

<b>Final Performance Evaluation</b> <i>Emergency multisectoral response to the urgent needs of the conflict-affected people in Ukraine</i> <b>Terms of Reference</b>	
<b>Country / Area</b>	Ukraine
<b>Starting date</b>	July 2024 Project timeline : July 14, 2022 - October 13, 2024
<b>Funding</b>	BHA
<b>Author(s)</b>	Consortium MEAL Manager, Senior Consortium Coordinator

## 1. INTRODUCTION

### 1.1. GENERAL INTERVENTION BACKGROUND

Since Autumn 2021, the war in Donbass intensified and movements of Russian military forces and heavy weapons towards the Ukrainian border were reported. On February 24, 2022, following the recognition of the Donetsk People's Republic (DPR) and Luhansk People's Republic (LPR), Russia launched a full-scale military assault, deploying a wide range of military assets from land, sea, and air. From the beginning of the invasion, heavy fighting was reported throughout the country. Currently, hostilities are concentrated in the eastern and southern parts of Ukraine, directly affecting civilians' safety and security. Access to northern parts of the country has improved after the withdrawal of the Russian forces, but the population, including returnees and humanitarian workers, are exposed to landmines and other explosive remnants of war (ERW) including unexploded ordnance (UXO).

Now, Ukraine is experiencing an active conflict and a protracted humanitarian crisis. The BHA-funded intervention aims at providing life-saving assistance to the affected population in a flexible way, adapting to the context with constant monitoring and responding to the actual needs. The Consortium members continuously conduct primary and secondary data analysis as well as assessments in various areas in Ukraine; these assessments demonstrate that the affected population has difficulty accessing essential services, including adequate water, sanitation and hygiene commodities, access to health care services and medicines, support in mental health services, and the adequate financial resources to do so. In addition, storage and warehousing of humanitarian goods, including medical cargo, sensitive to temperature changes, is in need of structural support. Thus, the key purpose of the intervention is to contribute the re-establishment of disrupted basic services in conflict-affected areas in targeted Oblasts, with a combination of mobile and static modalities providing services to IDPs, host, and returnee communities, based on their needs, and focusing on the most vulnerable and at-risk populations with an agile response model, which can quickly shift in line with need.

As the conflict has continued into a second year, major changes in the line of contact have been limited, while the population's support needs have continued to evolve. Acute humanitarian needs remain in the south and east, with increasingly overburdened services in the center and west of Ukraine, which host the vast majority of IDPs. With this increased burden on hospitals, housing schools, job markets, and social services in the center and west, social cohesion is increasingly relevant to humanitarian actors' work.

The **Project's Theory of Change** is as follows: (1) IF the population affected by the ongoing war and protracted crisis, has access to life-saving assistance to meet their basic needs in terms of health care, adequate and safe water, sanitation, and hygiene, as well as essential household items (2) AND IF their safety, mental health and wellbeing is ensured by relevant protection interventions, psychological support and timely and coordinated aid delivery (3) AND IF the healthcare system is enabled to respond to increasing health demands via making available trained staff, medical supplies and functional, inclusive and gender sensitive health, nutrition, and integrated support services; (4) THEN their health and wellbeing will be improved, dignity protected, and the negative impacts of the conflict will be mitigated whilst fostering resilience.

## 1.2. DORIJKKA's HISTORY IN THE COUNTRY

Dorijka consortium was established by PUI in partnership with four other INGOs. The five consortium partners possess various experience in operating in Ukraine. Below is a brief of the experience in the country by partner:

### 1- Première Urgence Internationale (PUI)

PUI has been implementing projects in Ukraine since 2015 mostly focusing on Emergency Primary Healthcare, Mental Health, Psychosocial, WASH and Protection response to populations affected by the war in Ukraine.

### 2- Action Contre la Faim

Action contre la Faim worked in Ukraine from 2014 to 2018, focused on providing support to people traumatised by the conflict, through a team of psychiatrists and social workers. In May 2017, Action contre la Faim was involved in the creation of a consortium along with four other NGOs (PIN, MdM, and ACTED) funded by ECHO, and leading the group in its advocacy efforts, including the development of an advocacy strategy. Since March 2022, Action contre la Faim has been implementing multiple projects with a multisectoral approach, both in the West and East of Ukraine with activities in WASH, MHPSS, MPCA, Health and Nutrition as well as Food.

### 3- Humanity & Inclusion

HI was last present in Ukraine between 2015 and 2017, with activities in Donetsk, Dnipro and Luhansk. That response focused on providing rehabilitation services for vulnerable populations, including direct care at home level and in primary health care centers, as well as capacity building for health and social structures – both accompanied by the provision of assistive devices. After the closure of the Ukraine programme, HI remained indirectly involved with Ukraine, as part of the Learning, Acting and Building for Rehabilitation in Health Systems Consortium (ReLAB-HS), a USAID-funded project led by Johns Hopkins. That covers several countries, including Ukraine, in partnership with NGOs such as Momentum

Wheels for Humanity, which is the implementing partner in Ukraine. Since the Russian offensive, Momentum has asked HI to support the emergency response in country and HI is coordinating closely with Momentum teams in country. HI also has a strong historical presence in the Balkans and Balkan Peninsula, dating back to the beginning of the 1990's through to 2012, both in emergency and post-conflict settings. HI's key interventions included health and rehabilitation, basic needs assistance, EORE and demining, logistics, inclusion, capacity building and advocacy.

#### 4- Solidarités International

SI has developed a strong expertise over its 40 years of existence in the sectors of intervention implemented through the project (WaSH, Shelter, MPCA). In addition, SI is recognized for its capacity to access hard-to-reach areas, demonstrated since the opening of the Ukraine mission in February 2022. Indeed, SI along with MSF was the first INGO to reach localities such as Kharkiv and Mykolaiv.

#### 5- Triangle Génération Humanitaire

TGH has been implementing projects in Ukraine since 2015 in different regions in Ukraine covering protection services, food security, COVID response, and WaSH lifesaving assistance.

### 1.3. MAP OF THE AREA



## 1.4. PRESENTATION OF THE PROJECT TO BE EVALUATED

Project Title	Emergency multisectoral response to the urgent needs of the conflict-affected people in Ukraine
Implementers	DORIJKA is the name of a consortium that consists of 5 international NGOs: Première Urgence Internationale (PUI), Action Contre la Faim (ACF), Triangle Génération Humanitaire (TGH), Humanity & Inclusion (HI), Solidarités International (SI).
Project start and end date	July 14, 2022 - October 13, 2024
Active Geographic Regions	Dnipropetrovska, Zaporizka, Donetska, Khersonska, Kharkivska, Mykolaivska, Odeska, Poltavaska, Sumska, Cherkaska, Vinnytska, Kyivska, Chernivetska, Ivano-Frankivska, and Lvivska, Zakarpatska.
Targeted Number of Beneficiaries	898,677 (837,088 unique individuals)
Targeted Number of IDPs	615,324 (568,688 unique individuals)
Required evaluation?	Yes
External or internal evaluation?	External
Type of evaluation	Performance evaluation
Total budget	\$96,850,000.00
Main objective	The project in concern aims to contribute to the mitigation of the impact of the conflict and the protracted crisis on vulnerable populations in Ukraine.
Specific objectives	The action counts seven purposes, all of them interconnected according to the theory of change, contributing to the goal of the intervention: <ul style="list-style-type: none"> <li>• To contribute to a reduction in mortality and morbidity by increasing access, coverage, use and quality of comprehensive primary healthcare services.</li> <li>• To support and facilitate the immediate delivery of humanitarian aid assistance to the affected population in Ukraine.</li> <li>• To respond to basic needs through multipurpose cash assistance. This covers immediate needs for health, household items, food security, water, sanitation, hygiene, and education to people affected by the conflict.</li> <li>• To promote, protect and support appropriate and optimal infant and young child feeding practices through multisectoral activities.</li> <li>• To improve the protective environment of vulnerable and at-risk conflict-affected populations and enhance their resilience through tailored protection and psychosocial support (PSS) interventions.</li> </ul>

	<ul style="list-style-type: none"> <li>• To provide critical, timely and appropriate shelter assistance to the most vulnerable individuals affected by the conflict.</li> <li>• To ensure access to basic Water, Sanitation and Hygiene (WaSH) services and commodities, to contribute to mitigation and reduction of risks of morbidity and mortality associated with WaSH-related diseases in the context of shock and displacement.</li> </ul>
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## 2. OBJECTIVES OF THE MISSION

### 2.1. GENERAL OBJECTIVE

The purpose of this evaluation is to assess the implementing partners' performance and delivery of the BHA funded project, aligning with OECD evaluation criteria. The evaluation is intended to help implementing partners in enhancing their future programming by integrating lessons learned and best practices identified through this project. Thus, the evaluation fulfills the following objectives:

1. To assess whether the project achieved its intended objectives and delivered the planned results under different sectors and different geographical locations.
2. To identify and analyze the successes, challenges, and lessons learned during the project implementation including gaps in humanitarian assistance that the project could not cover.
3. To gather input from various stakeholders, including beneficiaries, local partners, and government entities, regarding their perceptions of the project's relevancy to the needs in the community, the quality of execution of project's activities, and the effectiveness of assistance delivered.
4. To offer data and insights that can be used to refine programmatic strategies and inform future project designs including comparative analysis of relevancy between regions and sectors.

In summary, the final performance evaluation serves as a critical tool for assessing the project's overall success, learning from experiences, and informing future humanitarian and transitional initiatives in Ukraine and beyond. It contributes to the ongoing process of refining strategies, improving implementation practices, and ensuring that humanitarian response efforts align with the evolving needs of the target population.

### 2.2. SPECIFIC OBJECTIVES

The assessment of the project's performance will be directed by a series of research questions tailored to the specific outcomes and insights intended to be derived from this evaluation. While the evaluation is anticipated to capture the primary emphasis outlined for each criterion, the possibility exists to expand the questions into including additional domains if doing so would enhance the evaluation's methodology without compromising the quality of the results.

- 1) **Relevance:** The evaluation of the project is intended to recognize if the project has successfully reached the most vulnerable community groups and aligned its activities with the target communities' needs and priorities.

- How well does the project consider the specific needs and characteristics of the target population, including vulnerable or marginalized groups, through MPCA, Health, Protection and MHPSS services?
  - How did the consortium's logistics services align with the changing needs of their partners?
  - How relevant and effective was the integration of nutrition within the health framework in programming terms?
- 2) Coherence: DORIJKA partners will be interested to know how the project maintained the dignity and safety of those who benefitted from its implementation, taking into consideration that the project was designed at a very early stage of the crisis.
- How effectively do project design and implementation integrate different community groups ensuring their safety and dignity throughout the implementation process?
  - How did implementation change over time based on monitoring findings in regards specific needs?
- 3) Effectiveness: The evaluation findings are expected to provide an insight on level of achievement of the expected project outcomes from MPCA, MHPSS, and NFIs activities.
- What quantitative measures demonstrate the success of the intervention in achieving MPCA, MHPSS, and NFIs outputs and outcomes? What were the factors associated with greater or lesser efficiency in achieving project outcomes?
  - How did the cluster recommendations contribute to the effectiveness of NFI activity design and implementation?
- 4) Efficiency: The evaluation will seek to understand to which extent the WASH and Shelter intervention has been successful in meeting needs in terms of timeliness, resource mobilization and cost-efficiency, and more specifically:
- Did the project interventions meet WASH and Shelter needs in collective centers in a timely manner?
  - To what extent did the project design align with in-country WASH and Shelter regulation? And what adaptations were made to meet beneficiaries' needs within the legal and project/donor framework?
- 5) Sustainability: DORIJKA partners will be interested to know how Protection and MHPSS services in the targeted locations will be replicated/continued (in post project period) by the concerned stakeholders involved in the project implementation. This would be further important to see the increase in stakeholders' capacities attained from the project. Additionally, it is in the interest of WASH implementing partners to understand the water rehabilitation impact beyond the project implementation period.
- To what extent have local institutions and partners developed the capacity to sustain the protection and MHPSS intervention's activities and goals?
  - How have local water authorities (Vodokanals) been able to operate and maintain rehabilitation projects supported by consortium partners?

- 6) Management and coordination: The planning and implementation of the project was based on continuous coordination efforts across implementing partners and other stakeholders. The evaluation findings are expected to provide an insight on how management and coordination systems in place contributed to the success of the project, and what additional mechanism can enhance the functionality of activity management.
- To what extent did project leaders demonstrate adaptive and strategic leadership in response to challenges and changing circumstances?
  - How well were implementing partners coordinated to achieve project goals? How effective were the consortium coordination mechanisms in responding to project management and implementation needs?

## 4. METHODOLOGY

### 4.1. BRIEFING IN PREPARATION FOR THE MISSION

The evaluation team will receive briefings about security, context, project history, main events and challenges for a half day.

Within 5 working days of contract signing, the evaluation team will meet with the Evaluation Focal Points for introductions and to discuss the team's understanding of the assignment, initial assumptions, evaluation questions, methodology, and work plan.

### 4.2. DATA COLLECTION METHODS

A **stratified sampling approach** will be employed to ensure representation across different project components, geographical areas, and beneficiary groups. The sample size will be determined based on statistical significance and the diversity of project interventions.

A **mixed-methods approach** will be employed to gather comprehensive data on the project's performance. Quantitative data will be collected through surveys and document reviews, while qualitative data will be obtained through interviews and focus group discussions.

**Quantitative data** will be collected through:

- Surveys: A structured survey will be conducted with project beneficiaries, stakeholders, and relevant community members to gather quantitative data on project outcomes and impacts.
- Document Review: Project documents, reports, and other means of verification will be analyzed to assess the project's implementation.

**Qualitative data** will be collected through:

- Key Informant Interviews: In-depth interviews will be conducted with project staff, beneficiaries, and key stakeholders to gain insights into the qualitative aspects of project implementation and impact.
- Focus Group Discussions: Group discussions will be organized to explore community perspectives and experiences related to the project.

Data triangulation will be implemented by cross-referencing information from multiple sources, such as surveys, interviews, and document reviews, to enhance the validity and reliability of the findings.

### 4.3. KEY DOCUMENTS

The main documents to be reviewed before departure to the field can include and not be limited to:

- Project proposal and annexes.
- Project reports.
- Humanitarian Needs and Response Plan 2024.
- Internal monitoring reports such as PDMs.

### 4.4. PRESENTATION / DEBRIEFING AT THE END OF THE MISSION

#### **Final Presentation:**

The evaluation team is expected to hold a final presentation in an online meeting to discuss the summary of findings and conclusions (and recommendations, if applicable) with Evaluation Focal Points and relevant project representatives. This presentation will be scheduled as agreed upon during the in-briefing.

#### **Debriefing:**

After the evaluation is completed and the report is finalized, a debrief meeting will be carried out with the presence of the main contractual focal points, which allows both parties to reflect on the project, learn from the experience, and ensure that the outcomes meet expectations.

## 5. ORGANISATION OF THE MISSION

### 5.1 CHARACTERISTICS OF THE EVALUATION TEAM

The contractor must provide information about evaluation team members, including their curricula vitae, and explain how they meet the requirements in the evaluation TOR.

Submissions of writing samples or links to past evaluation reports and related deliverables composed by proposed team members are highly desirable. It is recommended to describe how the visa process of any team members crossing into Ukraine is taken into consideration in the design of the evaluation schedule.

Required qualifications and skills within the evaluation team:

- Experience in evaluation design, methods, management, and implementation.
- Technical subject matter expertise.
- Background in USAID's cross-cutting program priorities, such as gender equality and women's empowerment, youth, etc.
- Ukraine response experience.
- Native Ukrainian language skill level for field team.

### 5.2 LOGISTICS, SECURITY AND ADMINISTRATIVE ORGANIZATION

- **Visas – Travel to Ukraine:**



The evaluation team will be responsible for their visa application and the process of arriving inside the borders of Ukraine. DORIKA underlines the importance of considering visa application challenges and get an insight on the current challenges faced by NGOs regarding visa application process. It is recommended to describe how the visa process of any team members crossing into Ukraine is taken into consideration in the design of the evaluation schedule. Evaluation must be conducted directly in Ukraine, remote evaluation modality will not be accepted.

DORIJKA team will provide relevant information if needed (available transportation means to Ukraine from Poland for instance, visa information, etc.) but these aspects will be under the evaluation team responsibility.

- **Travel and accommodation within Ukraine:**

Project implementing partners are willing to support the transportation and the accommodation of the evaluation team during their field visits to the different project offices in different oblasts.

- **Security:**

Evaluation team will fall under the security responsibility of the hosting implementing partner. Evaluation teams are required to adhere to security rules and protocols of the hosting organization.

- **Offices and workspace:**

Consortium partners have offices and sufficient workspaces that can be arranged to host the evaluation team during their field visits to the different bases.

- **Working hours:**

The working hours for consortium partners vary slightly, as a general timeframe all field teams would be available between 9:00 AM – 5:00 PM.

- **Social considerations:**

Language sensitivity towards Russian language is possible to arise in some locations. It is advised to be considerate and attentive to the context as there could be differences between different regions. Data collection tools are usually translated into both Ukrainian and Russian to be inclusive to all community groups of different backgrounds.

Submitted proposals must include details about the languages spoken by evaluation teams and detail planned arrangements regarding potential need for interpreters (preferably hired by the evaluation team, request support from DORIJKA partners...).

## 5.3 MONITORING

The Evaluation Focal Points are the committee responsible for continuous follow-up with the evaluation team throughout the different stages of the evaluation, as well as supporting the evaluation team with the information and resources required. These focal points will be identified at the inception phase and their contact information will be made available for the evaluation team.

Coordination and follow-up with the Evaluation Focal Points is expected to take place at the inception phase, review of data collection tools, mid-term briefing (after the data collection and before the presentation), results presentation phase, and the review of the final evaluation report. Additional coordination can be organized upon request as needed.

## 5.4 WORKPLAN

<b>Activities</b>	<b>Timeframe</b>
<b>1) Inception Phase:</b> <ul style="list-style-type: none"> <li>- Kick-off meeting with project representatives and key project stakeholders.</li> <li>- Review of project documentation, including proposals, reports, and relevant agreements.</li> <li>- Development and submission of the Inception Report outlining the evaluation approach, methodology, and work plan.</li> </ul>	Week 1-2
<b>2) Data Collection Phase</b> <ul style="list-style-type: none"> <li>- Finalization and approval of data collection instruments, including surveys, interview guides, and focus group discussion protocols.</li> <li>- Training of data collection teams, if applicable.</li> <li>- Commencement of quantitative data collection through surveys.</li> <li>- Initiation of qualitative data collection, including interviews and focus group discussions.</li> </ul>	Week 3-4
<b>3) Data Analysis Phase</b> <ul style="list-style-type: none"> <li>- Commencement of quantitative data analysis using statistical software.</li> <li>- Thematic analysis of qualitative data to identify patterns and key themes.</li> <li>- Triangulation of data sources to enhance the validity of findings.</li> <li>- Presentation of initial findings to Focal Points and relevant stakeholders.</li> </ul>	Week 5-6
<b>4) Draft Report Phase</b> <ul style="list-style-type: none"> <li>- Compilation of draft evaluation report, including executive summary, methodology, key findings, and initial recommendations.</li> <li>- Submission of the draft report to Evaluation Focal Points for review.</li> <li>- Incorporation of suggested revisions.</li> </ul>	Week 7-8
<b>5) Final Report Phase</b> <ul style="list-style-type: none"> <li>- Finalization of the evaluation report based on feedback received.</li> <li>- Submission of the final evaluation report, including an executive summary, detailed methodology, key findings, analysis, lessons learned, and actionable recommendations.</li> <li>- Presentation of findings to Evaluation Focal Points and relevant project representatives.</li> </ul>	Week 9-10 Maximum by October 6th 2024

<b>6) Project Closeout</b> - Submission of all required documentation, including data sets, annexes, and additional supporting materials.	Week 11 Maximum by October 13 <sup>th</sup>
<b>Total</b>	<b>11 weeks</b>

## 6. DELIVERABLES

### 6.1. INCEPTION PHASE

Below mentioned deliverables will be shared and revised by Evaluation Focal Points, comments and feedbacks might be proposed for consideration by Evaluation teams.

#### 6.1.1. In-Briefing:

Within 5 working days of contract signing, the evaluation team will meet with the Evaluation Focal Points for introductions and to discuss the team's understanding of the assignment, initial assumptions, evaluation questions, methodology, and work plan, and/or to adjust the SOW, if necessary. No deliverables are expected from the evaluation team.

#### 6.1.2. Evaluation Design:

Within 2 weeks of the contract, the evaluation team must submit an evaluation design to the Evaluation Focal Points. The design will become an annex to the evaluation report. The evaluation design will include:

- Detailed evaluation design matrix that links the Evaluation Questions from the SOW (in their finalized form) to data sources, methods, and the data analysis plan;
- Draft questionnaires and other data collection instruments or their main features;
- List of potential interviewees and sites to be visited and proposed selection criteria and/or sampling plan (must include sampling methodology and methods, including a justification of sample size and any applicable calculations); and
- Limitations to the evaluation design.

#### 6.1.3 Inception Report:

Following the desk review and prior to field work, the evaluator will submit an Inception Report outlining the evaluation approach, detailed methodology, work plan, and schedule. The report should also include a refined logic model and performance criteria based on initial consultations with the Evaluation Focal Points.

#### 6.1.4 Data Collection Instruments:

The evaluator will develop and submit all data collection instruments, including survey questionnaires, interview guides, and focus group discussion protocols, for review by Evaluation Focal Points. Feedback from relevant stakeholders will be incorporated into the final versions.

### 6.2. EVALUATION REPORT

The performance evaluation report will follow a structured format to provide a comprehensive and insightful analysis of the project's performance. The report will be organized as follows:

1. Executive Summary
2. Evaluation Purpose
3. Background on the Context and the Project and Activities being Evaluated
4. Evaluation Questions
5. Methodology
6. Limitations to the Evaluation
7. Findings, Conclusions, and (If Applicable) Recommendations
8. Annexes

Annexes to the report must include:

- Evaluation SOW (updated, not the original, if there were any modifications);
- All data collection and analysis tools used in conducting the evaluation, such as questionnaires, checklists, and discussion guides;
- All sources of information or data, identified and listed;
- Signed disclosure of conflict-of-interest forms for all evaluation team members, either attesting to a lack of or describing existing conflicts of interest.
- Summary information about evaluation team members, including qualifications, experience, and role on the team.
- Evaluation data or link to data.

### 6.3. A POWERPOINT PRESENTATION

The evaluation team is expected to hold a final presentation in an online meeting to discuss the summary of findings and conclusions (and recommendations, if applicable) with Evaluation Focal Points and relevant project representatives. This presentation will be scheduled as agreed upon during the in-briefing. Presentation must be in English language, and the software to be used is Microsoft PowerPoint. The presentation platform can be either Microsoft Teams or Zoom.

### 6.4. A DEBRIEFING

After the evaluation is completed and the report is finalized, a debrief meeting will be carried out with the presence of the main contractual focal points, which allows both parties to reflect on the project, learn from the experience, and ensure that the outcomes meet expectations.

## 7. BUDGET

This section provides guidance on operational costs the evaluation team should take into consideration, and operational costs the consortium will already be covering. Other costs that are not mentioned in this section to be considered not covered by the consortium.

### - **Visas – Travel to Ukraine:**

The evaluation team will be responsible for their visa application and the process of arriving to the cities neighboring Ukrainian borders, which are Chełm and Przemyśl in Poland. The consortium partners can coordinate the transportation into Ukraine afterwards. Travel costs can be included and detailed in the proposed budget for the evaluation accordingly.

### - **Travel and accommodation within Ukraine:**

Project implementing partners are willing to support the transportation and the accommodation of the evaluation team during their field visits to the different project offices in different oblasts. Thus, this component is not required to be included in the proposed budget for the evaluation.

Regarding transportation and accommodation before entering or after leaving Ukrainian borders; this cost will fall under the responsibility of the evaluation team and can be included in the proposed budget for the evaluation.

All the costs related to the daily expenses of the Evaluation Team (meals, etc.) should be included in the proposed budget for the evaluation.

- **Data collection devices:**

The devices and programs used for data collection will not be provided by consortium partners. Evaluation team should take this cost into consideration if needed when designing the budget.

- **Data collection and analysis software:**

The software and tools used to facilitate data collection and generate deliverables will not be provided by the consortium partners. Evaluation team should take this cost into consideration if needed when designing the budget.

## 8. ANNEXES

- Website <https://dorijka.org>/https://dorijka.org/
- Project map (already included in the presented ToRs)
- Project presentation
- Table of geographical coverage by sector

Upon request of the applicants, the following documents may be provided at the inception phase:

- Distribution lists
- Activity progress reports
- Internal monitoring reports
- Feedback and complaints summary reports

## 9. APPLICATION

Interested persons should present in English:

- ✓ A technical offer presenting:
  - The understanding of the issues of the study and the Terms of Reference ( ToR ): development of a problem and formulation of questions to which the offer proposes to answer
  - The methodology and tools proposed for the evaluation
  - The workplan presenting the details for the realization of each of the evaluation phases. The proposed schedule should include a briefing time on the mission, as well as at headquarters as far as possible.
- ✓ A financial offer including a detailed budget by chapter (fees, other costs)
- ✓ Updated CVs of Evaluation team members

- ✓ An example of similar studies
- ✓ References

Candidates should send all of this documentation in electronic format to [tboudant@premiere-urgence.org](mailto:tboudant@premiere-urgence.org), [cons.co@premiere-urgence-ukr.org](mailto:cons.co@premiere-urgence-ukr.org) Cc : [dep.log.co@premiere-urgence-ukr.org](mailto:dep.log.co@premiere-urgence-ukr.org)

The deadline for submitting applications will be **6<sup>th</sup> of June 2024**.



# DORIJKKA CONSORTIUM

DORIJKKA

January 2024

# About us

Consortium of 5 French NGOs:



**USAID**  
FROM THE AMERICAN PEOPLE



# Partners



In UKR since 2015, both sides of the contact line, also under BHA funding  
In Feb 2022 submitted CN for emergency funding, since 2022 offices in Kyiv (coordination), Lviv, Dnipro and Kharkiv, focus on Health, MHPSS, Protection



In UKR between 2014-2018, multi-sectoral support, direct and through partners  
Since 2022, offices in Kyiv (coordination), Chernivtsi, Dnipro, Kharkiv, Mykolaiv, focus on Health, MHPSS, MPCA – direct implementation and through partners



In UKR since 2015, Luhansk and Donetsk, multi-sectoral support  
Since 2022, offices in Lviv (coordination), Vinnytsia, Cherkasy and Dnipro, direct implementation and through partners – Protection (legal aid, PSS, case management)

# Partners



in UKR between 2015-2017, multi-sectoral support  
Offices in Kyiv (coordination), Lviv, Mykolaiv, Dnipro, Kharkiv focus on health/physical rehabilitation, protection, armed violence reduction, inclusive humanitarian assistance, Atlas logistics: warehousing, kitting, with warehouses in Dnipro, Kharkiv, Mykolaiv, transport



Opened offices in Ukraine in 2022, offices in Kyiv (coordination), Dnipro, Kharkiv, Mykolaiv, focus on frontline communities, rural areas, emergency response: WaSH, shelter, basic needs  
*NB: Lviv base has been closed since the beginning of 2024*

# The Donor

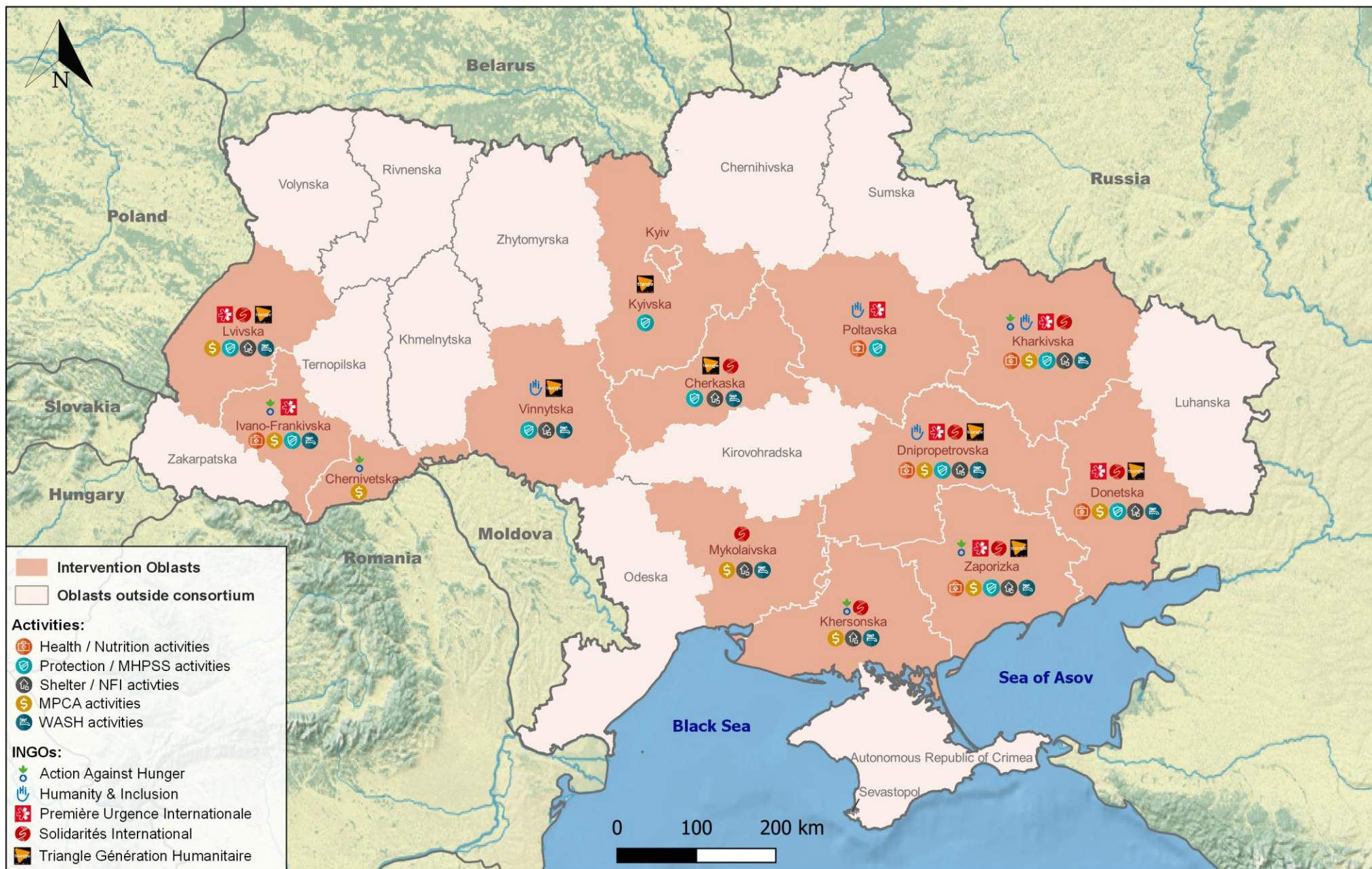


**USAID** – United States Agency of International Development

**BHA** – Bureau of Humanitarian Assistance, is a branch of USAID, focus on provision of **life-saving assistance**, including food, water, shelter, emergency healthcare, sanitation and hygiene, and critical nutrition services— to the world’s most vulnerable and hardest-to-reach people.

Their strategy in UKR:

- Focus on MPCA, Wash, Protection, Shelter, Health
- Eastern and Southern oblasts, conflict-affected areas, recently displaced IDPs
- Emergency and life-saving activities





# Project Summary

## Sectors:

HEALTH	LOGISTICS	MPCA	NUTRITION*	PROTECTION	SHELTER	WASH
PUI ACF HI	HI	PUI ACF TGH HI SI	(PUI) (ACF)	PUI ACF HI TGH	PUI TGH SI	PUI ACF TGH SI

# Exchange mechanisms

## *Coordination level*

<b>HEALTH</b>  monthly  Co-led TBD	<b>PROTECTION/ MHPSS</b>  monthly  Co-led by TGH	<b>MPCA</b>  monthly  Co-led by ACF	<b>HoP Mtg</b>  monthly  CMU in lead	<b>StC Mtg</b>  monthly  CMU in lead
<b>MEAL WG</b>  bimonthly  CMU in lead	<b>WaSH/ SHELTER/NFI</b>  bimonthly  Co-led by SI	<b>HR/Admin Finance/ Log</b>  TBC  Co-led by PUI	MoMs of working groups shared with grants focal points on monthly basis	

# Protection/MHPSS

Referral Mechanism

PUI	<p>Integrated through IERTs</p> <p><b>MHPSS:</b> individual and group sessions, training by a stand-alone psychologist, training on emergency and trauma-focused CBT in December</p> <p><b>Protection:</b> protection counseling and protection monitoring in CCs/facilities</p>
ACF	<p><b>MHPSS:</b> working with local partners , trained on topics such as: PFA, emotional stabilization, psychoeducation, and PSS group sessions for childrens, teenagers and adults in distress</p>
TGH	<p><b>Protection/PSS:</b> case management, legal aid, psychosocial support, direct and through partners, mobile teams (case worker, psychologist, legal aid officer), community based protection training (GBV, PSEA, Child Protection for Non child Protection Actors, Basic PSS, Self-help during stress, How to support a child during stress, how to control emotions), hotlines for legal aid services and for PSS, CC/CFS</p>
HI	<p><b>Protection:</b> EORE/ CPP, ToTs and for humanitarian organizations, service mapping, inclusive humanitarian assistance trainings</p> <p><b>PSS:</b> training for medical teams (on stress mgmt., inclusion of PwD), group sessions for caretakers, individual sessions, targeted to elderly and PwD, PFA, PSS kit</p>



# Health/nutrition

PUI	<p>Integrated (Health, Protection, MHPSS) through <b>IERTs</b></p> <p><b>Support to 12 health facilities:</b> provision of drugs and equipment, training</p> <p><b>Support of referral:</b> through MPCA</p> <p>Wash in health: light repairs of wash infrastructure <u>in the HF supported</u></p>
ACF	<p><b>Support to 15 HF:</b> provision of drugs and equipment, training and capacity building</p> <p><b>Mobile clinics</b> launched in October, main focus on SHR</p>
HI	<p><b>Support to HF:</b> provision of rehabilitation equipment, physical rehab sessions, trainings, stock of technical aids/assistive devices</p> <p>Assessment of hospitals in Kharkiv on going</p> <p><b>Integration of rehabilitation/Physiotherapist specialists through PUI IERTs</b> – discussion ongoing in Dnipro</p>
SI	<p><b>Wash in health:</b> upon request from PUI, ACF and HI – light repairs of Wash infrastructures in HF</p>

# MPCA

All partners use Tier I targeting of CWG:

- People having fled from or living in areas within 30km buffer zone
- IDPs displaced within the last 30 days
- People recently affected by sudden shelling

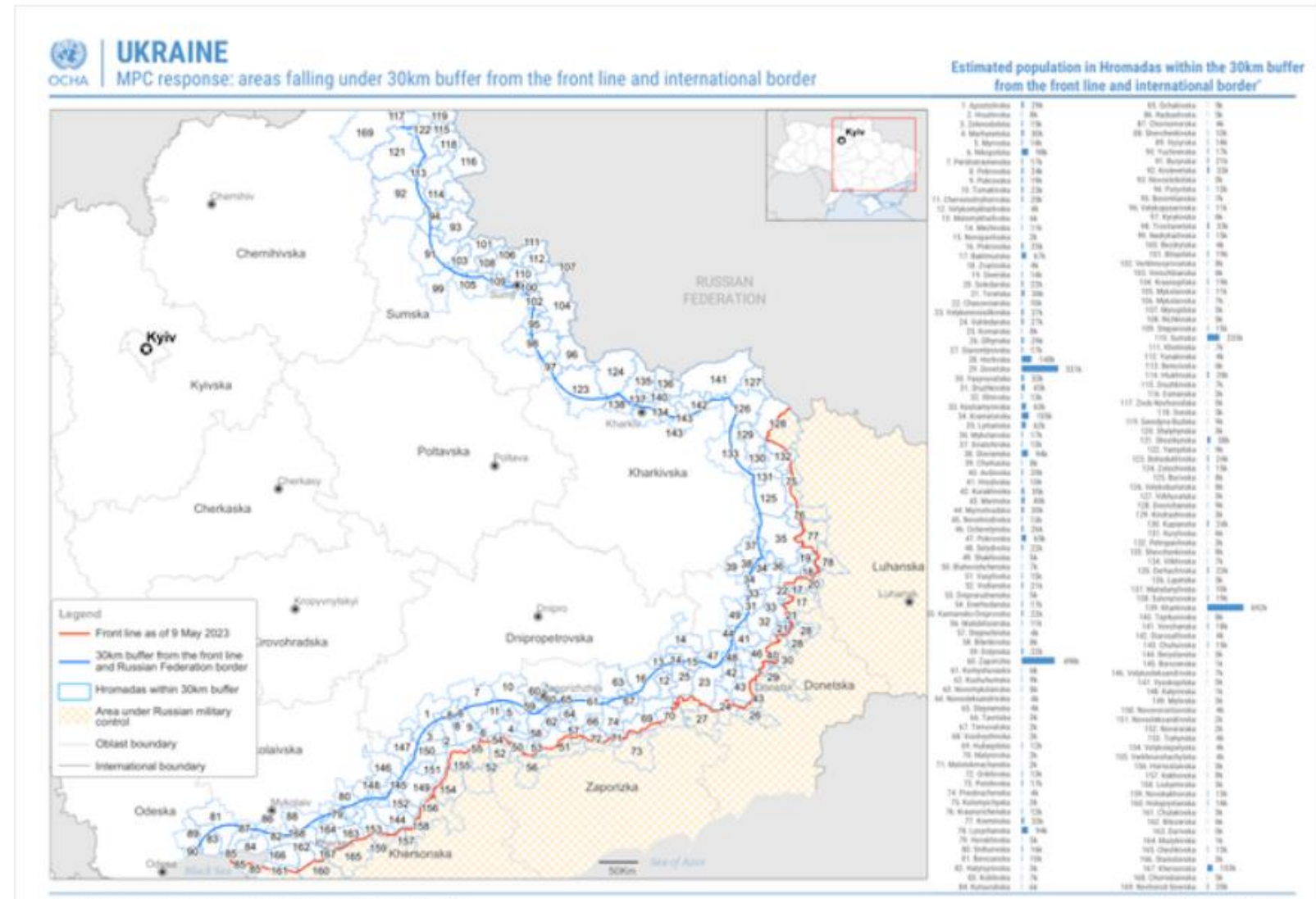
+ add vulnerability criteria:  
destroyed/damaged houses, PwD, low income, large family...

*New transfer value of 3 600 UAH/month since October 2023*



# Ukraine MPC response: areas falling under 30km buffer from international border (12 May 2023)

📍 Map • Source: [OCHA](#) • Posted: 1 Jun 2023 • Originally published: 12 May 2023



\*The population and names shown on this map are only for information and do not constitute an official position of the United Nations.   
 \*Population data: 12 May 2023.   
 \*Source: OCHA Ukraine MPC response: areas falling under 30km buffer from the front line and international border.   
 \*Feedback: [write to us](#)   
 \*More info: [ukraine.unhcr.org](#)   
 \*Copyright: © UNHCR

\*Estimated population as of August 2022.

# Shelter/Wash

PUI	Light rehabilitation in collective centers and HF Provision of NFI kits – winterization – HK kits – elderly kits etc. Generators distribution to HFs, CCs, invisibility points – winterization
SI	Light rehabilitation in collective centers, private accommodations and HF Provision of NFI kits – winterization – HK kits – ESK - elderly kits etc.
TGH	Light rehabilitation in collective centers and private accommodation Provision of NFI kits – winterization – HK kits – elderly kits etc. Generators and charging station distribution to invisibility points – winterization
ACF	Light rehabilitation in collective centers (wash only) Donations to Vodokanal Provision of HK kits

# Logistics

Atlas Logistique is an operational unit of **Handicap International** - Humanity & Inclusion (HI).

Our mission is to maximize the impact of aid by offering **free common logistic services** and by opening humanitarian access to the most difficult-to-reach populations.

In Ukraine, Atlas logistique offers:

## Storage solutions & Kitting services

Total Storage capacity  
of **9,050 sq.m** in three  
locations including  
temperature controlled  
(15/25 °C) and reefer  
containers (2/8 °C)

## Transportation services

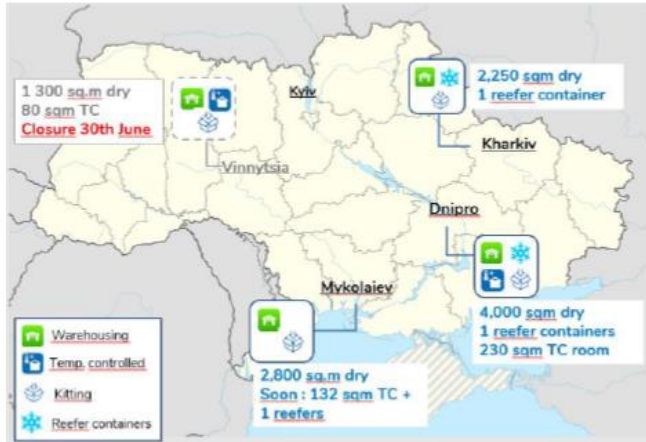
Primary transports  
throughout the country  
&  
Deliveries to “hard to  
reach” distribution  
points

**H2H Services** (*Humanitarian to Humanitarian*)



# Logistics

## Atlas Logistique storage and kitting services



Atlas Logistique/HI provides free of charge warehousing services

in 3 hubs:

- Vinnytsia
- Dnipro
- Kharkiv
- Mykolaiev

including temperature-sensitive cargo under adapted conditions

including kitting services



## Atlas Logistique transport services



Atlas Logistique/HI provides free of charge in-country transportation services

including in hard-to-reach areas

from/to its warehouses or from/to other places

including temperature-sensitive cargo under adapted conditions

Around 100 shipments/month





**THANK YOU FOR  
YOUR ATTENTION!**



**DORIJKKA**



## Annex 2: Geographical coverage by sector

Oblast	Health	Logistics	MPCA	Protection	Shelter	WaSH
Cherkaska			x	x	x	x
Chernivetska	x		x	x		
Dnipropetrovska	x	x	x	x	x	x
Donetska	x		x	x	x	x
Ivano-Frankivska	x		x	x		x
Kharkivska	x	x	x	x	x	x
Khersonska			x		x	x
Kyiv				x		
Kyivska				x		
Lvivska	x		x	x	x	x
Mykolaivska		x	x		x	x
Odeska			x		x	x
Poltavska	x		x	x		
Sumska			x			
Vinnytska	x	x		x	x	x
Zaporizka	x		x	x	x	x

Latest update: January 2024.