

Fostering Resilience, Strength & Hope in Times of Uncertainty

Evaluation of TDH-supported MHPSS Interventions in Ukraine & Poland



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12.01.2026

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List of Abbreviations

FGD	Focus Group Discussion
IDP	Internally Displaces Person
MHPSS	Mental Health and Psycho-Social Services
TDH	Terre des Hommes

1 Introduction

Ukraine has experienced ongoing political tensions and conflict-related challenges, which intensified in 2014 and further escalated with Russia's full-scale invasion in February 2022. These developments created severe humanitarian needs, including displacement, and heightened vulnerabilities among the population. In response, Terre des Hommes (TDH) has been actively involved in providing funding and support for various civil society organizations, mainly in Ukraine and Poland. Since spring 2022, TDH has established a significant presence in projects with and for children and young people as well as strengthening civil society organizations in Ukraine.

Mental Health and Psychosocial Support (MHPSS) has the primary focus area of most TDH partners' interventions in Ukraine and Poland due to the significant and ongoing psychological impact of the conflict, especially on children and young people. MHPSS covers a continuum of support from mental health to psychosocial support. Mental health refers to addressing clinical conditions, such as depression, anxiety, and Post-traumatic Stress Disorder, requiring specialized care from trained professionals like psychologists and psychiatrists. Psychosocial support, on the other hand, focuses on non-clinical interventions to restore social connections, build coping mechanisms, and promote well-being within communities affected by crisis. An integrated MHPSS approach ensures that a broad range of needs, from severe mental disorders to everyday stress and loss, are met through complementary services.

In conflict settings, MHPSS is essential not only to address immediate distress but also to strengthen resilience, coping mechanisms, and social cohesion, supporting affected populations to recover. In Ukraine, exposure to violence, displacement, and various kinds of loss have affected the well-being of children and young people as well as communities over the past years, making MHPSS an important and necessary component of humanitarian response, including the measures supported by TDH.

Or in the words of Wasyliśa at the partner organization Uyava in Charkiv: "I can remember the 24th February 2024 very well. It was a very impressive moment to me personally, because we were talking to young people, and some of them thought that there will be no events in Charkiv that day because it will be scary. Russians will be shelling and it's too dangerous. But then my answer to them was: If it will be scary to everyone of us, then it means we should get together and support one another."

The aim of this evaluation is to comprehensively assess the effectiveness, relevance, efficiency, and sustainability - in reference to the OECD DAC criteria - of the MHPSS components of programs delivered in response to the full-scale invasion and supported by TDH. It serves as a critical tool for accountability, learning, and informing strategic decisions for future programming and resource allocation, ensuring continuous improvement and continued impact for project participants, partner organizations, and TDH.

2 Methodology

Sampling and Stakeholder Engagement

The Ukraine program evaluation was designed as an internal evaluation, led by TDH’s Staff Unit Quality, Impact and Strategy, in close collaboration with TDH’s Ukraine coordination team and the ECO team. The internal approach also enables TDH to build upon existing monitoring and evaluation data from major donor-funded projects, as well as participatory insights gathered through previous evaluations, partner meetings, and ongoing collaboration. This process supports both accountability and timely, context-specific learning to guide future strategic decisions and partnerships.

Data was collected from different regions in Ukraine and the border region of Poland to gain a deeper understanding of the diverse contexts and experiences of those children, young people, parents and caretakers, and communities affected by the ongoing conflict. By including populations living in different situations, such as internally displaced persons (IDPs), children near the front lines, and refugees in Poland, the evaluation was able to identify both common patterns of need across all groups and specific contrasts that are unique to each context. This broad geographical and situational scope increases the representativeness of the data, ensuring the findings are robust and provide a more accurate picture of the overall humanitarian situation.

During meetings in Ukraine and online, the following groups contributed to the empirical data collection and are, therefore, represented in this evaluation report:

- Young people (youth ambassadors)
- Mothers and grandmothers
- Partner staff
- Local psychologists
- TDH staff.

Table 1 below summarizes all respondents participating in the evaluation. This diverse participation enables enhanced contextual insights, real-time perspectives, stakeholder relevance, and grounded analysis.

Date	Partner Organization	Participants	Format
15.07.2025	Vplyv (Kyjiv)	Partner staff & psychologists	FGD (audio recorded)
16.07.2025	Libereco (Somatic Experiencing Ukraine) (Kyjiv)	Partner staff & psychologists	FGD (audio recorded)
	NUMO (Ternopil)	Youth Council	FGD
17.07.2025	Libereco (Perestanok)	Participants of Help the Helpers Retreat	Informal talks in small groups or individually
18.07.2025	STAN (Ivano-Frankivsk)	Youth ambassadors	FGD (audio recorded)
19.07.2025	STAN (Volodymyr)	Youth ambassadors	FGD (audio recorded)

20.07.2025	Art Dot (Lviv)	Participants Art Force Workshop	Informal talks
21.07.2025	Voices of Children (Truskavets)	Partner staff & psychologists	FGD (audio recorded)
22.07.2025	CAMZ (Uzhhorod)	Partner staff	FGD (audio recorded)
23.07.2025		Mothers & grandmothers at CAMZ House	FGD
		Staff & psychologists at CAMZ House	FGD
12.08.2025	Ukrainian House	Partner staff & psychologists	Online (recorded)
13.08.2025	Art Dot	Partner staff	Online (recorded)
19.08.2025	Rescue Now	Partner staff	Online
25.09.2025	Uyava	Partner staff	Online (recorded)

Table 1: Summary of participants in evaluation exercise.

Data Collection Methods

For this evaluation, a mixed-methods approach was chosen, combining quantitative and qualitative data to ensure an accurate and nuanced understanding of project outcomes and the factors influencing them. The process began with a desk review aimed at gathering and analyzing existing data in order to establish a solid foundation for the evaluation. The desk review was based on PCM Factsheets from 52 projects, highlighting key activities, locations, and funding allocations. In addition, available project evaluations were included, offering an overview of previous findings and initial observations (see chapter 3).

The next step involved collecting qualitative data through semi-structured focus group discussions (FGDs) and interviews conducted in both formal and informal settings in Ukraine and online. The research framework was based on predefined research questions covering the following key topics:

- **Well-being and resilience:** This area examines the direct impact of MHPSS activities and measured how effectively the program's objective of improving the psychological and social well-being of individuals and communities was achieved.
- **Capacity and sustainability strengthening of civil society organizations:** This explores whether the program, in addition to providing immediate support, also strengthens the capacity of local organizations to deliver and sustain these services independently over time.
- **Program evolution and challenges:** This line of questioning explores how the MHPSS approach has evolved in response to the dynamic and challenging crisis context and identifies obstacles encountered along the way, offering lessons for future programming.
- **Good practices and areas of improvement:** Here, the evaluation highlights successful strategies and pinpoints areas for further development, drawing on feedback and recommendations from evaluation participants to enhance the quality and impact of future MHPSS interventions.

- **Exchange and collaboration between partners:** This question assesses the coordination and information sharing among stakeholders, recognizing their importance for a cohesive, complementary, and effective humanitarian response.

Where consent was obtained, discussions and interviews were recorded and subsequently transcribed. In parallel, notes were taken during interviews and discussions to ensure key information was captured. Online meetings were transcribed automatically using Microsoft Teams, while audio recordings were transcribed in a meaning-based manner, focusing on faithfully conveying the intent and core content of participants' contributions, rather than replicating their words verbatim.

All questions, as well as the structure and facilitation of discussions and interviews, were adapted to the context and age of the respective evaluation participants. Sessions were conducted in English or with real-time interpretation provided by TDH staff or partner staff as needed¹. It is recognized that the findings from these discussions and interviews may reflect the subjective perspectives of both facilitators and participants, which can influence how information was shared and interpreted.

Data Analysis

Transcripts and notes from focus group discussions and interviews were imported into the qualitative content analysis software QCAmap to enable systematic coding and categorization of the data - known as thematic content analysis. The analysis followed a deductive approach, applying a structured, step-by-step methodology. Categories for coding were established in advance, based on the research questions derived and refined from the evaluation's Terms of Reference and the study's overall framework. Data relevant to each category were identified and assigned accordingly, ensuring a transparent and traceable analytical process.

Subsequently, data segments were transferred into Excel, where sub-categories were developed through a process of generalization. This allowed for the grouping of content that captured the essential characteristics and recurring themes within each category. These recurring patterns and insights formed the basis for the sub-categories, which are presented in the analytical *Code Tree* (see Annex 1) and underpin the analysis of evaluation findings.

Ethical Considerations

The evaluation was conducted in line with TDH's ethical standards, ensuring respect, safety, and inclusion throughout the process. Particular attention was paid to the following principles:

- **Informed consent:** All participants, including children and young people as central project participants, were asked for their consent before engaging in any evaluation activities. Information was provided in an accessible and age-appropriate way,

¹ This presents a potential methodological limitation, as their direct affiliation with the organization could have led to a biased translation or influenced participants' responses, thereby impacting the trustworthiness of the information shared.

enabling everyone to make an informed and voluntary decision about their participation.

- **Confidentiality and data protection:** Measures were taken to safeguard the privacy of all participants, and data were handled in a secure and confidential manner throughout the evaluation process.
- **Child safeguarding and sensitivity to power dynamics:** All evaluation activities were conducted with sensitivity to the rights and well-being of children and young people. Activities were designed to be age-appropriate and strictly voluntary, and children were always accompanied by trusted adults (such as project educators) to ensure their comfort and safety.

3 Key Facts about MHPSS in TDH’s Ukraine Program

The desk review offers a comprehensive overview of projects associated with the TDH Ukraine program, detailed in an accompanying Excel table². The dataset captures essential information for each project, including project name, key MHPSS measures, focus population(s)³, project duration, funding details, and information about the project partner(s).

A total of 52 projects are summarized across four countries. The majority of projects – 43 in total – are implemented in Ukraine, with the remainder located in Poland (5), Germany (3), and Romania (1). Ten of these projects have been implemented in more than one phase, reflecting the dynamic and evolving context.

Most projects – 38 out of 52 – integrate MHPSS measures, particularly in the categories of support and education. These measures target not only children and young people, but also parents and caregivers, families, facilitators and project staff, and other professionals (such as psychologists). Some projects place greater emphasis on mental health interventions, while others focus primarily on psychosocial support or adopt a combined approach. The following figure demonstrates the varied MHPSS orientations found among the projects implemented in Ukraine and Poland. While certain partners emphasize a specific area, others strategically integrate multiple focuses within their interventions. Figure 1 highlights the five fields of interventions that are most often integrated in the project landscape in Ukraine and Poland.

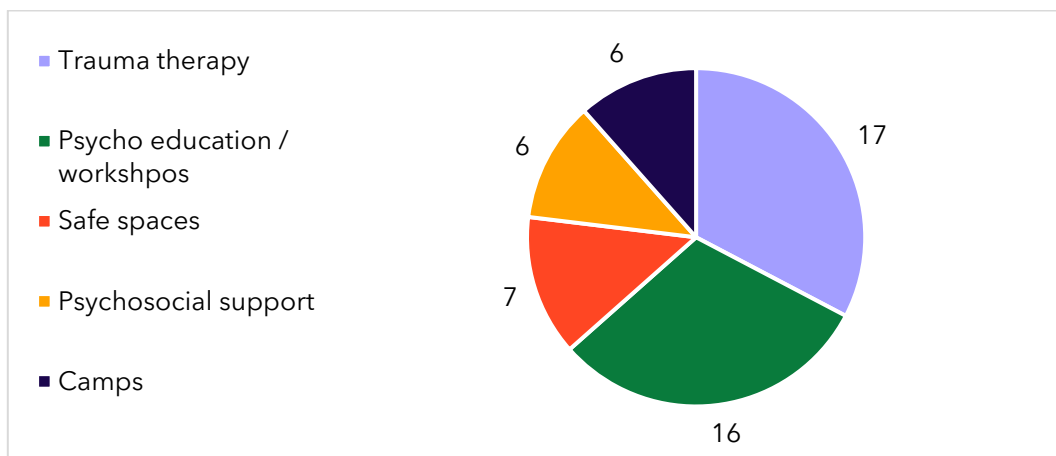


Figure 1: MHPSS focus activities in TDH funded projects in Ukraine and Poland. Source: Desk Study.

Overall, the projects implemented a range of activities, delivered both in-person and online. For instance, one project also offered a dedicated chat function to support participants during its implementation. This example among others highlights the creativity and effort of

² Accessible with TDH-accounts [here](#).

³ While the term *target group* is used in some of the original project documents and fact sheets, the term has been replaced by *focus population* in this report. This reflects an updated, non-colonial perspective that views individuals as active participants rather than passive recipients in the context of humanitarian assistance.

partners, aimed at the best possible MHPSS support for children and young people in diverse contexts and situations.

The desk study further shows that the project duration varied significantly by country and context. The projects based in Ukraine had an average planned duration of 13 months, ranging from as short as 15 days to a maximum of 36 months. In Poland, projects lasted on average 18 months (with a range of 6 to 32.5 months), while in Germany, the average duration was approximately 8.3 months (ranging from 6 to 12 months).

Cumulatively, the projects reached an estimated 180,000 children and young people as focus population. This figure is based on the planned number of participants reported by each project; however, the estimate is approximate due to variation in how age ranges were recorded and the absence of participant data from seven projects in the sample for the desk study. Figure 2 illustrates the number of children and young people who participated in projects located in Ukraine, covering 35 out of the 43 projects implemented there.

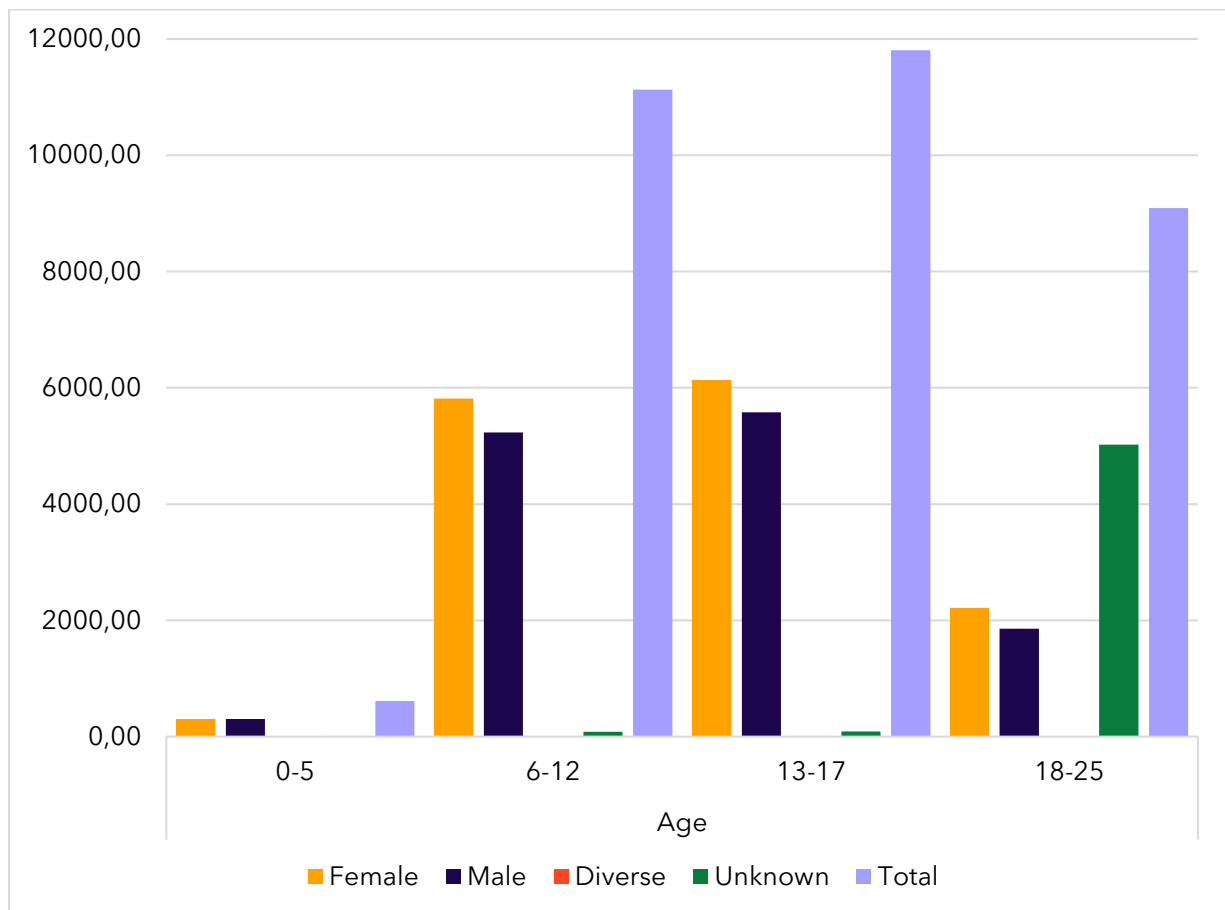


Figure 2: Project Participants by age and gender. Source: Desk Study.

As visualized in Figure 2, the majority of participating children in these projects were over the age of five. In addition to children and young people, every project included one or more additional focus populations, which is highlighted In Figure 3 below:

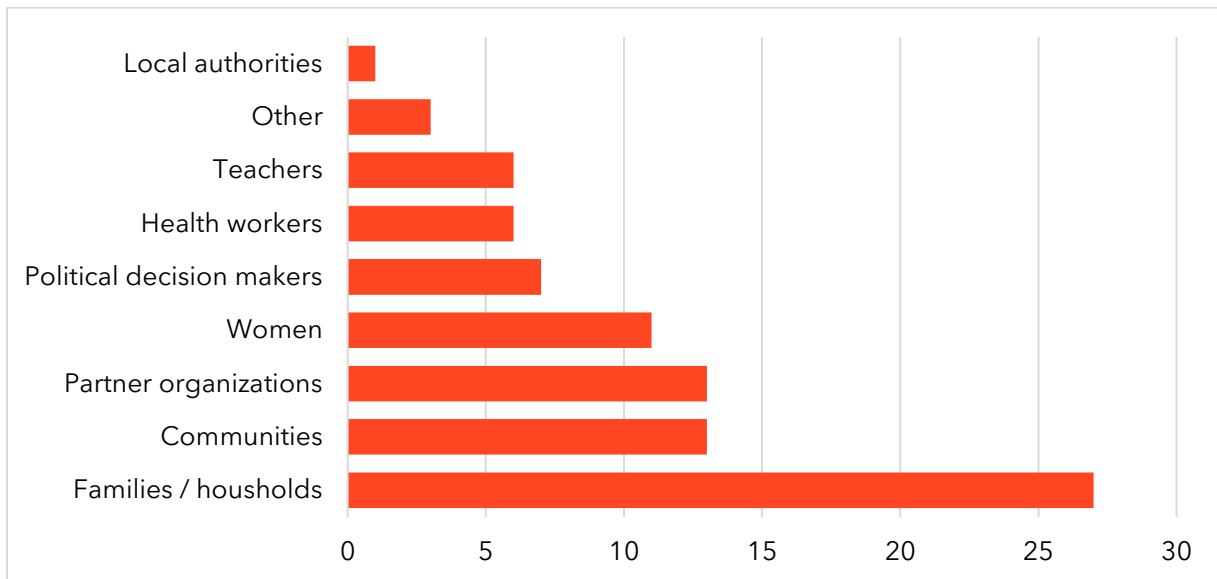


Figure 3: Number of projects with focus populations other than children and young people. Source: Desk Study.

For nine projects, which were included in the desk study, final project reports⁴ were available, enabling a before-and-after comparison. In general, the projects reached more participants than initially planned. While some projects saw only a slight increase, others exceeded targets significantly, with some age groups recording over 1,000 additional participants. However, the data also show that, in certain cases, actual participation among older age groups (13-17 and 18-25 years old) was lower than originally projected.

According to final project reports, no changes in funding were recorded. Nevertheless, projects occasionally made adjustments during implementation to accommodate unforeseen costs.

Most of the measures implemented during the projects led to positive outcomes, as demonstrated by high levels of participation and repeated and / or upscaled activities, formats or events. However, all projects faced specific challenges. The most frequently reported obstacles were artillery shelling and limited resources, including unreliable energy supply, transportation difficulties, and shortages of experienced professionals. Another significant barrier reported by some participants was the stigma associated with seeking psychological support. This sometimes resulted in therapy being perceived as obligatory, which, in turn, led to lower levels of sustained engagement.

⁴ A document that summarizes a project's objectives and outcomes after its completion to inform future work.

4 Empirical Findings

The findings presented in this chapter reflect the evolution of TDH partners' MHPSS interventions in Ukraine and Poland in response to a complex and constantly as well as rapidly changing context amidst the Russian full-scale invasion of Ukraine. Drawing on extensive input from young people, caregivers, partner staff, and psychologists, the evaluation highlights both achievements and persistent challenges in meeting the psychosocial needs of affected populations. The chapter synthesizes perspectives from diverse stakeholders to illuminate shifts in program focus, emerging good practices, and areas requiring further attention for continued improvement and sustainable impact.

The evolution of MHPSS in TDH Programming in Ukraine since 2022

The evaluation findings show that TDH's engagement and programming in Ukraine and Poland have evolved significantly over time. Partners and TDH thereby responded adequately to shifting needs, deepening understanding, and the imperative for sustained, effective support in highly volatile contexts.

Shifting Needs and Focus

A defining feature of TDH program development in Ukraine and Poland has been the ongoing adaptation to changing needs of focus populations. While initial interventions in 2022 addressed acute crisis reactions and emergency relief, the sustained impact of the Russian aggression has necessitated a broader focus on long-term MHPSS challenges. More recent efforts emphasize stabilization and rehabilitation, including skill-building in emotional regulation and the use of body-based practices. Program designs are continuously adjusted to respond to uncertainty, reflecting the complex and evolving realities across the country – not just in areas directly affected by active conflict but also in territories that function as refuge for IDP. Among other, the partners from Uyava stress the importance of listening to young peoples' needs and challenges in order to provide adequate responses during project implementation – including but not limited to MHPSS. Or in their own words: *“It was clear to us that no one ever asked these young people about how it is for them. So that was a very, very important thing to do: Let them speak out.”*

An important trend reported by partner organizations is the increase in psychiatric symptoms among the focus populations, including cases of self-harm, which highlights the need for more specialized MHPSS interventions. In addition, ongoing support for parents and caregivers has become a central element, recognizing the direct interconnections between their well-being and that of children and young people. Multiple partner staff note in the evaluation that caregivers are often the individuals most in need of psychological support – sometimes even more acutely than the children and young people. Empowering caregivers is recognized as foundation for strengthening overall family well-being.

Additionally, the evaluation findings indicate an encouraging shift from a focus on trauma processing toward future orientation in the projects. Children and young people are increasingly encouraged to set goals and make plans for their future, signaling growing resilience and empowerment. As captured by TDH partner CAMZ whose project activities put *“little focus on war, but on goals and plans for the future.”* Similarly, the desk study

indicates that most projects employ a bottom-up approach by working primarily at the local level to ensure that interventions are grounded in the lived realities of communities. At the same time, there is a concerted effort to engage in political advocacy, working towards systemic and structural change. For example, partner organizations such as NUMO train youth leaders and support youth advocates, collaborating with local governments and facilitating forums that assess and inform youth policies. This combination of locally informed action and advocacy at higher levels represents a promising strategy for achieving long-term impact.

Changing Societal Perception of MHPSS

The evaluation further signifies an evolving perception of MHPSS delivery and access in Ukrainian society. According to partners, the escalation of conflict induced by the Russian full-scale invasion in 2022 has led to greater awareness, openness, and acceptance of mental health needs and services. Partners attribute this shift to two factors:

1. a steady, trust-based work within communities and
2. an increased prevalence of mental health issues linked to focus populations' prolonged exposure to war.

While stigma has declined, generational differences persist. Psychologists explain that younger people are often more willing and open to seek and engage with MHPSS, while older generations – especially in more conservative communities – continue to view mental health support with skepticism that TDH partners need to dismantle in order to provide MHPSS services successfully.

Evolving Methods and Program Design

The evaluation indicated that in response to the shifts described above, typically applied MHPSS methods have progressed from stand-alone sessions to continuous, layered forms of support for focus populations. In doing so, partners reflecting the understanding that healing and resilience require ongoing processes – particularly during ongoing exposure to conflict. Therefore, feedback from children, young people, and their communities, combined with emerging needs and changing circumstances, shape ongoing program adaptations. Aiming beyond individual and stand-alone consultations, the partners put great emphasis on family and community involvement, along with psychoeducation to build foundational coping capacities among children and young people as well as their support systems.

The reach of MHPSS activities has broadened to include new and more stakeholders and focus populations. Through collaboration with school psychologists and local professionals partners created vital referral systems, ensuring that children and young people are connected with needed services directly in their communities and schools. This community-based approach fosters trust and strengthens support networks, often spreading through word of mouth. Overall, the evaluation findings show that the original program focus on children and young people has expanded to create holistic support networks, now including parents, caregivers, teachers, and others involved in children's environments.

While engagement has increased among local populations and IDPs, partners elaborate on provision and access gaps remaining in some regions of Ukraine. They mention specifically children and young people in western Ukraine and / or families returning from abroad, who may face social stigma or unique psychosocial challenges as indicated among others by the

Ukrainian House who witnessed assumptions against Ukrainians returning from abroad such as *“We are living here under bombs while you were enjoying a happy life abroad.”*

Managing developments like these, the partners increasingly integrate digital tools, expanding the scope and flexibility of MHPSS interventions. For instance, partner organizations have piloted online training modules (Libereco) and introduced online psychological support platforms (krisenchat), making support more and easier accessible, particularly for young people, focus populations in remote areas, and IDPs who previously attended MHPSS interventions in territories of origin.

Professionalization and Capacity Building

Focusing on the partners, the desk study shows a positive pattern of adapting and learning that occurs between project phases supported by TDH. Several projects used the completion of one phase as an opportunity for reflection and adjustment, leading to the introduction of new approaches and improved focus – such as strengthened educational components and expanded psychosocial support. In addition, the empirical evaluation findings suggest that the TDH Ukraine program maturity is marked by growing professionalization and structured capacity building. Initially small-scale and spontaneous initiatives have evolved from small, informal teams into larger, more organized efforts, staffed by professionals and supported by dedicated facilities. As focus populations present increasingly complex needs – particularly for MHPSS provision, the demand for ongoing staff training and skill development has risen accordingly. In response, partners have developed and implemented new tools and materials to further improve the quality and accessibility of MHPSS interventions – such as an illustrated handbook by Libereco *“I Can! How to Cope with Stress, Overcome Challenges, and Handle Conflict.”*⁵

Improving Well-being and Resilience of Children and Young People

In general, well-being and resilience are deeply interconnected, both encouraging an ongoing process of healing, adaptation, and development. For the TDH Ukraine program, the evaluation findings highlight multi-layered approaches in which the promotion of well-being and resilience creates the conditions for lasting resilience among focus populations – empowering individuals and communities not only to endure challenges, but also to flourish amid adversity. In general, the evaluation findings suggest a highly positive influence of project activities aimed at increased well-being and resilience. Despite the intensity of their experiences, children often demonstrate strong resilience. Positive outcomes observed in psychological interventions include increased social engagement, stronger calmness, and renewed curiosity and proactiveness – as seen in youth-led workshops and events.

Therapeutic Pathways

Observations and information provided by partners and psychologists highlight that the journey towards well-being and resilience for children and young people in Ukraine and Poland is supported by evidence-based therapeutic approaches that address immediate distress while fostering longer-term growth. Early interventions, such as emotional

⁵ Available in German, English, Belarusian, Ukrainian and Russian [here](#).

stabilization and crisis consultations, are critical in responding to acute trauma. Yet, as noted among other partner organizations by CAMZ, strategies effective for short-term emergencies can fall short in the face of the lasting conflict: *“principles that worked for emergency care for a limited time do not work with three years of war.”* This underscores the importance of continually adapting interventions for those enduring long-term psychological strain.

In the projects supported by TDH, psychologists usually deliver interventions in flexible, accessible settings. Cultivating positive, trusting relationships between psychologists and young clients proves crucial in overcoming initial barriers – such as perceived hierarchies or discomfort in therapeutic environments. By applying a diverse spectrum of approaches – including talk therapy, somatic methods for addressing physical trauma, and creative therapies like art and music – TDH partners enable sensitive, non-verbal pathways for healing.

Empowering Minds: Knowledge as a Catalyst for Change

Partners further emphasize the meaning of knowledge as a transformative force underpinning both personal well-being and broader resilience. Therefore, they established education and empowerment initiatives, equipping children, young people, and communities with tools to understand and manage emotional stress. By training caregivers, educators, and health professionals to recognize and respond to signs of distress, many projects provide a strong framework for afore-mentioned supportive environments and development opportunities.

Numerous partners highlight that particularly psychoeducation helps children, young people, and caregivers to demystify trauma, reduce stigma, and build practical coping strategies. Partner observations include various instances of young people eagerly and gratefully learning about their own mental and emotional processes. Therefore, the partners offer structured opportunities for self-reflection and creativity support agency, healing, and personal growth. Additionally, partners bolster capacities through the creation and sharing of resources and information. Psychoeducation stands out as a powerful tool, building awareness and promoting stabilization by helping individuals understand their emotions. The development of diverse materials, comprehensive training content, and online resources broadens the knowledge base for both professionals and the wider community, including children and young people. Increased access to relevant information enables professionals to deliver higher-quality care and empowers community members to be proactive participants in their own well-being and that of their children.

Beyond individual well-being and resilience, transitioning approaches from knowledge acquisition to leadership roles – such as peer volunteers or Youth Ambassadors at STAN – strengthens hope and future orientation. It empowers participants to become active contributors to community recovery, providing them with an active leadership role. As emphasized by Libereco staff, children and young people are not merely the future of Ukraine, but active agents in its present recovery.

Nurturing Safe Havens: Spaces for Authenticity and Trust

Providing safe, supportive spaces is pivotal in nurturing well-being and resilience. Partners consistently stress the value of such environments: *“often the safe space is the only job we have because they find their own way to heal in this environment”* (Voices of Children). A

sense of safety enables children and adults to process trauma – sometimes actively working through their experiences, and at other times simply finding refuge from daily realities.

Other partners, such as Uyava in Charkiv, highlight the need to pay special attention to the most vulnerable groups during war times. Uyava focuses their activities mainly on young people, *“because teenagers are one of the most vulnerable groups right now in times of war. Adults can handle their problems themselves. Children usually are being taken care of, and teenagers [...] are falling out of the main kind of focus, of support.”* In this regard, the evaluation shows a great need for physically and psychologically safe spaces for young people where they can voice their experiences, fears, and challenges, and at the same time find a supportive environment that induces empowerment and ownership. The community and socializing aspect of these safe spaces is critical, especially for young people, as underlined by STAN as well as Uyava. Many young people face social isolation and find a (new) community and peers in the project setting. Such community among young people who are facing similar challenges and threats is vital to well-being and resilience because the young people can support and strengthen one another.

Within these spaces, a caring, non-judgmental presence is indispensable, whether provided by educators, volunteers or professional psychologists. Trust, according to the partners, opens pathways for authentic self-expression and courage in processing complex emotions. For instance, music sessions with Art Dot have enabled participants to express pain collectively and find support and resilience through shared activities like singing and listening to music. These communal, creative experiences provide vital, non-verbal channels for healing and release.

Cultivating Supportive Environments for Children and Young People

During the evaluation, partners and psychologists point out the need to create supportive systems beyond safe physical spaces. Especially when working with children and young people, it is essential for nurturing well-being and resilience, offering individuals a sense of stability and social connection. Accordingly, the evaluation findings highlight a family-centered approach remaining fundamental to MHPSS interventions in Ukraine and Poland, recognizing the family unit as a primary source of security and safety for children and young people. This approach, however, becomes especially complex in situations where partner organizations observe increased instances of domestic (psychological) violence, which directly impacts children. In such cases, organizations may intervene despite facing limitations related to government regulations or resource constraints.

Generally, TDH partners’ MHPSS interventions strive to restore normalcy and predictability for children and young people, whether through direct support for instance through MHPSS delivery or by re-establishing routines and opportunities for play and a normal childhood in times of war. Partner organizations repeatedly emphasize the importance of enabling children to simply experience childhood again, free from the strains of conflict and domestic instability, which in many cases is a result of the Russian aggression against Ukraine. Rebuilding social networks through socialization, interaction, and school reintegration strengthens the broader social fabric, forming new bonds that are crucial for psychological well-being and community stability. An important task that some partners see for themselves in this context is to strengthen the local civil society and enabling young people themselves to become active members of the civil society.

Safe social spaces created at home, in community gatherings and settings, or at school encourage children and young people and return to daily life. In project settings, the facilitation of interaction among peers and across generations fosters mutual support, shared healing, and the transfer of coping strategies. A key effect is that project participants realize they are not alone in their experiences and struggles.

Strengthening Capacities and Sustainability of MHPSS Programming

In the context of this evaluation, capacity is understood as an overall ability of organizations, groups, and individuals to effectively design, deliver, and expand MHPSS services. This understanding of capacity covers practical skills, knowledge, resources, and robust organizational structures, which are needed to respond flexibly to diverse and changing needs as emphasized by partners and psychologists. Sustainability, in turn, is about ensuring that these efforts result in enduring, positive change – empowering communities to independently maintain, adapt, and grow their support systems over time. Both capacity and sustainability are inherently connected, forming the cornerstone for strong, self-reliant MHPSS systems that foster long-term healing and well-being.

Organizational Capacities

Strengthening Skills and Knowledge

As evaluation findings show, capacity building begins with enhancing both technical and soft skills among all stakeholders. Beyond clinical expertise, critical soft skills like communication, leadership, and empathy are essential for building trust and engagement in sensitive environments. The desk review reveals a strong focus on supporting and strengthening partner (staff) capacities. Available data highlights the extensive support available to those providing assistance: project staff, facilitators, and other professionals. Many projects include components specifically designed to safeguard children indirectly by supporting the helpers themselves. This includes specialized workshops on appropriate ways to engage with children and young people, as well as retreats and professional development activities that help staff process their own experiences and manage stress. These measures not only contribute to the well-being of project personnel but also enhance the sustainability and quality of the support provided to children and young people.

Further, TDH partner organizations deliver workshops and training not only for professionals, but also for children, young people, and community members, equipping individuals with practical coping strategies and nurturing a proactive mindset. A notable outcome of these efforts is the progression of individuals from program participants to volunteers, as highlighted by Voices of Children staff who witness a *“development [of children and young people] from crisis support to now volunteering here and slowly growing up together.”* This observation demonstrates strengthened confidence and deeper, long-lasting engagement of (previous) project participants. This positive cycle is reinforced by the ongoing training and mentorship of MHPSS staff and volunteers, ensuring that capacities remain resilient and responsive.

Engaging Stakeholders and Fostering Collaboration

Partners highlight that effective capacity building as described above relies significantly on meaningful engagement and collaboration with a wide range of stakeholders. Essential community figures such as teachers, school psychologists, and family doctors are actively involved in MHPSS efforts, as echoed by partners like CAMZ and Libereco. These multi-sectoral collaborations promote the required integrated and holistic support networks. Long-term partnerships with local entities such as hospitals, universities, or other community organizations create opportunities for peer learning and the decentralization of expertise. For example, Art Dot observes that participants often “*start [...] to self-organize small peer-to-peer groups in their communities,*” sharing knowledge gained from program participation without external facilitation.

Sustainability

Deepening Community Engagement

The evaluation findings emphasize that true sustainability is rooted in deep community involvement. Strengthening a sense of belonging fosters ongoing investment in collective well-being, where individuals are motivated to support others and themselves. In this regard, the desk review points to the ripple effect as distinct feature created by MHPSS related activities in Ukraine and Poland: initial benefits for children and young people extend outward, contributing to the overall resilience and capacity of entire communities. This is achieved through a multi-faceted approach that directly supports and educates children and young people, while simultaneously equipping project staff and professionals with essential skills. Such targeted training increases the reach and effectiveness of interventions and may generate a multiplier effect as knowledge and support are shared more widely within communities. Peer-to-peer and family-based support networks build intrinsic capacity for ongoing care. For instance, active group chats, established after workshops or camps, help children, young people, and caregivers stay connected and assist each other through new challenges. This participatory approach embeds resilience and support within communities, driving longer-term change.

Expanding and Improving Access Points

Expanding and improving access points for MHPSS ensures reach and inclusivity. TDH partners in Ukraine and Poland have established new contact points, such as online platforms, and extended services to previously underserved areas. The well-being of professionals and helpers is also prioritized, with institutionalized support such as supervision, which reduces risks of burnout and similar, and strengthens the continuity of quality care. Integrating MHPSS into everyday infrastructures such as schools, youth centers, community spaces, and digital platforms cements its place in daily life, reinforcing its relevance and sustainability.

Ensuring Post-Program Impact and Continuity

According to the evaluation findings, the ultimate test of sustainability is seen in what continues after program completion. Observations in numerous projects across Ukraine indicate that positive relationships and impacts persist as former participants remain engaged, stay in touch with project staff, become volunteers, e.g. as educators, or provide peer support. These sustained connections, for instance evident in group chats and ongoing

friendships, demonstrate the enduring value of interventions. Ongoing follow-up, access to resources, and maintenance of peer and professional networks are essential to ensure that communities can face future challenges with robust, established support systems.

Challenges faced by TDH Partners delivering MHPSS

While empirical findings indicate a variety of good practices, the evaluation also points to a range of complex and interconnected challenges faced by TDH partners providing MHPSS programs in Ukraine and Poland. They report that they experience numerous difficulties, which impact the quality, reach, and long-term sustainability of interventions.

The evaluation shows that a persistent **stigma** surrounding mental health and particularly psychological support remains a significant challenge, especially among older generations and within conservative communities. While partners report increasing openness in some focus populations, cultural norms centered on strength and self-reliance, as well as discomfort with group sharing, continue to hinder help-seeking behaviors. The evaluation respondents mention four examples:

1. Stigma and stereotypes discourage parents from prioritizing MHPSS for their children over perceived immediate survival needs.
2. Therapy environments sometimes feel hierarchical, discouraging open participation and genuine engagement.
3. Language and cultural differences further complicate the integration of IDPs and reduce accessibility of programs.
4. Young Diversity Ambassadors (STAN program) highlight limited acceptance of LGBTQ+ young people, which can make inclusive support difficult to provide.

Despite these prevailing cultural, social, and attitudinal barriers, most challenges are related to **systemic and structural limitations**, which constrain MHPSS delivery and contest quick and appropriate responses to the multifaceted needs created by the ongoing war. Typically, rural territories face some of the most acute gaps in provision. Partners such as Art Dot address this for instance by prioritizing rural youth for camp participation.

According to partners' statements, the most common challenges include

- **Limited safe physical spaces:** Especially near the frontlines, safe physical spaces for service delivery are scarce, placing further obstacles in the way of those most in need of assistance. This challenge is particularly acute for partners offering camps and retreats, a finding reflected in recent desk review data.
- **Constrained availability, capacities and mental health space of specialists:** Many professionals lack specialized training designed for conflict-related psychosocial needs, particularly for supporting children and young people experiencing ongoing trauma. Despite great engagement and efforts of partners and psychologist, this causes an acute lack of MHPSS professionals with specialized skills to support individuals facing severe and complex trauma. This shortage limits the quality and reach of interventions available to children, young people, and families. Further, there is a pronounced need for updated, context-specific training materials and

stronger emotional support for those delivering MHPSS interventions. MHPSS staff, including TDH partners, work under conditions of continuous instability, high emotional pressure, and significant exposure to traumatic events – in personal and professional contexts. The resulting stress, fatigue, and risk of burnout have a direct effect on their capacity to provide consistent, high-quality support for children, young people, and families. Robust support systems for professionals and emphasis on self-care such as the *Help the Helpers* approach are critical to ensure sustainable service delivery and the well-being – not solely but especially of those specialists working at the front lines.

- **Funding Pressures:** Ongoing resource constraints often result in shorter project cycles and limited scale, sometimes requiring a focus on reaching numeric targets rather than ensuring depth and sustainability of support. As CAMZ highlights: “*We need to reach a certain number of participants so we can sometimes only do short-term programs.*”
- **Gaps and Resource Constraints in MHPSS Provision Models:** Models designed for acute emergencies are often not suited to the protracted nature of the conflict. Partners note the need for more adaptive and flexible approaches to support those affected by ongoing and cumulative trauma. In this context, MHPSS provision is often limited to short-term support such as a maximum of five sessions per client, with few opportunities for systematic long-term follow-up. Resource constraints further restrict the duration and consistency of assistance, complicating the recovery process for children, young people, and families – for instance when free TDH-supported sessions conclude and financial barriers often prevent families from accessing further therapy or support.
- **Difficulties Regarding IDP Integration in MHPSS Structures:** The instability of displacement of children and young people from territories close to the frontlines creates additional challenges. This is also underlined by findings from the desk study that identify a recurring challenge in some projects being the effect of relocation due to the conflict. Moving projects away from original communities, while at times necessary, has sometimes weakened ties to local networks, resulting in reduced participation, trust, and support. Rebuilding and sustaining strong, trusted relationships with communities remains a crucial area for further work, as many people face barriers that may prevent them from accessing support proactively. While seldom children and young people who have already been participating in MHPSS interventions before leaving home territories experience disruption and may lose access to ongoing MHPSS, interrupting their healing process; the same when IDP children and young people return to their home communities, which currently is a more prevalent scenario in Ukraine. In general, integrating IDPs into host communities in general is often hampered by a lack of resources. Voices of Children, for example, noted that schools in Truskavets struggle to provide enough places for IDP students, highlighting the need for expanded, inclusive service provision.
- **Challenges in Monitoring and Evaluation:** While TDH partners and other organizations are strengthening their monitoring and evaluation systems, robust post-monitoring remains a significant gap. The often-short-term nature of

interventions makes it difficult to assess long-term outcomes, underscoring the need for more sustainable approaches and follow-up mechanisms.

Good Practices in TDH-supported MHPSS Interventions

Despite the variety of challenges, the evaluation clearly points out that the effectiveness of MHPSS interventions in Ukraine is significantly increased by the adoption of specific good practices promoted by TDH partners. These practices, shaped through experience and adaptation, reflect essential principles for delivering high-quality support, building trust, and achieving positive outcomes for children, young people, and communities facing the ongoing impact of the full-scale invasion. They highlight the importance of holistic care, collaborative work, and empowering both those who give and those who receive support. In doing so, the partners have found adequate responses to many of the above-mentioned challenges.

The evaluation highlights that establishing **trust** is a cornerstone of effective psychosocial support and is often built indirectly by initially engaging children and young people, then connecting with caregivers to support the family unit. Programs balance the need to protect child confidentiality with the importance of fostering a supportive family environment. Embracing diversity and focusing on relationship-building, especially with young people and those who have experienced displacement, strengthens a sense of belonging and increases engagement in MHPSS programs. TDH partner organizations recognize that trust and rapport are foundational to effective psychosocial support, particularly in the high-stress and sensitive contexts encountered in Ukraine today.

Additionally, effective MHPSS programming depends on **robust cross-sector collaboration** that bridges areas such as shelter, education, health, and child protection. TDH partner organizations work to establish seamless referral pathways and alternative placement options, ensuring that individuals receive holistic assistance that goes beyond psychological services alone. A well-networked, cross-disciplinary approach ensures that children, young people, and families have access to a continuum of care tailored to their changing and diverse needs across Ukraine.

For working with children and young people, the partners and psychologists also highlight the importance of selecting and applying **appropriate tools and methods for impactful MHPSS** interventions. To address wide-ranging needs, TDH partner organizations implement flexible and creative MHPSS interventions in both Ukraine and Poland. This includes diverse therapeutic modalities such as art therapy, psychoeducation, and verbal therapy, all adapted to match each individual's readiness and capacity as well as cultural needs. The desk review underlines that the interventions are notable for their creative and trauma-informed use of arts-based activities such as painting, writing, and dancing as tools for expression, healing, and building safe spaces. Organizing camps and participatory events provides children, young people, and families with opportunities to process their experiences in supportive environments.

Further, TDH partner organizations place strong emphasis on developing local capacities and targeting key community groups to maximize impact. Training programs extend beyond psychologists to include teachers, community leaders, and other trusted adults who regularly interact with children and young people, empowering them as **first responders for emotional and psychosocial well-being**.

More precisely, good practices identified by respondents are among others

- Gradual engagement: initial information-sharing with children, young people, and caregivers can build comfort and readiness before moving into more intensive therapy.
- Going beyond trauma to promote overall daily well-being, equipping children, young people, and caregivers with practical coping skills.
- Supporting caretakers to help their children is a key approach, with the understanding that parental wellbeing strongly influences a child's resilience and recovery.

The evaluation findings indicate that the TDH partners found highly effective ways of translating these approaches into concrete activities for and with children and young people in Ukraine and Poland. By offering diverse, age-appropriate activities, TDH partners ensure that support is accessible, meaningful, and relevant to all focus populations. Activities are tailored to the varied needs of different groups:

- For children and young people, initiatives like camps, peer support groups, and active integration activities rebuild social networks and create engaging, supportive environments.
- Utilizing social media and online platforms to spread information on mental wellbeing and challenge stigma has proven an effective tool, especially for reaching youth and broader audiences.
- Encouraging active participation in schools remains a cornerstone for fostering stability, routine, and social connectedness among children and young people.
- For families, caregivers, and other adults, good practice includes providing platforms for exchange and mutual support alongside specialized training in interacting sensitively and effectively with children.

Partners apply these materials and methods in both **physical and psychological safe spaces**; a practice that allows children, young people, parents, and caregivers space to process experiences without fear of judgment.

The desk study further shows that **professional psychologists** play a key role in most MHPSS projects, ensuring interventions are grounded in expertise and offer evidence-based support. Their involvement not only guarantees high standards of care for project participants but also supports capacity development among project staff and volunteers through mentoring and knowledge sharing. According to the evaluation results, another fundamental aspect of effective MHPSS delivery is the cultivation of **supportive team dynamics** among partners' staff. The partners emphasize that given the challenging and often emotionally demanding environment in which MHPSS staff operate, it is crucial that staff themselves receive consistent support. Open communication, a sense of team alignment, and opportunities for connection are prioritized, ensuring all team members feel heard and valued. Many TDH partners implement these opportunities, for instance at RescueNow, supervision sessions support staff wellbeing before, during, and after camps organized for children and young people; Vplyv fosters regular meetings between staff and psychological specialists to promote both wellbeing and a positive work environment.

Such internal support systems, including staff retreats and workshops, as well as the **Help the Helpers** program, are vital for sustaining the mental health and motivation of staff, which directly benefits the quality and continuity of care provided. Like the MHPSS interventions for focus populations, flexibility is also applied to staff support; for example, staff members can pause and resume sessions according to their professional and personal needs. Assigning staff to work in areas aligned with their strengths further enhances service quality and professional satisfaction, while also responding to diverse participant needs. Additionally, partners such as Uyava consider their staff well-being very holistically, meaning that they do not only provide access to supervision and MHPSS for the staff but also individual support - for instance a power generator for staff experiencing repeated or prolonged power cuts while having to work online with children and young people.

In many cases, effective implementation is underpinned by targeted, strategic communication. In addition, ongoing advocacy is essential to systematically reduce societal stigma around accessing psychosocial support at every level. Against this background, robust psychoeducation offered both online and offline helps demystify mental health topics and normalize help-seeking behaviors. Transparent and direct communication with young people is especially important, as they show a strong desire to learn and engage with new knowledge. Broader strategic communication aims to reduce stigma, promote open discussion, and create a culture of understanding and acceptance around mental health.

Summary of Key Learnings & Recommendations

This evaluation of MHPSS components implemented by TDH partners in Ukraine reveals a positive trajectory in MHPSS programming. A key shift can be seen in societal perceptions – and partly linked to the efforts made within programs and projects supported by TDH: there is greater acceptance and increasing demand for mental health support, driven by sustained trust-building and ongoing community engagement efforts. These actions have gradually reduced societal stigma and fostered understanding for the diverse approaches and importance of MHPSS.

Looking at the TDH Ukraine program, MHPSS related projects have matured from one-off interventions to a more layered, ongoing and holistic support system. Despite these advances, many initiatives remain constrained by a set of challenges, which are mostly caused by structural limitations and gaps, leaving some children, young people, and caregivers without continued assistance when necessary. Service gaps, especially in rural or hard-to-reach locations, are compounded by limits on session numbers, lack of affordable long-term therapy, and inconsistent service quality. Displacement and isolation make continuity of care even more difficult, and ethical dilemmas regularly arise around confidentiality, mandatory reporting, and child protection. In response, programs show strong adaptability, integrating feedback and adjusting to the ever-changing landscape of the full-scale invasion and the MHPSS needs it causes among various focus populations.

A notable development has been the strategic expansion of the stakeholder network and focus populations. The focus now encompasses not only children and young people but also entire support systems that include families, caregivers, and communities, reinforced by collaboration with local professionals and the enhanced use of digital platforms to broaden reach. This expansion is matched by a dedicated focus on professionalization and capacity building within MHPSS teams at partner organizations, responding to increasingly complex cases, including rising psychiatric conditions, through continuous specialist training, the development of new resources, and the *Help the Helpers* approach.

Amidst this evolution, a consistent priority has been nurturing well-being and resilience by building supportive environments, providing a diversity of therapeutic options, fostering empowerment through psychoeducation, and ensuring access to psychologically and physically safe spaces for all participants. Crucially, there is an increasing emphasis on support for MHPSS professionals themselves, recognizing their essential role in sustaining high-quality service delivery.

These advances lay a strong foundation for sustainability and lasting impact: improved skills and resources, formalized long-term partnerships, and a growing trend of project participants staying involved after programs end, shifting from trauma-focused engagement towards proactive, future-oriented contributions.

While programming has constantly evolved and structures, professionals, and services have been strengthened, there also have been notable improvements in monitoring and evaluation practices. However, ensuring robust long-term follow-up and accountability for sustained participant well-being remains an area for further development.

Key Recommendations

Based on the evaluation findings the following recommendations are put forth to further enhance the effectiveness, reach, and sustainability of MHPSS interventions by TDH partners in Ukraine. These recommendations are summarized in table 2 below, indicating potential for improvement and responsibilities to follow up on these recommendations.

	Recommendation	Addressee(s)
1	Prioritize community-centered & inclusive approaches: Continue to root MHPSS interventions in community-centered practices, recognizing the family's and caregivers' foundational role in fostering resilience and stability for children and young people. Proactively reduce barriers to inclusion so marginalized or hard-to-reach children and young people receive equitable, relevant support.	Partners, especially program designers & community workers
2	Foster robust, formalized inter-organizational partnerships: Strengthen and formalize systematic collaborations with local educational institutions, healthcare providers, and community leaders. Integrate these actors into programming to ensure more comprehensive, multi-layered, and sustainable systems of support for children and youth.	Partners, especially program managers & TDH
4	Strengthen knowledge exchange & mutual learning among TDH partners: Create regular and structured opportunities for knowledge sharing, joint reflection, and peer learning. This will foster innovation, align good practices, and enhance coordination, ultimately driving the collective impact and sustainability of MHPSS support.	Partners & TDH
5	Institutionalize Help the Helpers support programs: Establish structured and recurring support programs for MHPSS professionals and frontline workers, including regular supervision, peer support groups, and integrated self-care training - for instance in retreat settings. This will mitigate professional burnout, boost staff retention, and ensure ongoing, high-quality service provision.	Partners & TDH
5	Implement culturally sensitive engagement & communication strategies: Develop and disseminate awareness campaigns and therapeutic approaches that are culturally competent and sensitive to local context. Explicitly address and reduce stigma related to mental health, and engage diverse and marginalized groups, including IDPs, LGBTQ+ youth, returning refugees, and children still residing in Ukraine.	Partners, especially communication staff if applicable
6	Invest in robust, long-term monitoring & evaluation systems: Develop and implement long-term follow-up mechanisms to monitor participant well-being and program impacts beyond the immediate intervention period. Prioritize tracking the sustainability of psychosocial outcomes and adjust programming based on meaningful, longitudinal data.	Partners & TDH

Table 2: Key recommendations.

The evaluation clearly highlights that most TDH partners are already considering the aspects listed as recommendations in current project implementation. Accordingly, these recommendations speak predominantly to maintaining and - ideally scaling up and / or

reproducing - this successful pathway and evolution of MHPSS delivery to children and young people in the conflict context in Ukraine.

Annex 1: Code Tree for Thematic Content Analysis

RQ1: How have TdH funded interventions in Ukraine contributed to well-being and resilience of children and youth?

1.1 Contribution to well-being

- Knowledge
- Community
- Safe space and expressive practices
- CY environment
- Evidence-based approaches

1.2 Contribution to resilience

- Strengthening family & social environment
- Education
- Development & (self-)empowerment
- Psychological stabilization and therapy

RQ2: In what ways has TdH funding strengthened the capacity and sustainability of civil society organizations to provide MHPSS services to children and young people in Ukraine and Poland?

2.1 Capacity strengthening

- Stakeholder engagement
- Resources and information
- Improvement of skills and knowledge

2.2 Sustainability

- Post-program focus
- Expansion & improvement of support points
- Community engagement

2.3 Challenges to capacity and sustainability

- Continuation of war
- Impact on staff
- Lack of knowledge and expertise
- Resources

RQ3: How has TdH programming in Ukraine with focus on MHPSS provision evolved since the full-scale invasion started in Feb 2022 and which challenges did partners face over time and how did they address them?

3.1 Program evolution

- Shift in (MHPSS) needs and/or focus
- Evolving methods and program design
- Professionalization and capacity building
- Expansion of target group/stakeholders/staff
- Changing perception and acceptance of psychological support

3.2 Challenges

- Systemic and structural limitations
- Gaps in access, knowledge, and follow-up
- Cultural, social, and attitudinal barriers
- Psychological impact on staff and care environments
- MHPSS situation (of CY)

3.3 Responses to challenges

- Indirect and relational access
- Flexible and creative approach/support
- Cross-sector support
- Building local capacities & awareness

RQ4: What are good practices identified in the implementation of common project approaches focusing on MHPSS provision, and what areas require improvement?

4.1 Good practices

- Activities with immediate effect on adult support structures
- Tools and methods for implementation
- Activities with immediate effect on CY
- Communication about MHPSS
- Team and organizational structures
- Therapy approach

4.2 Areas of improvement

- Inclusion and equity in MHPSS
- Access & quality of services
- Gaps in support and training
- Capacity of professionals