FINAL EXTERNAL EVALUATION OF THE "MHPSS" PROJECT, SUPPORTED BY THE FRENCH RED CROSS IN ROMANIA

Final Evaluation Report

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List of Acronyms and Abbreviations

BOND	British Overseas NGOs for Development
CAWI	Computer-Assisted Web Interviewing
CBPS	Community-Based Psychosocial Support
CHS	Core Humanitarian Standards
CRM	Complaints and Response Mechanism
DAC	Development Assistance Committee
EU	European Union
FGD	Focus Group Discussions
FRC	French Red Cross
GAD	Gender, Age and Diversity
GDPR	General Data Protection Regulation
GESI	Gender Equality and Social Inclusion
GUI	Graphical User Interface
HPC	Health Promotion Centers
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
I/NGO	International/Non-Governmental Organization
IP	Implementing Partner
KII	Key Informant Interview
MERL	Monitoring, Evaluation, Research and Learning
MHPSS	Mental Health and Psychosocial Support
MSC	Most Significant Change
NGO	Non-Governmental Organization
ODK	Open Data Kit
OECD	Organization for Economic Cooperation and Development
PSHEA	Prevention of Sexual Harassment, Exploitation and Abuse
RRC	Romanian Red Cross
ToR	Terms of Reference
UNHCR	United Nations High Commissioner for Refugees

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EXECUTIVE SUMMARY

The French Red Cross (FRC), in collaboration with the Romanian Red Cross (RRC), has been a key player in responding to the Ukraine crisis since April 2022. By establishing a delegation in Romania that also covers Moldova, FRC has provided substantial financial, technical, and logistical support to enhance access to fundamental rights and services, particularly healthcare and MHPSS, for Ukrainian refugees and vulnerable host populations. Therefore, this evaluation was focused on the MHPSS side of the support provided by FRC, which was commissioned to Scruples Research.

During this evaluation, the Scruples team assessed the relevance, coherence, effectiveness, efficiency, sustainability, and impact of the project while ensuring alignment with the OECD/DAC criteria, Core Humanitarian Standards (CHS), and ALNAP principles. The evaluation aimed to document progress, lessons learned, and challenges, providing actionable recommendations to improve current and future interventions. It adhered to a participatory and comprehensive methodology that included both primary and secondary data collection.

The evaluation drew on mixed methodology: a desk review of programme documents and policies, 407 participant surveys conducted across six Romanian locations, 20 key informant interviews (KIIs) with programme staff and stakeholders, 12 focus group discussions (FGDs) with beneficiaries, 10 Most Significant Change (MSC) stories, and four on-site visits to RRC centres. This mixed-method approach ensured that insights captured the perspectives of both Ukrainian refugees and host community members, with an emphasis on cross-cutting issues such as gender, age, protection, and accountability to affected populations.

The findings of the evaluation provided critical insights into the project's outcomes and effectiveness in addressing the MHPSS needs of refugees from Ukraine and vulnerable host community members in Romania. It aimed at highlighting key achievements and areas for improvement, ensuring compliance with CHS and fostering institutional learning. The evaluation's SMART recommendations are designed to enhance the quality, accountability, and sustainability of future FRC and RRC initiatives while strengthening their alignment with international humanitarian standards. Through this process, Scruples Research has supported the programme stakeholders in advancing a learning-oriented approach that prioritises the voices and needs of affected populations.

KEY FINDINGS

- **Relevance and Adaptability:** The project effectively addressed the MHPSS needs of Ukrainian refugees and Romanian host community members, evolving from immediate psychosocial first aid to integration-focused MHPSS support.
- **Strategic Alignment:** The project aligned with the UNHCR Regional Refugee Response Plan and the Romanian Health Strategy 2030, addressing gaps in MHPSS infrastructure and fostering long-term integration and resilience for refugees and vulnerable host community members.
- **Outreach and Information Dissemination:** Most participants (59%) learned about activities through word of mouth, referrals, and social media platforms like Telegram, while structured methods like events and printed materials had limited impact.

- **Referral Mechanisms:** Semi-structured referral systems along with regularly updated service mapping effectively connected vulnerable individuals to tailored and holistic services, despite regional variations in implementation, particularly the implementation of the referral mechanism and regular follow-ups.
- **Timeliness:** Activities and resources were delivered promptly, with 91% of adult participants and 100% of FGD participants expressing satisfaction with timeliness. However, some adult's participants reported missing activities due to their work or care-related responsibilities, suggesting an improvement in designing activity schedules more.
- **Human Resource Management:** Challenges like understaffing and skill gaps, particularly in positions like translators, were addressed through adaptive measures, improving overall efficiency.
- **Impact on Well-Being:** Activities significantly improved mental and emotional well-being, with 92% of adults and 99% of children reporting positive outcomes. Key activities that participants reported included counselling, art therapy, and social activities.
- **Inclusivity and Access:** The project primarily adopted an inclusive approach, striving to provide equitable services to diverse groups, including refugees and vulnerable host community members. However, certain gaps in inclusivity were identified during the evaluation, particularly regarding the needs of persons with disabilities, and elderly people due to the physical accessibility barriers, less visibility and communications with community members and digital literacy.
- **Impact:** The project provided safe spaces for self-expression, socialisation, and rebuilding a sense of normalcy, which was crucial for improving the participants' well-being, As per survey results, 93% of adults and 98% of children reported improvements in their overall well-being.
- **Resilience Building:** Through targeted individual and group counselling and social activities, the project facilitated more resilient community members through their improved abilities to cope with stress and adapt to challenges, with 92% of adults and 100% of children reporting increased resilience and envisioning a better future.
- **Capacity Building:** Collaboration, targeted training, and hands-on experience enhanced the skills and coordination of RRC staff, local authorities, and stakeholders, building a foundation for greater resilience.

KEY RECOMMENDATIONS

- Although word of mouth and social media are effective, incorporating structured communication methods more, such as community meetings and informative events could be conducted more, and printed materials could be disseminated to the community members and used not only within centres but also outside of the community centres as well.
- Implement unified referral documentation and follow-up procedures across all centres as the referral systems change centre by centre at the moment, some informal and some formal, along with no systematic follow-up procedures, to ensure consistency and effectiveness in connecting project participants with necessary services.

- Ensure that disabled-friendly design is mainstreamed across centres to ease access and increase the inclusion of persons with disabilities, particularly with physical disabilities.
- Standardise and enhance monthly planning processes with tools like shared digital calendars accessible by all team members, ensuring better alignment of activities with participants' schedules.

1. CONTEXT AND EVALUATION OBJECTIVES

1.1. JOINT PROGRAMMING OF THE FRENCH RED CROSS AND THE ROMANIAN RED CROSS in ROMANIA

Romania, located in Central and Southeastern Europe with Bucharest as its capital, spans 238,390 km² and borders Ukraine, Moldova, Bulgaria, Serbia, and Hungary. Its population is approximately 19 million. As one of Ukraine's border countries, Romania has also been significantly impacted by the full-scale invasion of Ukraine, millions of Ukrainians became refugees in particularly neighbouring countries. As a result, Romania has started to host 173,348 Ukrainian refugees, who registered for temporary protection in Romania as of July 2024. In order to respond to the needs and challenges experienced by these refugees and as well as host community members in different parts of Romania, international humanitarian actors started their operations in the country. As one of these important actors, the Romanian Red Cross (RRC) started to provide services such as temporary protection, healthcare, cash assistance, mental health and psychosocial support (MHPSS), and supplying essential needs for the affected population in close coordination with partner national societies such as the French Red Cross (FRC) along with International Federation of Red Cross and Red Crescent Societies (IFRC) and International Committee of the Red Cross (ICRC).

Under the collaboration of the Romanian Red Cross, the French Red Cross, which is participating in the response of the Red Cross/Red Crescent Movement to the Ukraine crisis and its surrounding countries, by providing significant financial, technical and logistical support and by opening one delegation in Romania also covering Moldova, since April 2022, supported access to fundamental rights and services, such as healthcare, has been facilitated by the Romanian Red Cross. Moreover, some measures have been implemented to integrate and protect individuals within national systems, particularly in the realms of health services, as it was highlighted by the Regional Refugee Response Plan developed by IFRC. Moreover, the need assessments in Romania explored the need for strengthening the capacity of the national health system to deliver health services to refugees and other persons in need of emergency medical assistance, including essential medicines, vaccines, and MHPSS. As a result, the French Red Cross started to support MHPSS, Primary Health and First Aid projects provided by the Romanian Red Cross, targeting Ukrainian refugees mainly and vulnerable host populations through a delegated management approach.

1.2. EVALUATION OBJECTIVES

This external evaluation was commissioned to Scruples Research by FRC and RRC to provide an externally assessed perspective on the results and changes contributed by the programme. The main objective of the external evaluation was to document and inform programme stakeholders (FRC, RRC, and programme participants on the relevance, coherence, effectiveness, efficiency, sustainability, and impact of the programme interventions. The evaluation adhered firmly to the OECD/DAC Evaluation criteria, tailored specifically for the humanitarian context in alignment with the ALNAP principles.

The evaluation aimed to facilitate learning for the FRC, RRC, partners, and stakeholders involved in the programme. While the main recipients of the evaluation findings were identified as the FRC, RRC and its respective branches, the secondary recipients were considered as other humanitarian actors and stakeholders working in Romania, particularly those focused on MHPSS-related themes. Lastly, the final evaluation focused on understanding the perspectives of both refugees from Ukraine and host community members in Romania who had benefited from the programme.

The evaluation aimed at serving as an analytical tool to document the lessons learned, progress towards intended targets/objectives, good practices and challenges identified during the implementation as well as provide actionable recommendations to feed into the current and next phase of the implementation and institutional learning from program design and development aspects. The findings of the evaluation also aimed at supporting FRC and RRC improve the quality and accountability of the work in addition to compliance with **Core Humanitarian Standards (CHS).**

Furthermore, this evaluation focused on providing pragmatic recommendations, fostering an environment for continuous learning and improvement. Additionally, the evaluation did not only consider verifying activities but take an intersectional approach examining cross-cutting issues including gender/age, protection, and accountability to affected populations which played an important role in cataloguing the knowledge and experiences gained from this programme, then transferring these learnings into the strategic planning and implementation of future FRC and RRC programmes, thus strengthening their potential to achieve effective results.

2. METHODOLOGY

Our comprehensive and participatory evaluation methodology aligned with the CHS (Core Humanitarian Standards) criteria, with a specific interest for accountability to affected populations and encompasses a mix of primary and secondary data collection methods, including surveys, KIIs, MSCS', FGDs, and site visits coupled with desk review. During this evaluation, Scruples team ensured that the overall tool design, sampling approach and data analysis meets the international standard, considering the three criteria of **OECD-DAC (relevance, efficiency, effectiveness, coherence, impact, and sustainability)** and **BOND Evidence Principles**. Throughout this assignment, the Scruples team committed to the **"Do No Harm"** principle and following these guidelines for data collection around data protection, confidentiality, and collecting data from study participants.

The Scruples team followed participatory and **GAD (Gender, Age, Diversity)** approaches from the design to the report writing processes. The **CHS (Quality Criteria 1-2-3 in particular)** was at the centre of this evaluation. The evaluation also generated **SMART and actionable** recommendations, which aims helping FRC and RRC teams to improve the relevance and quality of current and future projects it funds, strengthening its accountability and providing learning opportunities to it and its IPs.

The evaluation methodology was consisted of the following methods:

- Secondary data: Literature review of programme proposals, policies, and strategies, donor reports, partner reports, monitoring reports, etc.
- Primary data: Surveys, KIIs, FGDs, MSCS' and site visits.

2.1. Desk Review

The desk review served as an essential research method for the study. The team recorded all the necessary data/Information for the further verification and triangulation along with identifying gaps in the secondary data was also noted. It involved a thorough examination of documents such as programme documentation, including monthly, quarterly and yearly reports, proposals, concept notes, data, learning materials, etc. in addition to academic research, government reports, any assessments conducted, I/NGO or UN publications, and other relevant sources to establish a foundation of knowledge on the topic.

The document review also enabled the evaluation team to appropriately design the study tools. Moreover, it supported the team to identify the informational gaps to be further explored during the data collection phase.

2.2. Participant Survey

Scruples will conduct 407 surveys based on 95% confidence level and 5% of margin of error. The questions consisted of structured close-ended questions asked over Computer-Assisted Web Interviewing (CAWI) and lasted for 20 minutes. Surveys statistically measured participants' experience of the project and its effects, as well as their feelings about those experiences and their outcomes. Scruples' team developed the survey and shared it with FRC and RRC representatives for their review during the inception phase. The survey participants were decided by the RRC as sharing personal information of beneficiaries with Scruples team without consent was not possible due to the GDPR regulations. Moreover, the informed consent for sharing the personal information was found highly time consuming as RRC did not obtain such consent for potential third-party evaluations previously. Therefore, the sampling was not done by Scruples team, but RRC field offices. Please refer to the below table for the detailed breakdown of the surveys completed:

Table I Location Breakdown of Participant Surveys

Center Name	Adults Reached	Children Reached
Salaj	41	30
Satu Mare	44	21
Iasi	57	30
Brasov	42	20
Constanta	41	27
Bucharest	43	11

The surveys were conducted by utilising KoBo, which is essentially a clone of Open Data Kit (ODK) with an enhanced Graphical User Interface (GUI). The survey tool was also shared with the FRC and RRC team for their review during the inception phase, and then they were translated into Ukrainian/Romanian/Russian by our team of translators.

2.3. Key Informant Interviews

KIIs were meticulously prepared considering participants and their roles/information in the programme in accordance with evaluation questions. The questions in the interview forms were designed to answer each of the OECD/DAC criteria and guided through semi-structured interview protocols with the questions developed based on the evaluation matrix. The KII question template was predominantly composed of 10-15 open-ended questions to provide some flexibility to the interviewees in comparison with quantitative survey technique. The estimated duration of the KIIs was around 60 minutes which were conducted face-to-face and remotely, depending on the participants preferences. Similarly, Scruples' team conducted these KIIs in English, Ukrainian, Russian or Romanian depending on the choice of the interviewee.

The Scruples team conducted **20 KIIs** with the relevant programme staff (FRC and RRC), local authorities, working group and cluster representatives and other stakeholders in the region through purposive sampling, including:

- FRC Team
- RRC Team
- Relevant Working Group and Cluster Representatives, UN Agencies
- Relevant I/NGOs
- Local authorities
- Other relevant external stakeholder as FRC and/or RRC suggests

2.4. Focus Group Discussions

FGDs were carried out with programme participants. A total of **12 FGDs** were conducted in-person in 6 RRC Centres, each group consisting of 6-8 participants. The sampling for the focus group discussion participants were also completed by RRC, selecting each group randomly as a result of lack of previous consent for a third-party evaluation, time limitations and GDPR requirements. Each FGD lasted approximately 90 minutes, which were recorded with each participant's written informed consent.

The FGDs gathered information about the programme participants' views of the FRC and RRC's MHPSS programme and how the activities covered their needs as well as their satisfaction level. Scruples team started sessions with ice-breaking questions where the participant's physical, psychological, and emotional comfort were prioritized. We ensured that participants attend the FGD from a safe, secure, and comfortable venue. Informed consent was taken from each participant before the session. Participants were informed about the confidentiality principle and their rights during the session, including a decision to leave the group discussion at any moment they feel uncomfortable. The FGD tool were also designed by the Scruples team and shared with FRC and RRC team during the inception phase for their review, and then they were translated into Ukrainian/Russian/Romanian by our team of translators.

Table 2 FGD Distribution

Location	Displacement Status	Gender

Bucharest	Refugees	Female (1 group)
Bucharest	Refugees	Male (1 group)
Brasov	Refugees	Female (1 group)
Brasov	Refugees	Male (1 group)
Constanta	Refugees	Female (1 group)
Constanta	Refugees	Male (1 group)
Iasi	Refugees	Female (1 group)
Iasi	Refugees	Male (1 group)
Satu Mare	Refugees	Female (1 group)
Satu Mare	Refugees	Male (1 group)
Salaj	Refugees	Female (1 group)
Salaj	Refugees	Male (1 group)

The perceptions and opinions of the beneficiaries on the MHPSS activities they benefitted and checking whether the activities satisfied their needs and what lessons learned aimed at using for improving future implementation of the MHPSS projects could be suggested as the generic points to cover during the FGDs (relevance, efficiency, effectiveness, coherence, impact, and sustainability).

2.5. Most Significant Change Stories

The evaluation team captured **9 MSC stories (6 with adults and 3 with children participants)** which aimed showcasing the changes and impact of the intervention on the lives of the participants. These real-life stories has given life to the figures and provide a thicker description of the project's impact from the perspective of its own participants. The MSC story participants were identified by the RRC amongst the individuals who have a change story to tell and are willing to share it within the scope of this evaluation. The collected stories were anonymously presented to the community members as part of **participatory approach** to understand which story represents the most significant change (through a ranking activity) and why from the participants' perspectives.

2.6. Site Visits

Scruples Research conducted 4 on-site visits to the **to the centres following: RRC Bucharest Centre, RRC Brasov Centre, RRC Iasi Centre, and RRC Salaj Centre. As the centres in Satu Mare and Constantia changed their facilities recently, Scruples team conducted interviews on their previous facilities used during the project.** Moreover, Scruples team asked for photos of previous facilities, which were used to verify with information gained from key informants and programme participants during the interviews, surveys and FGDs.

A checklist was prepared for the site visits which considered the infrastructure of these centres, including disability friendliness, breastfeeding rooms, lights and locks in the toilets, etc., the attitude of staff members in these centres and also those providing MHPSS services, the structure of these sessions, involvement of participants, curriculum and so on. The field researcher also noted down any observations and justifications for his/her marking.

2.7. Evaluation Limitations

1. The primary mode of communication, identified as email among the Scruples team and staff members responsible for coordination, sometimes led to delayed or missed responses as some staff members were not responsive. In those times, the Scruples team sent reminder emails and/or reached out via mobile phones when necessary.

2. Two of the MSCS participants that were selected by the RRC team were known to the community members with their distinctive personal stories, realized by Scruples' field researcher during the FGDs, and immediately stopped sharing more about these stories to avoid any harm.

3. Some FGD participants that were sampled by RRC team found not receiving any MHPSS services, which was realized during the FGD by Scruples field researcher. This was shared with the necessary RRC team members immediately to ensure that a similar potential issues are mitigated.

4. The focus groups in Salaj included participants from Cluj Napoca rather than local residents, as the number of beneficiaries reside in Salaj was limited. The Cluj participants, who travelled 100 km to Salaj, had only received humanitarian aid and did not participate in any MHPSS (Mental Health and Psychosocial Support) activities. Consequently, they were unable to provide relevant feedback on MHPSS services. The scruples team immediately communicated this with the relevant staff members; however, they were left with no solutions as a result of the abovementioned challenges.

5. In Satu Mare, Scruples field researchers identified a misunderstanding regarding the age, gender, and timing of focus group participants during the FGDs. RRC staff members invited both men and women to a focus group at 9:00 AM, including boys aged 14 and 15, which was against the criteria of 18+ participants. As a result, the session had to be adjusted, with the first focus group conducted for women as requested by the Scruples team, and then another one conducted with men.

3. FINDINGS

3.1. RELEVANCE

Performance Grade:

3	Good overall performance but with some minor shortcomings

Finding 1: The project was found relevant to the context and in addressing the mental health and psychosocial needs of Ukrainian refugees and Romanian host community members, focusing on both immediate and evolving needs. While the project activities focused on responding to the immediate MHPSS needs, including psychosocial first aid and stabilisation, it successfully adapted to reflect the changing priorities of its beneficiaries, including their integration into Romanian society.

The initial stages of the project targeted critical issues like crisis-related trauma, including PTSD, experienced by the refugees from Ukraine, as per many RRC and FRC informants. In order to understand the needs and challenges of project participants and design the project activities accordingly, the project team reviewed the needs assessments conducted by other humanitarian actors, particularly IFRC.

Moreover, the needs analysis and capacity evaluation conducted by the FRC delegates who visited Romania informed the project and its activities.

As RRC was already implementing different humanitarian programs supporting refugees from Ukraine, there was an opportunity to receive constant feedback from those receiving support through these projects, as per RRC informants. Furthermore, RRC, with the support from the FRC, leveraged insights gained from ongoing humanitarian assistance programs to identify key needs and design relevant interventions.

For instance, the RRC's existing operations, such as the Health Caravan and Multicultural Centre, have already highlighted significant challenges faced by Ukrainian refugees, including language barriers, limited access to health services, and the stigma surrounding mental health. These insights directly influenced the decision to integrate MHPSS services with health consultations, ensuring greater accessibility and reducing stigma.

"We were already familiar with the needs when the project began because we had been providing humanitarian assistance to Ukrainian refugees for almost a year."

(Key Informant, RRC, Constanța)

In addition to their ongoing humanitarian work, the RRC's familiarity with local contexts allowed for targeted adaptations based on the specific needs of different locations. For example, in Constanța, where many beneficiaries were wives of sailors, the focus was placed on integration support for children's education and employment for women. Similarly, in Satu Mare, where the refugee population was decreasing, local teams prioritised outreach to the Romanian host community while continuing to provide counselling and social assistance to refugees according to the informants. While not based on formal assessments, these adaptations reflected the RRC's ability to respond to the needs they observed in their communities intuitively.

"At first, we were only asked to attend activities, but later, the staff began asking what we wanted or needed, and they adjusted accordingly."

(Female, Project participant, FGD, Iasi)

Also emphasized by the centre coordinators across locations, the project's design relied on their deep understanding of community dynamics and prior engagement with refugees. For instance, humanitarian assistance provided for nearly a year before the project began had established trust and rapport with beneficiaries. This experience informed the types of activities offered and the way services were delivered, ensuring that the project addressed both immediate and longer-term needs. While these informal consultations were valuable, the lack of structured engagement with beneficiaries at the design stage was acknowledged as a limitation, leaving room for more systematic input in future projects.

"We were not asked for at the beginning, but later, they started asking us for feedback and adjusted the services to our needs."

(Female, project participant, FGD, Brasov).

''Yes, the centre's employees are looking for options, not to decide on a medical plan for their employees, but to find a way to do it.''

(Male, Project participant, FGD, Iasi)

Despite these informal consultations and adaptations, both FGDs and KIIs pointed out a lack of direct, systematic engagement with beneficiaries during the project's initial design phase. Participants in FGDs across locations similarly noted that early-stage consultations were limited but praised the program's responsiveness during implementation.

"They asked us about our needs when we came here, and they adjusted the times and services based on what worked best for us."

(Male, Project participant, FGD, Salaj)

Survey data echoed similar sentiments, with a strong majority of beneficiaries indicating that their views were considered during project implementation. When asked if their views were taken into account regarding MHPSS activities, **69% of respondents answered "Yes, completely," and 22% answered "Yes, to some extent."** This finding demonstrated the project's overall responsiveness and the importance of adapting services to meet beneficiaries' evolving needs. Only 2% of respondents indicated that their views were not or were not really considered, suggesting that while initial consultations may have been limited, efforts to include feedback during implementation were largely successful.

Finding 2: The project successfully aligned with the UNHCR Regional Refugee Response Plan and the Romanian Health Strategy 2030 by addressing the mental health needs of refugees and vulnerable host community members, particularly children, and integrating MHPSS services with broader health and social services, the project fostered long-term integration and resilience.

The project was successfully aligned with the UNHCR Regional Refugee Response Plan[1] and the Romanian Health Strategy 2030[2], addressing critical mental health needs and promoting long-term community integration. It prioritized equitable access to mental health and psychosocial support (MHPSS) services for refugees and vulnerable members of the host community, effectively bridging gaps in mental health infrastructure and overcoming language barriers.

''We take Regional Refugee Plan and Health Strategy 203 into consideration while designing the project as there are many challenges here in Romania for Ukrainian people to reach health and MHPSS services.''

(Key Informant, FRC)

Moreover, the project strongly supported children, including refugee children, by creating safe spaces, organizing group activities, and implementing programs that fostered resilience and social cohesion. These initiatives not only addressed trauma but also aligned with strategic goals focused on providing equitable access to diagnostic and rehabilitative mental health services for children. By emphasizing integration, as highlighted in the Refugee Response Plan, the MHPSS activities were shifted towards longer-term support for community integration rather than just psychosocial first aid during the initial stages of the project.

Additionally, the project ensured cross-sectoral integration of MHPSS services with healthcare delivery, a priority acknowledged by both the Refugee Response Plan and the Health Strategy. This integration leveraged health centres for referrals, fostering a holistic approach to mental health care that aligned with strategic priorities for sustainable, community-based interventions. Furthermore, as the Romanian

[1] UNHCR, Regional Refugee Response Plan: Romania, January 2024, Switzerland. https://data.unhcr.org/es/documents/download/106795
[2] Government of Romania, Health Strategy 2030, 2023, Romania. https://extranet.who.int/countryplanningcycles/planning-cycle-files/national-health-strategy-2022-2030

Government introduced mental health centres, the implementation of project activities through these centres was found to be in line with the Health Strategy 2030, according to various informants.

Finding 3: Participants learned about the project's activities primarily through word of mouth, referrals, and social media platforms like Telegram. The information dissemination was mainly led by friends, acquaintances and other community members, verified by 59% of surveyed participants, while structured methods such as informative events and printed materials had less influence.

According to project participants, information dissemination about the activities relied heavily on informal communication channels as per FGDs and survey results. Word of mouth was overwhelmingly the most cited source, with many participants relying on friends, acquaintances, and neighbours for updates. In focus group discussions across multiple locations, participants repeatedly emphasized the importance of their social circles in spreading information about project services and activities. For instance, in Iasi, one participant stated, *"We learned about this project when we came here in 2022. Word of mouth, yes, everyone knew. The centre was opening soon, and there would be a medical centre." (Female, project participant, FGD, Iasi)*

"A friend brought me here, and we registered. The experience has been so pleasant that I now look forward to coming every week."

(Female, project participant, FGD, Brasov)

Survey results showed a similar pattern, with 59% of respondents identifying word of mouth as their primary source of information, followed by 42% citing social media. These social media platforms, particularly Telegram, also played a significant role in spreading awareness, as evidenced by numerous references to group announcements and forwarded messages. Some project participants mentioned receiving information from Red Cross staff or other formal sources, but these were secondary to the informal networks as per FGDs. However, these social media platforms, particularly Telegram groups, were found to be more of a platform for timely updates and announcements of activities. Telegram groups dedicated to refugee communities facilitated information sharing, with participants describing how these groups acted as hubs for exchanging advice and service locations.

"There was an announcement in the Telegram group about registration and help. That's how I found out."

(Female, project participant, FGD, Salaj)

"Telegram groups are where most of us get updates, whether it's for housing, doctors, or this program."

(Female, project participant, FGD, Constanta)

Despite the dominance of informal channels, structured efforts like Red Cross announcements, events, and staff interactions also contributed. According to survey participants, informative events and printed materials accounted for 26% and 4% of responses, respectively, demonstrating their limited reach. As per KIIs and FGD participants, these informative events were limited which could be resulted in less impact in outreach. Moreover, in some cases, participants recalled receiving information during outreach activities or through direct interactions with program representatives. However, these formal channels were less frequently mentioned compared to the influence of social connections, which shows potential gaps in outreach and information dissemination. According to FGD participants, this might have impacted the awareness of project activities, particularly for those who are less socially connected or unaware of these informal networks, such as elderly or persons with disabilities.

Nonetheless, despite the limited effectiveness of formal channels and the reliance on informal networks, the overall level of awareness among participants remained high. Survey results revealed that 71% of respondents felt "completely informed" about the project's activities, and an additional 22% stated they were informed "to some extent." These findings indicate that while informal communication played a dominant role, it was effective in ensuring most participants were knowledgeable about the available services and activities. This could be attributed to the RRC's strategy in community outreach which is through informal communication channels, including telegram, which largely compensated for the gaps in formal outreach, even if certain groups might still benefit from more targeted outreach strategies.

Finding 4: The visibility of RRC and FRC, along with the project, has been considered and supported at different levels, including community levels and official coordination mechanisms at both local and national levels. While the visibility at the level of project participants varied, the national level visibility was achieved through MHPSS Sub-Working Group meetings.

RRC's visibility has grown over time through its efforts at different levels, including community level, visibility to the local and national authorities, and visibility to local and national humanitarian actors. The FRC and RRC maintained strong visibility through their activities, particularly through health centres. A communication campaign was launched in collaboration with an external company, utilizing social media, television, and radio, along with the sharing of infographics and educational materials on platforms like Facebook, Twitter, LinkedIn, and WhatsApp, both before and after the program, to further increase the visibility of the organizations. The logos of the RRC and FRC were consistently displayed on all equipment and health centres.[3]

Furthermore, RRC has also increased its visibility among humanitarian actors through not only its active participation but also its co-chairing of the MHPSS Sub-working Group. By actively participating in forums such as the MHPSS working group led by the World Health Organization (WHO), the RRC demonstrated its technical expertise and contributions to national health strategies. As co-chair of this working group, the RRC gained visibility and credibility among public authorities, emphasizing its role as a key player in addressing pressing mental health needs.

A similar approach was adopted to establish visibility with government authorities, combining strategic engagement, high-profile events, and formal collaborations. According to many informants, the RRC branches ensured that governmental stakeholders were well-informed about the partnership and its contributions to addressing the MHPSS needs of both refugees and host community members from the onset of the project. Events, such as opening ceremonies of health centres, were designed to bring together representatives from public institutions. On these occasions, RRC representatives highlighted their collaboration with FRC, further solidified by the consistent messaging.

"At the grand opening of the centre, we reminded the representatives of every public institution that the French Red Cross is our partner, making it clear that this is a joint effort."

(Key informant, RRC, Iasi)

The third layer of visibility was aimed at the community level through direct engagement, targeted outreach, and the provision of MHPSS services. According to the informants, RRC utilised health services as a key entry point to introduce their MHPSS services, particularly targeting the Ukrainian refugee

[3] MHPSS.Interim_Narrative_Report_Sept23 - Feb24.Final.

population, to decrease potential stigma and hesitancy in benefiting from these activities. Such an approach was actually assumed for the first time by RRC, which increased the number of project participants and their access to these MHPSS services. Flyers, posters, and other co-branded materials were distributed widely in neighbourhood centres and public spaces, ensuring that community members were aware of available services. At project locations, clear signage in multiple languages, including Ukrainian, prominently displayed the logos of both organizations, making the collaboration unmistakable to anyone visiting.

"At the entrance to the Red Cross, we have a very large sign stating that this is a project of the French Red Cross, written even in Ukrainian.''

(Key informant, RRC, Satu Mare)

Community events also played a significant role in enhancing visibility. The RRC organized activities such as open days and health fairs, where beneficiaries could directly interact with Red Cross teams and learn about available resources. These events also served as opportunities to build rapport and trust with local communities, especially among Romanian beneficiaries. In Bucharest, for example, two large community events were held to introduce the project's services and emphasized the collaboration between the RRC and FRC as per informants.

"We tried to enhance visibility by hosting events to better connect the Romanian Red Cross, the French Red Cross, and the beneficiaries.''

(Key informant, RRC, Bucharest)

Finding 5: The referral mechanisms employed by various centres demonstrate a semi-structured, yet dynamic approach tailored to the needs of beneficiaries, ensuring tailored and holistic support. Despite some variations in implementation across regions, the system effectively connects the most vulnerable in both refugee and host communities to the services offered by utilising internal and external services.

A referral mechanism was adapted and followed across centres to ensure that project participants from both refugee and host communities received tailored, comprehensive support with a holistic approach. This system was facilitated by the social workers who were responsible for assessing the needs of the project participants and making appropriate referrals as per their needs.[4] While each centre tailored its approach based on regional dynamics and available resources, common themes such as multisectoral approach, beneficiary-centred practices, and integration of internal and external services were consistent. The set up of these referral systems was often laid during the initial phases of the project. Centres like Constanta and Brasov have already considered and started to design the mechanism before starting the implementation of the project. Key informants in Constanța emphasized that the referral system was meticulously planned even before the centres opened, with extensive service mapping and partnerships established to address a wide range of needs, from medical to psychosocial support.

Beneficiaries were not merely told to approach certain service providers themselves; instead, the team led and managed all the coordination with the service providers, including their appointments. Moreover, further support, such as accompaniment and translation services, was provided to those project participants to ensure that the RRC team members also established their access.

[4] MHPSS.Interim_Narrative_Report_Sept23 - Feb24.Final.

"We sent kids with autism or suspected autism to Help Autism. We supported these referrals with translations and reports, which made it easier for specialists to assess and provide treatment."

(Key Informant, RRC, Bucharest)

"When a beneficiary was on the verge of a medical emergency, our team didn't just refer them; we accompanied them to the hospital, ensuring they were attended to and supported throughout the process."

(Key Informant, RRC, SatuMare)

Across many centres, the importance of detailed service mapping was evident. According to key informants in Iasi, having a structured and regularly updated database of resources was crucial. This included a comprehensive list of local, regional, and national service providers, a service mapping, which allowed centres to make timely and appropriate referrals. However, unified referral documentation and follow-up mechanisms were not followed as per key informants. For instance, there was no use of Inter-Agency referral forms across centres and no structured follow-up mechanisms for the referrals on a regular basis to ensure the project participants received the necessary services due to the limited human resources and time spent on the follow-ups. As a result, the development and update of the service mapping, relevant referrals and informal follow-ups were prioritised by RRC team to ensure that the project participants were supported in the most comprehensive and holistic way they could by utilising the existing resources in a most efficient manner.

Finding 6: The Feedback and Complaint Response Mechanisms (FCRM) established by the RRC have allowed project participants to share their opinions, concerns, and suggestions. These methods include physical boxes in the centres, QR codes, surveys distributed via digital platforms like WhatsApp and Telegram, and hotline services designed to provide both general assistance and referrals.

RRC established and followed an FCRM mechanism which aimed to ensure that project participants across all locations have available channels to share their feedback, suggestions, and complaints. While these strategies demonstrate a thoughtful approach to communication, the level of consistency and effectiveness appears to vary across locations, with some areas achieving higher visibility than others. According to many key informants across locations, one of the primary methods used to inform beneficiaries about the FCRM is the placement of QR codes and complaint boxes in highly visible locations within RRC centres. These tools were designed to be easily accessible and allow for both digital and physical feedback submissions. This was verified by the field researchers during the site visits that were made across Brasov, Bucharest, Salaj and Iasi, while the interviews with the staff members Satu Mare and Constanta -as their facilities were changed- confirmed similar results. According to the researchers, these QR codes are placed on the door with a complaints box next to the reception desk.

"We have a large box for suggestions and complaints with clear signs in Ukrainian and English. The posters help people know exactly where to go to give feedback."

(Key Informant, RRC, Satu Mare)

Digital platforms, such as Telegram and WhatsApp, have become instrumental in disseminating information about the feedback channels, particularly for reaching project participants who were active online.

"In the Telegram channel, they send a message saying, 'Your opinion is important to us,' and we fill in the form online."

(Female, Project participant, FGD, Brasov)

According to informants, RRC teams across locations regularly shared links to feedback forms and surveys through these platforms. However, these digital platforms were reported to be not as accessible for some community members, such as elderly and persons with disabilities, as per key informants. Therefore, in-person communication played a vital role for particular groups, which were assisted by staff members whenever necessary.

"Volunteers often assist elderly participants, explaining how they can give feedback using tablets or the QR codes."

(Key Informant, RRC, Salaj)

One of the channels offered to the project participants was also reported to be a hotline, as per many FGD participants across locations. Although the hotline was initially established for the cash assistance program, it has evolved to include MHPSS activities in time as a result of the need recognized by the RRC team. Hotlines were also designed to coordinate the MHPSS referrals, therefore, hotline staff members were trained on psychological first aid to ensure that the initial support was provided over the phone while it was followed by the referrals to the necessary centre.

Additionally, direct engagement before, during and after activities, including both individual and group, was found valuable by both RRC staff members and project participants across locations. As participants built rapport with the staff members, raising their opinions and feedback with the staff members through direct engagement was found much easier, as per FGD participants.

"When we need something, we just call Diana—she explains everything and tells us where to go."

(Female, Project participant, FGD, Satu Mare)

Posters, flyers and leaflets were used to increase knowledge and awareness of the FCRM mechanism along with verbal information dissemination before, during and after the activities. According to many RRC informants across centres, all centres prominently display hotline numbers, QR codes, and feedback instructions in multiple languages, such as Ukrainian and English, to accommodate diverse beneficiaries, including what the FCRM mechanism stands for and how project participants can raise their feedback and complaints. These efforts were seen in survey results also.

"When we came to the centre, they explained how to use the QR codes and the feedback box. It was easy to understand."

(Female, project participant, FGD, Salaj)

As per surveyed project participants, 69% of respondents were fully informed about these mechanisms, while 15% indicated partial awareness. Only 7% were either unaware of or did not answer the question, suggesting a small gap in outreach and awareness, which is suggested to be improved. In addition to those who are unaware of the mechanism as per survey results, there were some participants who were identified with very limited or no knowledge of FCRM during the focus group discussions, showing a clear need for further efforts in information dissemination on FCRM.

"Maybe we don't go that often, but I don't remember any FCRM communicated to me.''

(Female, Project participant, FGD, Bucharest)

Of those who were aware, 58% had used the channels, while 35% had not, citing reasons such as lack of necessity or hesitancy to engage. However, both female and male FGD participants and informants across locations revealed that none of those were complaints but more feedback and suggestions. This was echoed by the FGD participants, often expressing familiarity with FCRM mechanisms but showing a strong preference for expressing gratitude rather than raising concerns. According to many FGD participants, they were shared with the QR codes and forms after each session/activity to ensure that they could raise their feedback or complaints.

"After each session, we scan a QR code where we can completely anonymously indicate how the session went, how we felt, our mood, and leave feedback."

(Female, project participant, FGD, Brasov)

HUMAN STORYTELLING: OLGA, 9 YEARS OLD, GIRL, IASI

''You can play with your friends outside, and there is a playroom here. There is a psychologist who is very interesting to talk to; she has a sandbox, and when you talk to her, you can touch it with your hand and pour it over. ''

3.2. EFFICIENCY

Performance Grade:

3	Good overall performance but with some minor shortcomings

Finding 1: Most participants, including project participants and key informants, indicated that project activities and delivery of necessary resources for the implementation were timely, with only minor delays in some cases. While 91% of adult project participants reported having satisfaction with the timeliness of the activities, 100% of female and male FGD participants found activities delivered on time, showing a significant satisfaction rate.

According to the FGDs across all locations, the participants reported no delays in activities, and the timeliness was found to be highly satisfactory. Project participants highlighted that project activities were implemented punctually and aligned with beneficiary schedules.

"Everything was found on time. I think the highest possible praise for responsiveness and quality of these services."

(Female, Project Participant, FGD, Salaj)

This was supported by survey results, where 68% of respondents reported being "completely satisfied" with the timing of the activities, while an additional 23% were "satisfied to some extent," with only 1% indicating dissatisfaction. As per key informants, this high satisfaction in the timely implementation of the project activities was attributed to well-planned schedules and proactive communication within the program between staff members but also the project participants. For instance, all activities for children were adapted to children's school hours as per RRC informants across locations. Moreover, monthly plans were shared directly with Bucharest HQ team and also reviewed by them to ensure all considerations were made for the project participants.

"The timeliness of the activities was 10 out of 10."

(Male, Project Participant, FGD, Bucharest).

Some minor delays were noted in specific instances. As per key informants of RRC and FRC, there was a delay experienced across centres at the initial phase of the project as procurement processes for all centres were led by the Bucharest HQ office, which caused some delays due to procurement and delivery issues.

''In the initial phases, there were delays in the delivery of certain supplies we needed—approximately two months of delay. At that point, we had to cover these with other resources, and I shared this feedback also.''

(Key Informant, RRC, Bucharest)

However, after the initial procurement process, informants reported no further delays in supplies and equipment needed to implement project activities. Moreover, the delivery of these necessary resources was also managed on time throughout the project's lifetime. However, the informant pointed out that while the centralized financial management system streamlined processes, it sometimes restricted branches' ability to address immediate needs, such as suddenly occurring activities which were not included in monthly plans.

"The only thing that would have been truly helpful would have been a small budget managed locally for psychosocial activities… Planning such details months in advance was challenging."

(Key Informant, RRC, Constanta)

Additionally, these resources and materials were found to be high-quality, which was echoed by RRC staff members, who appreciated the positive impact of the activities as a result.

Finding 2: The project's human resource management was critical to its overall efficiency, with adaptive measures taken to address challenges related to understaffing and skill gaps. Although initial challenges, such as a lack of translators and role-specific expertise, were reported, these issues were gradually resolved through creative solutions and flexible adjustments by both RRC and FRC staff members.

The project's human resource management faced several challenges, particularly during the initial phases, but adaptive strategies ensured efficient service delivery over time. Key informants consistently highlighted staffing shortages in specific roles, such as the need for translators, during the first couple of months of the project. In half of the centres(Constanza, Salaj, Bucharest), the absence of a sufficient number of translators caused delays in delivering services during the first 3-4 months of the project, particularly when several staff members needed translation services at the same time, which was addressed by further recruitment and reorganization of the tasks and calendars to overcome this limitation.

"Sometimes the translators were not enough, especially in the first months. When social workers, psychologists, and doctors needed translation at the same time, one or two translators couldn't be in three places."

(Key Informant, RRC, Bucharest)

Moreover, volunteers were utilised on a rotating basis to ensure that the activities were implemented as planned and were not impacted by the limited number of staff members, especially during peak times. However, the workload for administrative staff remained a concern in some centres. As emphasised by

the staff members, there is a need for a couple of staff members for the paperwork, as some roles have a very heavy implementation and paperwork duty at the same time such as social workers, which could increase their capacity in responding to participants' needs but also in reducing stress and potential risk of burn-out.

Another issue was the alignment of staff roles with project needs. Initially, some roles, such as psychologists, were expected to support different target groups, such as both adults and children. However, as both require different skills and expertise, the RRC team decided to split psychologists' responsibilities into part-time roles to better align their skills with the MHPSS-related needs of the project participants.

Despite these challenges, the staff members demonstrated remarkable adaptability and commitment. As per key informants, team members started to support each other in many cases and act as one team in responding to the project participants' needs, fostering a collaborative work environment. Moreover, the recruitment of skilled and carefully selected staff members significantly increased the quality of the response. For instance, having translators with a medical background improved the quality of communication between project participants and staff members, which led to a better response.

"Our translators had a medical background, which was very helpful. We didn't have translation issues on the medical side."

(Key Informant, RRC, Constanza)

3.3. COHERENCE

Performance Grade:

5	***Outstanding Performance***

Finding 1: The project fills a significant gap in the provision of Mental Health and Psychosocial Support (MHPSS) services in Romania, particularly for Ukrainian refugees. The project not only complements existing health and social services, which were found lacking robust strategies and MHPSS infrastructure but aligns with overarching strategies, such as the Romanian Health Strategy 2030 and international humanitarian frameworks like the Refugee Response Plan (RRP).

The project filled a significant gap in MHPSS services within Romania, as existing governmental frameworks for mental health and psychosocial support were either underdeveloped or non-existent. As per many informants of FRC, RRC and the UN, the MHPSS strategies that the Government of Romania adopted for Ukrainian refugees were limited, which has made this project one of the main resources for the MHPSS-related needs of Ukrainian refugees across the country. As per the UN representative, the recent budget cuts in funding also caused many international humanitarian actors to decrease or stop their services in Romania, including MHPSS, positioning the project at the centre of national MHPSS efforts, as the project was implemented in 6 critical locations, where Ukrainian refugees are highly populated.

"There is no budget or staff for mental health issues in the Romanian health strategy. We are trying to fill this gap by providing services to Ukrainian refugees and as well as some vulnerable Romanian host community members."

(Key Informant, FRC)

Moreover, the project team members were asked to support local authorities in many cases, as RRC staff members were found to be highly skilled in building trust and dealing with difficult cases, including both adults and children. For instance, there were several requests for supporting cases by the local Child Protection Services, particularly in assessing children's needs in a child-friendly manner, making comprehensive case management plans and referring these children to the necessary service providers.

Finding 2: The project's MHPSS approach was well-adapted to the Romanian context, addressing unique challenges such as limited infrastructure and language barriers while aligning with international best practices.

The project tailored its MHPSS services to Romania's context by considering the country's underdeveloped mental health infrastructure and addressing key barriers to service delivery. For instance, the most significant barrier for refugees from Ukraine to accessing MHPSS services was their limited Romanian language skills. As a result, many refugees from Ukraine had difficulties in receiving the necessary MHPSS support. However, this was one of the barriers mitigated by the project through the provision of experienced and skilled translators, which has increased the refugees' access to MHPSS services.

''Language was the biggest barrier for the refugee community members. Moreover, MHPSS services were also provided to the host community members in a highly limited capacity. That's why we are trying to fill this gap by providing individual counselling, group activities, and social counselling. Not only for the refugees but also for the host community members."

(Key Informant, FRC)

The limitations in government-provided MHPSS services also resulted from the limited number of MHPSS specialists, which was decreased by training non-specialists, such as social workers and psychosocial animators, to provide guided psychological interventions under proper supervision as per the UN representative. This approach addressed the shortage of mental health specialists across the country.

Moreover, the project was responsive to the evolving needs over time. While psychosocial first aid and stabilisation were prioritised in the initial phases, the MHPSS activities started to focus on the integration of those refugees into the host community according to key informants, which shows the contextual awareness and flexibility of the project.

Finding 3: The project effectively integrated with the UN's Inter-Agency Coordination Mechanism and worked collaboratively with other local stakeholders, ensuring alignment with broader humanitarian efforts and avoiding duplication of services.

The project actively engaged in coordination mechanisms, including Inter-Agency Coordination Mechanisms, ensuring the alignment with national and international humanitarian priorities, minimizing duplication and fostering a coordinated response. Moreover, RRC has taken a leadership role as the co-chair of the national MHPSS sub-working group, in order to be part of the efforts shaping the national agenda for MHPSS services but also facilitate the coordination among organizations providing MHPSS services to the refugees from Ukraine as per the UN representative.

Moreover, RRC team worked closely with local authorities and other international humanitarian actors, including UNICEF, UNHCR, and Romanian government institutions, to deliver a harmonized response, as per many informants. For example, in regions like Satu Mare and Brașov, collaboration with child protection services and local social assistance departments enhanced service delivery by leveraging

existing systems and expertise. By aligning with MHPSS actors, the project ensured comprehensive support for beneficiaries while avoiding overlaps/duplications with other interventions.

3.4. EFFECTIVENESS

Performance Grade:

3	Good overall performance but with some minor shortcomings

Finding 1: The project activities were found highly useful in improving the mental, emotional and psychological well-being of the project participants. Supported by the survey findings, 92% of adults found activities useful in improving their mental and psychological well-being. Similarly, 99% of surveyed children revealed feeling better about themselves and those around them after participating in the activities. Activities that were found the most useful included psychological counselling, art therapy, after-school programs, language classes, and excursions.

The project activities were reported to have a significant impact on the lives of participants, providing essential MHPSS support through diverse activities and services. This was echoed across all evaluation participants, including key informants and project participants during the FGDs and MSCS'. These MHPSS activities catered to a wide range of needs, from psychological counselling and group therapy to creative outlets like art therapy and community workshops. Although mainstreaming the quality across centres and enabling the team to adopt more grounded practices that could mitigate the potential harm through structured MHPSS approaches, the unstructured approach adopted by the project has given great flexibility in addressing the unique MHPSS needs of both refugee and host community members.

One of the standout aspects of the program was the activities focused on children, whose mental, psychosocial and emotional well-being experienced a significant improvement. This was underscored by feedback, with 98% of children (100% between age 6-12 and 94% between age 13-17) expressing a positive impact of the activities managing stress and anger: 77% strongly agreed they felt better equipped to manage stress and anger, while an additional 21% quite agreed. This was echoed by the parents repeatedly, emphasising how their children benefited from socializing with peers, engaging in creative activities, and attending excursions.

"You can always see the happy eyes of children thanks to these activities organized by the RRC."

(Female, Project participant, FGD, Iasi)

"My child always comes out from these activities with a smile—bright, happy, full of energy."

(Female, Project participant, FGD, Bucharest)

Similar positive effects were experienced by the adult participants as well. According to the survey results, 62% of adults felt the services completely improved their mental and psychological well-being, while another 30% noted partial improvement. Many participants described group therapy and individual counselling as lifelines and often the one and only platform for them to share their feelings, thoughts, and emotions. Moreover, many participants also underscored the role of timely psychological intervention in addressing severe mental health-related challenges.

"Literally, they saved my life. The psychologist responded when I asked for help at the very last moment, stayed with me during my hospital visit, and guided me to recovery."

(Female, Project participant, FGD, Bucharest)

"The psychological support gave me strength. I felt liberated, filled with energy, and understood where I could draw my resources from."

(Female, Project participant, FGD, Bucharest)

These sentiments were echoed by the survey participants, with 94% reporting being either "very satisfied" (62%) or "satisfied" (32%) with the quality of the MHPSS services and activities provided. This highlights the effectiveness of the activities in fostering trust, building resilience, and providing meaningful support to participants, making them a vital resource for their mental, psychosocial, and emotional well-being.

According to many key informants, group activities also played a critical role in promoting emotional stability, creating spaces where participants could bond, share experiences and build meaningful connections. Furthermore, group settings were often preferred over individual therapy, reflecting cultural norms and the desire for collective resilience, particularly for refugees from Ukraine, as per informants. Therefore, these sessions allowed participants to process their emotions collectively, reducing feelings of isolation and fostering resilience. Art therapy was especially effective, as it provided a non-intrusive way for participants to express themselves, often bypassing cultural stigmas around seeking psychological help.

"Art therapy activities, as we call them, are effective because they get people to talk without them even realizing it. As they start using their hands, maybe answer a question here and there, it becomes much easier to get them to open up and trust us."

(Key informant, RRC, Constanta)

Meanwhile, individual counselling, though less frequently utilized, was vital for addressing deeper emotional issues and trauma, as per many informants across centres. Project participants who accessed these sessions often found them transformative, particularly when dealing with complex challenges like post-traumatic stress disorder. However, the demand for individual therapy sometimes outstripped the project's capacity, highlighting the need for increased resources and staffing to meet beneficiaries' needs effectively, as per informants. Moreover, having a third person during the individual sessions, translators has made many participants hesitant to share personal information and experiences as per informants, which impacts the quality of those individual sessions.

"There is a high demand for individual therapy. People want support, and this process does not end. But group sessions also expand our informational framework and improve conditions through art therapy and other approaches."

(Key informant, RRC, Iasi)

According to many RRC and FRC informants, the stigma around MHPSS activities also presented a challenge, particularly for male beneficiaries and those unaccustomed to seeking mental health support. To address this, the program adapted its language, avoiding terms like "psychological" or "therapy" and instead framing activities as "support" or "peer connection." This approach successfully encouraged participation while reducing resistance to mental health services.

Furthermore, refugees from Ukraine acknowledged the significant benefit they gained through translation services and language courses, which eased both their access to the services and their integration into a

new environment. This was found particularly crucial for many families navigating a healthcare system in a foreign language, as per most female and male FGD participants across locations.

"When we went to the family doctor for the first time, the interpreter helped us establish communication. Without this support, we wouldn't have known where to start."

(Female, Project participant, FGD, Iasi)

However, some participants also shared their recommendations for providing better-quality services and activities. For instance, although many FGD participants highly praised the psychological counselling provided, several expressed the need for more frequent, tailored, and individualised psychological sessions to address deeper personal challenges. For instance, some project participants reported having opportunity to understand their characters, insecurities and driven forces in life, and learned practical tips on how to act upon while experiencing daily challenges. For some, group sessions were helpful, but they felt that individual attention would allow them to delve into specific issues.

"I had six appointments with the psychologist in three years. It was helpful, but sometimes you need more, not just listening, but also guidance or solutions to specific problems."

(Female, Project participant, FGD, Bucharest)

Similarly, while language classes were provided through funds from other donors; participants indicated the necessity of those highly. However, as per FGD participants, they were more focused on grammar instead of listening and speaking exercises, which made progress slower and also integration as a result. Additionally, the feedback pointed to the need for creative and engaging methods for language learning, particularly for children.

"For children, learning Romanian could be made more playful, using pictures and games. This would make it easier and more fun for them to adapt."

(Female, Project participant, FGD, Bucharest).

Beyond language, participants expressed interest in skill-building opportunities that could enhance their ability to integrate into the local economy and society. Some discussed the potential for courses in vocational skills, such as hairdressing or other trades, to help individuals gain employment. However, along with all those recommendations, project participants reported their sense of being supported extended beyond these services provided.

Finding 2: Project participants, both children and adults, found staff members highly knowledgeable and competent in the work that they do, with a welcoming, friendly and caring approach. Moreover, both children and adult project participants reported feeling safe and comfortable in the centres during the activities.

The warm and supportive attitude of the staff was highlighted across both adult and children project participants. Among adults, 78% completely agreed that staff were knowledgeable and competent in providing MHPSS services, with an additional 18% acknowledging this to some extent, which acknowledges the high satisfaction with the competency of the staff members. Similar responses were shared by 94% of children strongly agreeing that the staff were welcoming and caring, with the remaining 6% agreeing to some extent. Moreover, 100% of children reported that staff members were there to support them and other children at all times, and they were able to share any personal issues and problems with the staff members comfortably. The FGD participants supported this, acknowledging that

they and their children were supported through an unwavering commitment and willingness to go the extra mile to help individuals, even extending their efforts beyond working hours.

Centres were also found safe and comfortable by both adult and child participants as well. According to survey results, 84% of adults reported feeling completely safe and comfortable in the centres, while an additional 11% somewhat agreed. According to many FGD participants across locations, particularly females, RRC centres have become a "home away from home," a safe space where they could find assistance and companionship. This was verified and supported by the researchers who conducted site visits as well. According to the field researchers, offices and their surroundings were highly safe, including appropriate and regular public transportation, street lighting, pedestrian ways and security/surveillance systems across centres. Moreover, there were appropriate latrines with locks and lighting, along with private counselling rooms that were designed to respect confidentiality across centres.

Finding 3: The project mainly adopted an inclusive approach to service provision for diverse groups. However, some gaps were identified during this evaluation, particularly regarding the inclusion of persons with disabilities, the elderly, and LGBQAI+ individuals. Similarly, survey results indicated that some community members experienced difficulties in accessing services, particularly persons with disabilities (4%) and elderly people (4%).

The project's approach to inclusion was widely appreciated, with survey results showing that 84% of respondents believed no one was excluded from MHPSS activities. This finding reflects the project's commitment to inclusivity, achieved through tailored interventions that targeted vulnerable populations, including women, men, people with disabilities, elderly people, and others at heightened risk. However, survey data also pointed to gaps, with 4% of respondents identifying persons with disabilities and another 4% highlighting elderly individuals as groups that experienced difficulties accessing services.

Efforts to address the needs of persons with disabilities were visible but not comprehensive enough. While some accommodations were made, many informants frequently pointed to a lack of targeted programming and insufficient staff capacity to fully meet the needs of this group. For instance, technical support and specialized training for field teams were cited as areas needing improvement. The survey findings also indicated that while most beneficiaries felt included, persons with disabilities remained underrepresented in-service uptake. Moreover, only two of the centres, Iasi and Brasov, were found to be friendly designed, including sufficient and appropriate entries and inner spaces for persons with disabilities, while the remaining centres were found inaccessible, particularly for persons with physical disabilities, such as appropriate door and ramps for the wheelchair, elevators, and disabled-friendly toilets, as per researchers conducted site visits. It is recommended to ensure that there are considerations made for persons with disabilities across centres, which is expected to increase the inclusion and access of persons with disabilities.

"Reaching out to disabled people and understanding their needs could be improved more. Of course, we did a lot, but it could be improved... Sensitization and awareness raising among staff are important here"

(Key Informant, RRC, Bucharest)

The elderly were similarly recognized as a group requiring greater focus. While services like health caravans and community activities reached some elderly beneficiaries through its mobile nature, FGD findings and survey responses indicated that 4% of participants saw them as underserved. Barriers such as mobility challenges, limited digital literacy, and isolation were identified as contributing factors.

Expanding interventions tailored to the elderly—such as providing transportation, home-based services, or structured activities to foster inclusion—could mitigate these issues and ensure their active and meaningful participation in future projects.

"Probably no. I'm not sure that we put enough effort into the elderly... It could be considered as a vulnerable group, but we didn't probably pay so much attention to them."

(Key Informant, FRC)

Gender-related vulnerabilities were also identified as an area where additional focus could enhance inclusivity. Although the project achieved a significant level of participation from women, including single mothers and survivors of violence, gender-specific challenges persisted. For example, survey findings indicated that 7% of respondents identified women as a group needing more targeted inclusion, highlighting gaps in addressing issues like gender-based violence and economic vulnerability. Interestingly, 8% of survey participants also reported men as one of the groups that was not included as much. However, according to many key informants, this was not only related to the project's inclusivity but more to the fear of stigma and discrimination among men along with a lower number of men compared to women within the refugee community. Therefore, it is recommended to adopt a more targeted approach to ensure that the perspective of men on MHPSS services is changed by taking advantage of such a crisis context. Enhanced gender-sensitive programming would strengthen the project's outcomes.

Despite these challenges, the project's inclusivity efforts were generally successful. Most participants in focus group discussions reported that announcements and information about services were accessible, though some gaps in outreach were noted. For instance, new arrivals and those without access to digital platforms often depended on word-of-mouth communication, leaving them at risk of exclusion.

"There is still a flow from Ukraine, and new people are joining... They do not all know even about Telegram channels or WhatsApp."

(Female, Project participant, FGD, Salaj)

While the project achieved a high level of inclusivity overall, there remains room for improvement in addressing the specific needs of underrepresented groups. Future interventions could ensure that no one is left behind by refining outreach strategies and tailoring interventions to marginalized populations. Although there is some actions taken to the increase the inclusion of persons with disabilities and elderly persons, there is still a room for improvement through more inclusive practices, including the transportation support, the design of the facilities, outreach modalities for these specific groups and their MHPSS-related needs.

Finding 4: The project aimed to improve the mental health and psychosocial well-being of refugees from Ukraine and host community members, foster the capacity of the RRC, and promote social inclusion and integration. By the end of the implementation period, the project successfully met and, in several instances, exceeded its objectives, delivering measurable impacts on the targeted communities and strengthening institutional capabilities.

One of the primary objectives was to enhance the Romanian Red Cross's capacity in the MHPSS sector. This was achieved through structured interventions, including the recruitment of a dedicated MHPSS team comprising a coordinator, psychologists, social workers, and cultural interpreters. Staff and volunteers

underwent comprehensive initial and refresher training, equipping them with the necessary skills to deliver tailored psychosocial support.

The establishment of community centres in Bucharest, Brasov, Constanta, Iasi, Satu Mare, and Salaj provided a solid infrastructure for service delivery. These centres were fully equipped with office furniture, materials, and PSS kits, ensuring a conducive environment for MHPSS activities. Service mapping and the development of an effective referral mechanism further strengthened the support network, enabling seamless access to services for vulnerable individuals.

The project's focus on individual and group interventions successfully promoted psychosocial well-being and fostered social inclusion among refugees and host communities. By August 2024, the project had reached 8,265 unique beneficiaries, achieving 107 % of the set target of 7,700 beneficiaries.

Key outcomes included:

1. **Individual Counselling:** The project delivered 1,520 individual counselling sessions, exceeding the initial target of 1,100, overachieving its target by 138%. This success reflects the effectiveness of tailored counselling services in addressing personal and interpersonal challenges.
2. **Group Activities for Children:** The project excelled in this area, engaging 2,043 participants, more than double the target of 1,100. Salaj achieved an extraordinary 540% of its target, while Bucharest reached 179%. The activities provided children with a safe and supportive space to engage in recreational, creative, and educational pursuits, helping them cope with stress and integrate into their communities.
3. **Group Activities for Adults:** A total of 1,500 adults participated in group activities, nearing the target of 1,650. These sessions varied in success across locations, with Salaj reaching 171% of its target, reflecting high community engagement, while Iași achieved 53%, highlighting localized challenges.
4. **Social Counselling:** With an initial target of 3,850, the project provided social counselling to 4,178 individuals, overachieving its targets by 109%.

The holistic approach to the MHPSS service delivery, integrating MHPSS with other support systems, ensured that beneficiaries received comprehensive care tailored to their needs. Activities such as PSS sessions, recreational and creative activities, and emotional discharge days for staff and volunteers contributed to both community and institutional resilience.

Awareness and sensitization sessions further amplified the project's impact, addressing stigma and fostering understanding of MHPSS topics among both refugees and host communities. These efforts not only promoted individual well-being but also strengthened social cohesion and inclusion.

Finding 5: The coordination between the RRC and FRC teams was often smooth, while both team members experienced some initial challenges. Moreover, the coordination efforts resulted in mutual learning, improved organizational practices, and strengthened team cohesion, leading to effective MHPSS service provision.

Several informants highlighted that the initial phase of the collaboration between RRC and FRC was marked by communication gaps and uncertainties in roles. Firstly, the integration of two distinct organizational cultures required time and effort. While FRC brought a structured and consistent approach,

RRC teams initially needed to adapt to these methodologies. The differences in working styles, priorities, and operational protocols created some initial challenges, making it difficult to align objectives.

"There were some [challenges], mainly on the communication part, but it takes time. It also took time for us to form a team. I think it's normal to take time in order to form a big team."

(Key Informant, RRC, Iasi)

Additionally, the scale of the partnership and the complexity of the tasks further contributed to communication challenges. According to informants, the large size of the team and the involvement of multiple regional centres added layers of complexity to the coordination. In the absence of clear role definitions and responsibilities early on, there was occasional overlap or confusion, leading to inefficiencies. Some informants noted that limited opportunities for face-to-face interaction between FRC and RRC team members in the early stages of the project may have slowed the development of trust and effective collaboration.

Despite these challenges, both organizations demonstrated resilience and commitment to improving coordination. According to informants, the regular meetings and interactions that were gradually introduced played a crucial role in bridging communication gaps. Weekly and biweekly meetings became platforms for discussing challenges, sharing insights, and aligning strategies. These sessions provided opportunities for clarifying roles, ensuring that all team members were on the same page, and fostering a sense of collective accountability.

"We only have to learn about them. If we steal 10% from what they know, then I'm the happiest. [...] Now I'm more organized after we started working with them."

(Key Informant, RRC Coordinator, Salaj)

As the collaboration matured, RRC teams reported significant gains in their organizational capacity. Informants emphasized that exposure to FRC's structured methodologies and consistent practices brought valuable lessons. Particularly, training provided by the FRC team members significantly improved the capacity of staff members, particularly psychologists. This not only improved individual and team performance but also enhanced the overall efficiency of RRC's operations. The partnership thus served as a platform for mutual learning, where both organizations benefitted from each other's strengths.

Team building emerged as a critical factor in the partnership's success. Informants highlighted the importance of personal relationships and mutual respect in overcoming initial challenges. Over time, the two organizations built a cohesive dynamic, which was reflected in their ability to work effectively. Leadership played a pivotal role in this process, with senior figures stepping in to guide and support the teams through difficult periods.

"He came to us several times, bringing insights and guidance. It was invaluable to have someone directly with us. We learned so much from him."

(Key Informant, RRC, Satu Mare)

By the later stages of the project, the collaboration had evolved into a well-structured and highly effective partnership. According to informants, the introduction of clear reporting protocols, and roles, regular check-ins, and responsive communication channels ensured that any arising issues were addressed promptly. These measures created a foundation of transparency and trust, enabling the partnership to thrive.

"For me, I never needed clarification or had questions that went unanswered and every time, I learned something. [...] Overall, it was one of the best collaborations."

(Key Informant, RRC, Constanța)

HUMAN STORYTELLING: ASTYA, 12 YEARS OLD, GIRL, SALAJ

'' Yes, I do feel safe and comfortable in the centre, because I know, for example, that they can support me, provide assistance or something like that. For example, if we need something, they can help us very quickly. If we need to see a doctor, they can call them and discuss it. We can go for free. They will help us with everything. ''

3.5. IMPACT

Performance Grade:

5	***Outstanding Performance***

Finding 1: The project has significantly improved the social and psychological well-being of both adults and children. Through individual and group counselling, physiological counselling, and social counselling activities, the project participants, 93% adults and 98% of children, reported being offered a safe space to express themselves, socialize, and rebuild a sense of normalcy amidst displacement.

The project has significantly enhanced its participants' social and psychological well-being by creating opportunities for sharing, connection and resilience. Through individual, group and social counselling activities, the project has provided beneficiaries with critical support to cope with the stress of displacement and adjust to new realities. Both adults and children have benefited from these interventions, finding solace in these activities that promote emotional expression and community building.

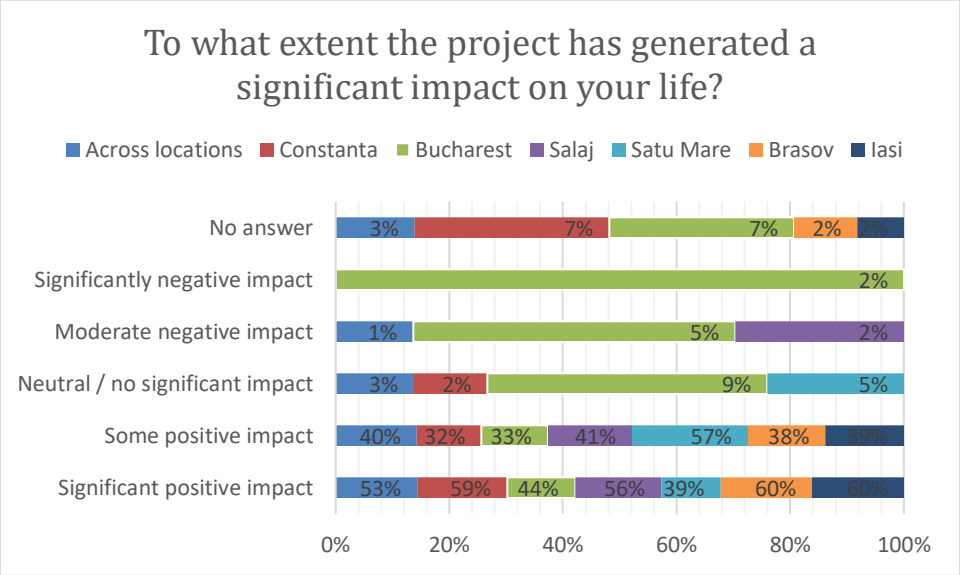
The project has been particularly transformative for children. Survey results reveal that 83% of children felt strongly better about themselves, and 16% felt quite better, showing the impact of project activities on children's relationships with themselves and their self-perception. Moreover, this impact was not only limited to their relationships with themselves but also with others. According to 98% of children, they also get along better with others after they participate in these activities. Activities such as art and recreational sessions allowed children to express their emotions, build friendships, and develop social skills in a supportive environment.

According to adults who participated in FGDs, children learnt to interact and improve their peer-to-peer communication skills, as many of them had to participate in online learning since the COVID-19 outbreak. This was supported by the 98% of surveyed children reporting to express themselves better after their participation in the activities, which shows that such opportunities not only provide relief from the challenges of displacement but also contribute to children's long-term resilience.

"Children are learning to interact and develop socially here through the project activities. Many of them are locked up at home with online schooling, and these sessions give them a chance to connect, play, and grow socially. They leave happier and more confident."

(Female, Project participant, FGD, Iasi)

Table 3: Impact of the activities on adults well-being



Similarly, 93% of adult participants benefited from both individual and group counselling reported either a significant (53%) or some positive impact (40%) on their lives. Group counselling sessions offered a space for adults to share their experiences, overcome feelings of isolation, and form meaningful connections with others facing similar struggles. Many participants expressed that these sessions helped them process their emotions and stabilise their mental, emotional and psychosocial well-being. According to both female and male FGD participants, MHPSS support was critical in addressing the anxiety and PTSD that they experienced, not only providing immediate relief but also laying the groundwork for their ongoing personal growth, as reported.

"I was deeply affected by depression and didn't know where to turn. Through counselling, I started understanding myself and finding solutions. It literally changed my outlook on life."

(Female, Project Participant, FGD, Iasi)

Furthermore, the project's approach of combining group and individual interventions was highly effective in addressing the layered needs of participants. Group activities like art therapy and recreational sessions initially helped participants overcome isolation and build trust with project staff, which later helped them share comfortably during the individual counselling sessions they had joined. Focus group discussions and key informant interviews with both project staff and local authorities also revealed the critical role the project played in reducing stigma around mental health. Many participants initially hesitated to seek psychological support, fearing judgment from others. However, consistent engagement in group activities and the empathetic approach of project staff helped break down these barriers. Participants described how the sessions helped them feel valued and understood.

''Initially, there was a stigma around attending mental health support sessions. Many participants had reservations about coming to a mental health centre; worried others might think they had a problem. This has largely faded now, but it was a factor at the start, and I thought it worth mentioning."

(Key Informant, Local Authority, Satu Mare)

Another notable impact of the project was the formation of informal support networks among participants. Through shared activities, both adults and children formed bonds that extended beyond the project's framework, creating micro-communities of mutual support. These connections provided a crucial sense of belonging and reduced the isolation often experienced by displaced individuals.

"We've come to know each other and support one another. Now, when I walk around the city, I see familiar faces. I feel less alone."

(Female, Project Participant, FGD, Brasov)

Furthermore, this evolved understanding of community also shaped the behaviour of many participants, deciding to make more active contributions to their communities in volunteer roles and strengthened the connection and resilience among community members as per RRC informants.

''We've seen beneficiaries who initially came for support become volunteers, contributing to the community and strengthening its bonds. They decided to come because they felt okay after the intervention, and they now want to develop their community and contribute. There are many such cases."

(Key Informant, RRC, Bucharest)

This is not only true among refugees from Ukraine but also among the host community members from Romania. According to many key informants, these activities brought both community members together, increased their understanding of each other, and became one of the crucial steps in creating a united community and supporting each other.

"The project's activities helped improve mental health, which had suffered greatly. Another important point is the increased solidarity within the community. Romanian society has shown itself to be friendly towards Ukrainian refugees. The group activities within the project strengthened ties between refugees and host families, fostering mutual support and, in some cases, a sense of belonging."

(Key Informant, Local Authority, Satu Mare)

FGD participants across locations highlighted how these activities not only helped refugees navigate their immediate challenges but also strengthened ties with Romanian families who participated in the activities. For example, Romanian host families grew more empathetic and supportive through joint events like recreational activities for children and counselling sessions. These interactions fostered mutual respect and solidarity, transforming initial mistrust into collaborative relationships. In Bucharest, participants observed how children from both communities formed friendships through the activities, paving the way for stronger family-level connections and shared social integration. This impact extended beyond the immediate beneficiaries, as participants reported that these bonds continued to thrive outside the sessions, creating micro-communities and informal support networks and fostering a lasting sense of belonging for both Ukrainians and Romanians.

Similar results in terms of the impact were found through the WHO Well-being impact that was conducted by the RRC and FRC teams. The data reflect how targeted MHPSS interventions positively influenced participants, despite varying initial levels of well-being. In **Bucharest**, where participants reported the lowest baseline well-being scores (average 39.5), the interventions resulted in a notable 9.25-point improvement, with 68% of beneficiaries showing positive change. In **Iasi**, the interventions had a profound impact, with beneficiaries achieving a remarkable 32-point average increase in well-being scores. Similarly, in **Brasov**, with a larger participant group of 53 individuals, the project achieved a 74% positive

change rate and a steady 5.07-point increase in average scores, reflecting a consistent and meaningful uplift in well-being among participants.

In centres with higher initial scores, such as **Constanta** (72.38) and **Satu Mare** (71.41), the impact was subtler but still notable. Both centres maintained high well-being levels, with Constanta achieving a total session average of 75.61 and a 7.42-point improvement, while 66% of participants reported positive change. Satu Mare saw a smaller average increase of 3.17 points but achieved a 61% positive change rate, showcasing the project's ability to sustain high well-being even among participants starting from a relatively strong position.

The index results from **Salaj** reveals the complexities of delivering large-scale interventions. Despite the modest average improvement of 1.5 points, over half of the participants (57%) reported positive changes, highlighting the potential cumulative benefits of scaling up efforts while identifying areas for improvement.

HUMAN STORYTELLING: SOFIA, 13 YEARS OLD, GIRL, BUCHAREST

''I like being in there, it's quite a calm atmosphere. Very often I remember going to art classes, and they are also connected with therapy a little bit. I mean, just as you draw about something, you learn about yourself, and you talk a lot with other teenagers. Also, when you look at other children, not only in this centre but in many other centres as well. You realize that, for example, not only you are the one concerned about something, but many of your peers are as well. Some of them may react to it more aggressively. Someone else, on the contrary, just breaks down and doesn't want to say anything.

……..…During the class, I dwell more on this moment, and somehow, it happens a little bit more calmly. I don't think about the future, for example, what will happen tomorrow, what will happen the day after tomorrow, what to do next week, but I stop and think about what problems I have now, for example, you need to draw a good line, or you need to lift your leg well. So, yes, somehow, you start thinking about yourself more. You start to take care of yourself more at such moments. ''

3.6. SUSTAINABILITY

Performance Grade:

4	*Very good overall performance with few shortcomings*

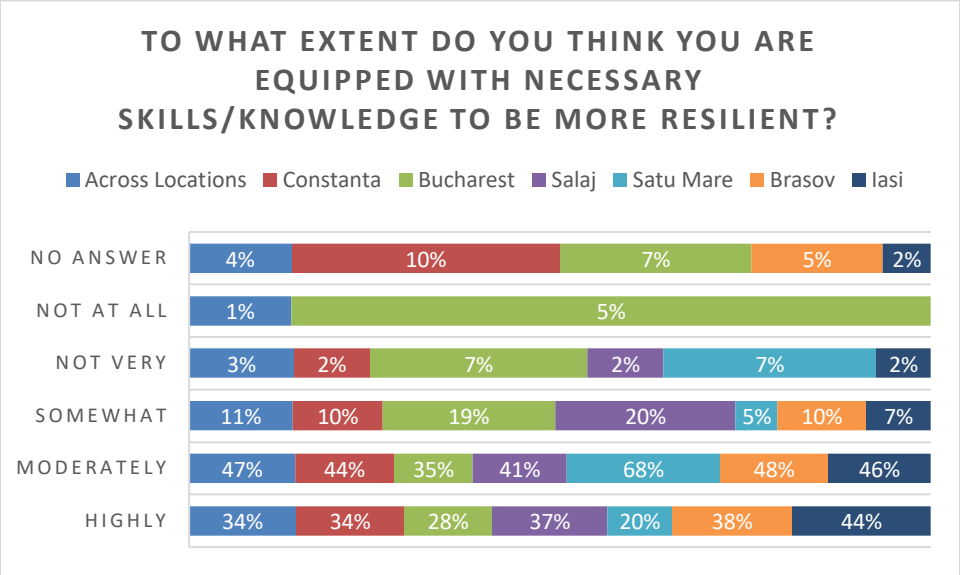
Finding 1: The project has significantly strengthened the resilience of both refugees and host community members. 93% of the adults reported that the project had strengthened their mental well-being, while 92% of those reported being more resilient after participating in project activities. Like adults, all surveyed children -100%—reported envisioning a better future after participating in activities. Through targeted psychosocial support, skill-building, and community-based activities, the project not only equipped individuals with stress management and coping strategies but also fostered a sense of solidarity and empowerment and improved resilience by enabling participants to adapt to challenges and integrate into their communities more effectively.

The project's MHPSS activities provided essential tools for improving mental, psychosocial and emotional well-being and equipping participants with strategies to tackle daily challenges, manage stress, and improve overall resilience.

"Before attending these group meetings, I didn't want to leave the house at all. After this, I began thinking more positively and having joy in life. I felt stability psychologically."

(Female, Project participant, FGD, Bucharest)

Table 4: The project equipped adult participants with the necessary skills/knowledge to become more resilient



The sessions not only provided a safe space for emotional expression but also equipped participants with coping mechanisms, such as stress management and journaling. Some FGD participants described learning to write down emotions and how this small but impactful technique helped alleviate feelings of isolation. Backed by the survey results, 86% of project participants reported feeling high (34%) and moderately equipped (47%) with the necessary skills/knowledge, which made them more resilient.

''Group counselling sessions helped me to release my emotions, which also gave me this strength to keep moving forward for the first time in my life.''

(Male, Project participant, FGD, Satu Mare)

Participants frequently credited the project with helping them build confidence and better relationships with their family and community members through stress management techniques. These included tackling daily stressors and challenges and regaining a sense of stability amid displacement and uncertainty during the FGDs across locations. Among adults, participants frequently highlighted increased psychological well-being, practical skills, and improved confidence in navigating challenges.

"When we get together, we exchange ideas, share experiences, and find energy from each other. It makes you feel like you're not alone."

(Female, Project participant, FGD, Brasov)

Furthermore, both female and male FGD participants across locations reported feeling more connected and supported due to group activities and shared spaces. Social support networks were especially important to create an understanding of community and a sense of belonging, particularly for refugees

facing language and cultural barriers, as they prevented many from establishing their own friend circle, as per female and male FGD participants across locations.

"We don't feel alien here anymore. The Red Cross has created a space where we can adapt, learn, and build connections."

(Female, Project participant, FGD, Salaj)

This sense of belonging was further strengthened through family-focused activities, which helped participants, especially children, integrate into their host communities. Supported by the survey results. 78% of children "strongly agreed" that the sessions helped them envision a better future. These activities not only fostered optimism but also provided tools to manage emotional challenges according to RRC key informant, as demonstrated by the story of a boy who initially struggled with separation anxiety and language barriers, which led to speaking difficulties, but gained confidence and independence through regular participation in activities at the day centre, including counselling and speech therapy.

These cultural and language barriers were also reported to be highly impacting the well-being of some adults, as per RRC informants. For some beneficiaries, adapting to a new environment proved particularly difficult. Higher-educated refugees, in particular, struggled with adjusting to roles that did not align with their professional backgrounds. However, the project's tailored support helped many overcome these difficulties.

"We helped them understand that these are just stages in life. Step by step, they've managed to adapt and build new lives."

(Key Informant, RRC, Satu Mare)

Additionally, activities, including first aid training, language courses, and creative workshops, were reported to be contributing to participants' self-reliance and adaptability. However, many participants stated having difficulties in accessing these activities due to the conflict between the activity schedules and their personal responsibilities, including caring for children, managing households, or working part-time jobs. Therefore, it is recommended that activity schedules be revised better according to the limitations of project participants to increase their meaningful participation during the next phase. Furthermore, the provision of child-friendly spaces in which these adults could leave their children comfortably could be considered to increase adult participation.

"The workshops—about planning, time management, career counseling—are skills that stay with you for life. They give you confidence and stability."

(Female, Project participant, FGD, Iasi)

Language courses that were provided through other projects, in particular, were highly valued by female and male FGD participants across locations as they eased integration challenges and improved communication with locals. However, some participants noted the need for more sustained language training as these courses were also found in conflict with their responsibilities and personal schedules, particularly in Brasov and Bucharest. Creative workshops were also significant in building confidence and providing a sense of purpose but also found bringing joy, happiness and hope to both female and male project participants across locations.

"Not knowing the language is a big problem here. Romanian courses helped, but they should be more frequent and accessible."

(Female, Project participant, FGD, Brasov)

Finding 2: Increased collaboration, targeted training, and hands-on experience strengthened the capacity of RRC staff members, local authorities and stakeholders, leading to enhanced skills, coordination and collaboration and a foundation for greater resilience.

The project has played a vital role in building the capacity of local authorities, stakeholders, and community members, contributing to their resilience and capacity, as per key informants, particularly the Romanian Red Cross, as MHPSS was a new concept that wasn't implemented as intense before.

Training and supervision were one of the key components that strengthened the capacity of professionals. According to many RRC informants, Romanian psychologists, social workers, and other practitioners received specialized training in psychosocial support, stress management, and coping techniques, which was particularly acknowledged by the young professionals who were early in their careers, claiming that this knowledge gained through the project is expected to last during their careers even after the closure of the project completely. Furthermore, these trainings were found to improve the response of project staff to difficult cases, such as heavy trauma and disorders to tackle.

"This is my first year working and my first project. I got a sense of what it's like to have a client, as if in my own office. For me, everything was new, so I've clearly learned a lot and understood a lot."

(Key Informant, RRC, Constanta)

''The professionals—psychologists and others—have definitely gained skills they can use even after this project ends.''

(Key Informant, RRC, Satu Mare)

In terms of the capacity of local authorities, many key informants reported an increase as effective coordination and collaboration among actors became a model for addressing the needs of both refugee and host communities. Even after the project's completion, From an organizational standpoint, the project fostered a notable increase in inter-institutional collaboration. Recognizing the necessity of such partnerships early on, referral systems were established, and local organizations formed networks to streamline cooperation. As a result, communication and coordination with state institutions, including the Employment Agency Offices, Hospitals, Social Assistance and Child Protection Directorates, and School Inspectorates etc., have improved significantly. These strengthened relationships and collaborative systems have enhanced the community's resilience, enabling it to better respond to current and future needs.

Finding 3: The continuation of the project and its activities was a priority for both the FRC and RRC teams, who worked closely to address funding uncertainties and transition toward a new phase starting in March 2025. Recognizing the importance of sustaining critical health and MHPSS services, they developed a collaborative plan focused on securing resources, maintaining operational capacities, and ensuring the long-term viability of the centres. This proactive approach reflects a strong commitment to adapting and evolving the project despite significant challenges.

Both the French Red Cross (FRC) and Romanian Red Cross (RRC) teams have shown unwavering dedication to the continuation of the project despite substantial funding challenges. Initially conceptualized as a two-year project, the program was abruptly shortened when the French Red Cross headquarters announced that funding would end after just one year due to the late start of the project activities in June 2023, which has impacted the project's duration. This decision created an urgent need to re-evaluate the project's

scope and develop strategies for sustainability. Nevertheless, the teams have demonstrated resilience and resourcefulness in their approach, ensuring that the project remains operational during the transitional phase and into a new funding cycle starting in March 2025.

A critical step in this process was the decision to extend support for key centres, such as Salaj and Satu Mare, until February 2025, allowing time to finalize evaluations and develop sustainable solutions. Both internal and external stakeholders were engaged to create a realistic plan for maintaining services, for which FRC recruited a consultant for a sustainability analysis of the centres to understand external and internal funds, allocated budgets, or alternative funding resources. In addition to sustainability analyses, the FRC and RRC teams collaborated closely with other national societies, including the Danish and British Red Cross, to explore long-term funding options. Strategic discussions are ongoing, with decisions about the final funding envelope expected in the coming months.

This approach underscores a strong commitment to aligning available resources with the needs of the centres. The plan for the new phase, beginning in March 2025, reflects lessons learned from the current project and incorporates recommendations from evaluations and sustainability reports. The focus is not only on sustaining services but also on maintaining staff and infrastructure, which are vital for the centres' operations. By aligning their strategies with future evaluations and funding cycles, the FRC and RRC teams are demonstrating a forward-looking approach. Their commitment to adaptability, collaboration, and sustainability ensures the continued provision of essential services to both Ukrainian and Romanian beneficiaries, even amid financial uncertainties.

4. RECOMMENDATIONS

1. While informal consultations provided valuable insights, implementing systematic needs assessments/baselines at the initial stages could ensure a comprehensive understanding of the project participants' needs.
2. Although word of mouth and social media are effective, incorporating structured communication methods more, such as community meetings and informative events could be conducted more, and printed materials could be disseminated to the community members and used not only within centres but also outside of the community centres as well. Through this way, the project team can reach a broader target group, including those less connected to informal networks. Develop strategies for the inclusion of marginalised community members, particularly persons with disabilities and elderly people.
3. Implement unified referral documentation and follow-up procedures across all centres as the referral systems change centre by centre at the moment, some informal and some formal, along with no systematic follow-up procedures, to ensure consistency and effectiveness in connecting project participants with necessary services.
4. Introduce a small, flexible budget managed at the local level to address urgent or unplanned activities. This approach empowers local teams to respond more efficiently, avoiding delays caused by centralized decision-making. If possible, design a decentralised procurement process to give the branches the necessary flexibility.
5. Standardise and enhance monthly planning processes with tools like shared digital calendars accessible by all team members, ensuring better alignment of activities with participants' schedules.

6. Employ dedicated administrative staff to handle paperwork and reduce burnout risks among psychologists and social workers. If there are budget limitations, make sure the documentation mechanisms are revised in a more user-friendly manner.
7. Ensure that disabled-friendly design is mainstreamed across centres to ease access and increase the inclusion of persons with disabilities, particularly with physical disabilities.
8. Increase the number of group and social counselling activities for both adult and children project participants, including language classes and outside activities. Design language courses to focus on conversational skills for adults and incorporate interactive methods such as games and role-playing for children. Adjust schedules to better align with participants' responsibilities, such as caregiving or work.
9. Scale up art and recreational therapy for children, integrating techniques that address peer interaction and self-expression.
10. Consider providing more than six sessions under the psychological counselling activities, particularly for the participants with further individual support needs, including those with suicidal thoughts and/or other serious MHPSS-related issues and disorders.
11. Introduce skill-building programs like vocational training to empower refugees, fostering economic independence and social integration or consider a specialised service mapping for these livelihoods' programs provided both by the governmental and non-governmental organisations to activate referral mechanism.
12. Engage national and international donors, including private sector actors, to secure diverse funding streams for RRC to ensure the project is ongoing, as there are a very limited number of humanitarian actors providing MHPSS support to both refugees from Ukraine and the host communities in those locations.

13. ANNEXES

1. LIST OF KEY INFORMANT INTERVIEWS

No.	Name, Surname	Position	Organisation
1	Barbarie Andra Ioana	Center Coordinator	RRC
2	Ghiurco Corina	Psychologist	RRC
3	Lorena Filip	Center Coordinator	RRC
4	Alina Garleanu	MHPSS National Coordinator / MHPSS Project Manager	RRC
5	Marghita Mihaela	Psychologist	RRC
6	Irem Umuroglu	MHPSS Sub-Working Group	WHO

7	Cornelia Gaita	European Affairs Advisor	National Refugee Council
8	Mariana Topoliceanu	General Director	Directorate of Social Assistance and Child Protection (DGASPC)
9	Laurent Mailait	Head of Delegation	FRC
10	Mariana Dragos	General Director	General Directorate of Social Assistance, Satu Mare
11	Cacipu Ionel	Representative	Center for Civic Resources and Edu Euxin Organizations
12	Rodica Borlan	Center Coordinator	RRC
13	Bobes Marian	Psychologist	RRC
14	Ilie Lacramioara	Psychologist	RRC
15	Vlaicu Cosmin	General Secretary	National Council - Salaj
16	Nathalie Severy	MHPSS advisor at FRC headquarters	FRC
17	Kovalenko Mariia	Psychologist	RRC
18	Cristina Fodor	Center Coordinator	RRC
19	Arabela Mirisan	Psychologist	RRC
20	Antonia Ciucasel	PMER	RRC
21	Marisoiu Valentin	Center Coordinator	RRC
22	Murat Yüksel	MHPSS Coordinator	FRC
23	Cercel Gabriela	Center Coordinator	RRC

2. LIST OF DESK REVIEW DOCUMENTS

NO.	ORGANIZATION	DESK REVIEW RESOURCES
1	FRC	Annex 1: Concept Note MHPSS Community Center - v13.03.2023
2	FRC	MoU between FRC and RRC with Amendment 1 and Amendment 2
3	FRC	Annex 4: Project LogFrame and Timeline

4	FRC	Annex 2 MHPSS Community Center Budget_VE 20MAR23
5	FRC	MHPSS Organogram
6	FRC	The Rationale of The Transition Period (November, 2024- February-2025) in MHPSS Project in Romania
7	FRC	Human Resources: Interview Grids and Job Descriptions
8	FRC	RRC MHPSS CC Data Collection Tools including Child Resilience Program Monitoring and Evaluation Tools, Older Versions of Well-being Scale, Psychologist and Social Worker Forms, Satisfaction Surveys, Supervision and Field Visit Reports,
9	FRC	Monthly Indicator Tracking Sheet and Supporting Documents
10	FRC	Operational Monitoring Tool (OSO)
11	FRC	Monthly Activity Planning Samples
12	FRC	RoMo Monitoring Visit Reports and HQ Monitoring Visits
13	FRC	Capitalization Workshop
14	FRC	Service Mapping
15	FRC	Training and Activity Followup
16	FRC	Interim Narrative Reports
17	RRC	Brochura
18	RRC	Centrul de sănătate-formular de feedback și reclamații – FCRM Form
19	RRC	Monitoring Reports
20	RRC	Training Reports
21	RRC	Complaint and Feedback Mechanism Flyers and Analysis

3. DATA COLLECTION INSTRUMENTS

3.1. KEY INFORMANT INTERVIEWS

Purpose: The KIIs will gather information about the key project stakeholders' views of the MHPSS project implemented in Romania as a part of this evaluation.

Tool Notes: This tool uses the format of semi-structured interviews. Some of these questions might sound culturally sensitive; you should review ethical considerations prior to the interview. Fill out the relevant sections in regard to your key informant.

Name of the Interviewer	
Date of the Interviewer	
Start time	
End time	
Title of the Interviewee	
Organization	

Introduction and ask for consent

Thank you for coming here today. We sincerely appreciate you taking the time to meet with us. My name is XXX. I am working as humanitarian consultants that overtake this evaluation assignment of Romanian Red Cross, funded by the French Red Cross. We want to gather information to do better and more effective programmatic responses. Please do note it will take around 45-60 minutes. We want to assure you that all the opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to our response program. Your participation in this session is entirely voluntary.

Through this in-depth interview, we would like to find out your and your organisation's perceptions about this MHPSS Project and receive your feedback. Based on your responses, we will prepare an External Evaluation Report with appropriate analysis methods. You have the right to respond or not to respond to all questions. We would also like to know if you have anything to add other than the questions asked here, you are welcome to do that.

Do you agree to participate in this interview?	○ Yes ○ No
Do you agree to be photographed during the interview?	○ Yes ○ No
Do you agree to be recorded and provide your permission for note taking?	○ Yes ○ No

QUESTIONS

Question	Response	Reference	Informant Type

Could you please introduce yourself by sharing your name and where you are from? Q.1. Introduction – brief programme overview – What is your role in this project on behalf of Romanian Red Cross? Please specify the activities that you oversee throughout this programme.		General	All informants
Q.2. To what extent was the MHPSS project design aligned with the needs of Ukrainian refugees and hosting Romanian families? Were there any needs assessments or any other efforts to ensure that the project is appropriate to the changing context in Romania? What was the role of FRC and RRC at the design phase?		Relevance 1	FRC and RRC program/project team Center coordinators and psychologists External stakeholders (Local authorities and UN/I/NGO/etc)
Q.3 How does the project align with and support the plans and strategies below_ • Romania country strategy for supporting Ukrainian refugees, • Romania Health Strategy 2030, • The program and priorities of the Romanian Red Cross (RRC)		Relevance 2	FRC and RRC program/project team External stakeholders (Local authorities and UN/I/NGO/etc)
Q.4 Could you explain whether and how the different (e.g. education background; gender; location, disability status) MHPSS needs of the		Relevance 3	FRC and RRC program/project team

beneficiaries/communities were included during the project design and implementation? To what extent all targeted vulnerable and marginalized groups (gender, the elderly, nationality etc.) were involved in the assessments/analyses or decision-making processes in the design phase? Are gender-specific issues and the inclusion of vulnerable groups taken into account in the project? Were there anyone left behind and should be included in the future interventions?			Center coordinators and psychologists External stakeholders (Local authorities and UN/I/NGO/etc)
Q.5. How was accountability ensured during the implementation? Were any feedback-complaints mechanisms set up for beneficiaries or externals? Can you walk me through how Feedback and Complaints Response Mechanism works? What are the ways of communications for Project participants? (Prompt to FCRM boxes in the centers, hotline, child-friendly forms, social media, etc.) How many complaints have you received in total since the beginning of the Project? How these were addressed?		Relevance 4	FRC and RRC program/project team Center coordinators MEAL
Q.6 How appropriate and effective is the referral system with other stakeholders/actors? Can you walk me through the mechanism? • What mechanisms are in place to collect feedback from affected populations, and how is this feedback incorporated into improving referral pathways?		Relevance 4	FRC and RRC program/project team Center coordinators and psychologists

• Do you have a referral system in place for cases that require services beyond MHPSS, such as health or livelihood support? If a participant requires additional support beyond MHPSS, such as health services or livelihood assistance, how do you manage these cases? • **In cases where your organization does not provide the needed services, do you collaborate with other organizations? How does the referral process work in such situations?** • **How does your referral process work for directing individuals to other projects or organizations for additional services?**			External stakeholders MEAL
Q.7 How visible are the French Red Cross and Romanian Red Cross to project participants and external partners in the area?		Relevance 5	FRC and RRC program/project team Center coordinators – For local authorities External stakeholders (Local authorities and UN/I/NGO/etc)
Q.8. To what extent did the programme complement existing interventions in the country programme as well as the government policies and strategies? • Was the project conducted in compliance with the Fundamental		Coherence 1	FRC and RRC program/project team MEAL

Principles of the Red Cross and Red Crescent, the code of conduct and the Federation's strategy 2030? • Have the projects respected the FRC requirements (procedures, etc.)?			
Q.9. Has the project taken proper account of utilizing the local capacity available to carry out the MHPSS projects and maintain its effects for a longer term? • Are there any other organizations or partners in Romania providing MHPSS services to Ukrainian refugees, aligned with the French Red Cross project? How has your collaboration with local government authorities and other organizations helped improve the skills and abilities of these groups, and how do you see this improvement continuing after the project ends?		Relevance 5 Coherence 3	FRC and RRC program/project team Center coordinators
Q.10. How MHPSS and Health project activities are linked and integrated in project implementation? Were they complementary to each other? How are the MHPSS (Mental Health and Psychosocial Support) and Health project activities connected and integrated during the project? Did they complement each other? How are the MHPSS (Mental Health and Psychosocial Support) and Health project activities connected and integrated during the project? Did they complement each other?		Coherence 4	FRC and RRC program/project team Center coordinators and psychologists

Q.11. How effective was the MHPSS support provided to the project participants? • How effectively were the MHPSS services delivered to Ukrainian refugees and hosting Romanian families? • Which activities were the most effective and why?		Effectiveness 1	FRC and RRC program/project team Center coordinators and psychologists External stakeholders (Local authorities and UN/I/NGO/etc)
Q.12. To what extent were the targets of the programme achieved? What major factors influenced the achievement or non-achievement of the objectives? Are any significant discrepancies observed, and if so, how can they be explained? Are any unintended benefits or adverse effects observed? Prompt to **adequate resources—financial, human, and material; collaboration and buy-in from stakeholders, including local communities, government authorities, and partner organizations; political stability, social dynamics, and economic conditions; security; technical and operational capacity of the organizations involved; ability of a project to adapt to changing circumstances; donor.**		Effectiveness 2	FRC and RRC program/project team MEAL
Q.13. What challenges and opportunities were faced during project implementation? To what		Effectiveness 3	FRC and RRC program/project team

extent has the project adapted and responded to changing conditions and needs?			Center coordinators and psychologists
Q.14. How effectively does project management monitor project performance and results? • Is a monitoring and evaluation system in place, and how effective is it? Can you walk me through the system? • Have appropriate means of verification for tracking progress, performance and achievement of indicator values been defined? • Is relevant information and data systematically being collected and collated? • To what extent did the monitoring activities considerably streamline a gender perspective, taking into consideration power dynamics? Is data disaggregated by sex (and by other relevant characteristics, if relevant)?		Effectiveness 4	MEAL
Q.15. How was adequate internal coordination of French Red Cross/Romanian Red Cross ensured for this project? Were there any challenges? Please explain. Probe to the organization based on the interviewee.		Effectiveness 5	FRC and RRC program/project team Center coordinators
Q.16. Has partnership between FRC and RRC been efficient? How did this partnership improve/strengthen the capacity of RRC in both organizational and technical perspectives in MHPSS?		Effectiveness 6	FRC and RRC program/project team

Were there any challenges or good practices? Can you explain more?			
Q.17. To what extent the management structures of the project was appropriate in the following points: Financial Management Human Resources Timeliness (Ask any delays) Were the funds allocated efficiently? were there any issues with budgeting or financial oversight? were there enough staff members to effectively manage the project?		Efficiency 1 Efficiency 2	FRC and RRC program/project team Center coordinators and psychologists
Q.18. What are the impacts of the programme on the target groups? Are there any intended or unintended positive and negative impacts? Can you explain more?		Impact 1 Impact 2	FRC and RRC program/project team Center coordinators and psychologists External stakeholders (Local authorities and UN/I/NGO/etc)
Q.19. How will Romanian Red Cross and French Red Cross ensure that the benefits of the programme are sustainable? Is there an exit-strategy? Were any risks identified and addressed?		Sustainability 1	FRC and RRC program/project team

Q.20. To what extent local capacities strengthened (e.g., RRC, municipalities, companies, target groups and implementing partners)? Did the parties of programme become more aware and resilient? How have local authorities, organizations, and communities improved their skills and resilience because of this project? Can you give examples, like how psychologists or other groups have gained abilities that will continue after the project, or how the community has become more supportive and resilient?		Sustainability 2	FRC and RRC program/project team Center coordinators and psychologists External stakeholders (Local authorities and UN/I/NGO/etc)
Q.21. To what extent do you think Project participants will use the skills and knowledge they gained through these MHPSS activities in their Daily life? How and why? For example, have participants reported using stress management techniques when dealing with family or work-related conflicts? Can you share any examples of participants adopting these skills in culturally specific ways, such as integrating coping strategies with community support networks or traditional practices? Could you provide examples where participants have mentioned integrating these techniques into daily habits or routines?		Sustainability 2	Center coordinators and psychologists
Q.22. Do you see any lessons learnt from this programme? If yes, what are those? What are your recommendations for improvement in the next phase of the project?		Lessons Learnt	All informants
Q.23. Is there anything else you would like to share?		General	All informants

Thank you for your active participation. These were all the questions from my side. Before we conclude, is there anything else you would like to add or share?

3.2. PROGRAMME PARTICIPANT SURVEYS

Purpose: Understand the impact of the MHPSS project from the perspective of an affected individual woman, man, boy or girl.

Introduction

1. Thank the respondent for the survey
2. Explain the objectives and expectations of the survey
3. Outline the amount of time survey will take
4. Obtain the informant's consent to record the survey

Introduction and ask for consent

Thank you for accepting to partaking in this survey. We sincerely appreciate you taking time to fill this survey yourself. In this survey, you will come across with some questions in which will help us having better understanding of this MHPSS Project you joined the activities of. We would like to have your perspective and opinion on how useful these MHPSS activities were, how effective and impactful it was and what would be done for the similar future projects. This survey will take around 20 minutes. We want to assure you that all the opinions you give are completely confidential. You may refuse to answer any question. You may also leave the survey at any point without negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to our response program. We are not here today to register people for assistance, and we will not be distributing anything. Your participation in this survey is entirely voluntary.

If you have any questions, please feel free to ask. If not, may I begin?

Do you agree to participate in this survey?	○ Yes ○ No

QUESTIONS

Demographics	
Age: (single selection)	• Free-text
Gender (single selection)	• Women • Men • Other (please specify)
Country of origin (single selection)	• Romania • Ukraine

City:	Free-text
Displacement Status (single selection)	• Host Community • Refugee • Other (please specify)
Disability status (single selection)	• Yes • No • Do not prefer to say
Project Activities Benefited (multi-selection)	• Individual counselling • Group Activities (please specify) • Social Counselling
General feedback on Assisstance	
How did you first come to know about the MHPSS activities of this project and stay updated on its latest developments? (multi selection)	• Word of mouth/Informal communication • Referral • Informative event(s) • Social media posts/advertisements • Visibility items • Printed materials/publications • Other
Relevance	
Were your views taken into account by the organization about the service/MHPSS activity(ies) you received? (single selection)	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
Did you feel well informed about the MHPSS activity(ies) provided to you by your organizaton?	• Yes, completely • Yes, to some extent

(single selection)	• Neutral • No, not really • No, not at all • No answer
Do you feel that the /MHPSS activity(ies) was easily accessible for you? (single selection)	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
Was this the service/MHPSS activity(ies) that you needed at that time? (single selection)	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
Has the type of service/MHPSS activity(ies) that was provided to you met your expectations? (single selection)	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
Were you informed of complaints and response mechanism and channels on how to submit your feedback or suggestions? (single selection)	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
16.1 If yes, have contacted Romanian Red Cross through our feedback channels to share any feedback, suggestions, questions and	• Yes • No

concerns about the assistance we are bringing to you?"	• No answer
Effectiveness	
How satisfied are you about the quality of the service/MHPSS activity(ies) provided? (single selection)	• Very satisfied • Satisfied • Neutral / Not sure • Dissatisfied • Very dissatisfied •
Were you informed how the participants were selected for the programme? (single selection)	• Yes • No
Do you think the selection criteria for the programme was able to reach the ones that mostly need MHPSS services? (single selection)	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
Do you think the MHPSS services provided were useful in improving your mental and pyschological well-being?	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
Do you think the staff was knowledgeable/competent to provide the MHPSS service? (single selection)	• Yes, completely • Yes, to some extent • Neutral / Not sure • No, not really

	• No, not at all • No answer
Have you felt safe and comfortable in the centers while participating these activities?	• Yes, completely • Yes, to some extent • Neutral / Not sure • No, not really • No, not at all • No answer
If ''no'', can you explain why?	Free-text
Do you know of people needing services who were excluded from the MHPSS activities? (multi-selection – only for MHPSS participants)	• No one • Women (18 and above) • Girls (below 18) • Men (18 and above) • Boys (below 18) • Elderly (60 and above) • Persons with disabilities • Roma community • Other (Specify)
Efficiency	
Were you satisfied with the timing of the MHPSS activity(ies)? (single selection)	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
If "no" can you explain why?	
Coherence	

In your opinion, how adaptable was the program to your changing circumstances or needs? (single selection)	• Highly adaptable • Moderately adaptable • Somewhat adaptable • Not very adaptable • Not adaptable at all • No answer
Impact	
To what extent the program has generated a significant impact on your life? (single selection)	• Significant positive impact • Some positive impact • Neutral / no significant impact • Moderate negative impact • Significantly negative impact • No answer
If "negative impact," can you explain why?	
Do you believe you have gained equal benefits from the program in comparison to all other participants? (single selection)	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
Were there any unexpected results (useful or harmful) of the project which you did not expect to see before? (single selection)	• Yes • No • I do not know
If yes, could you please explain the results that you did not expect from the project.	Free-text
Sustainability	
To what extent do you think MHPSS activities strengthened your mental wellbeing and has made you stronger now and will be in future?	• Highly • Moderately

(single selection)	• Somewhat • Not very • Not at all • No answer
To what extent do you think you are equipped with necessary skills/knowledge to be more resilient?	• Highly • Moderately • Somewhat • Not very • Not at all • No answer
Do you think the skills and knowledge you gained through MHPSS activities will help you to tackle with your daily issues, stress and anxiety?	• Yes, completely • Yes, to some extent • Neutral • No, not really • No, not at all • No answer
Do you have any recommendations to improve the quality of the Project and its activities fort he future interventions?	Free-text

3.3. MOST SIGNIFICANT CHANGE STORY

Purpose: Understand the impact of the MHPSS Project from the perspective of an affected individual woman, man, boy or girl.

Tool Notes: This tool uses story telling alongside semi-structured interview questions. It is important not to lead the story telling – the hope is that this tool will help to raise issues which may not have been anticipated in designing the assessment. There may be repetition between the information that comes up in the story and some of the interview questions but ask the interview questions anyway. Remember to get informed consent from your interviewee and ask whether they wish to remain anonymous.

Introduction

1. Thank the respondent for the interview

2. Explain the objectives and expectations of the interview

3. Outline the amount of time interview will take

4. Obtain the informant's consent to record the interview and take pictures

Introduction and ask for consent

Thank you for coming here today. We sincerely appreciate you taking the time to meet with us. My name is XXX. My colleague XXX and I are working as humanitarian consultants that are conducting this evaluation assignment in on behalf of Romanian Red Cross and French Red Cross. We would like to ask you some questions about your community to have a better understanding of the context to inform the MHPSS Project of Romanian Red Cross. We want to gather information to do better and more effective programmatic responses. Please do note it will take around 45 minutes. We want to assure you that all the opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to our response program. We are not here today to register people for assistance, and we will not be distributing anything. Your participation in this session is entirely voluntary.

If you have any questions, please feel free to ask. If not, may I begin?

Do you agree to participate in this interview?	○ Yes ○ No
Do you agree to be recorded during the interview?	○ Yes ○ No
Do you agree to be photographed during the interview?	○ Yes ○ No

Participant details

Date	
Start time	
End time	
Gender	○ Female ○ Male ○ Other (specify)
Age	
Disability Situation	○ Yes ○ No
Displacement Stataus	○ Refugee

	○ Host community
Center	
Mode of data collection	○ Online ○ In-person
Pseudonym	
Activities Benefited:	○ Psychological counselling ○ Group Activities (please specify) ○ Social Counselling

QUESTIONS

Background: Could you introduce yourself and tell us about your story? When did you arrive here? From which city are you coming in Ukraine? How did you come? If this the first place you moved or have you relocated in other places before here? How did you choose your current location of residence? What factors affected your decision-making in choosing your current place of residence?
Changes with the full-scle invasion: What changes have you experienced since the crisis? How were things different before the crisis? How was your daily life being spent? How has your ability to meet your basic needs and psychological state changed since the on-set of the crisis? How has your ability to meet your/your family's/your child(ren)'s needs changed? Can you tell us by providing some examples?
Stepping into programme: How did you hear about this MHPSS project? How did you engage in the activities and/or service provision?
Engagement with the programme: Can you tell us more about how the MHPSS Project has supported you/your family? How did you benefit from the project? What kind(s) of MHPSS support have you received? Did you learn anything [/or acquired new knowledge and/or skill]? Did you take any actions based on your learning experience? For the field researcher: Remind the beneficiary about various types of MHPSS activities that might have been provided during the programme cycle. - Individual counselling, Group activities for children, Group activities for adults, Social counseling.

Relevance of the Programme: Do you think the project activities/assistance provided to you were adapted in line with your changing needs? How? Can you explain?
Changes happened: What happened afterward? Please take a moment to think [/or reflect] about all the changes that have occurred in your life and environment since your involvement in this project. Here, we are particularly interested in the changes that have resulted from or been influenced by the specific MHPSS activities you have engaged in and/or received through this project, regardless of how small they might appear or be perceived. *For the field researcher: Take a moment to pause and allow the storyteller to reflect on and consider all the changes they have experienced.*
The most significant change: From your point of view, could you describe and share a story that vividly portrays the most significant change that you have experienced in your life as a result of participating in this project?
The most significant change: What makes this story particularly meaningful or the most significant to you?
Further insights: Perceived advantages and disadvantages of the programme to change or improve the target populations: What do you think would have happened if the MHPSS support you received had not been offered in your community, location, or personal life?
Perception of and expectation regarding resilience and sustainability – Awareness/Improved self-dependency: Do you think [/or believe] the impact of these activities and the path and opportunities they have opened for you will have a lasting and expanding influence [in the future]? Why?
Recommendations from the beneficiaries: What do you hope [/or how do you want] the future [/or your future /or your communities' future] to look like? How do you think these can be achieved?

— About the Photograph —

If the respondent does not give consent for their photo to be taken:

- Do never push the respondent if they decline to have their photo taken.

If the respondent consents to having their photo taken:

If for a portrait or back-view photo:

- Remember your training, ensuring that the light is behind you, not the respondent, to avoid blurry or out-of-focus photos.
- Preferably, take the shots in natural daylight, outdoors, and without using a flash.
- Aim to capture photos of the person's face and shoulders, as these appear clear on a website.
- Please avoid photos where the individual's eyes are closed or where they are looking in the opposite direction.

If for a surrounding or an object:

- Take a photo of the surroundings or an object mentioned in the story.

3.4 FOCUS GROUP DISCUSSIONS

Purpose: The FGDs will gather information about the project participants' views of this MHPSS project and how the activities covered their needs as well as their satisfaction level.

Tool Notes: This tool should be used during small group discussions. The group should be made of people from similar backgrounds or experiences and should include between 6-10 participants. The groups should also be separated by sex and age. The FGD is led by a facilitator who introduces the topics of discussion and helps to ensure that all members participate evenly in the discussions. The facilitator should assure participants that all information shared will remain confidential.

Introduction

1. Thank the respondent for the interview

2. Explain the objectives and expectations of the interview

3. Outline the amount of time interview will take

4. Obtain the informant's consent to record the interview and take pictures

Introduction and ask for consent

Thank you for coming here today. We sincerely appreciate you taking the time to meet with us. My name is XXX. My colleague XXX and I are working as humanitarian consultants that are conducting this evaluation assignment in on behalf of Romanian Red Cross and French Red Cross. We would like to ask you some questions about your community to have a better understanding of the context to inform MHPSS projects of Romanian Red Cross and French Red Cross. We want to gather information to do better

and more effective programmatic responses. Please do note it will take around 1.5 hours. We want to assure you that all the opinions you give are completely confidential. You may refuse to answer any question. You may also leave the discussion at any point without negative consequences. However, we would greatly appreciate your opinions on these topics, which will contribute to our response program. We are not here today to register people for assistance, and we will not be distributing anything. Your participation in this session is entirely voluntary.

If you have any questions, please feel free to ask. If not, may I begin?

Do you agree to participate in this interview?	○ Yes ○ No
Do you agree to be recorded during the interview?	○ Yes ○ No
Do you agree to be photographed during the interview?	○ Yes ○ No

Participant details

Date	
Start time	
End time	
Number of Participants	
Gender	○ Female ○ Male
Ages of Each Participants	
Number of Individuals with Disabilities in the Group	
Displacement Stataus of the Participants	○ Refugee (#.....) ○ Host community (#.....) ○ Other (#.....)
Center	
Mode of data collection	○ Online ○ In-person

Activities Benefited:	○ Psychological counselling ○ Group Activities (please specify) ○ Social Counselling

QUESTIONS

Type of Evidence	Questions
General	Could you describe briefly when and how you did you learn about this project?
General	Which MHPSS services did you benefit from the programme? What are the reasons for participating to this programme?
Relevance	Were the programme services delivered in ways that respond to your and your community's changing needs and priorities? If so, how?
Relevance	What do you think about the selection process of the Project participants? Was the programme gender, age, nationality, disable inclusive?
Relevance	Do you think it was a clear process? Do you think the announcement reached everyone who needs or might be interested in? What would you suggest improving the process for selection of the beneficiaries?
Coherence	Based on your experience, how the project adjusted its activities in response to your evolving needs?
Effectiveness	What is your overall assessment of the quality and timeliness of MHPSS services provided? What could be improved? (Probes: Which activity was the most useful? Was the quality good? Did you encounter any difficulties in reaching out to the service?

Effectiveness	Do you know if there is a feedback or complaint mechanism? Did Romanian Red Cross request your input or feedback about services provided? Do you know if community members provided feedback or raised any complaints? If so, could you please explain or give an example?
Efficiency	Were the services provided in a timely way?
Impact	What real difference has a project made on your living conditions?
Impact	Do you see any unintended positive and/or negative impact of the implementation of the project? What was done or could be done in the future to mitigate the negative impact?
Sustainability	Could you please explain what skills you learned through these activities you think you will use in the future?
Sustainability	After participating in the programme, do you feel more resilient compared to the past? If so, can you provide examples or experiences?
General	What are your recommendations to improve the programme? What can be changes to increase its benefits for you and your community?
Most Significant Change Stories	Now, I'd like to share with you some stories from people who have participated in this program, just like you. These stories reflect how the project has positively impacted their lives and brought about meaningful changes. *Moderator, please read each story twice.* After listening, I'd like to ask you: Which story resonates the most with you personally? Why? Which story do you think is most important for your community? Why?

General	Is there anything you would like to add?

— About the Photograph —

If the respondents does not give consent for their photo to be taken:

- Do never push the respondent if they decline to have their photo taken.

If the respondents consent to having their photo taken:

If for a portrait or back-view photo:

- Remember your training, ensuring that the light is behind you, not the respondent, to avoid blurry or out-of-focus photos.
- Preferably, take the shots in natural daylight, outdoors, and without using a flash.
- Aim to capture photos of the person's face and shoulders, as these appear clear on a website.
- Please avoid photos where the individual's eyes are closed or where they are looking in the opposite direction.

If for a surrounding or an object:

- Take a photo of the surroundings or an object mentioned in the story.

3.5 FIELD OBSERVATION CHECKLIST

Tool Notes: On-site visits of the facilities where MHPSS activities were operated by FRC and RRC with the SoPs and the criteria defined for the protection mainstreaming as well as CHS. The checklist will consider the infrastructure of these centres, including disability friendliness, breastfeeding rooms, lights and locks in the toilets, etc., the attitude of staff members in these centres and also those providing MHPSS services, the structure of these sessions, involvement of participants, curriculum and so on. The field researcher will also note down any observations and justifications for his/her marking.

Observation details

Date	
Start time	
End time	
Center	
City	○ Online ○ In-person

Any other important details to noe	

OBSERVATION

Observation Criteria	Response (Please tick that applies)	Please provide your observations and comments
Are beneficiaries reaching/accessing to the service/aid provided easily?	• Yes • Sometimes • No • N/A1	
Are transport mechanisms in place to make access possible?	• Yes • Sometimes • No • N/A	
Do people need to travel reasonable distances for accessing the facility/services?	• Yes • Sometimes • No • N/A	
Are there areas in and around the clinic that could be potentially unsafe like dark alleys, proximity to the bush and mount lights or place security around them?	• Yes • Sometimes • No • N/A	
Are there lights near centers?	• Yes • Sometimes • No • N/A	
Are there adaptations such as ramps and railings?	• Yes • Sometimes • No	

	• N/A	
Are the centers respectful and inclusive of cultural and religious practices? (Power Dynamics between a health staff and the patient, waiting areas, etc.)	• Yes • Sometimes • No • N/A	
Is in any form of consultation, counseling or personal information sharing?	• Yes • Sometimes • No • N/A	
Are there Physically separate and label the latrines “male” & “female”	• Yes • Sometimes • No • N/A	
Does latrine design account for children?	• Yes • Sometimes • No • N/A	
Are latrines and showers lockable?	• Yes • Sometimes • No • N/A	
Are there enough female staff with skills and experience working with women and children?	• Yes • Sometimes • No • N/A	
Are the accessible complaints and response mechanism?	• Yes • Sometimes • No	

	• N/A	
If yes, what is the existing complaints and response mechanism?	Open-ended	
Is the location of the activity designed to be disabled-friendly?	• The location is easily accessible by public transport. • There is a lamp or elevator to ease the move in the activity location. • Doorways are wide enough to accommodate wheelchairs. • There are restrooms accessible to activity area. • There are seating arrangements for wheelchairs.	
Is the activity space arranged for open communication and comfort? (seating arrangements, privacy, etc.)	• Yes • No • Partially •	

PLEASE NOTE ANY OBSERVATIONS FROM PROTECTION MAINSTREAMING AND CHS PERSPECTIVE	Do not complete here and refer to the next column	

— About the Photograph —

If the respondents does not give consent for their photo to be taken:

- Do never push the respondent if they decline to have their photo taken.

If the respondents consent to having their photo taken:

If for a portrait or back-view photo:

- Remember your training, ensuring that the light is behind you, not the respondent, to avoid blurry or out-of-focus photos.
- Preferably, take the shots in natural daylight, outdoors, and without using a flash.
- Aim to capture photos of the person's face and shoulders, as these appear clear on a website.
- Please avoid photos where the individual's eyes are closed or where they are looking in the opposite direction.

If for a surrounding or an object:

- Take a photo of the surroundings or an object mentioned in the story.

3.6 HUMAN STORYTELLING

Purpose: Understand the impact of the MHPSS project from the perspective of an affected individual girls and boys.

Introduction

1. Thank the respondent for the interview

2. Explain the objectives and expectations of the interview

3. Outline the amount of time interview will take

4. Obtain the child's assent and parent/caregivers's consent to record the interview

Introduction and ask for consent

Thank you so much for taking part in this interview! We really appreciate you taking the time to answer the questions yourself. This interview will help us understand what you think about the activities you joined in here. We want to know your thoughts about how helpful and effective these activities were, and what you think could be done better for future projects like this one. It will take about 30 minutes to finish.

Remember, everything you share with us is a secret—no one will know what you said. You can skip any question you don't want to answer, and you can stop the interview anytime without any problem. But we would love to hear your thoughts, as it will help us improve our project. If you have any questions, feel free to ask. If not, let's start? 😊

Do you agree to participate in this interview?	○ Yes ○ No

QUESTIONS

Gender of respondent:	- Male - Female - Do not want to answer	
Age of respondent		
Status	- Refugee - Host - Other - Do not want to answer	
Disability Status	- Disability - No disability - Do not want to answer	
Location		

A Day in a Young Person's Life

1. *When you consider your average day before the war in Ukraine and after your arrival in Romania, can you tell me;*

a. *What is different? What is similar? Why?*

b. *What has changed since you arrived in Romania? How these changes make you feel?*

c. *Do you feel safe in your new community/area in Romania? If yes or no, why?*

d. *Do you have time for play, school, and other things you like?*

e. *Are there any difficulties you come across during a routine day? (Probe to a new culture, different language, etc.) If yes, can you tell me what they are?*

f. *How do you think these difficulties can be overcome?*

2. *What are the main activities you do in the center here?*

a. Which one do you like the most? Why?

b. Do you have a choice about doing these activities? Why do you have/don't you have a choice?

c. Are there any risks you face when you participate these activities? If yes, can you tell me what are they?

d. Do you feel happier after participating these activities here? Why do you feel happier/don't you feel happier?

e. How do you feel about the centre and the staff members here?

Do you feel safe and comfortable when you are here? How do you think staff members are?

Do you feel more hopeful in your future after participating activities here?

3. Would you like to share anything else?

3.7 SELF-EFFICACY SURVEYS

Purpose: Understand the impact of the MHPSS project from the perspective of an affected individual girls and boys.

Introduction

1. Thank the respondent for the survey
2. Explain the objectives and expectations of the survey
3. Outline the amount of time survey will take
4. Obtain the child's assent and parent/caregivers' consent to record the survey

Introduction and ask for consent

Thank you so much for taking part in this survey! We really appreciate you taking the time to answer the questions yourself. This survey will help us understand what you think about the activities you joined in here. We want to know your thoughts about how helpful and effective these activities were, and what you think could be done better for future projects like this one. It will take about 20 minutes to finish. Remember, everything you share with us is a secret—no one will know what you said. You can skip any question you don't want to answer, and you can stop the survey anytime without any problem. But we would love to hear your thoughts, as it will help us improve our project. If you have any questions, feel free to ask. If not, let's start? 😊

Do you agree to participate in this survey?	○ Yes ○ No

QUESTIONS

	Gender of respondent:	- Male - Female - Do not want to answer	
	Age of respondent		
	Status	- Refugee	

		- Host - Other - Do not want to answer	
	Disability Status	- Disability - No disability - Do not want to answer	
	Location		
Self-efficacy questions			
	I am now going to ask you some questions about how you think and feel about things, and your time here at this centre. For each question we ask you, please choose ONE of the answers provided that you most agree with:		
	The staff here are welcoming and caring.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	The staff here do help me and other children.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	By going to the centre time I have been able to build trust with the staff and I can share with them any personal problems and concerns I may have.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	After spending time at this centre I feel more able to deal with being stressed or angry.	• Very true: 😊👍 • Quite true: 🙂👌 • Not very true: 😕😉 • Not true at all: 😕👎	
	When I spend time here, I feel less sad and worried about things.	• Strongly agree: 😊👍 • Quite agree: 🙂👌	

		• Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	I find that participating activities here help me feel better about myself and those around me.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	From what I have learnt here, I find I can get along better with people around me.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	After attending activities here, I find I am more able to express myself.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	Doing activities makes me feel better about myself and my life.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	Participating activities makes me feel happier as I made a lot of friends here.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	
	I mostly envision a better future for myself after participating activities here.	• Strongly agree: 😊👍 • Quite agree: 🙂👌 • Do not agree much: 😕😉 • Do not agree at all: 😕👎	

3.8 ADULT CONSENT FORM

Dear programme participant

The Romanian Red Cross (RRC) conducts an evaluation on its MHPSS (Mental Health and Psychosocial Support) project, which is initially funded by the French Red Cross in cooperation with us. The purpose of this evaluation is to inform RRC about the usefulness and satisfaction of MHPSS activities. I would like to ask for your consent to participate in this evaluation by answering a set of questions about the activity.

What does "giving informed consent" mean?

- It means that you understand what this evaluation is all about and that you freely agree to participate in this evaluation.
- That you understand all the things that we will ask you to do as part of this evaluation and you are happy with them.
- You have the right to refuse participation or withdraw at any time if you feel uncomfortable, without any negative consequences

Explanation of Procedures to be followed.

We are asking to invite you to the evaluation conducted by RRC, which will inform their future projects like this. If you agree to participate, we will ask you to participate in a group discussion/interview and/or survey with us. The discussion/survey/interview will be done face-to-face with a trained enumerator. We will ask you about relevance, satisfaction, and experiences of the project.

If you have any questions about the study or concerns to share, below are the focal points to contact with;

Scruples Research

- Serap Merve Doğan, Head of Programs and Operations, Scruples Research

  Email: info@scruplesresearch.com

RRC: Could be the center coordinator for each center

1. Salaj, Lorena Filip, salaj@crucearosie.ro
2. Satu Mare, Rodica, satu_mare@crucearosie.ro
3. Iasi, Vivian, iasi@crucearosie.ro
4. Brasov, Andra, brasov@crucearosie.ro
5. Constanta, Cristina, constanta@crucearosie.ro
6. Bucharest, Michaela, sector4.crucearosie@gmail.com

Will any Procedures Result in Discomfort or Inconvenience?

You may not feel comfortable with some of the discussions and topics that we cover. If you do not feel like answering questions about any of this, you can refuse to share your opinion. There will be no negative consequences or criticism if you do not answer questions. Your or your eligibility for any assistance will not be affected by your decision of not involving in the discussions/survey/ interviews.

Are there any Risks or Costs involved for me?

There are no direct risks or costs involved for you participating in the group discussions and/or survey. You will spend 20 minutes of your time in the survey or 60 minutes in the discussions/interviews.

What are your rights as a programme participant?

Your decision to participate in this group discussion/survey/interview is completely voluntary. You can refuse to be in the group discussion/survey/interview and in this case, it will not affect your eligibility for any support that you might potentially get.

Confidentiality

By speaking to us, you will be producing data. The data you provide will be treated as confidential and securely stored. We will keep the material produced securely, so only the evaluation team members know who produced it and have ready access to this. Any electronic data will be kept on secure, password protected computers. There are limits to confidentiality. If you tell us about physical or sexual abuse of yourself or another person, we are required to report this to Romanian Red Cross and French Red Cross that funds this project. We may also be required to report it to Romanian Red Cross if you tell us about someone's or her/his own intention to harm others or yourself in the future.

Confirmation of voluntary, informed consent

I hereby confirm that the person asking me to participate in this group discussion/survey has given me information to my satisfaction. S/he explained to me the purpose, things that are involved, risk and benefits and my rights as a participant in the evaluation. I have had enough time to read the consent form on my own, ask questions and I am happy with the answers I have been given regarding my participation in the evaluation.

I am aware that it is my right to refuse participation in this evaluation without experiencing any harm. I hereby, freely, and voluntarily give my consent to participate in the evaluation and to provide my personal data according to the Law of EU on Personal Data Protection. I also give consent for notetaking/audio-recording/photographing (please circle the one preferred by the participant) to be made of me. I will be told in advance that note-taking/audio-recording/photograph is taking place.

Name and Surname of the programme participant:

Participant Signature:

Date (dd/mm/yyyy):

Name and Surname of the Field Researcher Obtaining the Consent:

Signature of the Enumerator Obtaining the Consent:

Date (dd/mm/yyyy):

3.9 CHILD ASSENT FORM

Information sheet and informed consent for children (Below 18):

Dear cool programme participant 

We will be asking some questions about the services provided by the Romanian Red Cross, which is an organisation that works with adults and children like you and supports the needs of the affected people coming from Ukraine to Romania. As they informed us, you also received some services from them. Therefore, we are highly curious about how you feel about activities you participated in this centre. They want to make sure your opinion and perspective are also included if they do a new project in the future. Therefore, we believe your opinion on how this project went, how satisfied you were with the assistance that you received and what the contributions to your life and skills will be guiding us.

What Does It Mean to Give Your 'Okay' to Join?

- Giving your 'okay' means you really understand what this review involves, and you're happy to be part of it.
- It means you're clear about what we'll ask you to do during this review, and you're comfortable with it.
- You should also know that it's completely okay if you decide not to participate or if you want to stop at any time. Nobody will be upset with you for making that choice.

What Will Happen If You Join Us?

We're inviting you to share your thoughts about the activities in an interview, or survey. If you agree, you'll have a friendly chat with someone trained for this. We're keen to hear about your experiences and opinions on the project's educational activities.

Might Some Topics Be Uncomfortable?

It's possible that some topics we discuss may not be your favourite. If you ever feel uneasy or prefer not to answer certain questions, that's completely fine. Your choice will be respected, and it won't affect your current or future assistance in any way.

Are There Any Risks or Costs for You?

Participating won't put you at risk or cost you anything. It's about spending a bit of your time – around 30 minutes for a survey or an interview.

Your Participation Is Your Choice

You have the freedom to choose whether to participate. Saying 'no' to our survey, or interview won't change your eligibility for any support you might receive. Your decision is respected and valued.

Your Privacy Matters

Your privacy is our priority. The information you share will be securely stored and only accessible to our evaluation team. Please note that if you share information about serious matters about yourself or others, we must report this to Romanian Red Cross to ensure safety and care.

Confirming Your Willing Consent

By participating, you're confirming that you understand and are satisfied with all the details about this review. You've had the chance to think it over, ask questions, and feel good about your participation.

Your Right to Opt-Out

You always have the right to choose not to take part in this evaluation, and it won't negatively impact you in any way. By agreeing to participate, you're also giving your consent for us to take notes, record audio, or photograph during the evaluation (please indicate which you prefer). We'll always inform you when these activities are happening.

Name and Surname of the cool programme participant:

Participant Signature:

Date (dd/mm/yyyy):

Name and Surname of the parent/caregiver:

Participant Signature:

Date (dd/mm/yyyy):

Name and Surname of the Field Researcher Obtaining the Consent

Signature of the Enumerator Obtaining the Consent:

Date (dd/mm/yyyy):