs are gradually adjusting to life in their new communities. Having decided to remain in Ukraine during the invasion, families are integrating into local communities as children enter the school system, family doctors are identified and utilized, new housing registration are established. In many western Ukrainian regions, the influx of IDPs has brought new capital for small and medium business startups⁴. This transition is eased by continued social benefits to vulnerable groups of IDPs from the government. While support from the government and from international organizations for broad group of IDPs, especially in the West and Centre of Ukraine, is decreasing it is crucial to find ways to support them but rather in helping to find employment or start business instead of by providing direct humanitarian assistance. This challenge is especially acute, as witnessed by the interviewees both from international donors and local NGOs in the Odesa region, in the context of psychological conditions of IDPs who still plan to return to their communities and have feeling of temporary stay in the new community, thus, less eager to integrate and find stable employment.

Nexus in future support from the Czech Republic

Following the analysis of changing needs of refugees as well as good practice and added value of the implementers of supported projects, it is evident, that Czech Republic is uniquely placed to develop follow-up initiatives in the phase of stabilization and recovery, in line with the Humanitarian-Development-Peace nexus. It needs to be stressed that only projects supported in the first phase of the crisis were assigned for this evaluation – therefore, these were projects implemented in the emergency context and aimed at the most critical needs of incoming IDPs / refugees (such as shelter, food, health and basic material needs)⁵. However, most of the evaluated projects received a follow-up support from the Czech Republic and this second generation of projects (which were implemented in 2023-2024) did already take the changing needs into

⁴ Similar observations were made also in Moldova with the more well-off refugees starting new businesses; the high entrepreneurial spirit of a part of the refugee population has been recognized by multitude of stakeholders. These are target groups who were able to take care of themselves, largely thanks to their access to capital from earlier activities in Ukraine, and do not need specific assistance, therefore, are not specifically dealt with in this evaluation.

⁵ Exception to this were the projects aimed at more general needs of target countries, such as support to health care institutions or to the system of training of Ukrainian pilots, which had more development focus despite being implemented in the early stages of the conflict.

account and focused more on stabilisation of the target groups, in line with the nexus requirement. Although these second-generation projects were not subject of this evaluation (and are therefore not elaborated on in this report), they were discussed in interviews with implementers and their partners as well as respective Embassies. Therefore, when pointing out to possible future support, we are taking into account that this intermediate support aimed at stabilisation was provided in most cases and it is the development nexus that needs to be strengthened in the future.

In Moldova, Czech Republic has been supporting the development of social services in a long term – both at the system level (with support to introduction and development of community planning in Moldova) as well as in supporting the development of specific services for selected target groups, such as children with disabilities or vulnerable elderly population. In this context it has been highlighted by several respondents that the Czech Republic is largely perceived as a model for Moldova in organizing and provision of social services. Moreover, due to long-term support, the future activities of the Czech Republic can lean on existing networks and structures which guarantee efficient implementation.

There is a room for development and strengthening of social, health care and other services that would be available to both communities (local as well as refugee vulnerable target groups) and at the same time respected the specific needs of Ukrainian refugees – especially when it comes to capacity of childcare services and psycho-social support. Specific focus should be aimed at availability of adequate services that will enable smooth integration of (vulnerable) refugees in regions outside of Chisinau where the lack thereof is felt acutely.

At the same time, it needs to be stressed that there are groups of extremely vulnerable refugees, such as people with disabilities or elderly people, that will not be able to integrate to local communities and will need to be further supported in the form of humanitarian assistance. Furthermore, it is reasonable to expect an increase in the influx of refugees yet again with wintertime (coupled with targeted attacks of Russian aggressors on Ukrainian energy infrastructure). These efforts need to be further coordinated and systematization of at higher administrative levels (EU and UN coordination mechanisms) so that the ad hoc nature and, to large extent, improvised implementation that characterized the first stages of the crisis is fully replaced by more comprehensive support in accordance with EU and G7 level agreements. Czech Republic is taking part on relevant coordination mechanisms (Integrated Political Crisis Response and Union Civil Protection Mechanisms of the EU as well as sectoral platforms, relevant UN coordination mechanisms in both countries), which should form the basis for identification and formulation of more comprehensive development initiatives in the future.

Response to Evaluation question:

In some cases, efforts aimed at replication were observed. The delivery of ICU medical bus was followed by delivery of another medical bus for Dnipropetrovsk region and this solution is, in general, assessed as a best practice, therefore, if financial resources are found, the supplier is ready to continue in this support. In the case of NAU project, there are discussions of other donors taking over similar support in the following years, training even more future commercial pilots; high level of replication will also be ensured by aligning the curriculum of NAU with EU requirements. High replication potential can be observed also by the investment in Carpineni facility as it serves as a model solution of intertwining support to capacity of public services infrastructure with energy efficiency solutions. However, needs of the target groups are changing and thus the response has to follow those changes, in line with the humanitarian-development nexus. In future, more efforts needs to be put into stabilization, integration of refugees into local societies (while taking into account their specific needs) as well as on the needs of war returnees. At the same time, humanitarian support to the most vulnerable refugees / IDPs who are and will not be able to integrate into host communities need to be provided, in coordination with other international partners.

4.4 Visibility

Visibility of Czech supported projects is mixed. On one hand, recipients of assistance are less interested in where the assistance comes from than the assistance itself. However, there are indications in all the projects in Ukraine there is an awareness and appreciation for the projects that have been supported. Particularly, the

Transcarpathia, Vinnytsya and Lviv projects stand out, because they involve physical items such as renovated hospitals, modular housing and medical transportation. The National Aviation University in Kyiv, which has direct cooperation with Czech companies and universities, fully realize and highly appreciate support from the Czech Republic, which was regularly repeated in the interview of the Vice Rector of the University. This gives the public a wider sense of the impact and sustainability of support. The Odesa project was a pilot for NGO's and is less visible except within the participating community, in particular, since it was realized through a chain of actors: Czech donor – German implementor – Ukrainian local implementor. That being said, if the project is scaled to larger audience, then it's impact and public awareness can be enhanced.

Similarly in Moldova, the visibility is rather high with the larger infrastructure projects – very high visibility has been observed especially in the project in Carpineni, where the Czech Republic is the lead donor of the rehabilitation of the old and delapidated facilities into RAC providing decent and dignified accommodation, moreover, the project is observed as a model initiative due to its focus on energy efficiency and self-sufficiency. Similarly, the visibility is high in the case of support to hospitals as Linet is widely recognized as a leading Czech brand and the information on the support from MFA to procurement of modern hospital beds and ICU units is widely known. On the other hand, the visibility is lower in the case of fragmented support where the Czech contribution is among one of many donors. However, the fact that NGOs who have been connected to support from Czech Republic are leading some of these initiatives increase visibility of the Czech support in general.

Besides, it's worth mentioning that even those people who are not aware of the Czech-funded projects know about the NGOs which were involved in their implementation and consider them reliable and efficient partners, which was confirmed for example by the interview with the UNHCR representative in Kyiv. Therefore, it would be further cooperation of Czech MFA with those NGOs could create strong sustainability effect and have even stronger positive impact in the country.

4.5 Cross-cutting criteria

In Ukraine, several cross-cutting criteria were observed among the projects supported.

First of all, the implemented projects were directly concerned with the issue of human rights – namely, preserving basic level of dignity for people who have faced serious challenges in their lives. Strong focus on dignity of IDPs, which is a necessary precondition to follow-up development, was observed especially in the support provided to IDPs in Transcarpathian region. Furthermore, the gender equality component was sufficiently observed in evaluated projects. Namely, support was in many cases focused primarily on women who constitute, on the one hand, a clear majority of the IDPs (for example, almost all persons on the focus group in Transcarpathia conducted within the evaluation were women) and, on the other hand, play even more active role in all areas of life in Ukraine considering the conscription of men (another example - all participants of the focus group of local NGOs conducted in Odesa were women).

Specific contributions of the project to the good governance were observed. For example, the project in Lviv, even though it was implemented without local and regional authorities, goes fully in line with their comprehensive efforts aimed at reforming healthcare institutions' structure and management in the region. Moreover, project implemented in Odesa region was directly aimed at the issue of good governance and anti-corruption activities, strengthening local actors in line with these goals was its primary goal. Provided the upscaling of the project is supported, it will promote good governance principles at even larger geographical scale. Last but not least, Humanitarian Assistance provided to projects in Ukraine did also include support to European integration of the country. The project with the National Aviation University in Kyiv did explicitly focus on brining the curriculum at the university in line with European standards so that absolvents of the education can be directly eligible for licenses in EU countries. The support will therefore help Ukraine not only to remain competitive on the aviation market after the war ends (by having trained civil pilots) but will also introduce European standards and rules first to academic curricula and subsequently to the aviation sector of the country in general.

With regard to human rights and gender equality, the projects implemented in Moldova were similarly aimed at vulnerable population, such as elderly, disabled, chronically ill, etc. Support has targeted these sub-groups of the refugee as well as local population and has directly contributed to increasing of living standards and quality of life of the most disadvantaged and vulnerable populations. Furthermore, due to the structure of

refugee population in Moldova, the support mainly affected women, especially mothers with small children who benefitted from direct support as well as from other project activities. Among these, especially activities aimed at childcare and after school activities which were supported in several projects should be highlighted. The fact that women prevail among the beneficiaries of the support can be demonstrated also on the fact, that out of the 5 focus groups that were organized within our evaluation, four of them were attended exclusively by women (in some cases also including children) and only in one of them two men were also present (FGD with attendees of language classes). In some projects, the attention was specifically directed at pregnant women and (lactating) women with small infants to whom specific material support as well as services were provided. Pregnant women and mothers with children did also directly benefit from support that was provided to the Pacea familiei clinic within the project of HomeCare. Last but not least, local (and partially also refugee) women were also dominantly represented among individuals who were employed by some implementers within the projects' implementation – such as nurses, social workers, etc.

Support in Moldova had rather limited effect on good governance on the part of public institutions. Supported projects were not dealing with establishing of cooperation structures or delivery mechanisms in the affected regions. However, strengthening local capacities of NGOs, on which the implementation and delivery of support to refugees to large extent relied, did have positive effects relevant to good governance criterion. Indirectly, the projects strengthened capacities of these structures. Moreover, the fact that existing structure that were established / developed within the CzDC for delivery of emergency support has been observed as being in line with good governance principles and strengthened the humanitarian–development nexus.

Project in Carpineni has directly contributed to environmental cross-cutting objectives of CzDC. Increasing the energy efficiency and self-sufficiency of the facility in Carpineni was an explicit primary objective of the support and, as it is evident from the respective project summary, the support has contributed to a significant decrease in the energy consumption and improved the environmental footprint of the operation of this facility at present as well as into the future.

5. Conclusions

5.1 Relevance

The criterion of relevance was mainly dealt with EQ1 with specific focus on needs of target groups.

In line with findings presented in EQ1, the relevance and adequacy of support are assessed as **high**. All supported projects did implement activities that were in line with the needs of beneficiaries. In most projects it can also be observed that the support was aimed at the needs that were felt as the most relevant by the target groups, following the set out objectives of support; in case that only a specific part of the needs of target groups were covered by the project, in most cases the project team recognized that needs are covered by other stakeholders and the implementer focused on needs that were “left out” of the support by other partners either due to their (thematic) specificity (such as providing access to health care to elderly and other vulnerable groups by the means of home care services / telemedicine) or the needs being specific to a narrow sub-group of the target group.

Relevance of the projects to the target group of refugees and IDPs is variable. Part of the projects were aimed directly on working with these target groups and provided direct services and/or capacities for key support (such as accommodation). Other projects had a more ad-hoc character and their relevance for refugees and IDPs was rather indirect.

Projects had, in general, proven high degree of flexibility and ability to adapt to changing needs of target groups. This high degree of flexibility was observed as one of the key added values of Czech support and enabled proper and timely targeting to actual needs of target groups. However, in some cases this flexibility was at the expense of clearly defined processes of implementation and reporting, which could be seen as quite loose and create potential risk of inefficiencies.

Projects were, at the same time, very heterogenous, following diverse objectives, target groups and thematic focus. No overarching strategy was followed in the first stage phase of response to the conflict. This contributes to the high flexibility and is also very understandable in the context of dynamically evolving crisis where the speed of response takes precedence over strategy. However, at the same time the overall relevance cannot be satisfactorily assessed as a common reference framework was not in place and objectives of supported projects were divergent. In effect, high degree of heterogeneity was observed also in reporting, structure and quality of monitoring and final outputs as well as access to key documents.

5.2 Coherence and coordination

Coherence and coordination were analysed primarily in EQ2, where a sub-chapter dealing with these issues can be found. Based on findings in EQ2, the coherence and coordination of support were assessed as **rather high**. Especially in the first weeks and months of the crisis the coherence and coordination were extremely ad hoc, based on individual and often rather informal communications between various implementers, government officials, local public administration officers and other stakeholders. The coordination at the beginning of the crisis was also fairly chaotic due to high number of various formal and informal actors getting involved in providing assistance to the refugees / IDPs without any coordination at all in most cases and also without any system being set in place. Gradually, the coordination role of key actors, such as UNHCR or OCHA was established.

In the case of Moldova, this coordination is done rather at national level and is effective to some extent in outlining responsibilities and lines of coordination / communication between various actors (especially when it comes to the most wide-scale modes of assistance, such as provision of vouchers for food, Non-Food Items (NFIs), medicines, etc., coordination of emergency accommodation for refugees, registrations and collection of data, analyses and programming at higher level, etc.). However, on the ground the coordination remains rather ad-hoc and is still to large extent informal. Coordination and ensuring coherence are fairly localized with

varying levels of formalization and key role of local public officers (district level representatives of the Department of Social Protection), mayors, RAC management and other informal local “authorities”. The coordination is mostly done through these local “nodes”, as rather lower level of lateral coordination between various actors has been observed - unless key stakeholders in the region are implementing support of various donors at the same time.

In Ukraine, the conducted interviews confirmed that there is quite elaborated but systemic mechanism of coordination of humanitarian assistance on the level of UN organizations and their numerous local partners, mainly NGOs. At the same time, it cannot cover all humanitarian needs challenges, there are still many cases of too much of assistance in one community with simultaneous significant lack of support in a neighbouring community. There are attempts to solve this problem on local level, the Transcarpathia project – where key implementer has united several NGOs, public, educational and regional institutions around their project is a success story here. Overall, the formal coordination at sub-national level as well as thematic coordination has been seen as stronger than in the case of Moldova. The Odesa project aimed at strengthening capacity of local NGOs can be deemed as another attempt to achieve this goal. Thus, while there is relatively good coordination of the humanitarian provision on the national level, which is based first of all on the activities of UN organizations, it has to be accompanied by proper coordination on a local level.

5.3 Effectiveness and timeliness

The effectiveness of support was analysed in depth in EQ2. Based on findings presented in this EQ, the effectiveness is assessed as **high**. It can be concluded that all supported projects were well aimed at the needs of their target groups and brought about relevant support.

Local organizations in Moldova and Ukraine, with established networks and long-term collaboration with Czech Development Cooperation (CzDC), played a key role in delivering timely and effective aid. Groups like HomeCare and SOS Autism in Moldova, and Caritas CR and Wings of Hope in Ukraine, leveraged existing relationships to meet the needs of vulnerable groups, such as refugees, elderly individuals, and children with disabilities, without delays or the need for new structures.

The Czech Republic’s humanitarian assistance stood out for its flexibility, enabling rapid adaptation to the changing needs and filling critical gaps overlooked by larger donors. This support targeted underserved groups, provided tailored aid, and focused on sustainable initiatives, such as energy-efficient renovations of refugee shelters and future repurposing for social services. In this context the flexibility, quick response and ability to react to specific needs of selected target groups (based on previous profound knowledge) can be demonstrated as added value of Czech support vis-à-vis other donors and partners. Similarly, another key added value was specific targeting of local vulnerable population as well as refugee / IDP groups, which contributed to lowering of potential social tensions in host communities.

The Czech approach’s success relied on trust-based implementation, balancing risks of inefficiency with the ability to respond dynamically. Its complementary role in addressing unmet needs was widely recognized by international organizations like the UNHCR, highlighting its importance in enhancing the overall crisis response.

Overall, the projects are assessed as effective also from the point of view of the timeliness criterion – supported interventions were in most projects in line with needs at the point of time and could have been implemented quickly. However, changing needs of target groups are recognized by most of the implementers and local partners as well as international stakeholders and need to be considered in future support – aiming more at stabilization of refugee / IDP population in the host communities and supporting their integration. Insufficient focus on these stabilization and longer-term support activities in favour of direct emergency support was seen as a limitation of the provided assistance also by one of the evaluated projects – recognizing that if the stabilization activities (such as psychological and psycho-social support) were part of the “first response” projects, the integration of IDPs, stabilization of their family situation and their activation in the new life circumstances could have come sooner.

5.4 Efficiency

Efficiency was also analysed primarily in EQ2. Based on the findings, the efficiency of support is perceived as **rather high**. Although the less formalized administrative and procedural setup with less robust controlling mechanisms bore risk of inefficient spending, such effect was not observed in practice. The setup and rather informal consultation and reporting throughout the project implementation was one of the key enabling factors of high flexibility, however, it was enabled by high level of trust brought by previous long-term experience with many of the implementers.

Another factor that significantly contributed to efficient delivery of support was the high reliance on already existing structures with strong localized presence and, in many cases, previous experience with CzDC. This inclusion of trusted local partners minimized costs necessary to set up local presence and delivery mechanisms – as these were already in place and only needed, in some cases, to be capacitated. Taking advantage of this humanitarian–development nexus (structures and good practice from development initiatives included in delivering relevant and timely solution to humanitarian crisis) thus constitutes good practice also from efficiency point of view.

In specific cases, the efficiency of some interventions can be brought up to question due to fragmented nature of the support lacking a more systematized approach. One of the examples is the project in Odesa which was implemented as a pilot project to test the approach and develop a more complex intervention / capacity building programme that could be upscaled to larger territorial as well as overall scope. The efficiency of this approach could be seen as high only if the follow up initiatives aimed at upscaling the pilot project are implemented as in the absence of such follow-up stage the overall efficiency of pilot testing is not guaranteed. Therefore, the efficiency of this initiative is again dependent on developing of the nexus – scaling up of experience from emergency support to capacity building into more comprehensive development initiative with larger regional scope.

5.5 Impacts

Impacts of the support is in some cases difficult to comprehensively assess as the support was aimed at immediate needs of refugees / IDPs, not at longer-term goals and was provided in a complex context, involving dozens of intervening factors, support from various other stakeholders, etc. In these cases, it is difficult to credibly assess the extent to which support provided by the Humanitarian Assistance of the Czech Republic was a factor in the refugees / IDPs receiving support that enables decent livelihoods in the host community. However, in other projects that were more narrowly focused clear impacts have been observed and confirmed by target groups. In Ukraine, support in Transcarpathian region enabled not only fulfilment of basic needs of the refugees; the target groups also highlighted the effect of decent accommodation on their personal dignity and “normalization” of their life in new host communities. The feeling of dignity (or rather lack thereof) is often one of the key barriers to integration into local society and on the job market. Similar impacts were observed also in Criuleni where support from Czech Republic facilitated access to quality accommodation, moreover, it had significantly decrease operational costs of the facilities and serves as a model case for future initiatives into public infrastructure. In Vinnytsia region high impacts of the project on saving lives of civilians as well as servicemen close to and on the frontline has been described. Similarly, long-term positive impacts of increasing the capacities of hospitals in Chisinau and Lviv were also described, moreover, these facilities are, due to support from Czech Republic, better equipped to handle future crises (not only of security nature – representatives of the Clinical Hospital in Chisinau stressed the higher readiness of the institution for potential health crisis, similar to COVID-19 outbreak). Last but not least, a major impact of support from the Czech Republic can be seen in providing appropriate care and services (especially therapy) to children with autism and/or other mental handicaps. In some cases, it was first in Moldova where children were properly diagnosed and received appropriate care/services (as in Ukraine they were incorrectly diagnosed only taking into account some of the symptoms due to stronger prevalence of stigmatisation of autism). In effect, it was observed by the staff of SOS Autism NGO that some Ukrainian families even returned to Moldova from other places in Europe because of availability of proper and individualized care for their children.

Based on these partial findings, the overall impacts of support are assessed as **rather high**.

5.6 Sustainability, replication

The sustainability and replication were analysed in depth in EQ3. In formulation the conclusion, the issue of sustainability and replication need to be assessed separately.

Sustainability ranges depending on the project from low to rather high. This is partially caused by the ad hoc character of most of the interventions – it has been observed in numerous cases that once the financing stops, services and activities cannot be sustained. This conclusion is further exacerbated by the overall tendency of a decrease in support from international community in both countries. The number of NGOs and donors involved in providing assistance to refugees / IDPs of the Ukrainian crisis is decreasing and the available resources dwindling. In these circumstances, it is challenging to assure financing for continuation of services that are necessary in the long term.

In the case of support to infrastructure of temporary accommodation, the sustainability is potentially rather high. There are plans to put the facility in Carpineni to other uses in the future for indisputable public benefit. Similarly, small-scale investments into other RACs in Ukraine as well as in temporary collective accommodation in Transcarpathian region (provided by ADRA and Caritas projects – along with multitude of other sponsors) will increase the quality of respective facilities for education, provision of social and other services and other publicly beneficial uses in the future – investments were, mostly, done with future use of the facilities in mind. Equally the modular houses constructed in Transcarpathian project will be meaningfully used in the future by municipalities and local communities.

The trainings for NGOs in the Odesa regions have contributed to their institutional capacity and, thus, long-term sustainability as important humanitarian actors. In this context, it needs to be highlighted that while most of the projects were of pure emergency response character, each of them had an element of sustainability from low (e.g. ad-hoc support to material safety of IDPs / refugees along with targeted services) to rather high (trainings for NGOs in the Odesa region or introduction of EU rules and standards in academic courses of the leading aviation university of Ukraine).

As for the second part of the criterion, in some cases, efforts aimed at replication were observed. As noted above, the delivery of ICU medical bus was followed by delivery of another medical bus for Dnipropetrovsk region and this solution is, in general, assessed as a best practice, therefore, if financial resources are found, the supplier is ready to continue in this support. In the case of NAU project, there are discussions of other donors taking over similar support in the following years, training even more future commercial pilots – Czech supported initiative might be, as a good practice, scaled up in the future. Moreover, the key part of the project that aimed at harmonizing the curriculum of NAU with EU standards and accreditation of NAU as education institution that aligns with EU rules (which is an on-going objective, the cooperation between NAU and CTU has been established before the project started and will continue outside the time scope of the project until the final goal is achieved) will enable long-term sustainability and replication of the results: native education institution will provide qualification recognized in the EU. High replication potential can be observed also by the investment in Carpineni facility as it serves as a model solution of intertwining support to capacity of public services infrastructure with energy efficiency solutions.

Taking into account the differing assessments above, the sustainability and replication of support overall are assessed as **rather high**.

6. Recommendations

6.1 Project recommendations

Recommendation	Level of seriousness	Primary addressee	Justification /
<p>Maintain, wherever possible, the flexibility in project implementation as one of the key factors of success of implemented projects, especially in the context of potential gaps which may appear if UN organizations leave some regions and areas of their activities</p>	1	MFA, Mol	<p>The evaluation has provided numerous examples where high degree of flexibility was one of the key factors of effectiveness of the projects, which need to constantly adapt to changing conditions – changes in needs, donors’ landscape, dynamics of the crisis, interventions of local administration, etc. The Odesa project is an example of a constructive compromise to introduce anti-corruption best practices in a region where its critically needed. In Vinnytsya, the non-profit enterprise had little experience in providing medical transportation services but has risen to the occasion, while their collaboration with the military on the project is a good example of the project adaptation to take most benefit from it. Furthermore, numerous of operational changes were made in other projects (such as, for example, including equipment and material support for pregnant and lactating women once in was observed that these needs are not covered sufficiently), which benefited the overall</p>
<p>Continue programs on capacity-building of local NGOs and CSOs</p>	2	MFA, CzDA	<p>With dropping international attention and volume of financial support, observed in Ukraine as well as Moldova, local NGOs, CSOs and other informal structures will have to take large share of the burden which has been carried out recently by many international donors and NGOs.</p>
<p>Further support Moldovan authorities in implementation of the RESTART reform of social protection system, provide appropriate technical assistance, exchange of knowledge, advocacy and awareness raising, networking, etc.</p>	2	CzDA	<p>Czech Republic is perceived as model country for social protection organization and implementation, strong position of Czech Republic as donor in social services field in general, including at system level (promotion of community planning). Stronger support in this field is recently necessary in the context of reform of social protection system, being implemented since 2023. Czech development support may</p>

			capitalize on strong position of supported local implementers as well as good reputation in this regard.
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6.2 Programme/sector recommendations

Recommendation	Level of seriousness	Primary addressee	Justification /
<p>Leverage on existing added value of support financed by Czech Humanitarian Assistance in development nexus and on identified good practice. Focus on developing a comprehensive system of providing appropriate services to local as well as refugee / IDP vulnerable population targeting less developed regions, with focus on specific services that are highly relevant to the needs of these target groups but cannot be (due to specific character) provided in standard system of social services, such as psycho-social assistance, childcare and after-school activities, vocational trainings specifically for women, etc. Lean on existing networks in developing such services.</p>	2	MFA, CzDA	<p>Identified added value of projects supported from Humanitarian Assistance of the Czech Republic in Ukraine and Moldova – flexibility, strong local stakeholders with existing networks and partners, supporting not only refugees/IDPs but also local vulnerable population, proven ability of implementers in Ukraine as well as Moldova to fill in gaps in support.</p> <p>Changing needs of refugees / IDPs require a change in approach to support, stressing development nexus. At the same time, focus should be put on activities that slip through the standard social protection system and are especially relevant for IDPs / refugees and their integration in local communities.</p>
<p>Consider support specifically targeted at reintegration of war veterans into the workforce and society / local communities, including supporting operations such as managing the effects of trauma and PTSD or support to expanding disabled access to buildings.</p>	3	MFA, CzDA	<p>See above – support needs to follow the observed changes in needs of target groups with emphasis on stabilization and development.</p>

Analyse, in cooperation with relevant partners and national / regional levels, existing or forthcoming (due to changes in response strategies and exit of donors and other stakeholders) gaps in key assistance to the most vulnerable groups of refugees / IDPs who will not be able to integrate into local community and will remain dependent on humanitarian assistance and formulate, in cooperation with partners, comprehensive response to fill these gaps.	2	MFA, Embassies, implementers	Although the needs of target groups of IDPs and refugees have changed and more efforts should be put on activities aimed at integration of these target groups into local communities and appropriate interventions should be planned within the development nexus (see the recommendation above), there will always be smaller share of refugees/IDPs who will not be able to integrate due to their extreme vulnerability. There is a risk that with the support to emergency humanitarian assistance phasing out, these sub-groups will not be sufficiently detected and addressed. This is especially relevant in Moldova where mostly vulnerable refugees stay.
Within development cooperation capitalize on good practice and visibility gained from the support to restoration of the facility in Carpineni, strengthen the energy efficiency focus as a cross-cutting objective in development cooperation in other sectors.	3	CzDA, MFA	Good practice created in supported projects, strong local partner with proven ability to facilitate and successfully implement initiatives in energy efficiency. Synergy of energy efficiency interventions with support of other sectors.

6.3 System or procedure recommendations

Recommendation	Level of seriousness	Primary addressee	Justification /
Harmonize requirements and forms requested on projects receiving support from Humanitarian Assistance of the Czech Republic (without necessarily increasing administrative burden).	2	MFA	Available resources for document analysis within this evaluation were quite diverse and, in some cases, incomplete. Different forms and templates were used for applications as well as (sometimes even more so) for Final Reports of supported projects, the level of structuring of available resources is also very diverse (whereas in some project clear prescribed structure was applied for reporting, in others the reporting had a rather narrative character without clear structure.

7. Annexes to Final Report

A. Summary in Czech language

Úvod

Předmětem tohoto zadání je provést nezávislé vyhodnocení humanitární reakce na konflikt na Ukrajině na základě deseti vybraných projektů realizovaných na území Ukrajiny a Moldavska. Tyto projekty jsou v gesci Ministerstva zahraničních věcí ČR (MZV) a Ministerstva vnitra ČR v rámci prioritního sektoru Humanitární pomoc.

Hodnocení bylo provedeno v souladu s mezinárodně uznávanými kritérii OECD – DAC upravenými pro humanitární hodnocení a dalšími definovanými kritérii, jako jsou vnější prezentace a průřezové principy ZRS ČR. Její výstupy – zjištění, závěry a doporučení – by mělo MZV využít při rozhodování, ve spolupráci s dalšími zainteresovanými subjekty, o budoucím zaměření a realizaci projektů Zahraniční rozvojové spolupráce ČR (ZRS ČR), propojujících humanitární pomoc s rozvojovými iniciativami v tzv. humanitárně-rozvojovém „nexu“. Zadání v této souvislosti zdůrazňuje důležitost posouzení zapojení a přidané hodnoty různých typů realizátorů.

Hodnocení probíhalo ve spolupráci expertů z Naviga Advisory and Evaluation, kteří měli na starosti celkovou koordinaci a sběr dat v Moldavsku (s podporou místního experta) a Wooden Horse Strategies z Ukrajiny, kteří se starali o sběr dat v této zemi a vypracovali příslušné části Závěrečné zprávy.

Vyhodnocené zásahy

Předmětem hodnocení je 10 projektů financovaných z Humanitární pomoci ČR (realizovaných v letech 2022–2023) na Ukrajině a v Moldavsku se zaměřením na zdravotní služby, přístřeší, institucionální podporu a (v menší míře) péči o děti a vzdělávání s celkovým rozpočtem ve výši 110 mil. Kč. Na Ukrajině projekty zahrnují mobilní autobusovou ošetrovnu pro urgentní péči, ubytování pro vnitřně vysídlené osoby, protikorupční školení pro místní humanitární pracovníky a zlepšení infrastruktury pro léčbu nemocných dětí; projekty byly realizovány v Zakarpatské, Lvovské, Odeské a Vinnycké oblasti. V Moldavsku zahrnují iniciativy rekonstrukci uprchlických centrech (s využitím termoenergetických opatření), posílení zdravotnických služeb a obecně podpory zvláště zranitelným uprchlíkům, zejména rodinám s postiženými dětmi.

Cílem projektů je řešit kritické potřeby cílových skupin, zlepšit jejich životní podmínky a vybudovat kapacitu pro dlouhodobá řešení. Úsilí zahrnuje vytvoření modulového bydlení, poskytování zdravotnického vybavení, podporu vzdělávací a sociální integrace a výcvik ukrajinských civilních pilotů v České republice. Tyto programy jsou přizpůsobeny různorodým potřebám v cílových lokalitách, které zajišťuje účinnou humanitární pomoc a posiluje odolnost vůči probíhající krizi.

Metodika a přístup

Přístup k hodnocení byl založen na terénním sběru dat na Ukrajině a také v Moldavsku. Na Ukrajině byla data sbírána průběžně od konce září do začátku listopadu. V Moldavsku se uskutečnila sedmidenní evaluační mise. Použité metody zahrnovaly desk research projektové dokumentace, statistickou analýzu finančních a demografických dat, hloubkové rozhovory (IDI) s klíčovými zainteresovanými stranami, fokusní skupiny s příjemci a omezené používání dotazníků. Byly provedeny rozhovory s realizátory projektů, zástupci veřejných institucí, nevládními organizacemi a mezinárodními dárci, s tím že tam kde to bylo možné byly tyto metody vedeny místními členy týmu tak, aby bylo možné snížit dopad jazykových bariér a odlišného kulturního kontextu. Fokusní skupiny, facilitované (tam, kde to bylo možné) místními členy týmu, shromáždily přímé výpovědi od uprchlíků a vnitřně vysídlených osob (IDP) v obou zemích.

Během hodnocení bylo identifikováno a řešeno několik omezení. Jazykové bariéry byly zmírněny prostřednictvím tlumočnických služeb, zatímco místní členové týmu zajistili kulturně citlivé zapojení. Bezpečnostní rizika v konfliktních zónách, jako je Odesa a Vinnycja, vyžadovala pečlivé plánování a přizpůsobení terénních misí. Logistické problémy zahrnovaly omezený přístup do uprchlických ubytovacích středisek (RAC) kvůli jejich uzavření, nízkou míru odezvy na šetření mezi účastníky pilotního výcviku a potíže se zapojením přetížených nevládních organizací v Oděse. Navzdory těmto překážkám evaluační tým úspěšně shromáždil potřebná data prostřednictvím alternativních metod, včetně fokusních skupin a rozhovorů s klíčovými zainteresovanými stranami. Cílem zjištění bylo poskytnout smysluplný pohled na výsledky projektů a udržitelnost úsilí o humanitární pomoc ve složitém a dynamickém kontextu.

Závěry

Hodnocení bylo primárně zaměřeno na kritéria relevance (především s ohledem na potřeby konečných příjemců) a efektivnosti (účelnosti) s důrazem na požadavek na identifikaci přidané hodnoty realizátorů. Dále měly být identifikovány osvědčené postupy, které by bylo možné v budoucnu replikovat – ovšem s ohledem na měnící se potřeby cílových skupin (uprchlíci, vnitřně vysídlené osoby) a navrženy navazující iniciativy v rámci požadavků nexu (propojení humanitárních a rozvojových iniciativ). V neposlední řadě byla posuzována míra shody projektů s nouzovými potřebami na jedné straně a udržitelností projektů na straně druhé.

Relevance a přiměřenost (adekvátnost) podpory je hodnocena jako **vysoká**. Všechny podpořené projekty realizovaly aktivity, které byly v souladu s potřebami příjemců a podpora byla většinou zaměřena na potřeby, které byly považovány jako nejrelevantnější v návaznosti na stanovené cíle; v případě, že projektem byla pokryta pouze specifická část potřeb cílových skupin, ve většině případů projektový tým zaznamenal, že část potřeb pokrývají jiní stakeholderi a realizátor se proto zaměřil na potřeby, které byly „vynechány“ z podpory jinými partnery buď kvůli jejich (tematické) specifčnosti (jako je poskytování přístupu ke zdravotní péči starším a jiným zranitelným skupinám prostřednictvím služeb domácí péče / telemedicíny), nebo šlo o potřeby specifické pro úzkou podskupinu cílové skupiny. Relevance projektů specificky pro potřeby uprchlíků a vnitřně vysídlených osob je však proměnlivá. Část projektů byla zaměřena přímo na práci s těmito cílovými skupinami a poskytovala přímé služby a/nebo kapacity pro klíčovou podporu (např. ubytování). Jiné projekty měly spíše ad-hoc charakter a jejich význam pro uprchlíky a vnitřně vysídlené osoby byl spíše nepřímý.

Projekty obecně prokázaly vysokou míru flexibility a schopnosti přizpůsobit se měnícím se potřebám cílových skupin. Tato vysoká míra flexibility byla vyhodnocena jako jedna z klíčových přidaných hodnot české podpory, protože umožnila správné a včasné zacílení na aktuální potřeby cílových skupin. V některých případech však byla tato flexibilita na úkor jasně definovaných procesů implementace a reportingu, které by mohly být vnímány jako značně volné a vytvářet potenciální riziko neefektivnosti.

Projekty byly zároveň velmi heterogenní, sledovaly různé cíle, cílové skupiny a tematické zaměření. V první fázi reakce na konflikt na Ukrajině nebyly zastřešeny žádnou společnou strategií. Toto ovšem přispělo k vysoké flexibilitě a zároveň jde o velmi pochopitelnou charakteristiku v kontextu dynamicky se vyvíjející krize, kde rychlost reakce má přednost před strategií. Zároveň však nelze uspokojivě posoudit celkovou relevanci humanitárních projektů, neboť nebyl zaveden společný referenční rámec a cíle podpořených projektů byly rozdílné. Ve skutečnosti byla vysoká míra heterogenity pozorována také ve výkaznictví, struktuře a kvalitě monitorovacích a závěrečných výstupů a také v přístupu ke klíčovým dokumentům.

Efektivnost a včasnost podpory je hodnocena jako **vysoká**. Lze konstatovat, že všechny podpořené projekty byly dobře zacíleny s ohledem na potřeby svých cílových skupin a přinesly relevantní podporu.

Klíčovou roli v poskytování včasné a efektivní pomoci sehrály místní organizace v Moldavsku a na Ukrajině, které měly zavedené vlastní místní sítě a zároveň dlouhodobě spolupracovaly se ZRS ČR. Instituce jako HomeCare a SOS Autism v Moldavsku a Charita ČR a Wings of Hope na Ukrajině mohly plně využít svých stávajících struktur k tomu, aby bezodkladně uspokojily potřeb zranitelných skupin, jako jsou uprchlíci, starší jedinci a děti se zdravotním postižením – tedy aniž by musely nejdříve vytvářet nové struktury.

Humanitární pomoc České republiky vynikala svou flexibilitou, umožňující rychlé přizpůsobení se měnícím se potřebám a zaplňování kritických mezer, které větší dárči přehlížejí. Tato podpora se zaměřovala na skupiny, jejichž potřeby nebyly existujícími službami dostatečně pokryty, poskytovala pomoc šitou na míru specifickým cílovým skupinám a soustředila se na udržitelné iniciativy, jako jsou energeticky účinné renovace ubytovacích kapacit pro uprchlíky a s cílem budoucí přeměny k účelu poskytování sociálních služeb. V této souvislosti lze flexibilitu, rychlou reakci a schopnost odpovídat na specifické potřeby vybraných cílových skupin (na základě předchozího hlubokého vhledu do jejich situace) označit za přidanou hodnotu české podpory ve srovnání s ostatními dárči a partnery. Podobně další klíčovou přidanou hodnotou bylo specifické zacílení na místní nejen na skupiny uprchlíků/vnitřně vysídlených osob, ale také na místní zranitelnou populaci, což přispělo ke snížení potenciálního sociálního napětí v hostitelských komunitách.

Celkově jsou projekty hodnoceny jako efektivní i z hlediska kritéria **včasnosti** – podpořené intervence byly u většiny projektů v danou chvíli v souladu s potřebami a mohly být rychle realizovány. Měnící se potřeby cílových skupin si však uvědomuje většina realizátorů a místních partnerů i mezinárodní zainteresované strany a je třeba je vzít v úvahu při plánování budoucí podpory – s cílem více stabilizovat populaci uprchlíků/vnitřně vysídlených osob v hostitelských komunitách a podporovat jejich integraci. Nedostatečnou orientaci na tyto stabilizační a dlouhodobější podpůrné aktivity ve prospěch přímé nouzové

podpory považoval za omezení poskytované pomoci i jeden z realizátorů hodnocených projektů – s vědomím, že kdyby byly stabilizační aktivity (jako je psychologická a psychosociální podpora) byly součástí projektů „nouzové pomoci“, integrace vnitřně přesídlených osob, stabilizace jejich rodinné situace a jejich aktivizace v nových životních podmínkách mohla přijít dříve.

Koherence a koordinace podpory byly hodnoceny jako spíše vysoké. Zejména v prvních týdnech a měsících krize byly koherence a koordinace extrémně ad-hoc a založené na individuální a často spíše neformální komunikaci mezi různými implementátory, vládními úředníky, úředníky místní veřejné správy a dalšími stakeholdery. Počáteční krizové úsilí bylo proto značně chaotické, zahrnovalo mnoho nekoordinovaných aktérů a postrádalo systematický přístup. Postupem času se zlepšila koordinace s klíčovými rolemi vymezenými pro UNHCR a OCHA.

V Moldavsku koordinace na národní úrovni dostatečně vymezuje odpovědnosti za poskytování široké podpory uprchlíkům (např. potraviny, léky, nouzové ubytování), ale místní koordinace zůstává neformální a ad-hoc, opírá se o veřejné úředníky, starosty a manažery ubytovacích center. Na Ukrajině byl uveden strukturovaný systém vedený agenturami OSN se zapojením místních nevládních organizací, který zajišťuje koordinaci, i když přetrvávají mezery s nerovnoměrným rozdělením pomoci mezi komunity. Konkrétní iniciativy, jako je projekt v Zakarpatí, propojují různé instituce a ilustrují důležitost lokální spolupráce k řešení těchto problémů. Celkově byla formální a strukturovaná koordinace na Ukrajině na nižší než celostátní úrovni i tematická koordinace silnější než v případě Moldavska.

Efektivita podpory byla vnímána jako **poměrně vysoká**. Díky méně formalizovanému administrativnímu nastavení bylo dosaženo vysoké flexibility implementace, poháněné silnou důvěrou vycházející z dlouhodobé spolupráce s implementátory. Kromě toho tento přístup posílil efektivitu tím, že se opíral o již existující struktury se silnou lokalizovanou přítomností, což minimalizovalo náklady nutné k vytvoření místního zastoupení a mechanismů pro doručení pomoci cílovým příjemcům – ty již byly rozvinuté z dřívější spolupráce a bylo třeba je pouze v některých případech zkapacitnit. Využití tohoto humanitárně – rozvojového propojení (nexu) tak představuje dobrou praxi i z hlediska efektivit. Některé projekty, jako je pilotní projekt v Oděse, však zdůrazňují potřebu další podpory, aby byl projekt úplný a komplexní. Projekt byl původně navržen pro pilotní testování přístupu budování kapacit v širším kontextu, zpoždění realizace návazné fáze, která měla toto rozšíření ověřených přístupů zajistit, tak omezila celkovou účinnost projektu. Efektivitu tohoto přístupu tedy lze považovat za vysokou pouze v případě, že budou realizovány následné iniciativy zaměřené na rozšíření pilotního projektu.

Dopady bylo v některých případech obtížné izolovat a komplexně vyhodnotit, protože většina intervencí se zaměřovala na naléhavé potřeby uprchlíků a vnitřně vysídlených osob spíše než na dlouhodobé změny a navíc byly prováděny ve složitém prostředí, které zahrnovalo mnoho intervenujících faktorů a překrývajících se příspěvků ostatních stakeholderů. Navzdory tomu byly u řady projektů pozorovány jednoznačně pozitivní dopady, které zahrnovaly zvýšení osobní důstojnosti vnitřně přesídlených osob/uprchlíků, které umožnilo jejich hladší integraci do místních komunit a na trh práce; byly vytvořeny modelové příklady, jak přistupovat k investicím do infrastruktury pro poskytování veřejných služeb nebo bylo dosaženo zvýšení odolnosti zdravotnických zařízení vůči budoucím krizím. V neposlední řadě byly pozorovány jasné dopady podpory na záchranu životů civilistů i vojáků. Dopady byly proto hodnoceny jako **poměrně vysoké**.

Udržitelnost projektů kolísá od **nízké po spíše vysokou** kvůli jejich ad-hoc povaze, ke které negativně přispívá klesající mezinárodní pozornost a podpora. V mnoha případech bylo pozorováno, že jakmile se financování zastaví, nelze podpořené služby a činnosti udržet. Projekty infrastruktury, jako je dočasné ubytování, však vykazují silnější potenciál udržitelnosti. Zařízení jako v Carpineni jsou plánována pro budoucí využití ve veřejném zájmu, zatímco investice do ubytovacích center a modulárního bydlení na Ukrajině a v Moldavsku by měly sloužit vzdělávacím, sociálním a dalším komunitním potřebám a zajistit dlouhodobé výhody pro místní obyvatelstvo. Vysoká udržitelnost byla dále pozorována také v případě školení pro nevládní organizace v Oděském regionu, které přispělo ke zvýšení jejich institucionální kapacity, a tím i jejich dlouhodobé udržitelnosti jakožto důležitých humanitárních aktérů. Podobně vysoký potenciál udržitelnosti zaznamenal také projekt NAU (výcvik civilních pilotů), a to zejména díky komponentě harmonizace kurikula NAU se standardy EU a akreditaci NAU jako vzdělávací instituce, která je v souladu s pravidly EU. Budoucí výcvik pilotů, který je v souladu s požadavky a pravidly EU tak bude možné v budoucnosti realizovat přímo na Ukrajině.

Součástí hodnocení udržitelnosti je také otázka replikace. V řadě případech bylo pozorováno úsilí zaměřené na podporu takové replikace osvědčených řešení. Po dodávce zdravotnického autobusu pro urgentní péči následovala dodávka dalšího zdravotnického autobusu pro Dněpropetrovskou oblast, toto řešení bylo obecně hodnoceno jako nejlepší praxe. V případě projektu NAU se kromě sladění kurikula se

standards EU také diskutuje o zapojení dalších dárců, kteří převezmou podobnou podporu praktického výcviku pilotů v následujících letech.

S přihlédnutím k výše uvedeným rozdílným hodnocením je udržitelnost a opakovatelnost podpory celkově hodnocena jako **spíše vysoká**.

Viditelnost projektů podpořených z Česka je smíšená. Příjemci se zaměřují více na pomoc než na její zdroj, ale všechny projekty na Ukrajině vykazují dostatečné povědomí o podpoře z ČR a tuto podporu oceňují. Projekty v Zakarpatí, Vinnycké oblasti a ve Lvově mají konkrétní hmatatelné dopady, jako jsou renovované nemocnice a bydlení. Tato skutečnost zvyšují povědomí veřejnosti. Projekt v Odese je méně viditelný mimo přímo zapojenou komunitu NNO, širšího povědomí o podpoře ČR by ale bylo možné dosáhnout pokud bude dále rozšířen. V Moldavsku jsou velmi dobře viditelné především velké projekty v oblasti infrastruktury, jako je rehabilitace Carpineni, kde je Česká republika hlavním dárce. Podpora nemocnic také zvyšuje viditelnost, zejména u českých značek jako Linet. Menší, roztržštěné příspěvky jsou však méně viditelné, pokud iniciativy nevedou přímo české nevládní organizace. I ti, kdo nemají povědomí o financování z ČR, ale znají zapojené nevládní organizace, což naznačuje potenciál pro trvalý dopad prostřednictvím další spolupráce.

Pokud jde o **průřezová kritéria**, podpora se řídila principy lidských práv a rovnosti pohlaví: V řadě případů se zaměřila na přímo ohrožené skupiny, jako jsou senioři, postižení a ženy, zejména matky a těhotné ženy. Projekty zaměřené na zlepšení životní úrovně těchto skupin realizovaly řadu iniciativ ve prospěch péče o děti a mimoškolní aktivity. Ženy byly vysoce zastoupeny jak ve skupinách příjemců (na Ukrajině i v Moldavsku), tak jako zaměstnankyně při realizaci projektů.

Byly analyzovány rovněž konkrétní příspěvky podpory k řádné správě věcí veřejných. Přestože podpora přímo neovlivnila fungování veřejných institucí v cílových zemích, zaměřila se na posílení kapacit místních nevládních organizací na Ukrajině i v Moldavsku, o které se realizace a poskytování podpory vnitřně přesídleným osobám/uprchlíkům opíralo a které budou s ohledem na klesající zapojení mezinárodních dárců a nevládních organizací v cílových regionech stále důležitější. Navíc byla pozorována skutečnost, že existující struktury, které byly vytvořeny a/nebo rozvinuty s podporou ZRS ČR byly využity pro implementaci nouzových humanitárních projektů - podpora tak, v souladu s principy dobré správy věcí veřejných, a posílila nexus mezi humanitární a rozvojovou pomocí. Projekt Carpineni rovněž významně přispěl k environmentálním cílům zlepšením energetické účinnosti a soběstačnosti a snížením budoucího dopadu na životní prostředí.

Doporučení

Doporučení na úrovni projektu	Úroveň vážnosti	Primární adresát
Všude, kde je to možné, zachovat flexibilitu při realizaci projektů jako jednoho z klíčových faktorů úspěchu realizovaných projektů, zejména v kontextu potenciálních mezer, které se mohou objevit, pokud organizace OSN opustí některé regiony a oblasti své činnosti.	1	MZV, MV
Pokračovat v programech budování kapacit místních nevládních organizací a organizací občanské společnosti	2	MZV, ČRA,
Dále podporovat moldavské orgány při provádění reformy systému sociálních služeb RESTART, poskytovat vhodnou technickou pomoc, výměnu znalostí, prosazování a zvyšování povědomí, vytváření sítí atd.	2	CZDA, realizátor

Programová / sektorová doporučení	Úroveň vážnosti	Primární adresát
Využít stávající přidané hodnoty podpory financované Českou humanitární pomocí a identifikované dobré praxe v rozvojových iniciativách . Zaměřit se na rozvoj komplexního systému poskytování vhodných služeb pro zvláště zranitelné skupiny místních i uprchlíků/IDPs v méně rozvinutých regionech se zaměřením na specifické služby, které jsou vysoce relevantní pro potřeby těchto cílových skupin, ale nemohou být (vzhledem ke specifické povaze) poskytované v rámci standardního systému sociálních služeb, jako je psychosociální pomoc, péče o děti a mimoškolní aktivity, odborná školení speciálně pro ženy atd. Při rozvoji těchto služeb se opřít o stávající sítě.	2	MZV, ČRA

Zvážit podporu specificky zaměřenou na znovuzačlenění válečných veteránů do pracovní síly a společnosti/místních komunit , včetně podpůrných intervencí, jako je podpora na překonání následků traumat a PTSD nebo podpora rozšiřování bezbariérového přístupu do budov.	3	MZV, MV
Ve spolupráci s příslušnými partnery a národní/regionální úrovni analyzovat stávající nebo budoucí (v důsledku změn strategií a reakce na odchod dárců a dalších stakeholderů) mezery v klíčové pomoci nejzranitelnějším skupinám uprchlíků/vnitřně vysídlených osob , které se nemohou začlenit do místní komunity a zůstanou závislé na humanitární pomoci; ve spolupráci s partnery formulovat komplexní reakci, která tyto mezery zaplní .	2	MZV, MV
V rámci rozvojové spolupráce těžit z dobré praxe a viditelnosti získané z podpory obnovy zařízení v Carpineni, posílit zaměření na energetickou účinnost jako průřezový cíl v rozvojové spolupráci v jiných sektorech .	3	ČRA, MZV

Doporučení systému nebo postupu	Úroveň vážnosti	Primární adresát
Harmonizovat požadavky a formuláře požadované u projektů podpořených z Humanitární pomoci ČR (bez nutnosti zvýšení administrativní zátěže).	2	MZV,

B. Summaries of evaluation of individual projects

1. “Bus Ambulance for Vinnytsia region” (Royax)

1. Introduction

The Vinnytsia Regional Centre for Emergency Medical Care and Disaster Medicine of the Vinnytsia Regional Council (VRCEMCDR) was the recipient of the Mobile ICU project in Vinnytsia. VRCEMCDR is a non-profit, territorial communal enterprise of the Vinnytsia Regional Council that provides healthcare services to the population. The project started in March 2023 and concluded in June 2023, with a total cost of 15,515,040 UAH (9,480,000 CZK).

2. Objectives and activities

The main objective of this project was to provide VRCEMCDR with a vehicle capable of transporting casualties of war, as well as sick civilian population, between hospitals. Due to the full-scale invasion of the Russian Federation, the need to transport many casualties within the area and to the neighbouring regions has increased dramatically. After the assessment of the transportation means in the Emergency Care Department, it was discovered that there is a need for a vehicle that could transport multiple patients providing first aid help or other medical procedures to them along with medical staff simultaneously to increase capacity and cut down on the number of cars used for a single emergency call. Such mobility would make possible to carry out medical evacuations and deliver patients from one hospital to another, even across regions.

While the Mobile ICU was delivered at the request of the VRCEMCDR and fulfilled their needs, it was soon discovered that Vinnytsia military medics would use it to the full extent. The Mobile ICU is used two or three times a week for medical evacuations of patients from trains and other tasks almost daily. In other regions outside Vinnytsia, the Mobile ICU is used occasionally for medical evacuations from Lviv, Poltava, Dnipro, and Sumy. Further trips are less common compared to regular transfers from Vinnytsia hospitals to Khmelnytskyi and Lviv, for example, which are the most common destinations. After receiving the Mobile ICU from the donor, the Healthcare and Rehabilitation Department of the Vinnytsia Regional Military Administration reportedly became the first one to receive such aid from international partners nationwide and put it to use.

Shortly after the bus arrived, it was decided to hand it over to the military because of size restrictions and existing needs at the time of the handoff. The Mobile ICU has significantly helped meet the growing evacuation needs during the war. It can accommodate five critically injured patients lying down and several less seriously injured others who can sit. So, the bus has lightened the load by handling many evacuations, especially for military casualties.

The Mobile ICU's design, with its larger capacity and ability to transport both seriously injured and less critically wounded patients, has made evacuations more efficient. It has allowed for better resource management and optimization of the evacuation process. Additionally, since they serve both military and civilian patients, the ambulance bus helps balance the need for medical evacuations, benefiting the military and the civilian population as the region continues to face medical emergencies.

3. Relevance of the project

Evaluation of Relevance of the Project in Terms of Beneficiary Needs: VRCEMCDR's application for the Mobile ICU indicated requirements for the vehicle.

To provide fast and quality healthcare in crises, Royax Ltd. was contracted to provide one of their Mobile ICU units for VRCEMCDR. The mobile medical space is equipped to stabilize patients, provide first aid, and transport them safely to hospitals, essential for survival and saving lives in emergencies. The Mobile ICU features monitors, defibrillators, and infusion machines, so practically everything is adapted to provide emergency medical care on the go. As seen in the bus photos, these requirements were met.

Assessment of the Identification Process:

The project was identified primarily by the Czech side in cooperation between the Ministry of Foreign Affairs and the Association of Manufacturers and Suppliers of Medical Devices – in effort to identify a meaningful

and relevant humanitarian project to be supported by direct budget donations that were allocated to the MFA at the outbreak of the full-scale war. The need for such a project was analysed by the Embassy of the Czech Republic, which identified relevant partners in the Vinnytsia region. Within the implementation, some administrative hurdles had to be dealt with as it was found out first when the construction had already started that the original Ukrainian partner, Vinnytsia regional administration, was not allowed to accept donations. However, in the end, the VRCEMCDR was brought on board as the beneficiary of the supply, and the project was successfully finished in June 2023.

During the interviews, it was stated that this is one of the few projects in which the donor actually listened to the beneficiary's needs and provided them with the requested aid rather than just sending the medicine.

Relevance of the Project: Before the war, the region's network of ambulances allowed for quick access to all major cities of the region, while civilian transportation to places like Uzhhorod, Lviv, Odesa, and Kyiv was possible without a significant demand for such a Mobile ICU. However, during wartime, the need increased drastically.

Cooperation with the Authorities: The Vinnytsia Regional State Administration is generally positive to and open for collaboration with international partners, including charitable organizations and foundations. The regional government is transparent in its reporting on the assistance it receives, with regular updates shared through the media. This transparency ensures that the public is informed about the support provided.

While the administration maintains openness in the public domain, it is acknowledged that some aspects of the process may remain behind the scenes.

The regional authorities are proactive and transparent in working with international donors to support their community.

4. Outcomes of support

The project provided Vinnytsia with a modern Mobile ICU vehicle that has been saving lives with every use since it arrived. Due to the transfer of the Mobile ICU to the Vinnytsia military medics, the Counterintelligence Service keeps the information regarding its use on a strict need-to-know basis. The medical staff that operates the vehicle has been provided with sufficient training and has learned to use the available tools efficiently which has helped them to efficiently provide first aid and other medical procedures on the Mobile ICU. Before the Mobile ICU, the wounded and patients were mostly brought by train, and the whole procedure would take upwards of two hours, whereas now it can be carried out in under 30-40 minutes.

While the general assessment of the vehicle was very high, the driver mentioned minor drawbacks of the ICU he had seen while using it. According to him, the Mobile ICU is not entirely thought through when loading the wounded due to narrow aisles. This is especially important when transporting the wounded on external fixation apparatus, which means bringing them in on a stretcher and transferring them to the stationary beds inside, which can prove quite inconvenient.

The driver also claims the bus is reliable, soft during driving, and full of medical equipment.

The Mobile ICU is a modern, highly functional medical unit. It is widely used for emergency and disaster medicine and is currently utilized by military medics in the Vinnytsia region. The Mobile ICU has been officially leased to the military but remains on the balance of VRCEMCDR.

Upon the delivery of the Mobile ICU, it was thoroughly examined by the specialists of the Centre and military medical teams. Some suggestions they came up with included expanding space to turn around the stretcher when brought in. Second, they suggested expanding aisle gaps for a wider passage. They also recommended raising it a little to bring the patient to bed. Another suggestion was to ensure the safety of patients and medical staff during transportation by adding more seat belts and tripods or handles so that medical staff could move around the bus and approach patients on the move to check their condition and provide medical care.

Another noted barrier to the sufficient use of the Mobile ICU is that the bus is not ideal for city use due to its size, as it struggles with traffic congestion. It is more practical for intercity or interregional transport, especially on highways between cities like Vinnytsia, Lviv, Odesa, and Kyiv, where speed and accessibility are important.

After the project was finished, another ambulance bus was produced by the same supplier and delivered to Dnipropetrovsk region. This bus was primarily aimed at transportation – was designed as Mass Casualty Evacuation Unit (MCEU) and can transport as many as 12 patients at once.

The project was a new initiative also for the supplier who was producing medical equipment before the project (such as medical stretchers and field hospital beds, as well as mobile solutions, such as ambulances or mobile container clinics) but did not have previous experience with bus conversions into mobile clinics/ambulances (some employees had previous experience of this kind from a different entity. However, this was over 15 years old and thus no longer relevant). The ICU bus and the follow-up MCEU bus delivered to Dnipro are now presented as reference projects by the supplier and have contributed to opening a new market segment for the producer.

5. Summary

In conclusion, the Mobile ICU has proven invaluable for managing heightened evacuation needs during the war. Initially not a critical necessity before the Russian full-scale invasion, its importance became apparent as the war escalated and the demand for medical evacuations grew significantly. While the bus is not ideally suited for city operations due to its size and difficulty navigating traffic, it excels in intercity and interregional transport, where its large capacity for critically and less critically injured patients can be fully utilized.

2. “Assistance to Internally Displaced Persons (IDP's)” (Caritas)

1. Introduction

The Assistance to Internally Displaced Persons (IDPs) in the Transcarpathian Region project was carried out by Caritas Czech Republic in partnership with local NGOs Nehemiah, People in Need, Dorcas, Proliska and representatives of the Transcarpathian Regional Council as well as the Mukachevo Diocese of the Roman Catholic Church to help renovate temporal shelters, dormitories, and modular houses for IDPs across several locations in Uzhhorod, Mukachevo, Svalyava, Serednye, and Neresnytsia of the Transcarpathian region in Ukraine. A project of this calibre requires much coordination between different stakeholders, which explains the number of parties involved. The approved budget of the project was Euro 950,000, it was realized in May-October of 2022. Caritas Czech Republic was key project implementer which has cooperated on the project realization with several local NGOs, regional authorities as well as educational and religion institutions.

2. Objectives and activities

The project aimed to provide long-term quality housing for IDPs in the Transcarpathian region of Ukraine. It was implemented by building modular housing units according to the ClickHome concept and adapting existing substandard accommodation facilities, such as dormitories and temporary shelters, on the premises of local state-owned institutions, among them the Svalyava Professional Construction Lyceum and the Mukachevo Professional Agricultural Lyceum Named after Mykhailo Dankanych of the Transcarpathia Regional Council.

3. Relevance of the project

Evaluation of Relevance of the Project in Terms of Beneficiary Needs: The Transcarpathian region saw a significant inflow of IDPs in the first weeks and months of the Russian full-scale invasion of Ukraine and continues to receive new IDPs along with their families. Some travel abroad, and others seek shelter and employment, hoping to successfully integrate into the local communities. Both groups require social support and accommodation, but the available places remain limited, so the local authorities partnered with international partners such as Caritas CR and local NGOs to meet this ever-growing demand. Even when the spaces are available, the local implementers still often find themselves lacking in the resource department, which is why projects like this are essential and highly relevant. Notably, even with international support from the Czech Ministry of Foreign Affairs and other donors, the IDPs demand for lodging and social support stays higher than the offering, but where there is a successful practice, there are possibilities for scaling up the effort.

Assessment of the Identification Process: Caritas, the implementer in the Transcarpathian region, worked closely with local administrations, NGOs, and IDPs to formulate the needs, designate the construction sites, and prepare the documents at the project inception stages. For the first half of the year, cooperation was chaotic, after which a local cluster was established to start coordinating and organizing everyone's activities, including the regional authority, educational institutions, church representatives and NGOs like People in Peril, Dorcas, Nehemiah, and Proliska. The interviews and focus group discussions confirm that the cluster has fulfilled a very substantial role. For example, according to one of the Project Managers, the Caritas CR NGO relied on the local cluster of NGOs involved in providing help to IDPs to coordinate the efforts and focus groups - to better understand the project's needs at any given time. The cluster continues its operations to date, having proved itself a successful collaboration platform.

Relevance of the Project: In the general scheme of things, wars, and active hostilities are known to cause a serious population migration to safer areas. However, the beginning of the full-scale invasion in 2022 caught most regions in Ukraine unprepared to face the challenge, and Transcarpathia was no exception. Therefore, as some IDPs reported in the interview, many were staying with their friends and relatives or renting out apartments at the beginning of the war. At the same time, along with their houses and apartments, most of these people also lost their source of income, which, along with increasing rent prices and limited propositions, prevented many from renting accommodation over more extended periods, so the local communities had to step up to the challenge and offer a temporary shelter, and support. Thanks to international aid from the Czech Republic, not only could the IDPs receive a temporary roof over their heads but also modern, comfortable living conditions and amenities, and even privacy, in some cases with modular houses, which makes this project more than relevant and lifesaving for many of the families and IDPs helped.

Cooperation with the Authorities: The regional authorities of the Transcarpathian region have been collaborating on various projects with Caritas (Charita CR) since the beginning of the Russian full-scale invasion in 2022. Of course, the list of projects on helping IDPs implemented in the region, on the whole, exceeds those involving state representatives, as some NGOs choose to work directly with the territorial communities they serve. However, when it comes to the institutions under the local authorities' control, like dormitories within public institutions and Temporary Accommodation Centres (TACs), such cooperation becomes a necessity, which is why a cluster was established to serve as a communication platform for different humanitarian NGOs and funds, such as People in Peril, Proliska, and UNCHR. For example, as one of the project managers stated in the interview in Mukachevo. The local authorities helped with the land designation and utility connection for the project, encompassing 33 modular houses and renovating Temporary Accommodation Centres. Moreover, after the living spaces had been built, it became apparent that they needed sewer and electricity, so the local administration stepped up to the task and made it possible to connect the new houses to the grid and municipal sewage system. NGOs helped with furnishing the constructed houses and TACs, as confirmed by the representatives of NGOs People in Peril, Dorcas, Nehemiah, and Proliska – some furniture and house appliances were bought and handed over by the said Ukrainian NGOs operating in the area, and others were provided jointly with UNCHR and Ukraine Humanitarian Fund (UHF), ranging from microwaves, fridges, ovens, and laptops to bunk beds, wardrobes and storage shelves (see photos from the site visits in Mukachevo and Svalyava). The local community also benefited from the project's activities – partnering NGOs organized integrational activities in the TACs and near modular homes, like dancing, sports competitions, and psychological help, where residents could also partake.

According to the First Deputy Head of the Transcarpathia Regional Council, in addition to the existing IDP facilities in Neresnytsia, Mukachevo, Svalyava, and Serednie, among others, another big project is underway involving the renovation of the Beregovo Professional Lyceum of the Service Sector across four floors, jointly with NGO Proliska, UNCHR, and NGO People in Peril and with support from the local budget. The plan is to create accommodation for 180 IDPs and their families. Regarding other international donors operating in the humanitarian sphere, there were no mentions of competing projects involving IDP accommodation.

4. Outcomes of Support

Apart from creating new living spaces and renovating the existing ones, the project implementers, predominantly the NGOs, also provided the IDPs with an entire inventory of essential amenities, from washing machines to microwaves and household items, to improve comfort and access to basic conveniences. Moreover, most IDPs reported having to share living spaces before their relocation with other people, mostly also IDPs and IDP families, and use shared kitchens and bathrooms for proximity reasons. Those families who moved into modular houses now possess a relatively private area with private cooking, bathrooms, and even gardening plots, which is a substantial upgrade over their previous living situation. As for the other groups of IDPs who remained in temporary shelters and dormitories, they received a complete overhaul of their living areas, also contributing to increased comfort and satisfaction. Although many of the focus group participants complained about things like receiving little to no IDP social allowance, having trouble finding employment and paying bills, receiving inconsistent support from the state and international organizations, and finding it hard to make ends meet and integrate, it should not be overlooked that even staying there would not have been possible, if not for the donor support. Being an IDP in wartime comes with unique challenges but having a roof over one's head and enjoying access to basic life comforts, like showering, cooking, studying, or even working at home, is no small feat and has substantial psychological implications for security, mental health, and future plans.

What is more, some IDPs even received an opportunity to earn some extra funds based on the cash-for-work mechanism by being involved in the construction of the modular houses. However, the impact was limited because many of the men among this group were drafted in the army.

5. Summary

The joint project led by the Caritas CR and co-implemented with the help of the local authorities, the Mukachevo Diocese of the Roman Catholic Church, as well as NGOs People in Peril, Dorcas, Nehemiah, and Proliska, was successful in establishing, renovating and furnishing living areas in Uzhhorod, Mukachevo, Svalyava, Serednye, and Neresnytsia of the Transcarpathian region to set standards and improve living conditions for IDPs and their families. Therefore, it's fair to say the project has accomplished its goal and established a successful practice that can be utilized as a basis for other similar projects not just in Transcarpathia but in other regions as well since the demand is there and even likely to grow in the future due to extended hostilities and Russian attacks on Ukrainian cities, towns, and villages. As some

IDPs integrate into the local community or travel abroad and move out of the Temporary Accommodation Centres, dormitories, and modular houses, other individuals and families come in to take their place. Hence, the available places never go vacant. Since these IDP facilities are located on the premises of municipal or regional state-owned institutions, such as lyceums and universities, the local community owns them, and administrations of respective institutions manage them, while the residing IDPs conduct a contract with Caritas Czech Republic for the entire living period, protecting both themselves and the property.

Importantly, modular houses and other facilities, created with the Czech Republic's donor initiative, can have an extended period of use, reaching into the future, even after the war is over, highlighting their long-term sustainability. With the reconstruction of Ukraine expected to take decades and with the probable return of refugees from abroad, modular housing is expected to continue to serve an important need in the housing market for years to come.

In the process of providing modular housing, it was observed that while lodging is an important need, helping IDPs overcome psychological trauma is also needed, even in the most comfortable accommodations. Thus, future projects should include psychological counselling and assistance in addition to the accommodation aspects. That is because the issues are primarily financial and deal with uncertainty and the psychological burden of dealing with a vulnerable condition most IDPs share. The key to resolving most of them lies in (re)training and helping IDPs find employment or receive legal support for state and international benefits, as well as psychological counselling to address the traumas caused by the war and forced relocation.

3. "Training and monitoring tools to prevent corruption in the provision of humanitarian aid" (Partnership for Transparency)

1. Introduction

The Odesa regional branch of the Committee of Voters of Ukraine (CVU) organized training for local civil society organizations on capacity building in the area of humanitarian assistance. CVU is well respected watchdog organization monitoring anti-corruption and electoral issues for more than 20 years. The project's budget was Euro 62,087 and timeline – January-June 2023. The grant was allocated to the lead agency of the project Partnership for Transparency (PTE) Europe which has managed them with the co-partners Baltic Investigative Journalism Network (BIRN) and Odesa Branch of the NGO Committee of Voters of Ukraine (CVU). The latter organization has played a key role in implementing the project, while two former organizations were playing rather supervisory and general management role. From joint elaboration of the project activities to reporting and promoting its outcomes.

2. Objectives and activities

The goal of this project was to build the capacity of Odesa region civil society organizations and charities working in humanitarian assistance. Specifically, for CVU to share its experience through training in the areas of anti-corruption, capacity building, communications, grant writing, internal standards, and project management best practices. Through this training program, the objective was to raise local standards and capacities to meet international standards and, consequently enable local civil society organization to enter into cooperation with international donors and other international partners in the role of local partners in their localization efforts.

3. Relevance of the project

Evaluation of Relevance of the Project in Terms of Beneficiary Needs: The project selected after CVU initially declined an offer from a German organization to conduct a comprehensive anti-corruption investigation on the potential misuse of humanitarian aid in the region. Odesa region has a long history of corruption in politics and business, and the concern was that these historical problems may also affect humanitarian aid. However, CVU declined the offer and provided instead a counterproposal to conduct training on capacity building for NGOs and charities which would include a strong anti-corruption component. Because of the overwhelming humanitarian needs of internally displaced persons (IDPs) and locals affected by the trauma of war, highlighting local issues with corruption was not viewed as constructive to the overall war effort at this time. This counterproposal was accepted as a constructive solution by the Czech Republic as first donor.

Assessment of the Identification Process:

The project was initiated by the implementer, PTE. The original project idea that was presented to the donor included a comprehensive anti-corruption investigation into the misuse of humanitarian aid in the Odesa region. This was, following the discussions between donor, the implementer and local partner (CVU Odessa) transformed into a solution that was more in line with local needs as well as limitations of the programme (namely short period of time and budget limitations). Following discussions between CVU, PTE and MFA, an agreement was reached whereby the MFA would provide funding for training on ways to improve anti-corruption efforts in the provision of humanitarian aid. In other words, the focus would be training and skills rather than investigatory efforts which could have a detrimental effect on attitudes towards Ukraine. Thus, by raising the standards of civil society organizations and charities, many of which were newly formed due to the triage needs of the war, this provided an opportunity to apply best practices from the outset in the organizations' efforts. CVU was included as a partner due to its reputation for fiscal responsibility, independence, and high standards for organizational work over two decades.

The project was intended by the implementer (PTE) as well as donor (MFA) as a pilot – mapping tools for identification of needs of the civil society organizations in the target region as well as training programmes were to be tested in a smaller scale (at the level of Odessa region with rather limited number of NGOs / CSOs to be included) and these lessons learned would be scaled up to a more comprehensive project with a wider regional scope and longer timeframe. The idea was thus to pilot the response within Humanitarian Assistance programme and then, following the nexus approach, scale the initiative up within development cooperation programme of the Czech Republic. However, it should be noted, that at the time of elaboration of this report (resp. data collection – mainly in-depth interviews with implementer and partners), more than one year after the finalization of the pilot project, no follow-up initiative was approved yet.

Relevance of the Project: During wartime, humanitarian needs are almost endless and constantly changing. Odesa region in particular experiences frequent rocket and drones' attacks in addition to being a critical transit region for IDPs and refugees abroad. Therefore, in terms of needs, Odesa is a critical region for this project as humanitarian aid is desperately needed and the number of local implementors are few. In addition, the region past legacy of corruption makes training on best practices and capacity building critical for civil society organizations. Thus, the project is highly relevant to the needs of humanitarian relief organizations in the region.

Cooperation with Local and Regional Authorities: There was no cooperation with local or regional authorities during the implementation of this project. This is due to several reasons. First of all, the objectives of the trainings didn't require such collaboration. Second, some of the local administrations are considered corrupt and associated with criminal organizations. This information is open source and widely known. Third, in many cases local government is overwhelmed with the abundance of security and humanitarian needs. Even if local government was approached to cooperate, it's likely that the this would only hinder implementation of the project in a timely manner. Finally, civil society organizations like CVU have credibility among the population that the local government does not. Cooperation with the local government would raise concerns among many civil society organizations about corruption, as well as the local population.

4. Outcomes of support

Despite the necessity to change the focus of this project from the outset, the effort still achieved positive results in a critical and complicated region of Ukraine. First, 20 local NGOs participated in training to increase their capacity building and sustainability. Training on international best practices, grant writing, communications, anti-corruption, and donor relations were helpful in giving local civil society organizations the skills they needed to find additional grant funding. At least three NGO's participating in the training received grants after taking part in the program and credited CVU with providing them with the skills needed for success. Second, this program was a pilot program which can be scaled and duplicated to larger audience in the region. In particular, the CVU mentoring and training. Finally, the strengthened capacity of the NGOs has improved the general level of cooperation and professionalism in the region.

It should be noted that because the Odesa region is under daily attack, many civil society organizations which have been active and ready to meet in the past, are no longer operating in the region or were unavailable. Moreover, many international donors and NGOs who were active in the Odesa region in 2022 have moved their efforts to the east of the country or even beyond Ukraine, while need for support, in particular, arrival of IDPs, remains still on a high level. Furthermore, due to the intensity of their activities on the ground, many NGOs are unwilling or uninterested to meet with evaluators. There is a lack of understanding of the importance of such evaluations due to the intrinsic need for self-preservation. Thus, the remaining civil society organizations and charities in Odesa will become more important in the months ahead due to the declining state of security and social breakdown. Therefore, further long-term support of such NGOs – from teaching them grant-writing to providing mentorship, which based on the survey and focus group results conducted within the evaluation – can play an important role in making humanitarian support in the region more sustainable.

Besides, while trainings should remain an important part of strengthening capacity of local NGOs working on humanitarian assistance, those trainings should be as practical as possible and the spending on them should be as efficient as possible – many local NGOs working with the most vulnerable groups of population, especially, in the context of shrinking funding for those groups have become openly irritated by too many similar events, especially held in expensive hotels.

It should be noted that this project was dramatically altered from the initial concept because of the likelihood that a subsequent investigation into humanitarian aid corruption would result in negative media attention and less international aid for Odesa and Ukraine. Thus, the compromise solution of training civil society organizations and humanitarian aid charities on capacity building, practical skills and including an anti-corruption element was the substitute.

5. Summary

This mentoring and training program by CVU assisted around 20 Odesa region NGOs in raising their professional levels of productivity and activity, while resulting in these organizations winning grant competitions thereafter for funding. The concrete skills provided for grant writing, communications, and capacity building will play a crucial role in the context of decreasing humanitarian assistance in the region provided by the international donors. Besides, the experiences from this ongoing effort can be scaled and duplicated in the future.

4. "Creation of comfortable and safe conditions for the treatment of seriously ill children" (Kryla Nadiyi)

1. Introduction

The Lviv based charitable foundation Wings of Hope (Kryla Nadiyi) partnered with the Western Ukrainian Specialized Children's Medical Centre (WUSCMC) to conduct a major renovation and refurbishment of the Clinic of Children's Nephrology, Dialysis, and Kidney Transplantation (CCNDKT), as well as seven wards of the Children's Oncology Clinic and Specialized Surgery Clinic (COCSSC). The Wings of Hope charity has extensive experience in conducting large scale projects in the healthcare and internally displaced persons (IDPs) sphere, having implemented more than \$5.5 million Euros worth of projects over the last two years.

The original term of realization of the project was September 2023-February 2024, but since it was launched later and unexpected delays, such as conscription of workers and COVID, its finalization was delayed, with proper approval by the donor, until October 2024. The project budget was €200,000 as a direct budgetary support for the implementing organization Wings of Hope.

2. Objectives and activities

The goal of this project was to renovate and refurbish existing medical facilities for children in the areas of nephrology and oncology in Western Ukraine. Two medical institutions, CCNDKT and COCSSC, were selected for partnership with the Wings of Hope charity foundation. The renovations and addition of medical equipment are designed to create a positive atmosphere for patients, improve the quality of medical care, and fill the gap in nephrology and oncology needs in Western Ukraine. The objective was to increase the capacities of the facilities to treat more patients both quantitatively as well as qualitatively. This would allow more successful surgeries for patients, because the facilities would be better equipped for treatment. In the process CCNDKT and COCSSC could become regional hubs for treatment, including of IDPs, thereby reducing the burden on Kyiv and other areas.

However, the project has become much more than a simple renovation of existing hospital wards, it's a timely reform of the children's healthcare sector, designed to directly affect the quality of medical treatment and become an important element of general changes at the regional and even national level. The project goal is to save children's lives with better quality healthcare and improved facilities, while in the process help improve the mental health of patients and their families. Having positive scenes and images painted on the walls of the medical facilities is in stark contrast to the dingy and depressing state of many Ukrainian medical facilities, not least of which is the National Cancer Treatment Hospital in Kyiv. The Wings of Hope charity and two medical institutions were selected, among other, based on the charity's past work with Czech related projects in the IDP sector as well as close work of the charity foundation with the healthcare sector in general and corresponding departments. In particular, the seven wards constituting the paediatric oncology and bone marrow transplantation department benefited from the physical renovation of ventilation, heating, water and sewage systems. Plus, they were provided with a permanent hot water supply and accompanying modifications. Finally, the premises constituting the nephrology, dialysis and kidney departments benefited from the renovations to the dialysis wards and accompanying modifications.

3. Relevance of the project

Evaluation of Relevance of the Project in Terms of Beneficiary Needs: The project was successfully implemented according to the plans and needs of the beneficiary, in this case the CCNDKT and COCSSC. Their goal was to renovate and refurbish existing nephrology and oncology facilities. Based on interviews with the hospital director, specialists, local administration officials and patients, there has been a noticeable increase in the number of patients at these facilities. As the hospital director noted, "it's not about the outlook, it's about saved lives. Visually, we have positive emotions which matter much too". Thus, the project not only improved the quality of healthcare for children suffering from nephrological and oncological disease, but the renovations also improved the mental health and optimism of the patients. Importantly, despite setbacks due to COVID, high demand for the medical beds in both institutions, and a shortage of workers due to military conscription, the project was still implemented suffering a delay of just four months. Given the difficulties experienced during war time, this short delay was insignificant, and credit goes to the project managers for their persistence to overcome the obstacles.

Assessment of the Identification Process: The project identification process pointed to deficiencies in the quality of healthcare for children's nephrology and oncology treatment in Western Ukraine. The Wings of Hope charity identified a newly appointed doctor and administrator with a sterling reputation to partner and focus on these key areas to overcome budgetary gaps. In addition, the medical institutions had a previous

history of cooperation with Czech funded projects and have proven reliable and responsible. Unsurprisingly, the Lviv Region Administration Deputy Head of Healthcare expressed a desire for the project to go through the local government rather than the private sector. She noted the distrust between local government and civil society, and while still complimentary of the success of the project itself, wanted more involvement in the effort. It should be noted that this trend is seen across Ukraine during the period of martial law, as central and regional governments want to centralize decision making at all levels, not just militarily.

Relevance of the Project: During the wartime, all medical needs are triaged, and healthcare is often rationed. This project focused on improving the quality of healthcare for children suffering from nephrological and oncological issues. More specifically, providing procedures according to international best practices and protocols using highly trained medical professionals. In addition to treating more patients in need, a higher number of patients have been treated successfully. Not only is this strategy forward looking, but it maintains widespread public support during the war, when sometimes there is debate over whose needs should be prioritized. This project uniquely meets critical local needs for a priority target audience (i.e. children with cancer and kidney disorders) at a time when government resources are limited. Thus, the project is highly relevant and congruent with the efforts of international partners and civil society.

Cooperation with the Authorities: There was some dissatisfaction from regional authorities with their ex post facto knowledge of the project and its successful implementation. The regional administration felt excluded from the project selection process, although they were aware of the success of the project itself. In particular because of the historical levels of distrust between governments and civil society which has not improved during wartime, the regional administration was not engaged in the project selection and realization. Nonetheless, the authorities acknowledged positive results and the critical gap that the project bridged. The regional administration desires to play greater role in future Czech funded initiatives in the healthcare sphere but want a more centralized approach to future projects in the Lviv region.

4. Outcomes of support

This project provided concrete improvements in the quality of the facilities for children suffering from nephrology and oncology disorders. The renovation and refurbishment of key medical institutions in Western Ukraine filled an important gap in healthcare services. First, it has increased the level of services with better conditions both for the doctors and for the patients. As a result, not only the number of patients from Ukraine is growing but even Ukrainian patients undergoing corresponding treatment abroad are returning to Ukraine for more affordable treatment in the WUSCMC. Besides, the Clinics are becoming important evacuation hubs. On July 8, 2024, Russians bombed the National Specialized Children's Hospital Okhmatdyt in Kyiv, which created a shortage of beds for children suffering from nephrological and oncological disorders and some patients from Kyiv were evacuated to the new facilities in Lviv. The renovation of wards and facilities provided by this project met a timely need due to the attack in Kyiv, particularly at a geographical level. In other words, children in Western Ukraine who previously needed medical attention in Kyiv could now be treated closer to home at less cost and inconvenience. With the Kyiv facilities temporarily offline, CCNDKT and COCSSC were able to absorb the additional influx of patients.

In addition, with improved facilities, the medical institutions are now focusing on expanding their efforts in the area of transplantations and organ donations, as well as a feasibility study on expanding the surgery rooms and services which can be considered as indirect effect of the project. This project demonstrated the effectiveness of foreign funding to fill gaps that the state budget was unable to provide. As the medical facilities look to expand their scope and services provided, they will again seek foreign funding sources to overcome deficiencies in state resources due to the war. In addition, an informational campaign is planned to inform Ukrainians in the western part of the country about the expanded and renovated facilities and improved quality of healthcare services. While funding is always problematic and there are shortages due to the war in budgets for medicines, this is a common issue throughout the country and not specific to these medical institutions.

5. Summary

Short Summary: The joint project led by the charity Wings of Hope together with the medical institutions CCNDKT and COCSSC can be considered as having fulfilled their purpose and mission. The quality of healthcare provided to children suffering from nephrological and oncological diseases has been improved, facilities expanded, and patients' mental health strengthened. This is a positive example of a surgical targeting of resources for meeting specific needs in cooperation with strong civil society and medical institutions.

5. "Training of Ukrainian Airline Transport Pilots in Czechia " (National Aviation University)

1. Introduction

The project "Training of Ukrainian Transport Pilots in the Czech Republic" is implemented by F AIR, spol. s r. o. in collaboration with the National Aviation University (NAU) of Ukraine and the Czech Technical University in Prague. The implementer of the project was the NAU, Czech institutions were in the position of local partners. F-AIR has the largest fleet of aircraft in Europe (44 aircrafts) and has several certificates, including EASA and Chinese certificates. Supported by the Czech Official Development Assistance, the project aims to enhance the skills of Ukrainian pilots through specialized training programs conducted in the Czech Republic. The project's genesis lies in the need to bolster the aviation capabilities of Ukraine, particularly in the context of ongoing geopolitical challenges and the necessity for highly trained aviation professionals.

2. Objectives and activities

The project addresses the critical need for advanced training of Ukrainian transport pilots to ensure they meet international standards, as well as the development of new curriculum at the leading aviation university of Ukraine according to the EU rules and standards. The original plan included training in Ukraine, which was interrupted by the war. The increasing demand for skilled aviation professionals in Ukraine and the broader region drives this need.

In line with this need two interlinked objectives were formulated:

Firstly, the aim of the project was to facilitate the transfer of study programme of NAU so that the curriculum is in line with the requirements of EU regulations. Final objective of this efforts is to achieve a certification of NAU as an Approved Training Organisation by the European Union Aviation Safety Agency (EASA). Once this long-term goal is achieved, graduates of NAU will be able to apply for an air transport pilot license and any approved aviation authority in the EU and thus obtain a license valid in the Union. Project in this part supported transfer of know-how, including syllabus and overall content of training courses from CTU to NAU. It should be noted that the cooperation between CTU and NAU has started before this project and the overall goal of obtaining the status of Approved Training Organizations will be achieved in a horizon that overarches the scope of the project. However, support has facilitated acceleration of these activities in developing of updated curriculum that is in accordance with EU rules.

Secondly, the objective is to provide comprehensive training to 20 Ukrainian transport pilots, enhancing their technical skills, safety knowledge, and operational competencies. The training started in October 2023 and is scheduled for 18 months. The students must fly a minimum of 207 hours and pass 13 ATPL (Airline Transport Pilot License) theory tests. Upon successful completion, they will receive a license from the Civil Aviation Authority. This training aims to improve the overall quality and safety of aviation operations in Ukraine.

The intervention logic is based on a structured training program that includes theoretical lessons, practical flight training, and various examinations. The logic follows a phased approach, starting with the selection of candidates, followed by their training and evaluation, ensuring that the objectives are met systematically.

Summary of Activities

In the first part of the project, on-going cooperation between CTU and NAU on updating and transforming the study curriculum took place.

Regarding actual training of Ukrainian pilots: The selection process for the training program was meticulously structured and conducted in four distinct phases. Initially, 80 applicants were considered, but through a series of rigorous evaluations, including psychological tests and online interviews, the pool was narrowed down to 20 students and 5 alternates. These stages were designed to ensure that only the most qualified and prepared candidates were chosen for the demanding training ahead.

In preparation for their arrival, extensive coordination was carried out with the National Aviation University (NAU), as well as Czech and Ukrainian authorities. This collaboration was crucial to facilitate the smooth arrival and integration of the students into the program.

The training activities took place at Karlovy Vary and Benešov airports. These activities included comprehensive safety training, radiotelecommunication exams, ICAO English courses, and thorough medical checks. Each of these components was essential to equip the students with the necessary skills and knowledge for their future roles.

Funding for the training programs was sourced from various channels. Two-thirds of the costs were covered for the students, while the remaining one-third, which included accommodation expenses, was borne by the students themselves. This funding model was designed to make the program accessible, ensuring that students could receive high-quality education and training without being overwhelmed by the financial burden.

3. Relevance of the project in terms of the needs of beneficiaries

The activities undertaken in this project are meticulously aligned with the specific needs of the beneficiaries. By providing timely and relevant training, the project addresses the critical skills required for modern aviation operations. This ensures that the training is not only comprehensive but also directly applicable to the current demands of the aviation industry. The project effectively targets the most urgent needs by focusing on comprehensive pilot training, which is essential for maintaining high standards of aviation safety and efficiency. Furthermore, revising the training curriculum of NAU and its future accreditation at EASA will ensure long-term sustainability of the project as appropriate training will be provided directly in Ukraine.

The identification process for selecting candidates was thorough and inclusive, involving both the beneficiaries and local stakeholders. This collaborative approach ensured that the selected candidates met all the necessary requirements and were genuinely committed to the training program. By involving local stakeholders, the project was able to accurately identify and address the specific needs of the community, ensuring that the training provided was both relevant and impactful.

Furthermore, the project aligns seamlessly with broader response plans and strategies aimed at enhancing aviation safety and operational standards in Ukraine. It supports both national and international efforts to improve aviation capabilities, contributing to a safer and more efficient aviation sector. This alignment with broader strategies ensures that the project is not working in isolation but is part of a coordinated effort to enhance aviation safety and standards.

The project also demonstrates effective cooperation with local authorities and stakeholders, including the National Aviation University (NAU) and the Czech Technical University in Prague. This collaboration ensures a well-coordinated delivery of training and support services, avoiding any duplicities and addressing any gaps in needs coverage. By working closely with these institutions, the project leverages their expertise and resources, ensuring that the training provided is of the highest quality and meets the specific needs of the beneficiaries.

4. Outcomes of support

The project has significantly contributed to improving the material security and professional skills of the trainees. It has enhanced their access to high-quality training and resources, directly addressing their educational and professional needs. This initiative has provided the trainees with the necessary tools and knowledge to excel in their respective fields, ensuring they are well-prepared for their future careers.

Positive impacts include improved safety standards and operational efficiency in Ukrainian aviation. The project has led to the implementation of better safety protocols and more efficient operational procedures, which are crucial for the aviation industry. There have been no significant negative impacts reported, indicating that the project has been largely successful in achieving its goals without causing any adverse effects.

The project has shown flexibility in adapting to the changing needs of the target groups, such as accommodating additional students from the reserve list and addressing individual challenges like medical issues. This adaptability has been key to the project's success, allowing it to respond effectively to unforeseen circumstances and ensure that all participants receive the support they need.

The project faced several challenges, such as visa issues and administrative restrictions, which required careful navigation. Additionally, there was a need to repeat medical examinations, which posed further difficulties. Some students failed due to congenital visual impairments, highlighting the importance of thorough medical screening. Obstacles included logistical issues and the need for coordination among

multiple stakeholders. However, these obstacles were effectively managed through proactive planning and communication, demonstrating the project's resilience and ability to overcome hurdles.

Follow-up initiatives include ongoing support and monitoring of the trainees' progress, ensuring that they continue to benefit from the training they receive. There are also potential future collaborations with NAU and other stakeholders to continue enhancing aviation training programs. These collaborations aim to build on the project's successes and further improve the quality of training available.

Additionally, F AIR's next steps include planning for a new training class, with discussions underway with the Department and other countries. The aim is to expand the program and ensure that more students have access to training. At the same time, F AIR is seeking resources from other embassies and universities, which could provide additional funding and support. This approach would allow the project to continue and grow, even if the conditions or needs of students and partner institutions change. By securing additional resources, F AIR aims to create a sustainable model for ongoing training and development in the aviation sector.

5. Summary

The project is still ongoing, which means it is difficult to assess its final impact. A smaller number of students who are progressing faster will complete their training at the end of the year 2024, while the rest will continue until March 2025. This extended timeframe allows for close monitoring and evaluation of the progress of all participants, which is key to achieving the long-term goals of the project. In this way, the project seeks to ensure that each participant is fully prepared for their future professional challenges, contributing to the overall success and sustainability of the initiative. This approach also allows for individual access and flexibility in adapting to the changing needs of the students, which is essential for the long-term success and development of the project.

6. "Thermo- energetic rehabilitation measures of the temporary centre for refugees" (Green City Lab Moldova)

1. Introduction

The project "Thermo-energetic rehabilitation measures of the temporary centre for refugees from Ukraine / boarding school from Carpineni" was implemented by the public association "Green City Lab Moldova" (GCL Moldova). The project was supported by the Czech Development Agency with an estimated financial allocation of EUR 400,000. The initiative aimed to address the urgent needs arising from the influx of refugees due to the war in Ukraine, focusing on improving the living conditions and energy efficiency of the temporary centre for refugees located in Carpineni village, Moldova. The centre, originally a boarding school, was repurposed to accommodate refugees and required significant upgrades to meet current needs.

2. Objectives and activities

The project targeted the critical need for improved living conditions for Ukrainian refugees, particularly during the cold season. The infrastructure of the temporary centre was inadequate, with significant issues in thermal insulation and energy efficiency, leading to high energy consumption and operational costs. The centre's buildings, constructed in 1962, had outdated engineering systems and required substantial refurbishment to provide a safe and comfortable environment for the refugees.

The primary objective was to implement thermo-energetic rehabilitation measures to ensure the centre's functionality during winter and reduce its dependence on natural gas. This included improving the energy efficiency of the buildings and ensuring a sustainable and comfortable living environment for the refugees. The project also aimed to create a long-term positive impact by enhancing the infrastructure for future educational and social activities, particularly for children with special needs.

The intervention logic was based on the immediate need to provide a safe and warm environment for refugees, which aligned with broader goals of energy efficiency and sustainability. By addressing these needs, the project also contributed to long-term benefits for the local community and future use of the facilities. The measures taken improved the living conditions for the current refugees and ensured that the infrastructure remained useful and efficient for future occupants.

Summary of activities

- Conducting an energy audit to assess the current energy consumption and identify areas for improvement.
- Designing and installing photovoltaic panels to provide a renewable energy source.
- Thermal insulation of the residential building to reduce heat loss and improve energy efficiency.
- Replacing 103 old windows with energy-efficient ones to enhance insulation.
- Refurbishing the old boiler room and installing a biomass boiler with a power of 500 kW to provide a sustainable heating solution.
- Installing photovoltaic panels with a power of 25-50 kW on the residential and food buildings to further reduce energy costs.
- Providing necessary equipment for the institution, including kitchen utensils, kitchen space equipment, and bedding, to improve the overall living conditions.

3. Relevance of the project in terms of the needs of beneficiaries

The activities were directly aligned with the needs of the beneficiaries, ensuring that the most critical needs for warmth and energy efficiency were addressed promptly. The project aimed to cover these needs promptly, particularly before the onset of winter. The improvements in thermal insulation and energy efficiency directly benefited the refugees by providing a more comfortable living environment and reducing the operational costs of the centre.

The identification process involved consultations with the beneficiaries and local stakeholders, ensuring that the project addressed the real and immediate needs of the refugees. The involvement of the Ministry of Education and Research and the Ministry of Labour and Social Protection highlighted the collaborative approach to needs identification. This inclusive process ensured that the project was targeted and met the needs of the most vulnerable groups, including children and individuals with special needs.

The project aligned with national strategies such as the Moldova Strategy 2030 and the Sustainable Development Goals (SDGs), particularly SDG 7 (Affordable and Clean Energy) and SDG 1 (No Poverty). It also complemented other development interventions aimed at improving energy efficiency and living conditions. The project supported the government's commitment to promoting energy efficiency and the use of renewable energy sources, as outlined in laws such as Law No. 10/2016 on the promotion of the use of energy from renewable sources and Law No. 139/2018 on energy efficiency.

The project involved significant cooperation with local authorities and stakeholders, including the Ministry of Education and Research, the Ministry of Labour and Social Protection, and the NGO Diaconia. This coordination ensured delivery and avoided duplication of efforts, with a clear division of labour among the involved parties. The collaborative approach enhanced the project's effectiveness and ensured that all critical needs were addressed, either by the implementer or other stakeholders. The project also involved collaboration with various embassies and non-profit organizations, including Charitas and Amicci di Bambini.

4. Outcomes of support

The project significantly improved the material security and living conditions of the refugees by providing a warm and energy-efficient environment. This also reduced operational costs and dependence on natural gas. The expected reduction in energy consumption by at least 36% led to substantial cost savings and a more sustainable operation of the centre.

Positive impacts included enhanced energy efficiency, reduced environmental footprint, and improved living conditions for the refugees. The project also had the potential to serve as a model for similar initiatives in other regions in Moldova. There were no significant negative impacts anticipated, as the project focused on sustainable and environmentally friendly solutions.

The project demonstrated flexibility in its ability to adapt to changing needs, such as the potential increase in the number of refugees or changes in energy prices. The use of renewable energy sources and energy-efficient technologies ensured that the project could respond to future challenges and continue to provide benefits in the long term.

Potential barriers included rising construction material prices and the long-term effects of the COVID-19 pandemic. Mitigating measures included regular budget reviews and the use of online meetings to avoid disruption to operations. The project ran into several obstacles precisely because of the rise in prices of materials, one of which was, for example, the increase in the price of polystyrene, where supplies of this material were subsequently secured from Turkey.

Follow-up initiatives included the continued use of the improved facilities for educational and social activities post-crisis, particularly for children with special needs. The project also aimed to transfer good practices and lessons learned to other similar initiatives, enhancing the overall impact of the intervention.

At the moment, one of the main goals is to transform the facility into a hospital for children with autism. This plan has already begun by redesigning the facility to meet the specific needs of these children. However, the project faces several challenges, including the problem of access to water. A new well was built as a water source, which was supported by the Slovak Embassy, which provided solar panels for the 10 kW pumps. Another technical project is the construction of new water sources, specifically artesian wells, which require a new energy audit and a new transformation station.

GCL Moldova brought added value through its expertise in energy efficiency and sustainable development. The project's alignment with national and international strategies further enhanced its impact and relevance. The implementer's experience and commitment to sustainable solutions ensured that the project achieved its objectives and provided long-term benefits to the community.

5. Summary

The project quickly responded to the needs of the refugees, including in terms of construction work. By swift reaction to the current situation, necessary modifications and improvements to the infrastructure were made in a short time, significantly enhancing the living conditions of the refugees. However, the project provided a high degree of flexibility, which carried substantial risks. This flexibility allowed for rapid adaptation to changing needs but also posed a potential threat to the project's stability and efficiency. Fortunately, the project managed these risks very well and achieved its goals without major issues. Nevertheless, this approach cannot be considered a good practice for future projects, as excessive flexibility

can lead to unpredictable complications and endanger the successful implementation of projects in other contexts.

7. “Extending SOS AUTISM medical, educational and social services for Ukrainian refugees Implementer” (SOS Autism)

1. Introduction

Project “Extending SOS Autism medical, educational and social services for Ukrainian refugees” was implemented by the local NGO SOS Autism along with their partners in Vulcanesti (Centrum Psycho-Social) and Criuleni (FCPS – “Fiecare contribuie pentru Schimbare”). SOS Autism has been implementing project supported by the Czech Development Cooperation well before the outbreak of full-scale war in Ukraine and is thus a trusted and long-term partner of CDC. With the refugee crisis the NGO has, to large extent, broadened its services and capacities to include children with specific needs from Ukraine, however, it also had to include accommodation services. The project was implemented between October 2022 and September 2023 (which was continued by a follow-up project that ended in June 2024). The overall support reached 10 mil. CZK and was implemented as a grant project.

2. Objectives and activities

The project is aimed primarily at specific group of families with children with autism spectrum disorders and with disabilities in general who need access to targeted services and, at the same time, cannot be stationed in collective refugee accommodation centres.

The overall objective of the project was to: “create a welcoming and supportive environment for refugees in Ukraine, especially for families with a disabled child, by providing quality services as an emergency response to the crisis affecting Ukrainian refugees and vulnerable local populations.”

In this respect, the project planned a multitude of activities varying from establishing appropriate accommodation for refugees with disabled children, provision of services to families with disabled children, such as therapies, diagnostics, etc. as well as other appropriate support related to the arrival and settling down of families with children with disabilities from Ukraine in Moldova (including legal counselling, after school activities for children, etc.). Similarly to the project of HomeCare, the objective of the project was, in effect, to increase the capacities and broaden the scope of services provided by SOS Autism and its partners to families with children with disabilities in order to include the target group of refugees from Ukraine. Unlike HomeCare project, however, the SOS Autism did also include the component of accommodation. This is due to the fact that children with autism or other disabilities need individual approach which could not be provided in other accommodation centres opened in Moldova (especially in the first weeks of the crisis when accommodation was mostly collective). For that reason, the premisses of SOS Autism in Chisinau were reconstructed and refurbished with the support from the project in order to open a RAC specifically designated to these target groups.

In line with the logic of the project outline above, there were several key components within the supported project:

1. Equipment of refugee centres in Chisinau, Vulcanesti and Criuleni (hereinafter: in Vulcanesti as well as in Criuleni the Temporary Placement Centres and Centre for elderly and disabled were materially supported); including electrical appliances, mattresses, linens, furniture, sleeping bags, toys, etc.
2. Provision of school supplies for children with disabilities – local as well as Ukrainian
3. Supply of food, non-food items, personal hygiene products and medicines / medical equipment to refugees with disabled children as well as (to a lesser extent) local target groups
4. Provision of services to refugees and local families with disabled children – individual psychological counselling, psychopedagogical and after-school services, diagnostics and medical consultations (incl. telemedicine component), psychotherapy (behavioural therapy), social assistance, speech therapy, etc. – partly in all three locations, specialists (e.g. diagnostics) in Chisinau
5. Partial reconstruction and maintenance of premisses allocated for accommodation
6. Project coordination and administrative costs (incl. heating and other utilities related primarily to accommodation).

3. Relevance of the project in terms of the needs of beneficiaries

Project was directly created by needs formulated by the target group of vulnerable refugees with children with disabilities. SOS Autism was contacted by parents of children with disabilities from Ukraine as well as

partner organisations / specialists from Odesa, looking for services as well as accommodation for refugee with families with children with autism. These children cannot stay in collective RACs due to their specific behaviour and needs, moreover, they are in constant need of therapy and other services. Following that, families were stationed in improvised accommodation at the SOS Autism premises. Later, the NGO was able to mobilize donors to ensure at least acceptable standard of accommodation and increase the accommodation capacities in three centres as well as increase the capacities of services so that the influx of new families with need of therapy, psychological and social services, as well as other needs could be satisfied (without significantly decreasing the quality of services provided to current local clients).

It should be noted that these needs continue to be still relevant. Although the beneficiary and his partners support refugee families in integration into local communities, it must be highlighted that families with one or more disabled children and elderly family members who are staying at the SOS Autism accommodation centre are among the most vulnerable refugees – and most of them do not have any other possibilities where to stay.

In general, the project primarily aims at the needs of narrowly defined target groups of families with children with disabilities that cannot be “processed” in the standard system of refugee admission. Project is thus aimed at a “niche” sub-group of extremely vulnerable refugees (and local population) who need specialized and individualized services, including accommodation. There is no other system or network in place in Moldova which could provide appropriate services to refugee as well as local families with children with autism spectrum disorders or other disabilities.

SOS Autism is cooperating with other (usually small local) NGOs that work with people with autism – these organizations are grouped in association Fedra. Partner organisations of these project in Vulcanesti and Criuleni are also members of this network which collaborates closely on provision of appropriate services to this target group. This coordination guarantees that support is provided systematically and efficiently.

4. Outcomes of support

Due to the support, 30 refugees could be accommodated in the SOS Autism building in Chisinau, which was specifically dedicated to families with children with disabilities and other vulnerable refugees. Further support was provided to Temporary Placement Centres in Vulcanesti and Criuleni.

Food, non-food items, personal hygiene items, medicines and medical equipment were delivered to ca. 45 refugees/month in Chisinau, 67 refugees as well as local vulnerable population / month in Vulcanesti and ca. 400 in total (whole duration of the project) in Criuleni.

Individual psychological services were provided to hundreds of beneficiaries due to the support from the project – both local as well as refugees in SOS Autism in Chisinau, further dozens were supported in Vulcanesti and Criuleni. After school activities, which were crucial to many parents (based on the information provided, among other, in focus groups with refugees) were provided to 111 children in Chisinau, 20 in Vulcanesti and 75 in Criuleni (local children were also involved in smaller number, however, most of these were refugee children). Furthermore, professional diagnostics could be provided to more than 400 children due to the support – local as well as refugee target groups. According to the information provided by the implementer, this was one of the key added values of the project as many children from Ukraine were misdiagnosed from their home country – due to higher stigmatisation of autism disorder spectrum diagnosis in Ukraine, many children are rather diagnosed with other disorders, such as speech or behaviour disorder. Therefore, in many cases first after arriving to Moldova these children were properly diagnosed and could start appropriate therapy.

In total, 30 children benefited from (long-term) behavioural therapy aimed at children with autism disorder spectrum diagnosis. Furthermore, 29 children benefited from targeted speech therapy in Criuleni. In both cases these were local as well as refugee children.

Key benefit of the project was the fact that it created capacity not only to accommodate refugee families with children with disabilities in appropriate conditions, but even more importantly, received high quality care / support for their children provided in their own language. The importance of this support has been demonstrated by cases of refugee families who left Moldova to other European countries, but returned back to Moldova because appropriate services were not available (in their own language) in other countries (the representatives of the implementer registered 10 such cases of people coming back to Moldova from Spain, Italy, Norway or Romania to take advantage of services for their children that are being provided by SOS Autism).

The implementer cooperates with other stakeholders – such as UNHCR or state authorities, who do refer children with autism to the NGO. However, in most of cases the families receive information from other families with children with autism.

So far, the services as well as accommodation are still being provided in SOS Autism, however, continued support through winter period is questionable due to lack of funds. Appropriate services to children with disabilities are being provided also by Criuleni centre, due to support provided from other sources (incl. EU), which enabled the NGO to open new therapy room with appropriate equipment. However, lack of dedicated education to children with disabilities in their own language is felt as a strong barrier. After school activities provided in Vulcanesti had to be discontinued due to the end of the project. This was an important service that enabled mothers from the refugee target group to integrate into local labour market – and the discontinuation is therefore felt as a significant drawback by mothers who took part on FGD in Vulcanesti – as in most cases the refugee families only have single adult person.

5. Summary

The project assisted Ukrainian refugee families with children with disabilities in Moldova. It provided specialized accommodations, therapy, diagnostics, education support, and essential supplies in Chisinau, Vulcanesti, and Criuleni. The project equipped centres, reconstructed facilities, and offered services like speech and behavioural therapy, benefiting both refugees and local families. Over 400 children received diagnostics, addressing prior misdiagnoses. The initiative filled a critical gap in care, enabling integration and providing support unavailable elsewhere, with some families even returning from other countries to access these services. Despite successes, ongoing support is uncertain due to funding challenges.

8. “Extension of homecare's medical and social services for Ukrainian refugees” (HomeCare Association)

1. Introduction

Project „Extension of Homecare’s medical and social services for Ukrainian refugees” was implemented by a local (Moldovan) NGO – public association Homecare. This NGO has been cooperating with Czech Development Cooperation (CzDC) in a long term and with this support, along with other international donors, has been providing social and health care services to vulnerable population (especially elderly) for more than 15 years, gradually opening as many as 14 offices throughout the Moldovan regions. Some of these centres are located close to borders to Ukraine (e.g. Stefan Voda or Vulcanesti) and became naturally centres for provision of support to refugees after the launch of full-scale war against Ukraine. The project lasted from April till September 2022 with the support from Czech Republic reaching 10 mil. CZK and was implemented as a grant project.

2. Objectives and activities

Project was directed at immediate needs of incoming refugees from Ukraine – thus had a rather reactive character and aimed at dealing with the needs primarily of vulnerable population. In effect, the aim of the project was to strengthen the capacities of Homecare centres so that the target groups of their activities could be significantly broadened and complemented with new activities, such as distribution of food packages, first aid kits, etc.

The overall aim of the project was to “provide critical emergency assistance and health and social care to refugees from Ukraine through health and social centres and mobile teams of the HomeCare network in order to protect their right to life, access to health care and basic decent conditions for survival.”

Divergently from other projects that were aimed directly on the target groups of refugees, the project of HomeCare was not primarily concerned with the issue of accommodation of refugees (although capacities of HomeCare centres were also used for this purpose in emergency cases, especially in the first weeks of the conflict). It was rather aimed at provision of key services in the emergency accommodation centres (especially in Palanca) in the first weeks of the conflict and later on to refugees accommodated in RACs as well as in private houses.

One of the crucial features of the project was the fact that activities were not aimed only at refugees from Ukraine, but also at local vulnerable population. In another words, HomeCare has expanded its services to include vulnerable refugees.

Moreover, within this project also the organization “Pacea Familiei” was supported within this project. This NGO was intensively involved in assisting the refugees from Ukraine: firstly, it has provided capacities of their institution in Chisinau for short-term accommodation (i.e. volunteers of the NGO did transport refugees from the border crossings to this facility where they were stationed before they decided to continue to another European country or found accommodation in Chisinau) – as many as 4,000 refugees were sheltered in these facilities. Secondly, the NGO operates a mobile clinic (as well as fixed clinic in the Chisinau centre) and its capacities were provided to the refugees directly at the border crossings (stationed for months in the “no-man’s land” between Ukrainian and Moldovan border crossings). The capacity of this mobile clinic was also increased by the project by purchasing new medical equipment.

Activities of the project can be divided into two sets:

- In the first were activities directly aimed at needs of the refugees, thus distribution of food packages, material support and medical items. In this regard the project has distributed first aid kits to incoming refugees with necessary medicines (according to the category of health issues), disinfectants, etc. Furthermore, targeted support was also provided (medicines based on medical prescriptions). As many as 3,720 kits were distributed. Furthermore, bed linens and food products were also distributed.
- The second set of activities aimed at the capacity of the HomeCare centres so that the significantly increased demand for their services to local as well as refugee vulnerable population could be satisfied. In this regard the project has supported:
 - o Hiring of new staff for the centres – 16 nurses and 16 social workers;

- Purchase of 6 vehicles for the field teams visiting the target groups in their homes (one of these vehicles was provided to the NGO SOS Autism, which implemented another project);
- Capacities of medical specialists for telemedicine – consulting medical cases of target groups (general practitioner, dermatologist, psychologist, endocrinologist, etc.);
- Capacities for legal consultations related to the status of refugees, asylum, etc. in Moldova
- Purchase of other necessary equipment, such as washing machines, dryers, boilers, etc.)

3. Relevance of the project in terms of the needs of beneficiaries

Employees of HomeCare were providing assistance to Ukrainian refugees from the first day of the crisis, mainly providing health care and social services directly to refugees at the border crossings. The coordination of this kind of support among HomeCare employees and other organizations had a very ad-hoc nature and was extremely reactive – directly aiming at the key needs that were observed in the field and were not (sufficiently) covered by any other institution.

In the later stages of the conflict the identification of needs was done directly by the employees of HomeCare in the field. In this regard, the centres were closely cooperating with primarily district-level representatives of social protection offices as well as public health care centres. These representatives have confirmed that provision of appropriate health care and social services to refugees as well as local vulnerable population is, to large extent, a major “blind spot” in the approach to the needs of these target groups, support from HomeCare is thus well targeted. Similarly, attendees of focus groups have highlighted the role of HomeCare employees and support (medicines as well as other medical materials and access to specialist consultations) in addressing at least the basic needs in health care and social care. Thus, project activities were aimed at relevant needs of the target groups, filling a niche that not many other humanitarian partners were able to cover.

Support was coordinated with other institutions (public authorities as well as other NGOs and international organizations) rather on an ad-hoc basis, although HomeCare is a registered as an organisation working with refugees at UNHCR and takes part at relevant platforms (which was confirmed also by the representatives of the Ministry of Labour and Social Protection). However, due to them being an established actor at local (district) levels, the HomeCare centres have established close cooperation with appropriate public institutions even before the refugee crisis. This close cooperation has contributed to relevant targeting of the support, individual centres have good awareness of the scope as well as needs of target groups in their regions – local as well as refugee vulnerable population.

On the top of support provided by the Czech Republic, HomeCare has cooperated also with other stakeholders on provision of assistance to vulnerable refugees. The most significant of these is the cooperation with the United Nations Population Fund (UNFPA). In the scope of this cooperation, the organisation was responsible for a mobile team and five fixed teams that provided material support and, even more importantly, psychological / psycho-social support to refugees. However, this project was ended in June 2024 (similarly to a follow-up project supported by Czech Republic Humanitarian Assistance, which was also finalized in June 2024). Since then, no further activities could be provided in this field. The FGD with refugees in Stefan Voda has confirmed that this is perceived as a crucial deficit, the absence of access to psycho-social support is felt very negatively by the refugee target groups.

4. Outcomes of support

Support was, with exception of the first weeks of the crises, provided to large extent within the standard operation of the organization – however, in larger scale and coupled with additional initiatives directly aimed at the needs of refugees from Ukraine (e.g. the legal support). In this regard, the support was assessed as highly beneficial to the needs of the target groups.

Almost 4,000 beneficiaries have received support in the form of first aid kit distribution. Additionally, hundreds of beneficiaries have received further material support (bed linens, etc.) and meals packages. More than 2,600 beneficiaries have received support from the additional staff that was hired within the project, which represents a 165 % increase in workload – thus the number of vulnerable people who received support due to the additional staff was almost double of the “normal” capacity. Furthermore, more than 1,200 consultations were provided, in which more than a quarter was also supported by a specialist by the means of telemedicine. More than 300 legal consultations were also provided due to project support.

Project was able to react to the needs of target groups very flexibly. The flexibility of the support was highly praised by the representatives of HomeCare – quick reaction to actual needs of refugees is crucial especially in the first stage of the crisis. In later months, the support was more streamlined with the

“standard” operation of the institution – although with higher capacity that enabled to provide services to larger number of clients.

However, finalization of the support of the follow-up project had an impact on the capacities available to provide services. No follow-up initiatives are implemented at the moment, thus available capacity is lower.

5. Summary

The project addressed immediate needs of Ukrainian refugees and local vulnerable populations in Moldova. It provided health and social care, distributing 3,720 first aid kits, food, and materials, and offering 1,200+ medical consultations, including telemedicine. The project expanded HomeCare's capacity by hiring 32 staff, acquiring vehicles, and upgrading equipment. Refugees also received legal and psychosocial support. Flexible responses to urgent needs were praised, especially in border areas like Palanca. However, after the project's finalized a gap in services has been observed, particularly in psychosocial support, which remains a critical need.

9. “Procurement of medical equipment for the needs of Republic of Moldova’s health system in order to strengthen the national capacities to provide medical assistance to refugees and local population” (Clinical Hospital of the Ministry of Health, Moldova)

1. Introduction

Project was implemented by the Clinical Hospital of the Ministry of Health. Support was provided in the form of tied financial donation, the supplier being Linet s.r.o. from the Czech Republic. The total financial value of the project amounted to 10 mil. CZK.

2. Objectives and activities

The overall objective of the project was to increase capacities of the Clinical Hospital which were under pressure due to influx of refugees and, at the same time, increase the capacities of public health care in Moldova in crisis by provision of mobile hospitals that can be deployed to hot spots.

In accordance with these objectives the project consisted of delivery of medical equipment, namely:

- 5 units of medium-sized mobile hospitals along with necessary equipment (compressor, lighting)
- 1 large size mobile clinic including necessary equipment
- 1,000 units of rescue sets
- 116 units of hospital beds
- 6 units of electrosurgical units

The contract for delivery of the equipment was signed in June 2022. Handover protocols were signed in August 2022, delivery was finally completed at the beginning of September 2022 – the whole project therefore lasted only 3 months.

3. Relevance of the project in terms of the needs of beneficiaries

According to the information provided by the Ministry of Health of the Republic of Moldova, there is a general lack of hospital beds across the country – 70% of the total 14,000 hospital beds in Moldova need to be replaced. With the outbreak of the refugee crisis, which coincided with the late stages of COVID-19 pandemics the pressure on capacities of public health care system has even increased.

One of the key deficits is in the field of beds for intensive care. The Clinical Hospital did not have any of ICU beds before the project. Patients who require intensive care for a longer period of time had to, therefore, be treated at the Institute of Emergency Medicine and therefore further lower the capacity for dealing with emergency cases. Due to the support this bottleneck can be reduced – patients who require long-term intensive care can be transferred to the Clinical Hospital, freeing up capacities of the Institute of Emergency Medicine.

The project contributed to long-term plan to create the National Centre for Rehabilitation at the Clinical Hospital that would treat patients requiring long-term care. This project has recently been also supported by the World Bank, support from the Humanitarian Assistance of the Czech Republic is thus complimentary to initiatives of other donors (however, there is no direct coordination between these stakeholders – rather, the Ministry of Health is actively looking for different sources of financing of the rehabilitation and development of health care facilities at the Clinical Hospital as well as capacities in the regions).

In other words, project is a part of longer term and systematic efforts of the Ministry of Health to increase the quality and capacity of public health care services in Moldova. However, the link to refugee crisis is relevant in this case as the increased influx of refugees does produce significant additional pressure on the health care system (even more so if we take into account the fact that most of the refugees who do not transfer to other European countries and stay in Moldova often are the most vulnerable groups, such as elderly, chronically ill, etc. – and thus are more likely to require medical treatment).

4. Outcomes of support

All equipment was delivered according to project plan and in the timeframe of 3 months.

Hospital beds were distributed into two facilities of the Clinical Hospital in Chisinau and the feedback from medical staff of these clinics is overly positive.

Mobile hospitals that were also delivered by August 2022 have not been deployed yet and have been used, so far, only for trainings. Their purpose is to be deployed in case of emergencies or disasters.

Apart from the overall effect of increasing the capacity and quality of healthcare in the Clinical Hospital, the support has positive impact on the supplier of the project, namely the company Linet who is the producer of supplied hospital beds. Due to this project as well as previous cooperations (in the context of COVID-19 pandemics there was another initiative supplying hospital beds to district hospitals) a close partnership was established between Linet and the Ministry of Health, according to the Ministry representatives. Hospital beds produced by Linet are therefore being procured also in other cases when the financing is not provided by the Czech Republic.

5. Summary

The project, funded by a 10 million CZK grant from the Czech Republic and implemented by Moldova's Clinical Hospital, delivered critical medical equipment to bolster healthcare capacity amid refugee influx and lingering COVID-19 pressures. Equipment included 5 medium mobile hospitals, 1 large mobile clinic, 116 hospital beds, 6 electrosurgical units, and 1,000 rescue kits, delivered within 3 months (June–September 2022). The project addressed Moldova's chronic hospital bed shortages, enhancing intensive care and supporting a planned National Rehabilitation Centre. While mobile hospitals remain unused except for training, the initiative improved healthcare quality and eased pressure on emergency services. Additionally, it strengthened collaboration between the Ministry of Health and Czech supplier Linet, promoting long-term procurement ties.

10. “Meeting the needs of the most vulnerable local populations and refugees in Moldova” (Adra, o.p.s.)

1. Introduction

The project was implemented by ADRA Czech Republic in partnership with ADRA Moldova and local NGO “Ezzy Link”. However, key partner was the latter, which implemented all project activities (some in partnership with other stakeholders). The project proposal was submitted to an open call for grant application and the total support from Czech Humanitarian Assistance amounted to 15 mil. CZK. The period of implementation was January – December 2023.

2. Objectives and activities

The overall objective of the project was to address the needs of most vulnerable local population and refugees in Moldova. Project aimed to “contribute to the survival and recovery of the most vulnerable refugees fleeing the war from Ukraine and the local population in Moldova”, which was to be achieved by “provision of multi-sectoral humanitarian assistance to address the immediate needs of the most vulnerable refugees fleeing the war from Ukraine and the local population by ensuring their access to Non Food Items, education, shelter, sanitation and hygiene”.

As it is evident from the specific objective, the support from the project had three components:

- i. Equipment and renovation of RACs – project aimed at complementing existing RACs with necessary equipment and filling gaps in the infrastructure by providing support for smaller-scale investment into the infrastructure itself (such as renovation of leaking roof, reconstruction of bathroom, etc.). In total, 13 RACs out of 28 RACs in the whole country were supported.
- ii. Distribution of food, hygiene kits and NFIs among refugees and local vulnerable population. Almost 9,000 unique beneficiaries – both local as well as refugees with majority of local population – were supported by provision of food, NFIs and hygiene kits. Most of these were supported in Stefan Voda (through which the biggest inflow of refugees was arriving to Moldova, most notably through the Palanca border crossing) and Strasen. Larger part of this support was provided in kind (food and hygiene packages, mainly distributed to local vulnerable population), smaller part of the support was provided in the form of vouchers to supermarket, pharmacy and clothes shops. To a smaller extent also school supplies to children were provided (175 supported children in total). Specific support was provided to people with disabilities and pregnant women or women with infants – in the form of vouchers as well as (in smaller scale) material support, such as wheelchairs, diapers, medical equipment, etc.
- iii. Provision of language classes for refugees from Ukraine – provided in cooperation with International Centre of Training and Professional Development.

The logic of the project implementation was fairly straightforward. Actual needs of selected RACs were discussed directly with the RAC administrators and representatives of the district offices of Social Assistance and Family Protection. Vulnerable population – refugee as well as local was identified mainly in cooperation with local public administration (local mayors), who were also instrumental in distribution of the support, and district representatives of Social Assistance department. Material support distributed to refugees in RACs was provided on the basis of the needs identified in collaboration with refugees and (more importantly) RAC administrators.

3. Relevance of the project in terms of the needs of beneficiaries

The relevance of the project regarding the needs of beneficiaries is very high. As noted above, the project relied exclusively on a bottom-up approach and collection of data regarding needs of target groups was extremely intensive and continuous. According to the representatives of project partner (Ezzy Link), the whole implementation of the project was de facto spent on phone with RAC administrators, mayors in target localities and district representatives of the Department of Social Affairs, constantly adjusting project implementation to actual needs of target groups.

These informants were, along with refugees themselves, key sources of data regarding actual needs of target groups, according to the information provided by the implementer/project partner as well as local authorities – gathered during field data collection. Direct coordination with other international partners, NGOs and other key stakeholder was quite low – coordination was done ad-hoc in each case by the local

representatives (RAC administration, district officials, local administration) rather than directly between the respective development / humanitarian partners.

In effect, the support was quite ad-hoc and to large extent “tailor made” to the needs of supported localities – especially in the component of support to RAC infrastructure and equipment (and similarly in distribution of food, NFIs, personal hygiene items and other direct support to local vulnerable population and refugees). Typically, there were several partners supporting each RAC and it was the task of the administration (RAC director, district official of the Department of Social Affairs) to coordinate what interventions are supported by each of these implementers. This was confirmed also during the field visit to the RAC in Glodeni which was supported by 5-6 different international as well as local NGOs, and support from Czech Humanitarian Assistance represented one of these partners.

However, it should be highlighted at the same time that the high extent of flexibility and, to large extent, ad-hoc nature of support from the Czech Humanitarian Assistance provided by ADRA / Ezzy Link represents the key added value of this project. As representatives of local refugee infrastructure point out, most donors usually apply limitations to the thematic focus of their support, which is in line with their strategic priority (for example, some of the donors focus only on children, other donors can support only part of material support needed by the refugees). Support from the evaluated project could, in this context, be applied individually to “fill the holes” – support gaps in the infrastructure (equipment, technical issues) as well as direct support provided to refugees. Another key added value of the support from Czech Humanitarian Assistance that has been recognised by representatives of local as well as national administration was (similarly to other projects implemented in Moldova) its strong focus on local vulnerable population, not only refugees. As many local stakeholders point out, the situation of local vulnerable population is being also negatively affected by the refugee crisis, and in some cases, it has been recognized that this negative effect, along with lacking support for local population that contrasts with services and support available to refugees, lead to an increase in tensions between these two groups. Support to local vulnerable population provided by Czech Humanitarian Assistance thus is highly appreciated – and at the same time it has been quite unique in comparison with other donors especially in the early months of the crisis.

4. Outcomes of support

Support was provided to 13 out of total 28 RACs that were at the time of the project implementation operational in Moldova. Although the project originally planned to spend ca. 1.9 mil. CZK on reconstruction and winterization of 10 RACs (out of that 900,000 CZK from the project support and 1 mil. CZK from other sources), in the end the average amount spend on reconstruction and winterization of RACs has increased by ca 40 % to almost 265,000 CZK / RAC spent on 12 facilities instead of 10⁶. Furthermore, 13 RACS were supported with necessary equipment.

8,779 unique beneficiaries were supported by provision of food packages, hygiene kits and NFIs, either in kind or by vouchers. As it was noted above, significant part of this group consisted of local vulnerable families, identified in cooperation with district authorities and local mayors. This support was provided primarily to vulnerable population – people with disabilities, elderly, mothers with children, pregnant and lactating women, etc. As it is explicitly stated by representatives of the project partner, in RACs those refugees were selected for support who did not receive any aid from other NGOs / INGOs – support again strived to be complementary to other projects and fill in gaps in support provided by other partners.

5. Summary

The ADRA Moldova project (15M CZK from MFA Ukraine Assistance Program, Jan–Dec 2023) supported Ukrainian refugees and vulnerable Moldovan populations. It renovated and equipped 13 RACs, provided food, hygiene kits, school supplies, and vouchers to nearly 9,000 beneficiaries, focusing on the most vulnerable groups. Language classes for refugees were also organized. The project’s flexible, needs-based approach addressed gaps in RAC infrastructure and services, complementing other aid efforts. Its inclusion of local vulnerable populations helped reduce social tensions and was highly valued by local stakeholders.

⁶ This increase was mainly at the expense of delivery of NFIs for RACs, showcasing the flexibility of the project – it can be concluded that more acute needs were prioritized as the needs for NFIs delivery were better covered by other donors.

C. Evaluation Matrix

Indicators	Data source	Data collection tools	Data analysis tool
EQ1: What is the relevance of the individual projects in terms of the needs of the beneficiaries?			
<ul style="list-style-type: none"> • The support provided through humanitarian projects was aimed at the relevant needs of the target groups – refugees, IDPs and institutions • The support was targeted correctly in terms of the timeliness criterion, the key problems of the target groups were solved at the given time and place • Target groups were involved in the needs identification process • Relevant stakeholders were involved in the identification of needs; stakeholders in the territory and relevant institutions (public, NGOs) consider the identified needs of the target groups to be relevant • The needs identified in the supported projects and the chosen approach are in line with the relevant priorities at the level of the (host) country at the corresponding territorial level, or of other relevant coordination structures (e.g. UNHCR) • Implementation of projects, or the processes associated with implementation were set up so that the implementer and/or supported institutions in the territory were able to respond flexibly to the changing needs of target groups • Processes of communication and cooperation between implementers, RO, MFA and possibly other stakeholders were set up effectively 	<ul style="list-style-type: none"> • Project documentation, outputs of supported projects (project documents, interim and final reports, etc.) • Documentation of support programs, if relevant (e.g. MEDEVAC program) • Strategic and program documents at the level of the FDC CR, Humanitarian Aid Strategy of the CR 2023, 2024 • Documents coordinating humanitarian aid in the target countries – e.g. Humanitarian Refugee Response Plans (Moldova, UNHCR), Humanitarian Needs and Response Plan (Ukraine, OCHA), etc. • Other relevant documents of international organizations – analyses, operational documents, etc., especially UNHCR and UN-OCHA • Representatives of the contracting authority (MFA) and RO CR in Ukraine (Lviv) and Moldova • Representatives of the project holders in the Czech Republic (and possibly the local team), supported organizations in the target countries and other entities directly involved in the implementation • Representatives of relevant institutions at the central, regional and local level - according to relevance 	<ul style="list-style-type: none"> Desk research Semi-structured interviews Focus groups Questionnaire survey - to a limited extent Evaluation visit, transect walk 	<ul style="list-style-type: none"> Content analysis Synthesis

	<ul style="list-style-type: none"> • Relevant NGOs providing or coordinating humanitarian aid to refugees / IDPs in supported locations (especially RACs) • Representatives of supported healthcare facilities • Final beneficiaries – supported refugees from Ukraine and IDPs – especially projects focused on material support and availability of services – sample • Support for pilots in the pilot training project • Representatives of communities directly affected by the provision of humanitarian aid – eg mayors of municipalities where RACs are located, etc. • If relevant, a sample of supported final beneficiaries from the local population (e.g. a project providing health and social services for families with a disabled child) 		
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EQ2: What is the added value of individual types of implementers in terms of the expediency (efficiency) of the humanitarian response to the war in Ukraine?

<ul style="list-style-type: none"> • Support has demonstrably contributed to: <ul style="list-style-type: none"> • Improving the material security of refugees and IDPs, incl. decent accommodation • Improving the access of refugees and IDPs to health services • Improving the access of refugees and IDPs to other necessary public services (social, educational, etc.) • Reducing the burden on public services, especially in the health sector, caused by the arrival of refugees / IDPs, including an adequate increase in the capacity of these services • Strengthening the capacity, effectiveness and efficiency of public institutions and NGOs in the area of coordination and distribution of humanitarian aid for refugees and IDPs • Other positive effects of support in the area of identified and relevant needs of target groups are noted 	<ul style="list-style-type: none"> ▪ Data sources for desk research see EQ1 ▪ Data sources for evaluating the contribution of supported projects to the fulfilment of the set objectives see EQ1 ▪ Representatives of the contracting authority ▪ Relevant NGOs ▪ Representatives of representatives of key donors and other entities providing and/or coordinating humanitarian aid in target regions / RACs ▪ Relevant representatives of the public administration – coordination of the humanitarian response on site 	<ul style="list-style-type: none"> Desk research Semi-structured conversations Focus groups Questionnaire survey (limited) Case studies 	<ul style="list-style-type: none"> Content analysis Synthesis
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<ul style="list-style-type: none"> • No barriers were identified that would significantly prevent the effective use of the services provided, or barriers that arise during implementation are effectively addressed • The support is coherent with the system and approach of the target country / region to address the needs of the target groups • It is documented that the implementers and/or partners of the supported projects coordinate their activities with the relevant public administration bodies (including the local level) and with the activities of other donors • Examples of cooperation of project implementers/partners with other stakeholders in relation to the fulfilment of project objectives are documented • Implementers and partners of supported projects identify the added value of coordination / cooperation with other stakeholders (including other funders) • Among the relevant stakeholders (public institutions, other donors, relevant NGOs) there is sufficient awareness of the results of the support of the evaluated projects • There are documented examples where other stakeholders (public institutions, other donors, relevant NGOs, etc.) follow up on the outputs of supported projects – they work directly with the outputs / results and develop them further 	<ul style="list-style-type: none"> ▪ Representatives of relevant coordination structures and international organizations - especially UNHCR, OCHA 		
<p>EQ3: Can good practice for further replication or continuity (next phase of support - stabilisation, recovery) be identified within the interventions evaluated?</p>			
<ul style="list-style-type: none"> • Involved stakeholders and target groups identify projects and/or parts thereof as good practice in relation to addressing the needs of target groups • The implementer, partners and other stakeholders identify success factors or possible limitations in achieving the support goals 	<ul style="list-style-type: none"> • Results of EQ1 and EQ2 • Implementers and partners of supported projects, representatives of public administration, NGOs and international organizations - see EQ1 • Representatives of other important donors 	<p>Desk research</p> <p>Semi-structured Interviews</p> <p>Case studies, if relevant (specific follow-up initiatives)</p>	<p>Content analysis</p> <p>Synthesis</p>

<ul style="list-style-type: none"> • The effective transfer of knowledge and know-how acquired thanks to the support towards other entities is documented • It is documented that the support generated subsequent initiatives, the results of this support enter into the identification of new initiatives with an emphasis on more systematic and long-term development cooperation in the next phases • Specific follow-up initiatives are documented • Implemented projects and/or the implementers' approach to achieving the goals of their humanitarian projects corresponds to the strategic or operational priorities of other donors, and the acquired good practice is replicable in this sense 			
Cross-cutting criteria			
<ul style="list-style-type: none"> • Support from CDC had indirect effect on increasing the engagement and participation of local partners on decision-making • Support has contributed to setting up of transparent processes within and accountability of community-led structures vis-à-vis public administration as well as private partners • Support has contributed to strengthening of civil society institutions and their engagement in local affairs and their adherence to good governance principles and professional conduct • Support has contributed to a more effective utilization of local resources and technologies • Support has contributed to increased access to safe drinking water and appropriate WASH facilities to target groups; projects have especially contributed to improving the hygiene, sanitation and health of children affected by the armed conflict • Support has contributed to increasing the energy efficiency of supported infrastructure and to higher consideration of energy effective solutions • Impacts of projects are distributed equally within target groups, disregarding ethnic origin, gender, socio- 	<ul style="list-style-type: none"> • EQ1 and EQ2 results • Implementers and partners of supported projects, representatives of public administration at regional / local level - see EQ1 • Representatives of the supported target groups • Relevant local stakeholders – local NGOs and other relevant civil society actors • Implementers and their local partners • Project documentation and reporting 	<p>Semi-structured interviews</p> <p>Focus groups</p> <p>Desk research</p>	<p>Synthesis</p>

<p>economic status or any other potential exclusion factors</p> <ul style="list-style-type: none"> • There is evidence that support has contributed to an increase in quality of life and engagement of most disadvantaged / vulnerable groups among target groups • Gender equality requirements have been sufficiently taken into account in implementation of supported projects as well as in provision of support to local communities (e.g. participation, decision-making, etc.) • Projects have contributed to increased awareness of the impacts of armed conflict on women with children and especially children with disabilities 			
Visibility of CDC			
<ul style="list-style-type: none"> • Stakeholders recognize the role of the support from Czech Republic in implementation of humanitarian assistance to refugees and IDPs • Purchased equipment is visibly labelled with appropriate visibility tools • International partners, relevant NGOs and local authorities recognize Czech Republic as relevant and reliable partner in provision of targeted humanitarian assistance to refugees and IDPs 	<ul style="list-style-type: none"> • Representatives of administrative structure at national, regional and local levels • Relevant local stakeholders – local NGOs and other relevant civil society actors • Donors and international organizations responsible for coordination of humanitarian assistance • Evaluation visits 	<p>Observation</p> <p>Semi-structured interviews</p>	<p>Synthesis</p>

D. List of abbreviations

ATPL	Airline Transport Pilot License
BIRN	Baltic Investigative Journalism Network
CAWI	Computer Assisted Web Interviewing
CCNDKT	Clinic of Children's Nephrology, Dialysis, and Kidney Transplantation
CES	Czech Evaluation Society
COCSSC	Children's Oncology Clinic and Specialized Surgery Clinic
CR	Czech Republic
CTU	Czech Technical University in Prague
CVU	Committee of Voters of Ukraine
CzDA	Czech Development Agency
CzDC	Czech Development Cooperation
CZK	Czech crown
DCD	Development Cooperation and Humanitarian Aid Department
EASA	European Union Aviation Safety Agency
ECR	Embassy of the Czech Republic
EQ	Evaluation question
EU	European Union
FGD	Focus group discussion
GCL	Green City Lab
ICT	Information and Communication Technologies
ICU	Intensive Care Unit
IDI	In-depth Interview
IDPs	Internally displaced persons
INGO	International Non-governmental Organization
IOM	International Organization for Migration
MCEU	Mass Casualty Evacuation Ambulance
MFA	Ministry of Foreign Affairs of the Czech Republic
Mol	Ministry of Interior of the Czech Republic
NAU	National Aviation University (NAU)

NFI	Non-Food Items
NGO	Non-governmental Organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OECD – DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
PTE	Partnership for Transparency
PTSD	Posttraumatic Stress Disorder
RAC	Refugee Accommodation Centre
RO	Representative offices
SDGs	Sustainable Development Goals
TAC	Temporary Accommodation Centre
UHF	The Ukraine Humanitarian Fund
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
VRCEMCDR	Vinnytsia Regional Centre for Emergency Medical Care and Disaster Medicine
WASH	Water, Sanitation and Hygiene
WHC	Wooden Horse Company
WUSCMC	Western Ukrainian Specialized Children’s Medical Centre

E. List of studied documentation and other resources

Primary sources

- Project documentation
- Project outputs – materials, reports, etc.
- Terms of Reference of the project
- Web pages of implementer, partners, etc.

Strategies, context information, and evaluations

- Strategy of CzDC 2018–2030
- OECD: Evaluation Systems in Development Co-operation (peer review)
- CzDA Annual reports
- UNHCR: *Ukraine situation – UNHCR plans and financial requirements (2022, 2023, 2024)*
- UNHCR: *Ukraine situation – Regional Refugee Response Plan (2022, 2023, 2024)*
- IOM: *Ukraine and Neighbouring Countries Crisis Response Plan*
- IOM: *Strategic Response Plan: Ukraine & Neighbouring Countries 2024 - 2026*

Methodological and context sources

- OECD: Quality Standards for Development Evaluation (2010)
- UNDP: Handbook on planning, monitoring and evaluation for development results (2009)
- UNDP: Project-level evaluation – Guidance for conducting terminal evaluations of UNDP-supported GEF-financed projects (2012)
- *The World Bank*: Handbook on impact evaluation – quantitative methods and practices (2010)
- *The World Bank*: User-friendly handbook for mixed method evaluations (1997)
- Bamberger, M – Rugh, J. – Mabry, L.: Real World Evaluation (2006)
- INESAN: Methodology for the Evaluation of Cross-Cutting Themes in Development Cooperation (2017)
- GPPi: Evaluation and review of humanitarian access strategies in DG ECHO funded interventions
- ALNAP: Evaluation of Humanitarian Action Guide
- Georg Frerks and Dorothea Hilhorst. New Issues in Refugee Research – Evaluation of humanitarian assistance in emergency situations
- OECD/DAC: Guidance for Evaluating Humanitarian Assistance in Complex Emergencies

F. Evaluation mission – list of interviews and FGDs.

Evaluation mission to Moldova:

Monday 7th October 2024:

- Briefing – Embassy of the Czech Republic
- Meeting with partner of project – Ezzylink
- FGD – supported refugees, Chisinau

Tuesday 8th October 2024

- IDI – Vicol Teodor, Head of the Policy Directorate in the field of social services, Ministry of Labour and Social Protection
- FGD – refugees attending language classes, Chisinau
- Meeting with implementer – HomeCare, evaluation visit, IDI
- RAC Constructorul – evaluation visit – **cancelled**
- Evaluation visit – Pacea Familiei (supported in HomeCare project), IDI with director

Wednesday 9th October

- Meeting with implementer – SOS Autism, evaluation visit, discussions with employees, group discussion with management
- Transfer to Vulcanesti
- IDI with partner of local implementer – Adventist Church
- FGD – refugees stationed in Vulcanesti
- IDI – local partner of SOS Autism project
- IDI – head of rayon Department of Social Protection
- Transfer to Cimislia

Thursday 10th October

- Transfer to Stefan Voda
- Evaluation visit to HomeCare centre in Stefan Voda:
 - o Walk through the facility
 - o IDI with head of rayon Health Care Centre (Department of Health Care)
 - o FGD with refugees living in Stefan Voda
 - o IDI with employee of local HomeCare centre
- Transfer to Criuleni
- Evaluation visit to local partner of SOS Autism
 - o Group interview with representatives of local partner
 - o FGD with refugees – mothers of children with autism
- Transfer to Chisinau

Friday 11th October

- Transfer to Carpineni
- Evaluation visit to supported RAC in Carpineni, walk through the facility, ad-hoc discussions with employees (refugees from Ukraine)
- Group interview with manager of RAC and representatives of Green City Lab
- IDI – Hincesti Rayon Head
- Transfer to Chisinau
- IDI – Green City Lab

Monday 14th October

- Transfer to Glodeni
- Evaluation visit to RAC in Glodeni
- IDI – RAC manager, head of rayon Department of Social Protection
- Transfer to Chisinau

Tuesday 15th October

- IDI – Representative of US Embassy
- IDI – Ministry of Health Care (beneficiary of support – Clinical Hospital project)
- Evaluation visit to Clinical Hospital Chisinau, IDI with head of clinic
- IDI – Representative of UK Embassy
- Debriefing – Embassy of the Czech Republic

After mission: IDI with representatives of UNHCR.

Data collection activities in Ukraine

Members of the team:

1. Taras Byk – general coordination, evaluation of the projects in Lviv, Odesa and NAU
2. Brian Mefford – preparation of the final reports
3. Vitaliy Zhuhay – of the projects in Transcarpathia and Vinnytsia
4. Iryna Breza – interviewer and sites visitor in Transcarpathia and Vinnytsia

Period / date	Activities
September 27, 2024 Kyiv	Interview with representative of the Embassy of Czech Republic in Ukraine <i>(Vitaliy Zhuhay – in person, Taras Byk, Lukas Malac – online)</i>
October 2, 2024 Syrte village, Uzhhorod area	Interview with Project Leader at NGO Dorcas (at the period of project realization) <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 2, 2024 Uzhhorod	Interview with representative of NGO Nehemiah, CCCM coordinator, implementing partner of the UNHCR <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 4, 2024 Uzhhorod	Interview with representative of NGO People in Peril, “Shelter” Program Project Coordinator <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 4, 2024 Uzhhorod	Interview with project manager at NGO Proliska <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 4, 2024 Lviv	Interview with Vice Rector of the National Aviation University <i>(Taras Byk)</i>
October 8, 2024 Lviv	Site visit to the Western Ukrainian Specialized Children’s Medical Centre <i>(Taras Byk)</i>

October 8, 2024 Lviv	Interview with Head of the Charity Foundation “Kryla Nadiyi” (<i>Taras Byk</i>)
October 8, 2024 Lviv	Interview with Doctor of the Clinic of Children’s Nephrology, Dialysis and Kidney Transplantation of the Western Ukrainian Specialized Children’s Medical Centre (<i>Taras Byk</i>)
October 8, 2024 Lviv	Interview with acting General Director of the Western Ukrainian Specialized Children’s Medical Centre (<i>Taras Byk</i>)
October 9, 2024 Lviv	Site visit to the Western Ukrainian Specialized Children’s Medical Centre (<i>Taras Byk</i>)
October 9, 2024 Lviv	Interview with Head of the Healthcare Department of the Lviv Regional Military/State Administration (<i>Taras Byk</i>)
October 9, 2024 Lviv	Interview with mother of a patient at the Western Ukrainian Specialized Children’s Medical Centre (<i>Taras Byk</i>)
October 10, 2024 Uzhhorod	Interview with First Deputy Head of the Transcarpathian Regional Council (<i>Iryna Breza – interviewer, Vitaliy Zhuhay – analysis</i>)
October 15, 2024 Mukachevo, Transcarpathian region	Interview with Project Manager of Caritas CR (<i>Iryna Breza – interviewer, Vitaliy Zhuhay – analysis</i>)
October 18, 2024 Mukachevo, Transcarpathian region	Modular Houses on the Premises of the Mukachevo Professional Agricultural Lyceum Named after Mykhailo Dankanych of the Zakarpattia Regional Council (<i>Iryna Breza</i>)
October 18, 2024 Mukachevo, Transcarpathian region	Focus Group with IDPs (<i>Iryna Breza – interviewer, Vitaliy Zhuhay – analysis</i>)
October 18, 2024 Mukachevo, Transcarpathian region	Interview with Deputy Director of the Mukachevo Professional Agrarian Lyceum named after M. Dankevych

	<i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 18, 2024 Odesa	Interview with Head of the Odesa Regional Branch of the Committee of Voters of Ukraine <i>(Taras Byk)</i>
October 18, 2024 Odesa	Focus groups with representatives of NGOs participating in the trainings <i>(Taras Byk)</i>
October 18, 2024 Odesa	Interview with Odesa office representative of the international humanitarian organization “Nonviolent Peace Force” <i>(Taras Byk)</i>
October 21-November 4, 2024 online	Survey of the participants of trainings of the Odesa project
October 21, 2024 Svaliava, Transcarpathian region	Site visit to the Modular Town on the Premises of the Svaliava Professional Construction Lyceum <i>(Iryna Breza)</i>
October 21, 2024 Svaliava, Transcarpathian region	Interview with Director of the IDP Temporary Accommodation Centre (TAC), Deputy Director of the Lyceum <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 22, 2024 online	Interview with representatives of the Czech and Ukrainian NGO “KoridorUA” <i>(Taras Byk, Lukas Malac)</i>
October 28, 2024 Vinnytsia	Site visit at the Mobile ICU Bus <i>(Iryna Breza)</i>
October 28, 2024 Vinnytsia	Interview with Deputy Director of the Healthcare and Rehabilitation Department of the Vinnytsia Regional Military Administration <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 28, 2024 Vinnytsia	Interview with Doctor at the Centre for Emergency Medical Care and Disaster Medicine of the Vinnytsia Regional Council <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>

October 28, 2024 Vinnytsia	Interview with Emergency Medicine Doctor at the Department of On-Site Consultative Medical Care at the Vinnytsia Regional Emergency Medical Care Centre <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 28, 2024 Vinnytsia	Interview with a nurse at the Center for Emergency Medical Care and Disaster Medicine of the Vinnytsia Regional Council <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 28, 2024 Vinnytsia	Interview with a representative of Volunteer movement “Boiovi bdzholy” <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 28, 2024 Vinnytsia	Interview with representative of NGO Vinnytsia Press Club <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 28, 2024 Vinnytsia 28, 2024	Interview with representative of Charitable Organization “Charity Fund of Support and Development of Ukraine” <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
October 28, 2024 Vinnytsia	Interview with Mobile ICU driver at the Center for Emergency Medical Care and Disaster Medicine of the Vinnytsia Regional Council <i>(Iryna Breza – interviewer, Vitaliy Zhuhay – analysis)</i>
November 12, 2024 Kyiv	Interview with Senior Protection Cluster Coordinator at UNHCR <i>(Taras Byk)</i>

G. Scripts for IDIs and Focus Groups

IDIs – Project implementers

Introduction

1. Who did initiate the project? What was at the start, how did you identify the need for such a project?
2. What were your duties and tasks? What were the duties and tasks of your local partners, if relevant?
3. What were your initial expectations when you started the project? How did your expectations change during the implementation of the project, if they did?

Needs and response, timeliness

4. How do you assess the way the needs of target groups (IDPs / refugees) were identified? Would you agree that the project focused on the most urgent needs of these target groups?
5. How do you assess the way the project responded to the needs of the target groups as you know them?
 - Was there, for example, anything missing in the project regarding the relevant needs of the target groups?
6. To what extent were representatives of the target groups involved in the identification of needs?
7. What was the role of local institutions (at the appropriate level – region, province) in defining the key objectives and focus of the project? (*asked only if relevant*)
8. Were there any other stakeholders involved in the identification and analysis of the needs of target groups and/or formulation of the activities of your project? To what extent did you, in the formulation of your project, take into account the activities of other stakeholders (i.e., the way how the most important needs of target groups are addressed by other stakeholders – national as well as international)?
9. How did the most urgent needs change / evolve during the implementation of your project? How did you react to these changes?
10. Did you experience any barriers that prevented you from flexibly reacting to the changing needs of your target groups?

Efficiency, coherence, coordination

11. How would you assess the project spending? Were there any expenditures that you considered to be unnecessary or that did not have the effect you expected? (What specific expenditure do you consider inadequate concerning the results achieved?)
12. Did you experience any barriers that prevented the effective spending of project resources in general?
13. To what extent was your project embedded within the system of provision of humanitarian assistance to refugees / IDPs in the target country?
 - What institutions were on local/regional / province (region) levels involved in targeting the support and formulation of your approach? What was their role in the formulation and implementation of the project?
 - Are you part of any monitoring/reporting system vis-à-vis local/regional institutions? Are you required to report any project data (financial, outputs)? What kind of data, and who collects them?
 - Is there any formal coordination platform / procedural framework in place that “divides the labour” of various donors, NGOs, and other stakeholders providing humanitarian assistance to final beneficiaries?
 - To what extent did the provision of humanitarian assistance formalize in the course of the implementation of your project? How did the requirements of public institutions laid down on you change/evolve during the implementation?
14. What is the role of the international organizations (UNHCR / OCHA and similar) in the coordination of the provision of humanitarian assistance in your region and sector? How were you involved in such coordination mechanisms?
15. Do you cooperate on the provision of humanitarian assistance to final beneficiaries with other stakeholders? Please give us specific examples of such cooperation.
16. What are the benefits of cooperation and coordination with other stakeholders from your point of view? Where do you observe synergies, and to what extent are you able to take advantage of such synergies?
 - Follow-up: What are the barriers preventing you from more efficient use of these synergies? (e.g., institutional and procedural barriers, lacking trust, different approaches, heavy-handed interventions of public authorities preventing rather informal ad-hoc cooperation between specific partners, etc.)
17. Are you aware of the activities of other stakeholders (NGOs, donors, etc.) who follow up on the outcome of your activities (e.g., rely on equipment provided by your project, bringing further some of your activities, relying on structures that were created within your project, replication of your approach, etc.)?

Outcomes

18. What were the direct outcomes of your project when it comes to the living conditions and situation of target groups in general?
 - Improved material security incl. accommodation
 - Improved availability of health care and other health-related services
 - Improved access to other necessary public services (psycho-social, educational, etc.)
 - Reduced burden on public services by the arrival of refugees / IDPs incl., an increase in the capacity of public services
 - Strengthened capacity, effectiveness, and efficiency of public institutions and NGOs in the coordination and distribution of humanitarian assistance
 - Other outcomes:
19. Did you register any unintended / knock-on effects of your projects?
20. What was the impact of your projects on local populations?
21. Did you encounter any barriers or limits to the effective use of the services that your project aimed to create/strengthen by the target groups (refugees / IDPs)? What were their key causes, and how did you cope with them?

Overall assessment

22. What do you personally see as the most important impacts of the project? Which are essential in the short term and which in the long term?
23. Did you encounter any direct or indirect negative impacts of the project in your project region on target groups, local populations, or other groups? What lessons did you learn from this?
24. What would you identify as good practice for your project? What did you learn for your future activities?

Exit, follow-up

25. Were there any specific follow-up initiatives for your project? Especially within the scope of development cooperation and longer-term and more systematic support?
26. Did you experience any kind of transfer of knowledge and know-how to local public institutions and other relevant stakeholders?
27. What is the status quo of services that you introduced or strengthened?

IDIs – Project partners

Introduction

1. How did you get involved in the project?
2. What were your duties and tasks?
3. What were your initial expectations when you joined the project? How did your expectations change during the implementation of the project, if they did?

Needs and response, timeliness

4. How do you assess the way the needs of target groups (IDPs / refugees) were identified? Would you agree that the project focused on the most urgent needs of these target groups?
5. How do you assess the way the project responded to the needs of the target groups as you know them?
 - Was there, for example, anything missing in the project regarding the relevant needs of the target groups?
6. To what extent were representatives of the target groups involved in the identification of needs?
7. What was the role of local institutions (at the appropriate level – region, province) in defining the key objectives and focus of the project? (*asked only if relevant*)
8. Were there any other stakeholders involved in the identification and analysis of the needs of target groups and/or formulation of the activities of your project? To what extent did you, in the formulation of your project, take into account the activities of other stakeholders (i.e., the way how the most important needs of target groups are addressed by other stakeholders – national as well as international)?
9. How did the most urgent needs change / evolve during the implementation of your project? How did you react to these changes?
10. Did you experience any barriers that prevented you from flexibly reacting to the changing needs of your target groups?

Efficiency, coherence, coordination

11. How would you assess the project spending? Were there any expenditures that you considered to be unnecessary or that did not have the effect you expected? (What specific expenditure do you consider inadequate concerning the results achieved?)
12. Did you experience any barriers that prevented the effective spending of project resources in general?
13. To what extent was your project embedded within the system of provision of humanitarian assistance to refugees / IDPs in the target country?
 - What institutions were on local/regional / province (region) levels involved in targeting the support and formulation of your approach? What was their role in the formulation and implementation of the project?
 - Are you part of any monitoring/reporting system vis-à-vis local/regional institutions? Are you required to report any project data (financial, outputs)? What kind of data, and who collects them?
 - Is there any formal coordination platform / procedural framework in place that “divides the labour” of various donors, NGOs, and other stakeholders providing humanitarian assistance to final beneficiaries?
 - To what extent did the provision of humanitarian assistance formalize in the course of the implementation of your project? How did the requirements of public institutions laid down on you change/evolve during the implementation?
14. What is the role of the international organizations (UNHCR / OCHA and similar) in the coordination of the provision of humanitarian assistance in your region and sector? How were you involved in such coordination mechanisms?
15. Do you cooperate on the provision of humanitarian assistance to final beneficiaries with other stakeholders? Please give us specific examples of such cooperation.
16. What are the benefits of cooperation and coordination with other stakeholders from your point of view? Where do you observe synergies, and to what extent are you able to take advantage of such synergies?
 - Follow-up: What are the barriers preventing you from more efficient use of these synergies? (e.g., institutional and procedural barriers, lacking trust, different approaches, heavy-handed interventions of public authorities preventing rather informal ad-hoc cooperation between specific partners, etc.)
17. Are you aware of the activities of other stakeholders (NGOs, donors, etc.) who follow up on the outcome of your activities (e.g., rely on equipment provided by your project, bringing further some of your activities, relying on structures that were created within your project, replication of your approach, etc.)?

Outcomes

18. What were the direct outcomes of your project when it comes to the living conditions and situation of target groups in general?

- Improved material security incl. accommodation
 - Improved availability of health care and other health-related services
 - Improved access to other necessary public services (psycho-social, educational, etc.)
 - Reduced burden on public services by the arrival of refugees / IDPs incl., an increase in the capacity of public services
 - Strengthened capacity, effectiveness, and efficiency of public institutions and NGOs in the coordination and distribution of humanitarian assistance
 - Other outcomes:
19. Did you register any unintended / knock-on effects of your projects?
 20. What was the impact of your projects on local populations?
 21. Did you encounter any barriers or limits to the effective use of the services that your project aimed to create/strengthen by the target groups (refugees / IDPs)? What were their key causes, and how did you cope with them?

Overall assessment

22. What do you personally see as the most important impacts of the project? Which are essential in the short term and which in the long term?
23. Did you encounter any direct or indirect negative impacts of the project in your project region on target groups, local populations, or other groups? What lessons did you learn from this?
24. What would you identify as good practice for your project? What did you learn for your future activities?

Exit, follow-up

25. Were there any specific follow-up initiatives for your project? Especially within the scope of development cooperation and longer-term and more systematic support?
26. Did you experience any kind of transfer of knowledge and know-how to local public institutions and other relevant stakeholders?
27. What is the status quo of services that you introduced or strengthened?

IDs – public institutions (national)

1. Are you informed on the activities of the Czech Republic in the provision of humanitarian assistance to Ukrainian refugees / IDPs? Where do you have this information from?
2. Do you have information on specific projects, are you involved in their monitoring in any way or form? If so, please describe the monitoring mechanism.
3. Were you involved in the identification of needs concerning these projects? Was your institution consulted when new projects were identified/formulated? To what extent were you involved in the formulation in general?
4. Is the method of projects supported by CR, from your point of view, relevant in the local context? Did the project respond well to the needs of refugees from Ukraine / IDPs from your point of view?
5. Are the supported projects in line with the strategy of your government – when it comes to their contents as well as method and processes of implementation?
6. Is there, from your point of view, any added value of projects implemented directly in local communities (directly approached by the Embassy and/or by employing local partners) in general?
7. Is this approach unique, or are there other international donors applying a similar approach?
8. Do you observe any added value of projects supported by the CR? Also, concerning the time of their implementation.
9. Who are the main stakeholders when it comes to the provision of support to Ukrainian refugees / IDPs?
Specifically, in analysed sectors – provision of accommodation in satisfactory standard; fulfilling basic needs (food, non-food); rehabilitation of collective accommodation; health care, social and psycho-social services, provision of services to especially vulnerable refugees, etc.
10. Who is in charge of the coordination of these activities? What does the coordination process look like?
11. In your point of view, is the involvement of different stakeholders sufficiently coordinated? Do they complement each other's activities, do you observe synergies?
12. What is, in your point of view, the correct position of a donor like the CR (method, content, volume of support) in this system? And how do you assess the implemented projects in this regard?
13. What is the relevant context (in supported localities) that should (have) be(en) taken into account when implementing this kind of project?
14. Do you observe any negative impacts of these projects at the local level in general? Have you observed any of these in supported localities?
15. Should similar projects be supported in the future? How do you assess the future relevance of this kind of initiative about expected trends and developments?
16. Were there any follow-up initiatives? Replication of approaches piloted in Czech projects, upscaling, etc.?
17. How should the support to refugees / IDPs change in the future, from your point of view (more systematic, complex initiatives, taking more into account local communities, etc.?) Should it, from your point of view, change its method/delivery/aiming, etc., in any way?

IDI – Other donors and INGOs (indicative, will be tailored to the respondent)

1. What kind of activities do you deliver when it comes to the provision of support to Ukrainian refugees / IDPs? *Specifically in the analysed sectors – provision of accommodation in satisfactory standard; fulfilling basic needs (food, non-food); rehabilitation of collective accommodation; health care, social and psycho-social services, provision of services to especially vulnerable refugees, etc.*
2. With whom do you cooperate in delivering these initiatives?
3. How did you identify the need for your initiatives in this regard?
4. What are the key needs of refugees / IDPs in these fields? Which of these needs do you focus on?
5. Do you coordinate your activities with other stakeholders?
6. How do you coordinate your activities at the local level? Who are your key partners in general?
7. Are you informed on the activities of the Czech Republic in the provision of humanitarian assistance to these target groups? Where do you have this information from?
8. Do you have information on specific projects? Do you encounter these projects in the field?
9. Did you discuss or coordinate your activities with the Czech Embassy or with local implementers?
10. To what extent are projects supported by the CR comparable to your projects in this field? When it comes to the volume, outputs and outcomes, methods of operation, territorial aspect, beneficiaries, etc.
11. Is there, from your point of view, any added value of projects implemented directly in local communities (directly approached by the Embassy and/or by employing local partners) in general? Should projects of this kind be implemented?
12. What is the impact of this kind of project on the target groups? Is it a correct approach to meet the goals of these projects? Do you have any specific information regarding Czech projects in this respect?
13. What is the impact of these initiatives on local host communities? Is there any relevant impact on the coexistence of host communities and refugees / IDPs?
14. Do you observe any negative impacts of these projects at the local level in general? Have you observed any of these in supported localities?
15. Did you gain any specific experience and/or good practice from the projects implemented at the local level with support from the Czech Republic?
16. What is, from your point of view, an appropriate approach to the provision of support to the target groups in selected fields (*i.e., fields where the donor / NGO is active and overlaps with evaluated projects*) at this point of time and this stage of the conflict in Ukraine? Should the support be different from how it was provided in the first 1-2 years of the conflict?
17. Should similar projects be supported in the future? How do you assess the future relevance of this kind of initiative concerning expected trends and developments?
18. Were there any follow-up initiatives? Replication of approaches piloted in Czech projects, upscaling, etc.?
19. How should the support to refugees / IDPs change in the future, from your point of view (more systematic, complex initiatives, taking more into account local communities, etc.?) Should it, from your point of view, change its method/delivery/aiming, etc., in any way?

Local institutions, NGOs, and civil society actors

1. Do you know anything about Czech Humanitarian Assistance projects in your municipality/district?
2. Were you involved in the identification of needs concerning these projects? Was your institution consulted when new projects were identified/formulated?
3. Can you please tell me how you were, as the municipality / local NGO or civil society actor, involved in the identification, preparation, implementation, and monitoring of the project? Do you see your involvement as sufficient?
4. How do you assess the response to the needs of refugees / IDPs delivered by the Czech projects? (*Provision of accommodation and material support, fulfilling basic needs, rehabilitation of collective accommodation, health care, social and psycho-social services, provision of services to especially vulnerable refugees, etc.*) Is it relevant to the most important needs of the target group in your community?
5. Is there something very important missing? If so, what is missing (and is there anyone else who takes care of the missing activities)?
6. Are the needs that were addressed by Czech projects still relevant today, from your point of view? Or did the key need to change? If so, was the project capable of addressing these changing needs flexibly?
7. Who did, in your opinion, benefit from the Czech projects?
8. Did the intended target groups benefit from the implemented project? If so, in what way?
9. To your knowledge, did the project contribute to a higher quality of life for refugees / IDPs (*fill in other expected impacts*)?
10. Were there any other unexpected benefits of the project for Ukrainian refugees / IDPs and their families?
11. What was the impact of the initiatives supported by the CR on local communities? Positive or maybe negative? Did local communities directly benefit from the support in any way?
12. Did your host community benefit from the implemented project? If so, in what way and which group benefited more?
13. What is the impact of the project on the cohabitation between locals and refugees / IDPs?
14. Did anything surprise you on the implementation of the project? Were there any unexpected results/impacts?
15. How do you assess the cooperation between your stakeholders at the local level and/or the local implementer? Is there anything that should be improved?
16. Were you involved in the implementation of the projects in any way? If so, please elaborate on your roles and responsibilities as well as on the coordination processes.
17. Do you find the coordination between Czech project(s) and other local stakeholders as effective? Why yes or no? What should be improved?
18. Are there any other activities in your locality (implemented by NGOs, other donors, government, etc.) that were aimed at similar goals and/or implemented in the same school?
19. If so, how do you assess the complementarity of these activities? Did the projects benefit from their synergies, did they build on each other's outputs/outcomes?
20. Who should be the institution to coordinate these efforts? Is the coordination happening?
21. Should similar projects be supported in the future? How do you assess the future relevance of this kind of initiative concerning expected trends and developments?
22. Were there any follow-up initiatives? Replication of approaches piloted in Czech projects, upscaling, etc.?
23. How should the support to refugees / IDPs change in the future, from your point of view (more systematic, complex initiatives, taking more into account local communities, etc.?) Should it, from your point of view, change its method/delivery/aiming, etc., in any way?

H. Questionnaire

Final questionnaire for NGOs supported in Odessa project

1. What was your key motivation to take part in PTF / CVU trainings? (up to three responses)
 - Formulate and establish compliance standards in our organization
 - Make the operation of our organization more professional
 - Align our processes and standards with international donors' requirements
 - Strengthen our technical skills in project management, financial management, etc.
 - Networking with other NGOs / CSOs in Odesa region
 - Other, please explain: _____

2. To what extent did the training meet your overall expectations?

Scale 1-5

Plus text box – explain your response, if you wish?

3. How do you assess the quality of the training with regard to the contents, experts, etc.?

Scale 1-5

4. How do you assess the relevance of the training for your organisation – to what extent it responded to actual needs of your organisation?

Scale 1-5

Plus text box – explain your response, if you wish?

5. To what extent was the knowledge applicable / transferable to your organisation?

Scale 1-5

Plus text box – what exactly did you implement/apply following the training?

6. Please rate to what extent did the training contribute to strengthening the capacities and skills of your organisation in the following fields

	No change of practices	Small contribution (we updated our practice somehow)	Moderate contribution (Significant changes to some of our practices)	High contribution (new approach, rethinking of previous practices)	I don't know
Project management					
Financial management and accounting					

Project monitoring					
Fundraising					
Standards of humanitarian assistance					
Communication with international donors					
Media communication and social media marketing					

7. Please express your agreement / disagreement with the following statements:

The trainings have directly contributed to...

	No effect at all	Small effect	Medium effect	High effect	I don't know
...strengthening partnerships between CSOs and public administration.					
...better coordination among local CSOs and other platforms (informal groups of volunteers, etc)					
...more intensive cooperation with international donors and international NGOs					
...higher degree of localisation – i.e. increased willingness of international donors and NGOs to cooperate on local organisations in delivering their support / activities instead of relying on their own structures.					

8. With how many donors or INGOs has your organisation formally cooperated in the last 12 months on bringing their assistance / activities to the vulnerable population / target groups?

9. To what extent did the training directly help your organisation to increase formal cooperation with International donors / INGOs in providing humanitarian assistance to relevant target group in your region?

Scale 1-5

10. Please explain your response – how exactly (what mechanism) did the trainings help you in strengthening your cooperation with International donors / INGOs? What were the most crucial factors or changes?

Open response

11. What are, in your point of view, the most significant barriers that prevent higher degree of cooperation between International donors / INGOs and local stakeholders in Odessa region on provision of humanitarian assistance (max 3 responses)?

Lacking human capital in existing CSOs/NGOs;

Lack of capacities of local CSOs/NGOs – other than human capital;

Lack of trust from international donors/INGOs

Lack of cooperation from local/regional authorities;

No proper communication channels;

INGOs / International donors are not present in the region (rather managing the response actions from Kyiv), etc. for security reasons?

Other (please, write) _____

I. Questionnaire – results

Survey among participants of the trainings

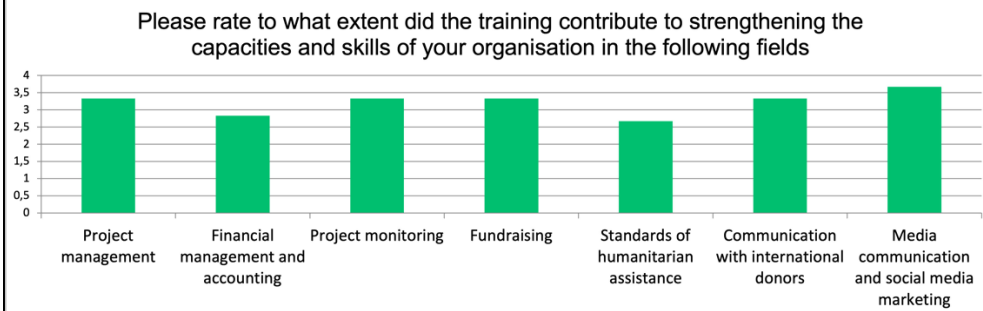
Period: 21 October – 11 November 2024

Respondents – 8 people (some of them skipped several questions)

Just like with the focus groups, it was difficult to collect the participants, as those are people working “in the fields” all over the region. Nevertheless, the obtained responses give a good basis for the evaluation of the trainings.

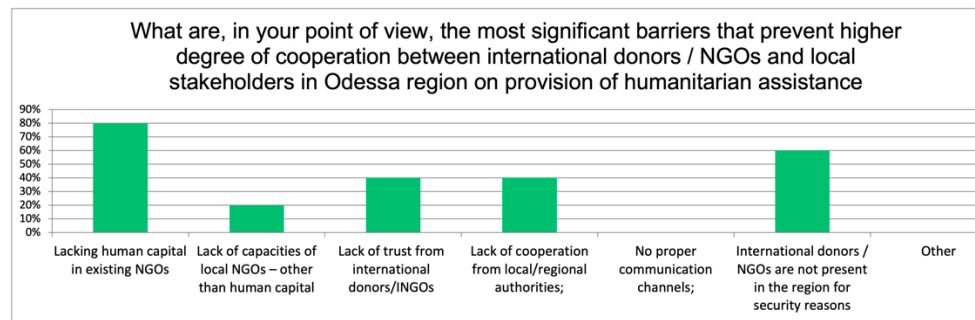
Pre-intervention Phase	
Summary	<p>Talking about their motivation to take part in the trainings, the respondents named “Strengthen our technical skills in project management, financial management, etc.” as their key motivation. The rest of the responses have divided almost equally:</p> <ul style="list-style-type: none">- Formulate and establish compliance standards in our organization;- Make the operation of our organization more professional;- Align our processes and standards with international donors’ requirements. <p>“Networking with other CSOs in Odesa region” option has collected the lowest number of responses.</p>
Intervention Phase	
Summary	<p>The trainings have properly met expectations of the participants, as the average mark given by the participants on this question was 4.7 on the scale 1 to 5. Besides, the participants gave the highest mark (5) to the quality of the training with regard to the contents and experts and called the trainings very relevant to their organization (4.7 points).</p> <p>In particular, the participants singled out fundraising and communication strategy as the most useful tools given to them on the trainings. Another participant wrote <i>‘it was important at that moment to receive high-quality support and new knowledge for further activities of our NGO’</i>.</p>
Post-intervention Phase	
Summary	<p>The respondents gave quite high mark – 4.3 points – to the question on the applicability of the obtained knowledge in their NGO. In particular, the participants stated that <i>‘after the trainings we formulated a clear plan on implementing the communication strategy’</i> while several respondents said that with support of the trainings’ experts, they have managed to successfully apply for several grants. Once again, grant-writing was named as the most useful part of the trainings. As a result, during last 12 months all NGOs participating in the survey have worked with two or three donors and international NGOs as their partners, one NGO – with five such partners. Answering to the question “To what extent did the training directly help your organization to increase formal cooperation with international donors / NGOs in providing humanitarian assistance to relevant target group in your region”? the respondents gave quite high mark – 3.5 on average out of 5. One of the participants wrote: <i>“We have learnt more about the donors, how they work, how to improve communication with them, how to better write application for grants and look for those specific donors needed by our NGO.”</i></p> <p>Another respondent wrote that the trainings <i>‘helped to rectify old mistakes and avoid new ones.</i></p> <p>Finally, following the trainings, several organizations elaborated and introduced internal policies within their NGOs, including on anti-corruption.</p>

The respondents stated that the trainings contributed to all key areas of their capacity, in particular to the media communication and social media marketing:



The participants predominantly agreed that the trainings have directly contributed to more intensive cooperation with international donors and international NGOs and to higher degree of localization (increased willingness of international donors and NGOs to cooperate on local organizations in delivering their support / activities instead of relying on their own structures). With slightly lower support, but still majority of the respondents confirmed that the trainings have directly contributed to strengthening partnerships between NGOs and public administration and better coordination among local NGOs and other platforms (informal groups of volunteers, etc).

Talking about remaining challenges, the representatives of the NGOs called lack of human capital as the most important of them followed by absence of international donors/NGOs in the region:



Conclusions

Results

Overall, the participants gave positive feedback on the trainings. Their expectations in terms of capacity building were properly met and many of the NGOs were able to implement obtained knowledge in practice, in particular by approving internal policies, as well as applying for and winning grants which will further strengthen their capacity. Continuation of such trainings will allow to prepare even more professionals in this sector which will help respond to the major challenge facing the NGOs today – lack of human capacity.

J. Terms of Reference (in separate file)



MINISTRY OF FOREIGN AFFAIRS OF THE CZECH REPUBLIC

CALLS FOR TENDERS

FOR A SMALL-SCALE PUBLIC CONTRACT
WITH THE TITLE

EVALUATION OF TEN SELECTED PROJECTS WITHIN THE PROGRAMME - HUMANITARIAN RESPONSE TO THE CURRENT WAR IN UKRAINE AND INVITES TO PRESENT CONTRACT PROPOSALS

CONTRACTING AUTHORITY:

Name: Ministry of Foreign Affairs of the Czech Republic
ID: 45769851
Tax ID: CZ45769851
Registered seat: Loretánské náměstí 101/5, Prague 1, 118 00, Czech Republic

The officer acting on behalf of the Contracting Authority in contract-related matters:
Petr Gandalovič, Director, Development Cooperation and Humanitarian Aid Department, MFA

The officer responsible for the contract awarding procedure:
Lucie Božková, Administrator of Evaluations, Development Cooperation and Humanitarian Aid
Department, MFA
e-mail: lucie.bozkova@mzv.gov.cz / ors@mzv.cz
tel.: +420 224 182 157 / +420 224 182 366

Description of the public contract (NIPEZ 79998000-6 Services of Professional Advisors)

The subject of the open call for tenders is to conduct an independent **evaluation of the humanitarian response to the conflict in Ukraine based on a selection of ten projects implemented in Ukraine and Moldova**. The projects are under the responsibility of the Ministry of Foreign Affairs of the Czech Republic (MFA) and the Ministry of Interior of the Czech Republic (MI) within the Humanitarian Aid priority sector.

Evaluations of projects/programmes of the Czech Republic are carried out on the basis of Act No.151/2010 Coll., on Foreign Development Cooperation and Humanitarian Aid, the Strategy of Foreign Development Cooperation of the Czech Republic 2018-2030, relevant provisions of the Methodology of Foreign Development Cooperation, in this case also taking into account the Programme of Urgent Humanitarian Aid to Ukraine in 2022 and the Programme of Humanitarian, Stabilisation, Reconstruction and Economic Assistance to Ukraine in 2023-2025.

The evaluation will be conducted in accordance with the internationally recognized OECD – DAC criteria and other defined criteria (external presentation and fulfilling of the crosscutting principles of the Czech Development Cooperation).

The conclusions and recommendations should be relevant for the further direction and funding of humanitarian, stabilisation and development assistance in a given country and sector.

The project evaluation will take place since **July** till **December 2024** in the Czech Republic and in **Ukraine and Moldova**.

Programme: Humanitarian response to the current war in Ukraine (10 selected projects)

Coordinator of the programme:	Ministry of Foreign Affairs of the Czech Republic and Ministry of Interior of the Czech Republic
Programme:	Urgent humanitarian response to the conflict in Ukraine (according to Government Resolution 131/2022); humanitarian and stabilisation assistance to Ukraine (according to Government Resolution 855/2022)
Sector:	Humanitarian Aid
Evaluated period:	2022-2023 (in some cases Final reports in 2024)
Total amount of funds spent on the CzDC project in the evaluated period:	In total approx. amount CZK 110 000 000
Project 1 Geographic and thematic focus: 1) “ <i>Bus Ambulance</i> ”, Vinnytsia region, Ukraine	Implementers and partners: ROYAX s.r.o. Implementation form: Tied financial donation Funds spent/allocated: CZK 9 480 000
Project 2 Geographic and thematic focus: “ <i>Assistance to Internally Displaced Persons (IDP's)</i> ”, Zakarpatiia region, Ukraine	Implementers and partners: Caritas Czech Republic’s Implementation form: Donation Funds spent/allocated: CZK 19 607 453 MFA CZ; CZK 3 921 500,43 other sources
Project 3 Geographic and thematic focus: “ <i>Training and monitoring tools for humanitarian assistance</i> ”, Odesa, Ukraine	Implementers and partners: Organisation “Partnership for Transparency” Implementation form: Financial donation Funds spent/allocated: CZK 1 600 000
Project 4 Geographic and thematic focus: <i>MEDEVAC (MI CZ) - “Establishing comfortable and safe conditions for the treatment of seriously ill children”</i> , Lviv, Ukraine	Implementers and partners: Charity Foundation “KRYLA NADIYI” Form of implementation: Material donation Funds spent/allocated: CZK 5 000 000
Project 5 Geographic and thematic focus: “ <i>Training of Ukrainian Airline Transport Pilots in Czechia</i> ”	Implementers and partners: National Aviation University, Czech Technical University in Prague (CTU), F AIR spol. s r.o. Form of implementation: Financial donation

	Funds spent/allocated: CZK 22 000 000
Project 6 Geographic and thematic focus: <i>“Thermo- energetic rehabilitation measures of the temporary centre for refugees”</i> , Carpineni, Republic of Moldova	Implementers and partners: Public Associations “Green Ciry Lab Moldova” Form of implementation: Financial donation Funds spent/allocated: CZK 10 000 000
Project 7 Geographic and thematic focus: <i>“Extending SOS AUTISM medical, educational and social services for Ukrainian refugees”</i> , Chinisau, Republic of Moldova	Implementers and partners: SOS AUTISM Association Form of implementation: Financial donation Funds spent/allocated: CZK 10 000 000
Project 8 Geographic and thematic focus: <i>“Enhancing of homecare’s medical and social services for Ukrainian refugees”</i> , Chinisau, regions of Republic of Moldova	Implementers and partners: Association HomeCare Form of implementation: Financial donation Funds spent/allocated: CZK 10 000 000
Project 9 Geographic and thematic focus: <i>“Procurement of medical equipment for the needs of Republic of Moldova’s health system in order to strengthen the national capacities to provide medical assistance to refugees and local population”</i> , Chinisau, Republic of Moldova	Implementers and partners: Clinical Hospital of the Ministry of Health Form of implementation: Tied financial donation Funds spent/allocated: CZK 10 000 000
Project 10 Geographic and thematic focus: <i>“Meeting the needs of the most vulnerable local populations and refugees in Moldova”</i>	Implementers and partners: ADRA CZ (Adra o.p.s.) Form of implementation: Donation Funds spent/allocated: CZK 17 300 000

Principal stakeholders

Ministry of Foreign Affairs of the Czech Republic (MFA) is responsible for conceptual management of the development cooperation, including programming of its bilateral part and assessing results (evaluations). This agenda is administered by the **Development Cooperation and Humanitarian Aid Department** of the MFA (DCD), which cooperates with relevant territorial departments of the MFA, with Embassies of the Czech Republic abroad and with the Czech Development Agency (CzDA).

The Ministry of Interior of the Czech Republic (MI) is MEDEVAC Coordinator On-Site Assistance programmes, which were tools to implement Government Resolutions 131/2022 and 855/2022 under the responsibility of the MI.

Embassy of the Czech Republic in Kyjv and Chisinou and General Consulate in Lviv represent the Czech Republic in Ukraine, including the development cooperation agenda and humanitarian aid.

Designated diplomatic staff member is authorised to coordinate and monitor the development cooperation and humanitarian aid tasks.

Implementers and partners of the evaluated projects:

Ukraine:

Ad 1) ROYAX s r.o.

Ad 2) Caritas Czech Republic's

Ad 3) Organisation "Partnership for Transparency"

Ad 4) Charity Foundation "KRYLA NADIYI"

Ad 5) National Aviation University, Czech Technical University in Prague (CTU),
F AIR spol. s r.o.

Republic of Moldova:

Ad 6) Public Associations "Green Ciry Lab Moldova"

Ad 7) SOS AUTISM Association

Ad 8) Association HomeCare

Ad 9) Clinical Hospital of the Ministry of Health of Republic of Moldova, supplier Linet s r.o.

Ad 10) Adra o.p.s. (ADRA CZ), ADRA Moldava

Reference group

The evaluation process will be supervised by an **expert reference group** consisting of representatives of: the **CZ MFA – DCD, Eastern Europe Department (OVE), Economic Diplomacy Department (OED), Czech Embassy in Kyiv and Chisinau, General Consulate in Lviv, the CZ MI and an independent specialist registered in the Czech Evaluation Society.**

An authorized representative of the DCD will facilitate communication between the reference group and the contractor. The members of the expert reference group have the right, while preserving the independence, to comment on the reports submitted by the contractor.

Further information about the evaluated projects

Humanitarian aid in the Czech Republic means saving lives and reducing the suffering of people within:

- 1) immediate financial, material and expert response to an ad hoc disaster or conflict (including forced displacement),
- 2) stabilisation and early reconstruction, especially of critical infrastructure,
- 3) strengthening resilience and preparedness.

The Russian aggression against Ukraine currently represents a major security, political and economic challenge for the Czech Republic, the EU and globally. At the same time, the Czech Republic has long-standing political, economic, development and humanitarian relations with Ukraine and has traditionally enjoyed a good reputation in Ukraine. Since 2014, Ukraine has been a specific country for the FDC, while it is also a priority country for transition cooperation and humanitarian aid.

Therefore, the Czech Republic was one of the first countries responding to the Russian invasion of February 2022, both directly in Ukraine and by supporting Ukrainian refugees in Moldova, one of the six priority countries for the bilateral FDC.

This assistance was covered by emergency funds provided by the Government under the following programmes:

- Government Resolution No. 131 of 25 February 2022 on the provision of emergency assistance to Ukraine, when the Government released funds for immediate humanitarian and refugee assistance to the Ukrainian population under the responsibility of the Ministry of Foreign Affairs and the Ministry of Interior (CZK 150 million each).
- Government Resolution No. 855 of 12 October 2022 on the Programme of Humanitarian, Stabilisation, Reconstruction and Economic Assistance to Ukraine in 2023-2025, approving by the Government CZK 500 million annually for humanitarian, stabilisation, reconstruction and economic assistance to Ukraine. CZK 280 million, of which CZK 120 million under the Ministry of Foreign Affairs.

Due to the extensive HA in Ukraine, it is necessary to narrow down the sample of evaluated projects for the purpose of the evaluation. The evaluation will therefore cover just a selection of ten projects related to the humanitarian response to the war in Ukraine and implemented in Ukraine (5) and Moldova (5). The projects selected for the evaluation are of different implementation forms, with different types of implementers and beneficiaries, and often with follow-up ongoing implementations.

More information on the evaluated projects:

Ukraine:

Ad 1) “Bus Ambulance for Vinnytsia region”

Implementer: Royax s.r.o.

Place of implementation: Vinnytsia region

Period of implementation: 2023

Project initiator and partner organization: Vinnytsia Regional Emergency and Disaster Medicine Center of the Vinnytsia Regional Council (Note: there has been a change of beneficiary)

Bus ambulance is needed in case of mass casualties, war and other situations, where is needed to react quickly to a situation and rescue larger number of patients at one time, compared to a standard ambulance. Bus should:

- help to solve the issue of transportation of seriously injured people from different regions of Ukraine to hospitals of the Vinnytsia region;

- improve the quality of transportation of the seriously wounded in conditions during military aggression;
- improve the level of assistance to patients of the Vinnystia region.

Ad 2) “Assistance to Internally Displaced Persons (IDP's)”

Implementer: Caritas Czech Republic’s

Place of implementation: Zakarpattia region, Ukraine

Period of implementation: 2022

General objective of the project was to contribute to the sustainable management of the influx of internally displaced persons in the Transcarpathian region of Ukraine. Specific objective was to provide longer-term quality housing for IDPs in the Transcarpathian region of Ukraine.

Outcomes:

- 1) Local capacities to construct simple modular housing units (ClickHome Concept) have been built and conditions for further replication created.
- 2) Vulnerable IDPs have been provided with quality temporary housing in ClickHouse Concept Units.
- 3) Adaptation / reconstruction of collective accommodation facilities for internally displaced persons that did not meet hygiene standards - the number of persons per toilet and shower should not exceed 20. In addition, new collective centres.

Ad 3) "Training and monitoring tools to prevent corruption in the provision of humanitarian aid"

Implementer and partner organization in the country of project implementation: Organisation “Partnership for Transparency”, BIRN, CVU Odesa

Period of implementation: 2022-2023

Place of implementation: Odesa, Ukraine

Overall goal: Establish compliance standards, develop training programmes in financial management, monitoring, anti-corruption and fundraising, and establish a third party monitoring programme for humanitarian assistance in Odessa.

In line with the overall objective, the Partnership for Transparency conducted a pilot survey in Odessa on the capacity and capabilities of local organisations to absorb international aid funds. The initial survey produced concrete findings and recommendations to improve the situation and capacity of local (traditional and newly established due to the war) organisations focused on providing assistance to the needy and internally displaced people of Ukraine. Building on these findings and on similar experiences in the Western Balkans, Partnership for Transparency proposed a pilot project to develop the capacity and monitoring tools of Ukrainian organisations. The purpose of this project was to ensure quality project management, including control and monitoring, and to help Ukrainian organisations become reliable partners for international organisations and donors in implementing humanitarian, stabilisation and, prospectively, reconstruction assistance in Ukraine. The project has been piloted in the city of Odessa with the potential for further expansion in Ukraine and Moldova.

Ad 4) MEDEVAC (MI CZ) - “Creation of comfortable and safe conditions for the treatment of seriously ill children”

Implementer and partner organization in the country of project implementation: Charity Foundation “KRYLA NADIYI”

Place of implementation: Lviv, Ukraine

Period of implementation: 2023 - 2024, The project will be implemented by the end of April 2024, we should have the final report at the end of May.

The main aim of the project was creation of comfortable and safe conditions for the treatment of seriously ill children in Lviv.

Project output - modifications/reconstruction of clinics:

1) clinics of paediatric oncology and bone marrow transplantation - for seven wards reconstruction of ventilation system, heating, water supply and sewage system, provision of permanent hot water supply and other accompanying modifications.

2) Clinics of Nephrology, Dialysis and Kidney Transplantation - for two wards, modification of the dialysis hall and other accompanying modifications.

Ad 5) Training of Ukrainian Airline Transport Pilots in Czechia

Implementer: National Aviation University, Czech Technical University in Prague (CTU), F AIR spol. s r.o.

Place of implementation: Czech Republic

Period of implementation: 2023 – 2024 (with a view to continuing in future years)

Ukraine and the international community are preparing the conditions for the post-war reconstruction of the country which should also help Ukraine to modernize and align with EU standards.

No flight training is possible in Ukraine because of the war. The project should help to ensure the continuity of education Ukrainian airplane pilots, who cannot undergo flight training in their country in the current situation. It is expected from graduates of training to be ready for immediate assignment (As a co-pilot) to civil air transport according EU aviation standards as defined by EASA rules.

Therefore, two entities are involved in the project on the Czech side - CTU as a partner university of NAU with responsibility for the transformation of the field and its curriculum and support of relevant NAU capacities; and FAIR spol. s r. o. as a partner for practical training of transport pilots.

Expected result: 20-25 trained Ukrainian pilots, students of NAU, trained in course in Czechia (about 12-14 months), with certificate.

Republic of Moldova:

Ad 6) “Thermo- energetic rehabilitation measures of the temporary centre for refugees”

Implementer and partner organization in the country of project implementation: Public association “Green City Lab Moldova”

Place of implementation: Carpineni, Republic of Moldova

Period of implementation: October 2022 – September 2023

The overall objective of the project is to develop Thermo- energetic rehabilitation measures of the temporary centre for refugees, Carpineni, Republic of Moldova.

The war in Ukraine started an enormous humanitarian crisis across the country. A huge number of refugees have fled to Republic of Moldova. One of the temporary centres for refugees from Ukraine is located in the boarding school Carpineni. As it was built in the year 1962 the reconstruction was needed.

The expected results were 1) improving living conditions for Ukrainian refugees (at the moment) and after war for children with the special needs. 2) to reduce energy consumption. 3) to reduce maintenance and operational costs.

Outcomes - upgrades/modernisation: 1) conducting an energy audit; 2) projection of photovoltaic panels 3) Thermal insulation 4) Replacement of windows 5) refurbishment of old boiler (runs on coal) 6) Installation of photovoltaic panels 7) Endowment of the institution with necessary equipment such as kitchen utensils.

Ad 7) Extending SOS AUTISM medical, educational and social services for Ukrainian refugees

Implementer: SOS AUTISM Association

Place of implementation: Republic of Moldova, Chisinau

Period of implementation: October 2022 – September 2023

The project aims to create a welcoming and supportive environment for refugees in Ukraine, especially for families with a disabled child, by providing quality services as an emergency response to the crisis affecting Ukrainian refugees and vulnerable local populations.

Activities:

- 1) Providing First Aid Kits and medical supplies to refugee families
- 2) Strengthening the capacities of medical and social centers from the FEDRA network for increasing the number of beneficiaries by adding the category of refugees, increasing the area of services and ensuring the qualitative care and dignified conditions for life offered to refugees.
- 3) Providing social and educational assistance to refugees according to their needs.
- 4) Informing the refugees from Ukraine, as well as the Moldovan civil society regarding the opportunities offered within the project, as well as ensuring the visibility of the activities carried out and the donor.

Ad 8/ "Extension of homecare's medical and social services for Ukrainian refugees"

Implementer and partner organization in the country of project implementation: HomeCare Association, Family Peace Association.

Place of implementation: Republic of Moldova, Chisinau

Period of implementation: April 2022 – September 2022

The aim of the project was to provide critical emergency assistance and health and social care to refugees from Ukraine through health and social centres and mobile teams of the HomeCare network in order to protect their right to life, access to health care and basic decent conditions for survival.

Activities: purchase of medicines and consumables, including first aid kits; purchase of equipment (washing machine, dryer); cleaning products and hygiene items; bed linen, blankets, pillows; food; hiring of medical staff and non-medical staff (social workers, peers, psychologist) for remote consultations. Also the purchase of rapid tests for COVID-19 infection and the purchase of equipment for the mobile clinic "Pacea Familiei".

Ad 9) “Procurement of medical equipment for the needs of Republic of Moldova’s health system in order to strengthen the national capacities to provide medical assistance to refugees and local population”

Implementer and partner organization in the country of project implementation: Linet s r. o, Clinical Hospital of the Ministry of Health, Republic of Moldova

Period of implementation: June 2022 – September 2022

Place of implementation: Chisinau, Republic of Moldova

Due to the critical situation in the region (war, refugees) and in the country in particular, the health system of the Republic of Moldova is under huge pressure and has an urgent need to strengthen the national capacities to provide medical assistance to both refugees and local population.

The list of items that Clinical Hospital of the Ministry of Health within the project is following: 1. Mobile Clinic Medium Size (with all the necessary components); 2. Mobile Clinic Large Size (with all the necessary components); 3. Resceu set; 4. Hospital beds; 5. Electrosurgical unit

Ad 10) “Meeting the needs of the most vulnerable local populations and refugees in Moldova”

Implementer and partner organization in the country of project implementation: Adra o.p.s. (ADRA CZ), Adra Moldova, Eazzy Link, International Centre for Education and Professional Developme

Partner organization in the country of project implementation: ADRA Moldova, Eazzy Link, International Center of Training and Professional Development.

Other local partners, sponsors, donors - Ministry of Labor and Social Protection, Ministry of Education, Culture and Research, he National Social Assistance Agency (responsible for RAC’s in Moldova)

Period of implementation: January 2023 – December 2023

Place of implementation: Republic of Moldova

The overall objective of the project was "to contribute to the survival and recovery of the most vulnerable refugees fleeing the war from Ukraine and the local population in Moldova". This would be achieved through the specific objective "To provide multi-sectoral humanitarian assistance to address the immediate needs of the most vulnerable refugees fleeing the war from Ukraine and the local population by ensuring their access to NFIs (Non Food Items), education, shelter, sanitation and hygiene".

The proposed project was designed based on the needs of refugees and local vulnerable population:

- 1) Reparation and equipment of the governmental and non governmental RACs (refugee accommodation centers);
- 2) provision of Food, Hygiene kits and NFIs for refugees and vulnerable host families;
- 3) provision of language classes for adults and children. With provision of the language classes refugees were able to find job, and in this way financially secure their families while waiting the conflict to end and to be safe to go home.

The goal of the evaluation is:

The aim of the evaluation is to map the timeliness, adequacy and effectiveness of the **humanitarian response (not the programme itself)**, including recommendations for further continuation and linkages/follow up with other phases of support (stabilisation, reconstruction).

Further specifically:

- to obtain independent, objectively based and consistent **findings, conclusions and recommendations** for use in decision-making by the MFA in cooperation with the MIT and other actors on the future focus and the way of FDC CZ implementation with taking into account the Agenda 2030 for Sustainable Development within the assessed sector Economic Growth (SDG 8);
- Obtain recommendations for possible **replication** of the type of project or sub-activities evaluated in other developing countries or locations, including verification of the results, impacts and sustainability of the intervention;
- obtain broader recommendations on the **involvement** and added value of different types of implementers (company, university) in the Aid for Trade programme and the Economic Growth sector. The evaluation shall be performed in accordance with the internationally recognised OECD-DAC criteria,¹ i.e., **relevance, coherence** (incl. coordination and integrated approach), **efficiency, effectiveness, impact** and **sustainability** (and replication). The main emphasis will be placed on the criterion of **relevance and effectiveness** and on the further direction of the Czech Republic's humanitarian and stabilisation cooperation with Ukraine and Moldova.

Principal evaluation questions:

- **What is the relevance of each project in terms of the needs of the beneficiaries?**
- **What is the added value of each type of implementer in terms of the effectiveness of the humanitarian response to the war in Ukraine?**
- **Can good practice be identified within the interventions evaluated for further replication or follow-up (next phases of support - stabilisation, reconstruction)?**

Additional evaluation criteria

- **project's visibility** (i.e., public awareness of the activities and outcomes of the project);
- **CzDC crosscutting themes** application defined in the Development Cooperation Strategy of the Czech Republic 2018–2030:² **good (democratic) governance; protection of environment and climate; human rights of beneficiaries (including gender equality).**

During this independent evaluation, the preparer will proceed according to the **Formal Evaluation Standards of the Czech Evaluation Society**, with emphasis **on professional quality, specificity of processing and feasibility of the submitted evaluation proposal, and in accordance with Section 6 of Act No. 134/2016 Coll., on Public Procurement, as amended** - i.e. in particular while maintaining the principles of socially and **environmentally responsible procurement and innovative approach**.

Recommendations based on the evaluation findings and conclusions:

¹ For more info on the OECD-DAC criteria see www.oecd.org/development/evaluation

² For more info see www.mzv.cz/aid

- **added value** (recommendation of specific changes in the identification, formulation or implementation of a given type of activity; recommendation of follow-up measures to increase sustainability);
- indicating the **degree of seriousness**;
- **assigning** to the MFA, the MI or other involved actors (not more than two);
- backing with **specific findings and conclusions** (sorting according to the main addressee or degree of seriousness, proposed measures, etc.);
- linking to the purpose (formative, summative), **processor** (internal, external, mixed), **programme phase** (ex-ante, ad hoc, ongoing, mid-term, final, ex-post) and **nature** (strategic, operational/process, thematic, impact/result, self-evaluation).

Required outputs of the evaluation and deadlines

- **Input report**
 - A. **Structure** according to the attached outline, evaluation **methodology**, **schedule of works** (including the evaluation mission and planning of meetings, interviews, target groups, observations, surveys, questionnaires, etc.);
 - B. **Draft version** of the input report submitted for **comments** to the reference group by **August 21, 2024**;
 - C. After **incorporating the comments**, the input report is submitted to the Contracting Authority in electronic form (no later than five days before departure for the evaluation mission abroad);

- **Final Report**
 - A. **Structure** according to the attached outline, length of 4 standard pages of A4 management summary max. and 25 pages of A4 text max., summary of **basic information** about the evaluated project, evaluation **methodology** (1200 characters max.), summary of the **main findings** from the project evaluation, reflection of the **main evaluation questions**, presenting **independent findings, conclusions and resulting recommendations**;
 - B. **Annexes**: more detailed information on the project or individual projects, documents for evaluation findings and additional information, quantitative data, samples and results of questionnaires, etc. As for the processing of sources of verifiable findings, the Contracting Authority will comply with the Code of Ethics of the evaluator of the Czech Evaluation Society and in accordance with the law No. 110/2019 Coll., Personal Data Processing Act, as amended, to **respect the right to protect respondents' privacy** and to anonymize the sources of their findings;
 - C. Processing in the **Czech language** (with an English summary) or in the **English language** (with a Czech summary). The choice of language will be contractually confirmed and must be followed for both the initial and final report. Annexes to the evaluation report may be retained in the original language of the processing;
 - D. **The draft of the final report** in edited form and with all the details according to the binding outline and submitted for comments to the reference group by **November 15, 2024**. The Contracting Authority will collect comments from the expert reference group and the main actors involved in the implementation of the given project and forward these comments to the processor, who is obliged to deal with content comments in writing (i.e., incorporate them into the text of the report, or reject them with reasons, in any case in writing);
 - E. After **incorporating the comments**, the final report **publicly presented** to the reference group, possibly to the wider professional public, any essential additional knowledge arising from the discussion incorporated in the form of a separate annex, the date and form of the presentation determined by mutual agreement in sufficient time in advance, the visual outline of the presentation (PowerPoint) at least 2 working days before the presentation;
 - F. **The final version of the final report** will be submitted to the Contracting Authority in **machine-readable electronic form** by **December 10, 2024**, the Contracting Authority will ensure publication on the MFA website.

Further instructions for tenders

- At the beginning, the **initial meeting of the evaluation team with the Contracting Authority and the reference group** will be held. At the meeting, the overall timeline and process of evaluation will be specified and available sources and contacts of stakeholders will be shared.
- In the course of the evaluation, the team will conduct **interviews** with representatives of the MFA, CzDA, MI, the CZ Embassies, General Consulates, implementers of projects, and possibly, with representatives of beneficiaries and partner organizations (and other respondents if needed).
- During the evaluation, the contractor can ask for a **briefing with the expert reference group** for discussing the preliminary findings, conclusions and recommendations. A presentation from this briefing will be also added to the annexes of the final report.

Call for tenders and submission of tenders

This open call is publicly announced on the National Electronic Instrument (“NEN”) website and on the MFA website on **June 6, 2024**.

Tenders will be prepared on the basis of the information contained in the specifications.

The deadline for receipt of tenders is June 27, 2024 @ 14:00 CET.

Tenders must be submitted by:

1) The National Electronic Tool (www.nen.nipez.cz) or

2) delivered personally in paper form in a single copy and in electronic form in a single copy on a data carrier (CD/DVD/USB)

Tenders must be sent in time by registered mail, electronically (by The National Electronic Tool) or in person to the following address:

**Ministry of Foreign Affairs of the Czech Republic
Department of Development Cooperation and Humanitarian Aid
Loretánské náměstí 101/5, 118 00 Prague 1, Czech Republic**

Tenders submitted in **paper form** must be submitted in a sealed, tamper-proof envelope marked as follows:

- tenderer’s full name (or business name) and address;
- note:

NEOTEVÍRAT! IHNED PŘEDAT ORS – VEŘEJNÁ ZAKÁZKA: “EVALUATION, PROJECTS, HUMANITARIAN RESPONSE TO THE CURRENT WAR IN UKRAINE – NEOTEVÍRAT!

Tenders submitted through other channels (e.g., via -mail); tenders delivered to another address and/or tenders submitted after the deadline **will be rejected**.

Tender is considered as **submitted by recorded delivery mail** according to the date and time registered by the mailroom of the Contracting Authority – Ministry of Foreign Affairs of the Czech Republic (MFA).

Tender may be **submitted personally** on working days Monday till Friday 08:00 till 16:00 (CET) at the reception of the MFA building (see address above). Tender is considered as **submitted** at the moment of its physical takeover by responsible employee of the Contracting Authority.

Tenders may be submitted in Czech, Slovak or English language. Tenders submitted in other languages will not be accepted.

The MFA reserves the right to reject tenders that do not completely meet all the requirements set out in this Call for Tender.

Tenderers are not entitled to any compensation for costs associated with participation in this Call for Tender. Any **issuance costs** associated with the submission of tenders shall be **borne fully by the tenderers at their expense**. With the exception of tenders submitted after the deadline, the

PROCEDURE

tenders will not be returned and will remain with the Contracting Authority as a part of the tender documentation for this public contract.

Requests for additional information concerning this public contract procedure must be delivered to e-mail contact: lucie.bozkova@mzv.gov.cz and in copy to e-mail: ors@mzv.gov.cz **no later than June 20, 2024, 23:59 CET.**

Evaluation team

- **a team of independent experts** (one of them being the team leader responsible for all provided services to the Contracting Authority) or by a **legal entity** with the appropriate team of experts (one of them being the team responsible for communication with the Contracting Authority);
- an optimal evaluation team to be composed of 2–4 experts: **the main evaluator** (an expert on evaluation methods, with overall responsibility for entire evaluation process and reporting); **expert(s) with a focus on the issues of the projects being evaluated (humanitarian aid in general or health and psychosocial in particular); Local expert/team (especially in the case of remote sensing in Ukraine), junior member** (recommended); **Other** (e.g. survey interviewers, sector experts with no evaluation experience involved in evaluation or data control, etc.).

Tenders must include the following:

- **Proposal of procedure of the evaluation**, taking into account the evaluation questions; description of proposed evaluation methods (detailed description of a methodology specifically designed for the evaluation of the CzDC projects); **timeline for the evaluation work, including a timetable for an evaluation mission to Moldova and, if the security situation permits, to Ukraine (otherwise a remote sensing plan in the case of Ukraine).**
- **Draft of evaluation matrix** containing the questions contained in the ToR (Terms of Reference) and any additional questions proposed by the evaluation team, including sources of information, methods for data collection to enable triangulation and preliminary identification of the range and sample of respondents;
- **Composition of the evaluation team**, i.e., names, contacts (e-mail, cellphone number) and field of expertise, definition of each team member's role and time dedication, participation in the mission to Cambodia and planned role in the evaluation reports elaboration;
- **Structured CVs of the evaluation team experts**, with clear and specific information on their education, expertise and experience relevant to this evaluation;
- **Declaration of qualification requirements** signed by authorized representative or all members of the evaluation team; prior to signing the contract, the tenderer must be able to demonstrate fulfilment with applicable documents/certificates; in the case of foreign evaluation team the fulfilment can be proved by analogous foreign education and experience/enclosed CV;
- **Declaration of independence** signed by all members of the evaluation team (see annexes). All persons, or members of a legal entity, must meet all conditions of independence, simultaneously and unequivocally, and must sign the statutory declaration of independence;
- **Tender price stated both excluding and including VAT** (non-VAT payers must quote the price without the VAT and state that they are non-VAT payers). The anticipated total cost of this public contract is within an indicative range of **CZK 800,000–900,000 excl. VAT**;³

³ This tender is announced pursuant to Act No. 134/2016 Coll. about Public Procurements as a **small-scale public procurement with an estimated value up to 500 000 CZK, excl. VAT**. The Contracting Authority, however, does not intend this indicative range to serve as a strict definition of either a minimum or a maximum price. The tender price must

- The completed **Evaluation budget table** (see annexes). **Tenderers** should note that before paying the cost of this public contract, the MFA will request a statement of the costs actually incurred, broken down by the items of the total evaluation budget. In justified cases, and after prior approval from the MFA, the evaluation team may be allowed to transfer funds between budget items to a maximum level of 10 per cent of the total evaluation budget whilst maintaining the total tender price unchanged. If the total expenditure is in reality less than that budgeted in the tender submitted to the tender, the MFA will reduce the final sum payable by this difference. If on the other hand the actual costs are higher than those budgeted in the tender, such additional amount will not be paid by the Contracting Authority;
- **Extract from the Commercial Register** or, where applicable, Extract from the Trade Register if the tenderer (entity submitting the offer) is registered, or an extract from another similar register proving legal status and specialization. The extract will be presented in a plain copy and should not be older than 90 days;
- **Declaration of Truth** about the information stated in the tender (see annexes).

Qualification requirements for Evaluation Team Experts

- Completed **higher education** – all evaluation team experts;
- **Knowledge of English** (min. B2);
- **Knowledge of the local language** (or provision of a local team member or interpreter on site);
- At least **4 years of professional experience** in the area of evaluation – all evaluation team experts, except for local and junior members;
- **Evaluation experience** - completed participation in at least one evaluation (in the sense of a comprehensive evaluation of the results) of a project, programme or similar intervention - for all expert members of the evaluation team except local and junior members.
- Completed at least one training or university course on **evaluation**, or on **project cycle management** or **results-based management**; or **completed an evaluation as part of a thesis or dissertation during university studies** that was successfully defended and positively evaluated - for all expert members of the evaluation team except local and junior members;
- Qualification requirements may also be proved by the **references of the legal entity** submitting the offer or by the **references of individuals** who will implement the subject of performance.

Conditions of Independence of Evaluation Team Members

- None of the evaluation team members has been **involved** in the implementation of the evaluated project or preparation and realization of parallel proposals at any stage, nor **will they participate** in the year of evaluation or the following year.
- None of the evaluation team members is an **employee or external associate** of the project's gestor, or **had been** during the period of the preparation and implementation of the evaluated project;

cover all of the evaluation team's costs, i.e. the time spent working in the office (document analysis, report writing, the incorporation of comments), the cost of the evaluation mission to the partner country (the remuneration of team members, local transportation, accommodation, meals), the remuneration of team members for time spent on the final presentation, etc.

- None of the evaluation team members is an **employee or external associate** of the projects' implementers, or had been during the period of the preparation and implementation of the evaluated projects.
- None of the members of the evaluation team **participated in the preparation** of this tender call.

Tender selection criteria (from 0 to 100 scoring scale)

The Contracting Authority will select the **economic advantage of tenders** according to the following criteria:

Order no.	Criterion name	Weight of the criteria
1.	Tender price without VAT in CZK	30 %
2.	Quality of the design for the implementation of the subject of the public contract	70 %

1. Lowest Tender Price (excluding the VAT): 0–30 points;

The Contracting Authority will evaluate the offer price excluding VAT in CZK, which the participant will indicate in the offer. The tender with the lowest tender price will receive 30 points. Other tenders will be awarded points according to the following formula: value of the lowest tender price excluding VAT : (divided by) the value of the tender price excluding VAT of the tenderer x (times) 30 = (equal to) the number of points for the tenderers tender .

Quality of the design for the implementation of the subject of the public contract

The Contracting Authority will evaluate the quality of the proposed method of implementation of the evaluation on the basis of the information and annexes contained in the tender. Sub-criteria include:

- overall evaluation design
- characteristics and justification of the proposed evaluation methods
- the proposed triangulation methods (methods, sources of information, adequate sample)
- assumptions and risks identified, adequate procedures to mitigate risks and uncertainties
- the overall evaluation experience of the evaluation team
- thematic experience of the evaluation team
- geographical experience of the evaluation team

Each of these sub-criteria is scored on a scale of 0-10; the maximum possible score is 70 points. No tender may achieve the maximum score. The points shall be awarded by an evaluation committee set up by the awarding authority on the basis of an assessment of the degree of fulfilment of the criterion.

The most economically advantageous tender shall be submitted by the tenderer who obtains the highest score in the aggregate of the two criteria, while meeting all the requirements set out by the awarding authority in the tender documentation.

The tender evaluation

The tenders received by the Contracting Authority within the deadline will be opened by the formalities **checking committee to check them** them formally for compliance with the tender specifications. Successful tenders will be submitted to the evaluation committee, which will assess them and, on the basis of the evaluation criteria, recommend the most advantageous tender in accordance with the applicable Statute and Rules of Procedure of the Evaluation Committee for the selection of projects submitted under the MFA's tenders for foreign development cooperation and humanitarian aid.

Once the selection of the most advantageous tender has been approved, the Contracting Authority shall send a notification of the selection of the most advantageous tenders to all tenderers without undue delay.

The minutes (protocol) of the meetings of the two committees will also be published on the MFA website.

Contract

Following the result of the selection of the best tender, the MFA will enter with the selected tenderer into a Contract of Mandate for evaluation. The Contract will be concluded based on Section 2430 of Act No. 89/2012, the Civil Code, as amended. It will include a clause in which the parties agree that the information contained in the Contract of Mandate and any amendments thereto will not be regarded by the parties as a business secret in terms of Section 504 of Act No. 89/2012, the Civil Code as amended, and that the parties give their unconditional consent to the disclosure and/or publication of such information namely in accordance with Act No. 106/1999 concerning free access to information as amended. Checklist of the requirements related to this public contract must be included in an annex to the contract.

Final provisions

The MFA will not return any documentation of the tenders received on the basis of this announcement, except the tenders received after the stipulated deadline. The MFA reserves the right to change the tender terms and conditions at any time or to cancel the tender without giving any reason⁴.

Annexes:

Declaration of Independence sample (mandatory part of a tender)

Declaration of Truth sample (mandatory part of a tender)

Evaluation Budget Table sample (mandatory part of a tender)

Outline of Input Evaluation Report

Outline of Final Evaluation Report

⁴ See Act No. 89/2012, the Civil Code (Part 6 – Public tender and selection of the best tender).

K. Presentation of the Final Report (in separate file)



Ministerstvo zahraničních věcí
České republiky



EVALUATION OF TEN HUMANITARIAN RESPONSE PROJECTS TO THE CONFLICT IN UKRAINE

Final report presentation

Naviga Advisory and Evaluation s.r.o.
28 November 2024



Presentation outline

- Introduction
- Methodology
- Evaluation findings and conclusions
- Recommendation
- Evaluation Summary
- Discussion



Introduction

- The main **purpose of this evaluation** is to:
 - Obtain independent, objectively based and consistent **findings, conclusions and recommendations** for use in decision-making by the MFA in cooperation with the MIT and other actors on the future focus and the way of FDC CZ implementation with taking into account the Agenda 2030 for Sustainable Development within the assessed sector Economic Growth (SDG 8)
 - Obtain recommendations for possible **replication**
 - Obtain insight regarding involvement and added value of different types of implementers
 - **Evaluation team:** Project manager and Lead evaluator, Expert guarantor, Local experts, Junior evaluator, Other members
-
-

Evaluated initiatives

- Supported sectors:
 - Health – medical equipment and facilities, access to health care and hygiene, incl. education
 - Shelter and material security – shelters / accommodation for refugees / IDPs of acceptable quality and sanitary standard, supply of crucial amenities (clean water, food, etc.), ensuring security, etc.
 - Support of institutions – ensuring the continuity of access to basic public services, strengthening capacities of local NGOs as well as public institutions in coordination and delivery of humanitarian assistance
 - Other focuses: provision of social and psychosocial services, education and training (incl. language courses), support to integration in local communities
-
-

Evaluated projects - I

Project name	Year	Sector	Project funds (CZK)	Region	Brief project content
Mobile bus dispensary for Vinnytsia region (ROYAX Ltd.)	2023	Health	9.480.000	Vinnytsia region, Ukraine	The key initiative of the project was to provide fast and quality health care in crisis situations. The mobile medical space is equipped to stabilize patients, provide first aid and transport them safely to hospitals, which is essential for survival and saving lives in emergency situations.
Assistance to Internally Displaced Persons (IDP's) in the Zakarpattia region (Charity of the Czech Republic)	2022	Shelter	23.528.953	Zakarpattia region, Ukraine	The project aimed to provide long-term quality housing for IDPs in the Zakarpattia region of Ukraine. It was implemented through the construction of modular housing units according to the ClickHome concept and the adaptation of existing substandard accommodation facilities.
Training and Monitoring Tools to Prevent Corruption in the Delivery of Humanitarian Aid (Partnership for Transparency Europe)	2022–2023	Institutional Support	1.600.000	Odessa, Ukraine	The project has aimed to strengthen the capacity to act as reliable partners for international organisations and donors in the implementation of humanitarian and stabilisation assistance in Ukraine, with the possibility to expand to other areas including Moldova.
Promoting safe conditions for the treatment of seriously ill children in Lviv (Kryla Nadiyi Foundation)	2023–2024	Health	5.000.000	Lviv, Ukraine	A project focusing on creating comfortable and safe conditions for the treatment of seriously ill children in Lviv was a key initiative to improve the infrastructure of two key clinics.
Training of pilots of the National Aviation University in the CR (National Aviation University of Kyiv)	2023–2024	Education	22.000.000	Czech Republic	The project aims to train 20-25 Ukrainian transport aircraft pilots in the Czech Republic who are unable to undergo flight training in the closed airspace over Ukraine.

Evaluated projects - II

Project name	Year	Sector	Project funds (CZK)	Region	Brief project content
Thermal energy measures of Carpineni Refugee Centre (Green City Lab Moldova)	2022–2023	Shelter	10.000.000	Carpineni, Moldova	The objective is to improve living conditions, reduce energy consumption and maintenance costs. The plan includes an energy audit, installation of photovoltaic panels, insulation, replacement of windows, renovation of the boiler and equipment of the centre.
Expansion of health, education and social services for Ukrainian refugees in Moldova I (SOS Autism Association)	2022–2023	Health, education and psycho-social assistance	10.000.000	Chisinau, Moldova	The project has focused on supporting Ukrainian refugees, especially families with disabled children. Activities include provision of medical materials and first aid kits, capacity building of the centres, provision of social and educational assistance, and project awareness raising.
Expanding HomeCare health and social services for Ukrainian refugees (HomeCare Association)	2022	Health and psycho-social assistance	10.000.000	Chisinau and in regions in Moldova	The project was designed to provide critical assistance and care to Ukrainian refugees through health and social centres and mobile teams of the HomeCare network. Activities included the purchase of medicines, equipment (washing machine, dryer), cleaning products, hygiene products, bed linen, food, and hiring of medical and non-medical staff. Also, the purchase of rapid tests for COVID-19 and equipment for the mobile clinic "Pacea Familiei".
Supply of medical equipment for the Clinical Hospital in Chisinau (Linet, Ltd.)	2022	Health	10.000.000	Chisinau, Moldova	The supply of medical equipment for the Clinical Hospital in Chisinau includes, for example, mobile clinics, an ambulance kit, hospital beds or an electrosurgery unit.
Providing for the needs of the most vulnerable refugees (Adra o.p.s.)	2022	Multisector	17.300.000	Moldova	The project targeted the support of the most vulnerable refugees and the local population through the repair and equipment of accommodation centres, the provision of food, hygiene and non-food items, as well as through language courses to help improve their chances of employment and integration into their new environment.

Methodology

- **Applied methods**

- Desk research (project documentation, strategic documents)
- In-depth interviews with stakeholders at all levels of public governance, implementers, partner institutions, other donors
- Focus groups
- Survey (pilot training participants and representatives of NGOs who participated in the project training in Odesa)
- Observation

- **Methodological obstacles and solutions used**

- Risks related to the ongoing war in Ukraine □ cooperation with the entire Wooden Horse Strategies organization
 - Significant changes to projects due to dynamic situation and changing needs □ detailed mapping of actually implemented activities
 - Problematic access to institutions, incl. centres for refugees □ top-down engagement of relevant institutions, support from Embassy; local expert
-

Evaluation findings; EQ1

EQ1: What is the relevance of each project in terms of the needs of the beneficiaries ?

- Aligns with the needs of refugees, IDPs, and local communities.
 - Considers alignment with institutional priorities and coordinated approaches.
 - **Groups of Projects by Relevance:** Direct Support Projects, General Needs Projects, Ad-hoc Support
 - High adaptability to changing needs, targeting gaps not covered by other donors
 - Coordination:
 - Moldova: National coordination by UNHCR, local coordination ad-hoc.
 - Ukraine: Coordination clusters by OCHA.
 - Project Diversity:
 - Diverse and often unconnected projects in Ukraine.
 - Thematically closer and more interconnected projects in Moldova.
-

Evaluation findings; EQ2

EQ2: What is the added value of individual types of implementers in terms of the expediency (efficiency) of the humanitarian response to the war in Ukraine?

- Projects improved material security and access to decent accommodation for refugees/IDPs.
 - Enhanced access to healthcare and social services for vulnerable groups, such as elderly and disabled refugees.
 - **Moldova:** Strong local presence and networks (e.g., HomeCare, SOS Autism) allowed quick mobilization and direct access to target groups.
 - **Ukraine:** Reliable local partners (e.g., Caritas CR, Wings of Hope) utilized existing networks for effective project implementation
 - High **flexibility and trust** in Czech Humanitarian Assistance enabled rapid adaptation to changing needs.
 - Czech support often filled gaps not covered by other donors, targeting specific vulnerable groups and urgent needs.
 - Coordination varied by region; Moldova had ad-hoc local coordination, while Ukraine developed more structured coordination over time.
 - Projects were generally coherent with national response plans and international coordination efforts.
-

Evaluation findings; EQ3

EQ3: Can good practice for further replication or continuity (next phase of support - stabilisation, recovery) be identified within the interventions evaluated?

- **Good Practices in Moldova:**
 - Involvement of local vulnerable populations alongside refugees.
 - Projects like HomeCare and SOS Autism increased support capacities for both groups.
 - **Good Practices in Ukraine:**
 - Pilot projects in Odesa and local reconstruction teams in Transcarpathia showed potential for expansion.
 - Medical facility expansions in Lviv demonstrated effective practices for replication.
 - Shift from immediate crisis to **long-term integration and development**.
 - Focus on sustainable inclusion, job support, and child care.
 - The Czech Republic is well-positioned for the **stabilization and recovery phases**.
 - Development of social, healthcare, and other services for both local and refugee communities.
 - Continued support for extremely vulnerable refugees who cannot integrate.
-

Evaluation findings and conclusions

Evaluation criteria	Assessment	Justification
Relevance	High	<ul style="list-style-type: none">• All supported projects aligned with the needs of beneficiaries and followed the set objectives.• Projects were flexible and adapted to changing needs, though some lacked clearly defined processes.• The relevance for refugees and IDPs varied, with some projects directly targeting these groups and others having an indirect impact.
Efficiency	Rather high	<ul style="list-style-type: none">• The support was flexible and adapted quickly to changing needs, but the informal administrative setup posed potential risks for inefficiency.• Some projects, like the pilot in Odesa, highlighted inefficiencies due to fragmented support.• Humanitarian aid was effective for emergency interventions but less so for long-term development goals.
Effectiveness	High	<ul style="list-style-type: none">• Supported projects were well-aimed and timely, meeting the needs of target groups.• Local organizations played a key role in delivering effective aid. The flexibility and quick response of Czech support were seen as added value.• However, there was insufficient focus on stabilization and longer-term support activities.

Evaluation findings and conclusions

Evaluation criteria	Assessment	Justification
Impacts	Difficult to isolate	<ul style="list-style-type: none"> • Most interventions focused on urgent needs rather than long-term outcomes. • The immediate impacts were often inseparable from the broader humanitarian response. • Some initiatives, like the ICU medical bus and training pilots, showed promise for replication and long-term benefits.
Sustainability	Rather low	<ul style="list-style-type: none"> • Many projects were ad-hoc and relied on dwindling international support. • Without continued funding, many services are unlikely to be sustained. • However, some infrastructure projects and initiatives showed potential for long-term benefits and replication.
Visibility	Mixed	<ul style="list-style-type: none"> • Awareness and appreciation for Czech support varied. Larger infrastructure projects had high visibility, while smaller contributions were less visible unless led by Czech NGOs. • Projects in Ukraine showed higher visibility due to their physical impact.
Coherence and Coordination	Rather high	<ul style="list-style-type: none"> • In the initial weeks and months of the crisis, coherence and coordination were very ad-hoc, based on individual and often informal communications between various implementers, government officials, local public administration officers, and other stakeholders. • Over time, coordination improved with key roles established by UNHCR and OCHA.

Evaluation Summary

- Evaluation focused on relevance and effectiveness, identifying added value and good practices.
 - High relevance and adequacy of support, aligning with beneficiaries' needs.
 - Projects showed flexibility and adaptability to changing needs.
 - Diverse projects lacked an overarching strategy, leading to varied relevance and reporting quality.
 - Effective and timely support, with key roles played by local organizations in Moldova and Ukraine.
 - Czech humanitarian assistance was notable for its flexibility and rapid adaptation.
-

Evaluation Summary

- Sustainability challenges due to the ad-hoc nature of projects and decreasing international support.
 - Some initiatives show promise for replication and long-term benefits.
 - Mixed visibility of Czech-supported projects, with larger infrastructure projects being more visible.
 - Cross-cutting issues include sustainability challenges, resource allocation debates, and the need for accessible buildings for disabled individuals.
 - Anti-corruption elements should be integrated into all projects.
 - In Moldova, support targeted vulnerable groups and improved living standards.
 - Minimal effect on governance, but significant environmental contributions in some projects.
-

Recommendations (Project level)

Recommendation	Level of seriousness	Primary addressee
Maintain, wherever possible, the flexibility in project implementation as one of the key factors of success of implemented projects.	1	MFA
Continue programs on capacity-building of local NGOs and CSOs	3	CzDA, Embassies
Further support Moldovan authorities in implementation of the RESTART reform of social protection system, provide appropriate technical assistance, exchange of knowledge, advocacy and awareness raising, networking, etc.	2	CzDA, implementer

Recommendations (Programme / sector)

Recommendation	Level of seriousness	Primary addressee
<p>Leverage on existing added value of support financed by Czech Humanitarian Assistance in development nexus and on identified good practice. Focus on developing a comprehensive system of providing appropriate services to local as well as refugee / IDP vulnerable population targeting less developed regions, with focus on specific services that are highly relevant to the needs of these target groups but cannot be (due to specific character) provided in standard system of social services, such as psycho-social assistance, childcare and after-school activities, vocational trainings specifically for women, etc. Lean on existing networks in developing such services.</p>	2	MFA, Embassies CzDA
<p>Consider support specifically targeted at reintegration of war veterans into the workforce and society / local communities, including supporting operations such as managing the effects of trauma and PTSD or support to expanding disabled access to buildings.</p>	3	CzDA, Embassies (small projects)
<p>Analyze, in cooperation with relevant partners and national / regional levels, existing or forthcoming (due to changes in response strategies and exit of donors and other stakeholders) gaps in key assistance to the most vulnerable groups of refugees / IDPs who will not be able to integrate into local community and will remain dependent on humanitarian assistance and formulate, in cooperation with partners, comprehensive response to fill these gaps.</p>	2	MFA, Embassies implementers
<p>Within development cooperation capitalize on good practice and visibility gained from the support to restoration of the facility in Carpineni, strengthen the energy efficiency focus as a cross-cutting objective in development cooperation in other sectors.</p>	3	CzDA, MFA

Recommendations (System /procedure)

Recommendation	Level of seriousness	Primary addressee
<p>Harmonize requirements and forms requested on projects receiving support from Humanitarian Assistance of the Czech Republic (without necessarily increasing administrative burden), strengthen the capacities and good practices on the part of MFA in administration of supported projects; strengthen exchange of information between Embassies and MFA especially in the case of direct budgetary support projects.</p>	1	MFA / Embassy
<p>Focus on clear distinction between Calls for Proposals within Humanitarian Assistance tools and development support within CzDA or other relevant tools so that appropriate tools are used for support humanitarian and development projects, clarify objectives and conditions of Calls in humanitarian assistance in order to redirect projects that are focused on long-term development support, especially in institutional capacity building, to appropriate tools of development cooperation.</p>	2	MFA, CzDA



Discussion



Thank you for your attention!

Lukáš Maláč

lukas.malac@navigae.cz

M: +420 607 018 025

Taras Byk

taras@woodenhorse.co



L. Photo documentation (in separate file)

Attachment L: Photo documentation

1. Mobile bus infirmary for the Vinnytsia region – site visit

The vehicle was inspected during a visit to the Vinnytsia Regional Center for Emergency Medical Care and Disaster Medicine, which owns the Mobile ICU provided through international cooperation. The experts reviewed the bus and left their comments. The bus has been transferred to the military for evacuation trips and transportation within and outside the region. The Mobile ICU still has all the logos of international aid and information about who provided the aid on the exterior. The vehicle is in excellent condition and free of damage. The driver demonstrated the bus's movement and maneuverability.











2. Assistance to internally displaced persons (IDPs) in the Transcarpathian region – site visit to Mukachevo and Svalyava sites

Mukachevo: Modular Houses on the Premises of the Mukachevo Professional Agricultural Lyceum Named after Mykhailo Dankanych of the Zakarpattia Regional Council, comprises of 10 houses. The houses are made of modern materials, insulated, and equipped with water, sewage, and electricity.

Svalyava: Modular Town on the Premises of the Svalyava Professional Construction Lyceum; modular town of 10 houses for IDPs and a restored dormitory with 17 rooms for IDPs were inspected.















3. Support of safe conditions for the treatment of seriously ill children in Lviv – site visit to Western Ukrainian Specialized Children’s Medical Hospital

The newly established Nephrology Department has been completed, with several additional equipment devices to be set soon. Renovations at the Oncology Department have not been finalized yet, but majority of the works have been completed and the results are clearly visible. All works were properly carried out, having taken into consideration medical requirements for patients, conditions of work for doctors, modern technical solutions and aesthetics outlooks, while part of works at the Oncology Department are still in progress and should be finalized soon. The renovated Departments clearly stand out not only when compared to public hospitals, but even among clinics of the private sector.









4. Thermal energy measures of the Carpineni refugee centre – site visit







5. Delivery of medical equipment for a clinical hospital in Chisinau – site visit to Clinical Hospital of the Ministry of Health of Moldova



6. Site visits to RACs and other facilities for refugees in Chisinau, Vulcanesti, Stefan Voda, Criuleni and Glodeni – IDIs, FGDs











M. Comments to Final Report (in separate file)

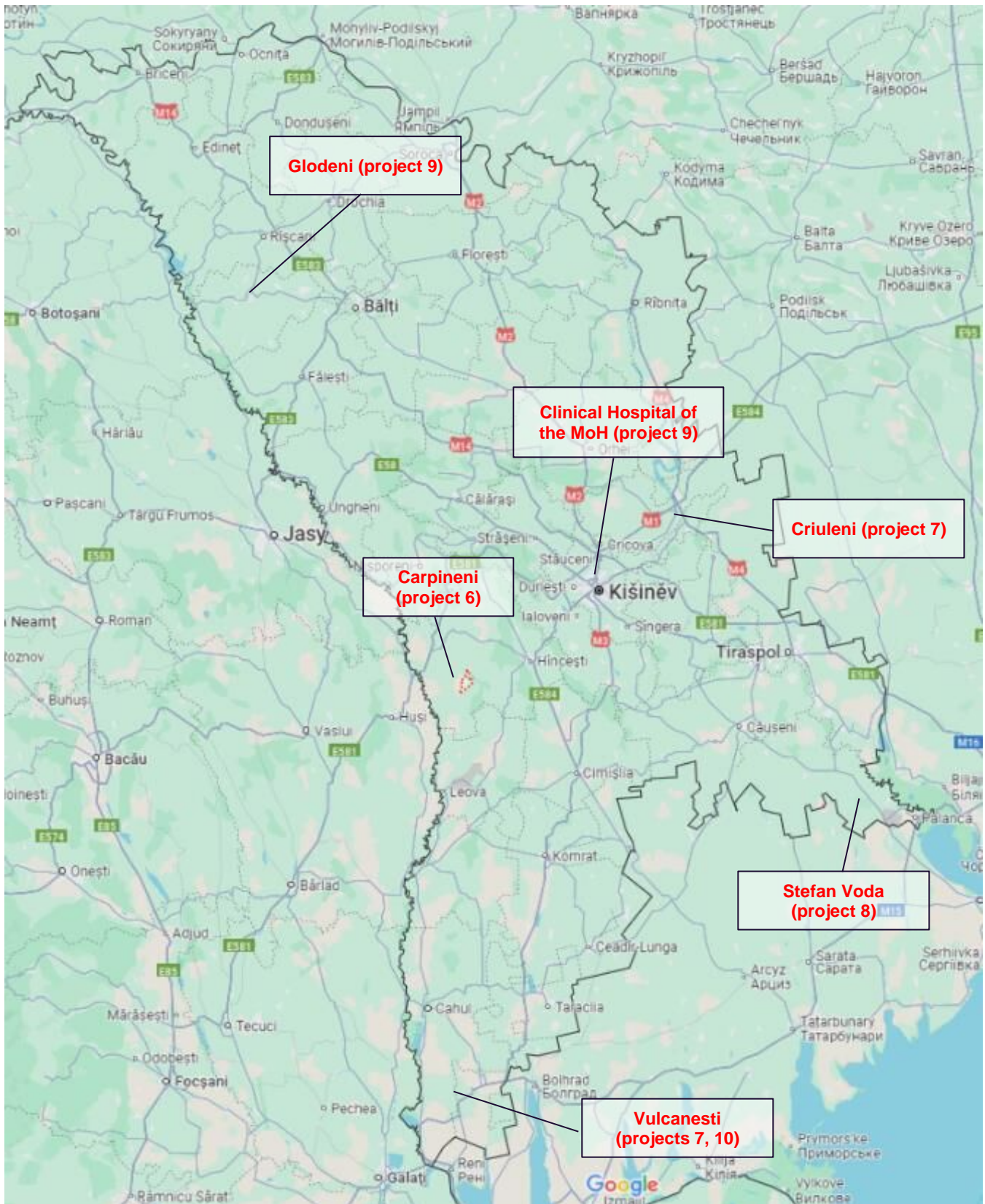
Č.	Komentář / připomínka	Odkaz	Autor	Reakce evaluačního týmu
1	General problems: different approach to evaluation of the humanitarian response in Ukraine v. Moldova across the evaluation report. One-sided/not sufficient view of the humanitarian-development nexus. Not sufficient view of the projects in their context, in particular in Ukraine (pilots, anti-corruption).	Celkové posouzení	MZV, Hana Volná	Accepted , report significantly edited - strengthened coherence, conclusions regarding nexus, elaborated on context of projects - Odessa, NAU
2	Humanitarian terminology	Management Summary	MZV, Hana Volná	Accepted , edited
3	It is important to make clear that this support targets civilian pilots, not army/fighting pilots.	Management Summary	MZV, Hana Volná	Accepted , edited
4	The follow-up was planned and is now executed, with some delays.	Management Summary	MZV, Hana Volná	Accepted , information added to the text
5	It was not only training but also transformation of their curricula, which might be seen as a step toward long-term	Management Summary	MZV, Hana Volná	Accepted , text edited
6	Is this not good practice for governance in the respective projects?	Management Summary, similar in further text	MZV, Hana Volná	Accepted , text edited
7	Too complex and partly unclear recommendation	Management Summary; recommendations	MZV, Hana Volná	Accepted , recommendation edited
8	This recommendation indicates that there was mixing up of humanitarian and development calls which is rather impossible.	Management Summary; recommendations	MZV, Hana Volná; similarly CES - D. Svodoba	Accepted , recommendation deleted
9	What about the Ukraine Assistance Program 2023-2025, with a clear set of priorities for both humanitarian, stabilisation, reconstruction and economic cooperation?	Chapter 4.1	MZV, Hana Volná	Partially accepted , information on the Humanitarian, stabilization, reconstruction and economic assistance programme for Ukraine 2023 - 2025 added to the text. However, the Programme was introduced first in October 2022, therefore, related text is still relevant from our point of view
10	The calls are part of broader strategies (Hum-Aid strategy, UA program strategy)	Chapter 4.1	MZV, Hana Volná	Accepted , information added to the text

11	Each instrument has its documents and clear rules + for Final Reports in HumAid, we also accept implementers' formats if agreed with other (big) donors - it is a question, whether the evaluators inquired the MFA on this.	Chapter 4.1	MZV, Hana Volná	Explanation: Although we are aware of the fact that the forms used for direct budget donation, grant programmes and possibly other instruments (Medevac) differ, the documents provided even within the same instruments did vary profoundly and in some cases did not provide sufficient information for evaluation (such as outcomes of support - for example Final Report for SOS Autism project, which did not provide much more than list of goods and services provided). There was a continuous communication regarding missing reports throughout the whole implementation of the evaluation, some of key documents were provided first after the evaluation mission. Furthermore, we held interviews with three employees of MFA, in which we also enquired on reporting; a list of MFA employees assigned to each of the project was provided by the client following the first meeting and we did talk to all of the assigned employees. Overall, this is rather a less important finding and it can be tuned down in the report, however, it was a significant obstacle for the evaluation nonetheless and we believe that if some efforts is put into the quality of reporting, it will help not only future evaluations, but also will provide more structured information on the outcomes of Humanitarian Assistance projects in general.
12	Perhaps more generally - needs related to returnees. Another aspect - adictology?	Chapter 4.3	MZV, Hana Volná	Accepted , added to text as well as recommendations
13	It is already done (even in the projects implemented 2022/2023 - all in-kind support is coordinated at EU level (UCPM), all energy support at the levels of EU (IPCR) + G7, winterization at EU (IPCR) and UN level etc.	Chapter 4.3	MZV, Hana Volná	Accepted , text edited
14	In UA part, the understanding of cross-cutting criteria differs from that in Moldova (which is in like with the evaluation call).	Chapter 4.5	MZV, Hana Volná	Accepted , text significantly rewritten
15	Humanitarian projects are implemented by the MFA + Mol Embassies shall not be addressed, where the design of projects is targeted = this is the responsibility of donors.	Chapter 6.1	MZV, Hana Volná	Accepted
16	Caritas is not representing the donor (the Czech Government) - it is only implementing the project with the financial support of the donor.	Attachment A - project 2	MZV, Hana Volná	Accepted , edited
17	This part does not say anything about the identification process (between CVU and PTE + with donor funding from CZ).	Attachment A - project 3	MZV, Hana Volná	Accepted, text modified following the comment
18	The projects also includes a developing of a new curriculum, according to EU rules.	Attachment A - project 5	MZV, Hana Volná	Accepted, text modified following the comment
19	To avoid confusion, I would recommend numbering the projects and using the English version directly with the Czech title. For example: 1) Mobilní autobusová ošetrovna pro Vinnyckou oblast (Mobile bus infirmary for the Vinnytsia region) The same numbers should be then used also for Implementers.	General	CES, D. Svoboda	Accepted , edited
20	The annexes should also include a Summary in Czech and Evaluation ToR. It would be also useful to add map schemes with location of the projects (there are many references to these locations in the text) and relevant photos. In case that the report and annexes will be in one PDF, the numbering of pages should continue for the annexes. However, a separate file with annexes would be probably better.	General	CES, D. Svoboda	Accepted , missing attachments inserted
21	The Summary can also include (in line with the Evaluation matrix) evaluation visits / transect walk and case studies (with reference to Annex A).	Chapter 3.1	CES, D. Svoboda	Accepted , provided missing information
22	The sources for the findings (desk research, interviews, focus groups, questionnaire, visits) are mostly not mentioned. Some evidence can be verified only for the questionnaires in Annex G.	Chapter 4	CES, D. Svoboda	Accepted , text modified throughout the chapter, elaborating on sources
23	„Disproportionally“ can indicate some sort of discrimination, so I propose using different words.	Chapter 4.5	CES, D. Svoboda	Accepted , text edited

24	I would say that especially in humanitarian assistance, some significant (contribution to) impacts can be reached quite soon - besides „saving lives“, these can concern improved health status and overall wellbeing of the beneficiaries, dignity aspects, support for job creation/income generation, etc. Some of these impacts (or the possibility to reach them) can be rather high... Also a potential for long-term stabilization/integration could be assessed. Proving attribution is not necessary, contribution can also be a good result.	Chapter 5.5	CES, D. Svoboda	Accepted , text elaborated on impacts in greater detail
25	Sustainability should concern the benefits, not continuation of the project activities. However, in this case, sustainability of the services provided to the refugees / vulnerable groups is indeed important, and further international support will be crucial...	Chapter 5.6	CES, D. Svoboda	Not clear regarding required modification. However, text edited in line with discussion after presentation.
26	The evaluations (respondents) should be anonymous...	Annex A	CES, D. Svoboda	Accepted
27	Please re-consider whether using the names of respondents, the functions/institutions are sufficient, the report	Annex E	CES, D. Svoboda	Accepted

N. Schematic maps





Glodeni (project 9)

Clinical Hospital of the MoH (project 9)

Criuleni (project 7)

Carpineni (project 6)

Stefan Voda (project 8)

Vulcanesti (projects 7, 10)

O. Checklist of mandatory requirements of the evaluation contract (in separate file)

Seznam povinných náležitostí evaluační zakázky – povinná příloha k příkazní smlouvě o vyhodnocení desíti projektů humanitární odezvy ČR na konflikt na Ukrajině

Všeobecné podmínky	Splněno	Kdy	Poznámka
Použití min. tří evaluačních metod	Ano	Průběžně v zakázce	
Realizace mise/dálkového průzkumu v partnerské zemi (Moldavsko, Ukrajina)	Ano	Září až listopad 2024	
Řádné vyúčtování	Ano	12. 12. 2024	
Vypořádání připomínek	Ano	12. 12. 2024	
Závěrečná prezentace na MZV	Ano	28. 11. 2024	
Dokumenty	Splněno	Kdy	Poznámka
Vstupní zpráva se strukturou dle povinné osnovy	Ano	Návrh 6. 9.2024, fin. verze 26.9.2024	
Přílohy vstupní evaluační zprávy dle povinné osnovy	Splněno	Kdy	Poznámka
Seznam a vysvětlení použitých zkratk	Ano	Návrh 6. 9.2024, fin. verze 26.9.2024	
Seznam prostudovaných dokumentů, příp. též dřívějších evaluačních zpráv v dané tématice a odborné literatury, relevantní internetové odkazy	Ano	Návrh 6. 9.2024, fin. verze 26.9.2024	
Seznam interview (přehled klíčových respondentů) a skupinových diskusí (fokusních skupin) v ČR, při dodržení pravidel ochrany osobních dat	Ano	Návrh 6. 9.2024, fin. verze 26.9.2024	
Navržený harmonogram mise do partnerské země/dálkového průzkumu včetně plánu rozhovorů, fokusních skupin, pozorování, odborných měření, dotazníkových šetření, apod.	Ano	Návrh 6. 9.2024, fin. verze 26.9.2024	
Navržené dotazníky, okruhy pokládaných otázek (případně evaluační matice)	Ano	Návrh 6. 9.2024, fin. verze 26.9.2024	
Závěrečná evaluační zpráva se strukturou dle povinné osnovy a s přílohami: Identifikační formulář Zodpovězení evaluačních otázek Zohlednění kritérií DAC Stupnice míry naplnění evaluačních kritérií Zohlednění průřezových principů Provázanost zjištění, závěrů a doporučení Adresnost doporučení	ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	

Soulad se standardy ČES Rozsah textu zprávy maximálně 25 stran A4 (bez příloh) Korektnost překladu do anglického/českého jazyka			
Povinné přílohy závěrečné evaluační zprávy dle povinné osnovy	Splněno	Kdy	Poznámka
Shrnutí zprávy v anglickém jazyce v případě české nebo slovenské verze zprávy nebo v českém jazyce v případě anglické verze zprávy (se shodným obsahem a strukturou jako shrnutí v textu zprávy)	Ano	fin.verze 12. 12. 2024	
Seznam a vysvětlení použitých zkratk	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Schéma intervenční logiky hodnocené intervence (v případě potřeby rekonstruované)	Ne		S ohledem na charakter intervencí logiky popsány
Seznam prostudovaných dokumentů, příp. též dřívějších evaluačních zpráv v dané tématice a odborné literatury, relevantní internetové odkazy	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Seznam interview (přehled klíčových respondentů) a skupinových diskusí (fokusních skupin), při dodržení pravidel ochrany osobních dat	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Využití dotazníky, okruhy pokládaných otázek	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Analýzy výsledků průzkumů, dotazníkových šetření, faktická zjištění	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Shrnutí zásadních výsledků rozhovorů a fokusních skupin s klíčovými respondenty (nejsou-li v textu), při dodržení pravidel ochrany osobních dat	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	Součástí zprávy
Vyhodnocení jednotlivých průřezových principů dle nástrojů certifikované metodiky evaluace průřezových principů ZRS ČR	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	Součástí zprávy
Zadávací podmínky (Terms of Reference)	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Tabulka vypořádání (zásadních) připomínek referenční skupiny a dalších zapojených aktérů k závěrečné zprávě	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Přehled připomínek vzešlých z diskuse při závěrečné prezentaci a jejich vypořádání ze strany evaluačního týmu (v případě potřeby)	Ne	fin.verze 12. 12. 2024	
Checklist povinných náležitostí evaluační zakázky	Ano	Příloha hlavní zprávy	

Doporučené přílohy závěrečné evaluační zprávy dle povinné osnovy	Splněno	Kdy	Poznámka
Rozsáhlejší tabulky a grafy (krátké je naopak vhodné vložit do textu hlavní části)	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Výběr fotografií	Ano	fin.verze 12. 12. 2024	
Citace stanovisek zainteresovaných stran (zejména cílových skupin), případové studie	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	Je součástí hlavní zprávy
Doplňující informace k evaluačním metodikám sběru dat a analýz, případně k evaluačnímu týmu	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Doplňující informace ke zjištěním a závěrům evaluace	Ano	Návrh 15. 11. 2024, fin.verze 12. 12. 2024	
Prezentace výsledků evaluace (z debriefingu či závěrečné prezentace na MZV)	Ano	28. 11. 2024; debriefing v jednotlivých zemích na konci sběru dat	