



# LESSONS LEARNED WORKSHOP REPORT

**EU4HEALTH: Provision of Quality and Timely  
Psychological First Aid to People Affected by Ukraine  
Crisis in Ukraine and Impacted Countries**

**Budapest, Hungary**

**20-22 February 2024**

**IFRC.org**

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*“I was very happy when I saw the agenda and saw it was interesting and well thought out. Thank you all for organising this and supporting us so well.”*

*“Stories of change was the most useful session, due to the learning and inspiration for concrete activities that our NS can implement.”*

*“The practical part of the training was very important for realising the reality in other national societies. It was important to realise that we have common issues but also challenges.”*

*“Sharing experiences and speaking about challenges was the most helpful part of the LLW, as we had an opportunity to learn from others and be heard.”*

*“Discussing common challenges and the need to pivot the project to meet the changing needs of the Ukrainian community was the most useful part of the Workshop.”*

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## ABBREVIATIONS

CEA	Community Engagement and Accountability
CFSV	Caring for Staff and Volunteers
HQ	Headquarters
HR	Human Resources
IFRC	International Federation of the Red Cross and Red Crescent Societies
LLW	Lessons Learned Workshop
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organisation
NS/NSs	National Society/ National Societies
PFA	Psychological First Aid
PGI	Protection, Gender, and Inclusion
PSC	IFRC Reference Centre for Psychosocial Support
PSS	Psychosocial Support Services
Q and A	Question and Answer
RCRC	Red Cross Red Crescent
RoE	Regional Office for Europe
ToT	Training of Trainers

## EXECUTIVE SUMMARY

### EU4HEALTH PROJECT

The EU4Health Project, *Provision of quality and timely Psychological First Aid to people affected by Ukraine crisis in Ukraine and impacted countries*, is a three-year initiative funded by the European Commission's Directorate-General for Health and Food Safety and responds to the mental health and psychosocial needs of people displaced within and from Ukraine due to the significant escalation of the armed conflict in Ukraine in 2022.

The project is implemented through coordination and cooperation between IFRC and 25 Red Cross/Red Crescent National Societies throughout Europe. It aims to provide Psychological First Aid (PFA) and Mental Health and Psychosocial Support (MHPSS) to displaced people via helplines and other platforms, meet the MHPSS needs of Red Cross personnel and frontline responders to ensure an effective response, and strengthen cooperation and coordination between the Red Cross and all relevant partners on MHPSS.

The project is progressing well in meeting targets in delivering capacity-building training in MHPSS and PFA, establishing and expanding helplines and other platforms to provide MHPSS and PFA, and meeting with partners to ensure effective cooperation and coordination.

Meanwhile, targets for Ukrainians accessing the activities and support, and for personnel accessing support, are proving challenging to meet. The context has evolved since the project commenced at the height of the displacement crisis; the movement of the displaced population in the European Union has largely stabilised though the majority of Ukrainians in Ukraine's neighbouring countries continue to experience urgent unmet needs.

### LESSONS LEARNED WORKSHOP

In February 2024 the IFRC Regional Office for Europe (RoE) and Psychosocial Centre (PSC) hosted a 3-day Lessons Learned Workshop in Budapest, Hungary. The workshop was planned for the project mid-way point to exchange experiences, identify best practices and learnings, and develop recommendations and commitments to action to guide the remainder of the project and the IFRC and its partners moving forward.

This workshop brought together 53 representatives from 21 of the project's participating national societies as well as colleagues from IFRC and the Psychosocial Centre, and project partner the Geneva Learning Foundation. The IFRC RoE, the PSC, and two external consultants planned the workshop jointly.

The workshop was participatory and included group work, discussion and presentations. It included sessions on project success stories; achievements; challenges and risks; management, coordination and delivery; strategy and vision; and finally, recommendations and commitments arising from all these lessons learned. Participants shared that the workshop succeeded in helping them learn from other countries' experiences, identify achievements and best practices, and generate ideas for new interventions and approaches.

### SUCCESS STORIES

National Society representatives brought to the workshop examples of best practices and successful initiatives from their work in the EU4Health project. A diverse range of examples included activities with members of the displaced Ukrainian population; the development of culturally appropriate MHPSS materials; innovative training initiatives with various groups; strengthening MHPSS capacity within the NS; and fruitful collaborations with local partners.

### KEY LEARNINGS

#### GETTING STARTED

The initial stages of the project were identified as challenging, due to the limited involvement of participating NSs in designing the project, and not being fully ready to take on a project of this scope and scale from logistical or technical perspectives. These challenges were overcome by most NSs in time through the effective allocation of personnel and

with regular support from the RoE and PSC project teams. Overall, programme flexibility and the ability to adjust were noted as a positive that helped with the distribution of responsibility and coordination.

## **MONITORING AND REPORTING**

Project monitoring and reporting were highlighted as a challenge, with some high indicator targets, and uncertainty around MHPSS activities outside of PFA and how to report those. In contrast, clear and unified guidance, tools and templates were highlighted as working well.

## **PROJECT ACTIVITIES**

PFA is a key activity for the EU4Health project, and it has played a critical role in helping people cope with high levels of distress, by facilitating a sense of calm and connection. PFA training and materials have been successfully adapted through the project for specific groups e.g. children, youth and the elderly, and PFA training has been used as a means to build and maintain trust and rapport with communities, leading to greater participation in MHPSS activities. Nonetheless, needs have evolved since the project began during the emergency response, and the planned activities are no longer fully suitable for the current protracted situation. PFA is limited as a tool to support those with deeper, long-term needs, and participants emphasised the need to offer a wider range of activities to meet the needs of the target groups. Activities which focus on the integration of Ukrainian people with the local communities and strengthen a sense of belonging were said to be particularly needed at this point. Community-based MHPSS, including social and recreational activities, were seen as desirable, along with psychoeducation activities designed to address the stigma around mental health issues.

## **COMMUNITY ENGAGEMENT**

Engaging, mobilising, and training the Ukrainian community is key to project success. Effective ways the project has engaged community members included hiring Ukrainian speakers as staff (cultural mediators, translators, and helpline operations) and linking with trusted and established Ukrainian-led organisations. Cultural mediators and interpreters were important entry points to the communities and the participation of members of the target group in the co-development of tools and awareness-raising materials was said to be an important practice. Using the Ukrainian language for information provided via preferred channels was identified as a best practice.

## **CREATIVE USE OF DIFFERENT PLATFORMS**

Proactive engagement with the community was enhanced by the use of a wide range of mechanisms and platforms to reach out to the affected population and inform them of the services available. Locations in areas hosting people displaced from Ukraine, such as schools, local associations, churches, businesses employing Ukrainians, shops and public spaces; other Red Cross services and locations; social media such as Telegram; and health services accessed by Ukrainians, were all identified as good ways to reach a range of people. Participants highlighted the different strengths of digital, phone-based and in-person methods to provide access to MHPSS.

## **INTEGRATED MHPSS APPROACHES**

A strategy that was found to be effective in terms of MHPSS service provision was close coordination between the project and existing systems and programmes within and external to the NS, to disseminate training and to integrate MHPSS activities. Many NSs had successfully integrated MHPSS into other programmes and services within their NS, with PFA training acting as an initial entry point. Some NSs have been able to utilise and scale up existing helplines and platforms. Another useful practice was found to be collaborating with partners to identify existing platforms (e.g. Child-Friendly Spaces offered by municipalities) into which the NS could integrate MHPSS support. A final key factor in successes in this area was linking MHPSS support to existing capacities (e.g. health systems) both within and outside the NS in a complementary way.

## **STAFF AND VOLUNTEER CARE**

This project has enabled NSs to build greater consensus and culture internally that Caring for Staff and Volunteers (CFSV) is an important issue, laying the foundation for the future, through advocacy with managers and other internal stakeholders. Project staff have emphasised that CFSV is not solely the responsibility of MHPSS teams, but that other stakeholders need to be involved, particularly HR. The EU4Health project has helped to build these networks and relationships within and between NSs.

Effective staff and volunteer care depends on effective structures and systems being in place throughout the organisation. NSs have appointed CFSV focal points within branches and developed flexible and diverse support options, all of which have supported the integration of care and support for personnel. A framework for CFSV was said to be important for NSs, including both informal practices (e.g. wellbeing activities, group support) and more formal support (e.g. debriefing, psychological support, one-to-one sessions). Another good practice was said to be including a self-care component in all training for staff and volunteers.

## SUSTAINABILITY

Some NSs have encountered limited internal support for MHPSS as a service/programme, for a range of reasons. Despite some challenges, many NSs have built strong capacity in MHPSS through this project and to sustain this, they intend to focus on integrating MHPSS more strongly within NSs during the life of the EU4Health project, such as integrating it into other services/ activities, demonstrating the effectiveness of the MHPSS approach, and aligning it with national MH strategies. Evidence-based advocacy initiatives, to demonstrate needs and inform policies on what can be done for the affected populations, will also play a role, as will the development of a NS MHPSS strategy which is aligned with national MH strategies as well as the RCRC Movement MHPSS framework. Continued coordination with a range of organisations will also help position NSs as leaders in the field of MHPSS, and particularly PFA training.

## RECOMMENDATIONS

<b>GETTING STARTED</b>	<ul style="list-style-type: none"> <li>Engage all parts of an organisation (in the case of the Red Cross, this includes NS leadership and branches) early on and consistently in designing and launching new MHPSS programming, leveraging any resolutions/strategies the organisation is already committed to (e.g. <a href="#">Red Cross Policy and Resolution on MHPSS</a>).</li> <li>For future projects of such scale, include a greater budget for HR costs.</li> <li>Establish regular meetings early on to support internal coordination.</li> <li>Ensure internal communication and reporting tools are widely accessible, streamlined and kept updated.</li> </ul>
<b>MONITORING AND REPORTING</b>	<ul style="list-style-type: none"> <li>Ensure project monitoring and evaluation plans, including indicators, are clearly communicated with all stakeholders from the project inception, providing definitions of keywords and concepts, tools and examples to guide data collection and reporting.</li> <li>Ensure ways to assess and demonstrate project quality and impact are included, while considering the data collection capacities of NSs and branches; consider cooperation with academic or research organisations to support this.</li> </ul>
<b>PROJECT ACTIVITIES</b>	<ul style="list-style-type: none"> <li>Based on continuous needs assessment and situation analysis, advocate for the needs of the impacted population and for adapting project activities accordingly to ensure alignment with evolving needs.</li> <li>Diversify and broaden MHPSS activities and supports offered to ensure they meet the changing needs of the target groups, e.g. complementing PFA with more community-based MHPSS, which is effective in contexts of limited resources and overstretched systems.</li> <li>Focus on integration of Ukrainians into local communities e.g. jobs and schools, with integration activities for both arriving and hosting communities.</li> </ul>
<b>COMMUNITY ENGAGEMENT</b>	<ul style="list-style-type: none"> <li>Include members of the target groups in planning and implementing project activities and in developing project tools and information materials.</li> <li>Build on the desire of Ukrainians to assist others from their community - engage Ukrainians directly as MHPSS practitioners, cultural mediators, interpreters, trainers and ambassadors, boosting outreach efforts.</li> <li>Engage with local leaders/ strengthen collaboration with stakeholders who are already part of or well connected with the Ukrainian community, including religious organisations, civil protection, refugee-led and women-led organisations, cultural organisations, NGOs, embassies, and others.</li> <li>Ensure projects have a robust, accessible and inclusive feedback system.</li> <li>Ensure MHPSS services and materials are adapted for target communities and available in relevant languages.</li> </ul>

<b>CREATIVE USE OF DIFFERENT PLATFORMS</b>	<ul style="list-style-type: none"> <li>• Improve outreach by using multiple platforms to reach all groups within affected populations with information about project activities and psychoeducation messages.</li> </ul>
<b>INTEGRATED MHPSS APPROACHES</b>	<ul style="list-style-type: none"> <li>• Utilise and scale up existing services and supports, including those provided by partners (e.g. municipalities or other organisations).</li> <li>• Continue to integrate MHPSS, including PFA, into other NS sectors (Gender Based Violence, housing, health, livelihoods, job placement, education, CEA, PGI); this will also improve the reach and uptake of MHPSS activities by the affected population.</li> <li>• Coordinate and cooperate within and across organisations where possible, to avoid services duplication.</li> </ul>
<b>CARING FOR STAFF AND VOLUNTEERS</b>	<p><i>Organisational change process</i></p> <ul style="list-style-type: none"> <li>• Use surveys to identify good practices as well as needs and ideas to support personnel wellbeing.</li> <li>• Conduct more informal and formal activities to raise awareness of the importance of CFSV.</li> <li>• Ensure CFSV is a shared responsibility in an organisation’s structure, involving human resources, volunteering and other key units and departments.</li> <li>• Address stigma for helpers relating to self-care and seeking support.</li> </ul> <p><i>Structures and systems</i></p> <ul style="list-style-type: none"> <li>• Develop a CFSV framework which includes both informal practices and more formal support, and multiple accessible platforms for both in-person and remote supports.</li> <li>• Ensure there are designated focal points/people responsible for CFSV.</li> </ul> <p><i>Integration into training</i></p> <ul style="list-style-type: none"> <li>• Ensure that CFSV / self-care is included in other MHPSS or PFA training provided for personnel, and in other training as relevant.</li> </ul>
<b>SUSTAINABILITY</b>	<p><i>Internally:</i></p> <ul style="list-style-type: none"> <li>• Integrate MHPSS into other sectors and programmes.</li> <li>• Ensure key stakeholders in NSs understand MHPSS and prioritise it in strategic planning.</li> <li>• To enhance internal support for MHPSS, consider making PFA training (or other briefing/orientation on MHPSS) mandatory for personnel.</li> <li>• Ensure that capacities already built (staff, tools, materials) are integrated into future plans.</li> <li>• To continue to strengthen MHPSS capacity, optimise selection of ToT participants, considering factors of language skills in the training language, existing technical and facilitation skills, geographical location and representation, availability to cascade the training, field experience, and motivation. Ensure strong support for ToT participants: create clear descriptions of the profiles needed, interview candidates, put in place agreements with trainers to clarify expectations, new trainers to co-facilitate with existing trainers, and establish communities of practice.</li> </ul> <p><i>Externally:</i></p> <ul style="list-style-type: none"> <li>• Build strong relationships with a range of external stakeholders through consistent coordination and collaboration.</li> <li>• Be aware of and seize opportunities to contribute to national and global MHPSS initiatives.</li> </ul> <p><i>Internally and Externally:</i></p> <ul style="list-style-type: none"> <li>• Establish various sources of future funding, including advocating internally for greater prioritisation of MHPSS and CFSV and exploring income-generating activities such as commercialisation of MHPSS training.</li> <li>• Promote the message that MHPSS is a key part of both short-term emergency response and longer-term programmes.</li> </ul>

## BACKGROUND & INTRODUCTION

### EU4HEALTH PROJECT

The EU4Health Project, titled *Provision of quality and timely Psychological First Aid to people affected by Ukraine crisis in impacted countries*, is an initiative funded by the DG SANTE (the European Commission's Directorate-General for Health and Food Safety), which began in June 2022 and is planned to continue for 36 months until June 2025.

The Project is focused on Mental Health and Psychosocial Support (MHPSS), including Psychological First Aid (PFA), to respond to the MHPSS needs of people displaced within and from Ukraine due to the significant escalation of the international armed conflict in Ukraine since 2022. The project is implemented through coordination between IFRC and 25 National Societies (NSs) belonging to the International Red Cross and Red Crescent (RCRC) Movement in the Europe region<sup>1</sup>. Implementation began in June 2022 with five NSs, joined by the Ukrainian Red Cross Society in August 2022 and by 19 further NSs in January 2023. The project has three objectives:

1. To ensure that sufficient psychological first aid, mental health and psychosocial support are provided to displaced people coming from Ukraine, via helplines and other service platforms.
2. To support National Societies in their efforts to meet the mental health and psychological needs of staff, volunteers and front-line responders to ensure effective response before, during and after the crisis.
3. To strengthen cooperation and collaboration with all relevant partners (governmental, non-governmental, international) and coordination of MHPSS activities at the field and country level.

In September 2023, an additional component was added to the project under Objective 1. Twelve of the participating NSs committed to train a total of 5900 professionals who are in close contact with Ukrainian refugee children, to equip them with knowledge and tools to address the MHPSS needs of this target population. As well, an online component providing remote learning solutions was added to the project, supported by the Geneva Learning Foundation (TGLF) and Terre des Hommes.

The project is progressing well in meeting targets in delivering capacity-building training in MHPSS and PFA, establishing and expanding helplines and other platforms to provide MHPSS and PFA, and meeting with partners to ensure effective cooperation and coordination. Meanwhile, targets for Ukrainians accessing the activities and support, and for personnel accessing support, are proving challenging to meet.

### CONTEXT UPDATE

The context has evolved since the project began: the number of Ukrainians displaced in the European Union has stabilised, and of these, 14% are planning to return to Ukraine<sup>2</sup>. Though more stable in terms of movement, the population still has urgent needs; 81% of refugees in countries neighbouring Ukraine have at least one urgent unmet need, i.e. access to food, employment, healthcare, accommodation, or material assistance. One quarter (25%) of refugee households indicate having at least one member with a specific vulnerability. The population is facing several interconnected challenges: language barriers, limited information, financial constraints, job-matching difficulties, lack of childcare and overstretched local resources. In addition, large numbers of children are not accessing early education or school, the majority of those of working age remain outside the labour force, and there are serious obstacles to accessing healthcare. All these challenges are impacting mental health and wellbeing.

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<sup>1</sup> The 25 participating countries in the project are Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and Ukraine.

<sup>2</sup> Data in this paragraph is from [UNHCR 2024, Ukraine situation: Regional Refugee Response Plan, December - January](#)

## LESSONS LEARNED WORKSHOP

From the 20<sup>th</sup> to the 22<sup>nd</sup> of February 2024, the International Federation of the Red Cross and Red Crescent Societies (IFRC) Regional Office for Europe (RoE) and Psychosocial Centre (PSC) hosted a Lessons Learned Workshop (LLW) for the EU4Health Project in Budapest, Hungary.

The LLW aimed to assess the project's progress to date, identify learning and best practices, share experiences, and develop recommendations to guide the remainder of the project. It included sessions focused on identifying and analysing the successes and challenges related to project implementation, as well as sessions focused on the technical aspects related to providing MHPSS services in the changing context of displacement caused by the armed conflict in Ukraine, building upon exchange of practices and experiences among the NSs.

There were 55 people in attendance at the workshop, comprising 36 participants, 2 external co-facilitators, 10 internal co-facilitators/logistics support, and 7 observers. The 36 participants included representatives of 21 of the National Societies that are delivering this project and were a mix of project managers, MHPSS specialists, and project support staff. The workshop was planned and co-facilitated by external MHPSS consultants Cloe Clayton and Rebecca Horn, together with team members from the Psychosocial Centre in Copenhagen, Denmark, and from the Regional Office for Europe (RoE) in Budapest.

This report provides an overview of the workshop objectives, methodology and evaluation, and then summarises the key learnings arising from the workshop and recommendations made.

## METHODOLOGY

### OBJECTIVES

The workshop objectives were to:

- Identify and document the programme's successful outcomes, achievements, and milestones and explore their replicability within and beyond the EU4Health Project.
- Identify and analyse the challenges and setbacks encountered during the project implementation, with a focus on understanding their root causes and developing strategies to mitigate them in the future.
- Assess the effectiveness of the technical methods and approaches used in the MHPSS programming, including service delivery to people in vulnerable situations, capacity strengthening of the first responders, and stakeholder mobilisation.
- Identify opportunities for process improvement in project management, coordination, and delivery, with a focus on enhancing efficiency and effectiveness.
- Evaluate the effectiveness of risk management approaches employed during the programme and identify the action points for enhancing them.
- Based on the lessons learned, develop a set of actionable recommendations that can be implemented within and beyond the EU4Health project by Red Cross National Societies and considered by other stakeholders such as public authorities.

### METHODOLOGY & GUIDING QUESTIONS

The key methodologies for this workshop were group work including World Café style sessions, plenary discussions, and presentations. It was a participatory workshop with opportunities for participants to share with and learn from each other. The facilitation team intended to celebrate both achievements and lessons learned, centre the stories and realities of the people impacted by the crisis, encourage exchange between national societies and active participation, acknowledge the diversity of experiences and contexts among participants and national societies, and elicit feedback about the project and the workshop itself. Participants shared that they hoped to learn from other countries' experiences, generate ideas for new interventions and approaches and community engagement, and share common challenges and their solutions.

The guiding questions for the workshop, which formed the basis of discussions and group work, were:

- **STORIES OF CHANGE** What are you (NS/team) most proud of as an achievement under the EU4Health project? Why are you particularly proud of this achievement?
- **PROJECT ACHIEVEMENTS** Which approaches and practices have been particularly effective? What made them so effective? Which of these successes could be relevant for others to know more about and to replicate? Is this activity/objective/result still relevant, and/or does it need modifying? How have you engaged the target/impacted participants for this area of work?
- **PROJECT CHALLENGES AND RISKS** What have been the most substantial challenges your NS/team has encountered thus far in the EU4Health project? For each challenge, has it been addressed? If so, how did you do it? If not, what are the reasons for the inability to overcome it? Discuss the risks encountered by the project, and how these were managed.
- **PROCESS IMPROVEMENTS IN PROJECT MANAGEMENT, COORDINATION AND DELIVERY** What were the strengths and areas for improvement within:
  - Programme timeline and implementation;
  - Distribution of responsibilities and coordination;
  - Internal Communication;
  - External communication and visibility;
  - Data collection, monitoring, and reporting;
  - Finance and procurements?
- **STRATEGY AND VISION** How do you envision the project evolving in the next year, in line with the changing context and needs of Ukrainians? Are there any strategic shifts or adjustments that should be considered? Is there anything innovative that you would like to explore in the coming year? Is this project contributing to greater awareness or capacity in your NS in MHPSS and caring for staff and volunteers? How can this change be sustained within your NS beyond the project? What sort of exit strategy can we start to think about?
- **RECOMMENDATIONS AND COMMITMENTS** What are the recommendations arising from these three days? What best practices are to be continued or expanded, and what needs to be changed? What can each of your teams commit to take forward?

## DESCRIPTION OF THE WORKSHOP

**Day 1** The first session included introductions and a project update. The second session focused on participants sharing stories of change from their projects through displaying posters and engaging in a question-and-answer session. In the afternoon, the first session focused on project achievements; a 'World Café' style group activity was used to identify the project's successful outcomes and effective practices and their potential replicability. The final session was dedicated to the key challenges and risks faced in project implementation, including a presentation on risk management and small group discussions on identified challenges.

**Day 2** Day two started with a brief recap before a group work session on opportunities for process improvement in project management, coordination, and delivery. The second session was a presentation from the Ukrainian Red Cross Society about their MHPSS programme and a question-and-answer session with them. In the afternoon, the PS Centre led a session on the current situation and psychosocial needs of people displaced from Ukraine. The next session consisted of presentations from IFRC Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) colleagues on integrating PGI and CEA considerations and approaches into the EU4Health project. Participants then worked in groups to reflect on community engagement in their projects and complete a survey on CEA.

**Day 3** Day three kicked off with a recap followed by the results of the CEA survey that participants had completed the day before, which looked at CEA integration in the NSs and the actions NSs can take moving forward. The second session explored project sustainability. The next session returned to the discussions on project challenges and solutions from the first day. The final session focused on creating actionable next steps and commitments; a summary

of all suggestions and recommendations from the workshop was shared and participants selected the most relevant recommendations for their NS/team and built these into action plans. The day concluded with an evaluation of the workshop and closing remarks from the facilitation team.

## EVALUATION OF THE WORKSHOP

Participants shared anonymous feedback via sticky notes throughout the workshop and a formal evaluation form. Overall, the vast majority (90%) of respondents were satisfied with the workshop, and 84% felt that the workshop met its objectives.

In particular, the workshop helped participants learn from other countries' experiences and generate ideas for new interventions and approaches. The exchange and sharing between NSs about their achievements, best practices, practical experiences and challenges was one of the most useful aspects of the workshop, as was the focus on addressing challenges and learning lessons. Participants would have liked to spend more time on data collection and reporting and on sharing examples of best practices.

## KEY FINDINGS

### SUCCESS STORIES

National Society representatives brought to the workshop examples of best practices and successful initiatives from their work in the EU4Health project. A diverse range of examples included activities with members of the displaced Ukrainian population; the development of culturally appropriate MHPSS materials; innovative training initiatives with various groups; strengthening MHPSS capacity within the NS; and fruitful collaborations with local partners. One example is given below.

**Ukrainian Red Cross Society** is at the heart of the crisis response. They shed light on the critical role of PFA through sharing the experiences of their dedicated helpline staff. These trained professionals have observed that PFA skills are deeply valued by those affected, with some individuals even carrying written guides for immediate use in emergencies. This proactive psychosocial support complements traditional aid, particularly in acute situations like personal accidents or larger disasters. The Restoring Family Links helpline personnel, who use PFA approaches when interacting with the recipients, emphasise a tailored approach to each unique call, addressing the deep emotional pain and stress of callers, often amid searching for missing loved ones. The helpline not only offers vital information but also becomes a channel for emotional release and connection, facilitating a transformation in the callers' emotional states from distress to a sense of calm and reassurance.

### KEY LEARNINGS

Workshop participants identified key achievements and challenges experienced so far in the EU4Health project, as well as recommendations for the future and for similar projects in other contexts. In this section, key themes and learnings are described, together with key recommendations for improvement, which are based upon recommendations and suggestions made by the LLW participants during the workshop.

### GETTING STARTED

The initial stages of the project were identified as challenging by a number of participants. Proposal development and project design took place before many NSs had joined the project; most participants 'inherited' the project and had not been involved in the design. They noted that plans for project staffing were unrealistic in how responsibilities were allocated, and NSs did not accurately or adequately assess their readiness to take on a project of the scale of EU4Health. Most NSs did not have the structures for finance, HR, logistics, MHPSS technical, reporting, etc. to handle the EU4 Health project. Aligning national society and IFRC processes and procurement rules had been a challenge for some NSs. Overall, NSs were not fully aware of the amount of time and effort project coordination would take. The number of monthly meetings, calls, emails, events, etc. caught NSs by surprise and posed a major challenge in terms of staffing. NSs did not budget for enough staff to adequately cover the coordination responsibilities, as well as overall

project implementation. The lack of early consultation/involvement of branches in developing the proposal and project continues to generate struggles with coordination between branches and HQ within some NSs. In addition to these logistical challenges, it took time for teams to understand the scope and requirements of the project, and to establish technical coherence given the wide range of contexts and NSs involved. For some NSs, there was a lack of MHPSS capacity at both the HQ and branch levels, which exacerbated the challenges in getting started.

These challenges were overcome by most NSs in time. Within NS project teams, recruiting internally or assigning EU4Health tasks and responsibilities to existing staff and volunteers was identified as enabling them to begin implementation more quickly and had the added benefit that these personnel were already familiar with the Red Cross. In addition, having a person assigned responsibility for specific areas of the project was identified as an effective approach, as was ensuring that there are skills and knowledge overlaps between staff so that if the person responsible needs support or cover, there are other staff available to provide this.

Support from IFRC ROE and PS Centre was valued. Regular meetings were heavily emphasised as working well as a method of internal communication, including the project's biweekly and monthly meetings. SharePoint and MS Teams were also highlighted as good mechanisms. It was felt that there is easy access to information and to support and feedback from the project team, including the IFRC RoE and PS Centre, especially since the IFRC project team has been expanded.

Overall, programme flexibility and the ability to adjust were noted as a positive that helped with the distribution of responsibility and coordination.

**Recommendations** around this theme included:

- Engage all parts of an organisation (in the case of the Red Cross, this includes NS leadership and branches) early on and consistently in designing and launching new MHPSS programming, leveraging any resolutions/strategies the organisation is already committed to (e.g. [Red Cross Policy and Resolution on MHPSS](#)).
- For future projects of such scale, include a greater budget for HR costs.
- Establish regular meetings early on to support internal coordination.
- Ensure internal communication and reporting tools are widely accessible, streamlined and kept updated.

## **MONITORING AND REPORTING**

Project monitoring and reporting were highlighted as a challenge, with some high indicator targets, and uncertainty around MHPSS activities outside of PFA and how to report those.

Indicators were developed at an early stage in the project planning process and did not always involve those who would be implementing the project in NSs. Indicator targets set during the emergency phase were felt to have been over-ambitious in some cases. This challenge was exacerbated by changes in the context as the project progressed, including high numbers of people displaced from Ukraine returning home, changes in the needs of the displaced community and the transition from emergency to recovery/integration stage. In addition, the indicators set for the project are quantitative, and it is felt there is a gap in assessing the qualitative outcomes and impacts of the project.

A further challenge was some ongoing confusion about what and how to count, with a need for further clarification identified during the workshop.

In contrast, clear and unified guidance, tools and templates were highlighted as working well for project activity and finance reporting; namely, having a clear guideline for data collection, and having unified reporting and data collection tools. The use of Kobo for reporting & monitoring was also cited as effective.

Discussions around the project's external communications and visibility highlighted that using press and media opportunities had proven useful for initiating partnerships, leading to opportunities for collaboration. Best practices included using a range of channels to relay stories and messaging, from highlighting the project during coordination meetings to sharing success stories with government.

**Recommendations** around this theme included:

- Ensure project monitoring and evaluation plans, including indicators, are clearly communicated with all stakeholders from the project inception, providing definitions of keywords and concepts, tools and examples to guide data collection and reporting.
- Ensure ways to assess and demonstrate project quality and impact are included, while considering the data collection capacities of NSs and branches; consider cooperation with academic or research organisations to support this.

## **EFFECTIVE SERVICE PROVISION TO UKRAINIAN POPULATIONS**

### **PROJECT ACTIVITIES**

Aligning the project with the needs of the affected populations was highlighted as a challenge. The needs of the target populations have evolved since the project began. Some Ukrainians have settled (integrated) into the new countries while others are still on the move from one country to another. The project was designed as an emergency response to meet immediate needs, so the planned activities were not fully suitable for the current protracted situation. It was felt that changes in activities were needed as the displacement of people from Ukraine shifted from the emergency phase towards protracted displacement and integration.

PFA is a key planned activity for the EU4Health project, and participants in the LLW highlighted the critical role of PFA in helping people cope with high levels of distress, by facilitating a sense of calm and connection. They also recognised the limits of PFA for those with deeper, long-term needs. PFA can support in listening, identifying needs and making referrals, but addressing those needs requires longer-term solutions. NSs noted the importance of expanding the activities beyond PFA.

Proposed solutions focused on finding ways to offer a wider range of activities to meet the needs of the target groups. Activities which focus on the integration of Ukrainian people with the local communities and strengthen a sense of belonging were said to be particularly needed at this point. Community-based MHPSS, including social and recreational activities, were seen as desirable, along with psychoeducation activities designed to address the stigma around mental health issues.

PFA was still said to have a place in the activities to be offered. Some NSs had successfully used PFA training as a means to build and maintain trust with communities and external stakeholders, and through the training had invited people to participate in and collaborate on other activities. Similarly, engaging with school communities with PFA training and tools has supported the MHPSS needs and integration of children and youth. The rapport and good relationships built during PFA training have been found to overcome people's initial reluctance to participate in MHPSS-focused activities due to the stigma associated with mental health issues.

NSs also shared good examples of how activities had been adapted to meet the needs of the different target groups in relevant ways. For example, PFA training and materials have been successfully adapted for specific groups (e.g. PFA for children, PFA for Youth, PFA for Elderly) and the engagement of youth was found to be strengthened through community-led initiatives tailored to their interests. One NS found that advocacy events led by the youth to reach out to the community were very effective.

**Recommendations** around this theme included:

- Based on continuous needs assessment and situation analysis, advocate for the needs of the impacted population and for adapting project activities accordingly to ensure alignment with evolving needs.
- Diversify and broaden MHPSS activities and supports offered to ensure they meet the changing needs of the target groups, e.g. complementing PFA with more community-based MHPSS, which is effective in contexts of limited resources and overstretched systems.
- Focus on integration of Ukrainians into local communities e.g. jobs and schools, with integration activities for both arriving and hosting communities.

### **COMMUNITY ENGAGEMENT**

Participants highlighted the importance of community engagement for effective programme implementation. Ways to engage community included hiring Ukrainian speakers as staff (cultural mediators, translators, and helpline

operations) and linking with trusted and established Ukrainian-led organisations. Establishing connections through the consistent presence of Red Cross personnel and services was identified as an effective way to build trust.

Engaging, mobilising, and training the Ukrainian community is key to project success. Cultural mediators and interpreters were important entry points to the communities and the participation of members of the target group in the co-development of tools and awareness-raising materials was said to be an important practice. Such psychoeducation tools have proven useful for a range of contexts and audiences and helpful for initiating conversations about mental health and wellbeing. Where full co-creation was not possible, focus group discussions were found to be useful ways of obtaining input and creating some ownership of materials and workshops, as well as understanding needs.

Some NSs emphasised the importance of having Ukrainian-speaking volunteers and staff. For example, the Danish Red Cross hired a Ukrainian psychiatrist, who was better able to connect with the target population. Using the Ukrainian language for information provided via preferred channels was identified as a best practice.

**Recommendations** around this theme included:

- Include members of the target groups in planning and implementing project activities and in developing project tools and information materials.
- Build on the desire of Ukrainians to assist others from their community - engage Ukrainians directly as MHPSS practitioners, cultural mediators, interpreters, trainers and ambassadors, boosting outreach efforts.
- Engage with local leaders/ strengthen collaboration with stakeholders who are already part of or well connected with the Ukrainian community, including religious organisations, civil protection, refugee-led and women-led organisations, cultural organisations, NGOs, embassies, and others.
- Ensure projects have a robust, accessible and inclusive feedback system.
- Ensure MHPSS services and materials are adapted for target communities and available in relevant languages.

## CREATIVE USE OF DIFFERENT PLATFORMS

Engagement with the community was enhanced by the use of mechanisms and platforms that exist within the community, whatever they may be. NSs highlighted the importance of using a wide range of methods and platforms to reach the affected population and inform them of the services available, such as schools, local associations, employers of Ukrainians, other Red Cross services and locations, local shops and public spaces in areas hosting large numbers of Ukrainians, social media such as Telegram groups for local community, places people are meeting such as churches, and, given 80% of displaced population is female, family doctors and any Sexual and Reproductive health facilities. NSs noted that it was important for their teams to reach out to the community rather than waiting for the community to come to the NS.

Several examples were given of digital platforms which can be disseminated through decentralised structures within the NS. People can self-refer to these services, which are particularly helpful in enabling people to identify their own solutions and ways forward.

Some NSs found that face-to-face approaches worked better, so they integrated this type of support into services such as community centres, shelters, or physiotherapy services.

**Recommendations** around this theme included:

- Improve outreach by using multiple platforms to reach all groups within affected populations with information about project activities and psychoeducation messages.

## INTEGRATED MHPSS APPROACHES

A strategy that was found to be effective in terms of MHPSS service provision was close coordination between the project and existing systems and programmes within and external to the NS, to disseminate training and to integrate MHPSS activities. Such extensive coordination has generated opportunities for collaboration in a range of activities.

Many NSs had successfully integrated MHPSS into other programmes and services, with PFA training acting as an initial entry point. The importance of this was noted, given issues of sustainability and meeting the changing needs of the target population.

Some NSs had been able to utilise and scale up existing helplines and platforms. In some cases, this involved transforming pre-existing platforms so that reactive calls were transformed into proactive support. One NS shared an example of several helplines being combined into a single helpline, which was both more efficient and more useful.

A useful practice was found to be collaborating with partners to identify existing platforms (e.g. Child-Friendly Spaces offered by municipalities or other organisations) into which the NS could integrate MHPSS support in whatever way was appropriate in that setting.

Another key factor in successes in this area was linking MHPSS support to existing capacities (e.g. health systems) both within and outside the NS and looking to complement these rather than duplicate them.

**Recommendations** around this theme included:

- Utilise and scale up existing services and supports, including those provided by partners (municipalities or other organisations).
- Continue to integrate MHPSS, including PFA, into other NS sectors (GBV, housing, health, livelihoods, job placement, education, CEA, PGI); this will also improve the reach and uptake of MHPSS activities by the affected population.
- Coordinate and cooperate within and across organisations where possible, to avoid service duplication.

## **STAFF AND VOLUNTEER CARE**

### **ORGANISATIONAL CHANGE PROCESS**

In many NSs, caring for staff and volunteers (CFSV) was not well integrated into the organisational structure before the EU4Health project began, so a key activity was to work towards this through advocacy with managers and other internal stakeholders. It was useful in many cases to emphasise that CFSV is not primarily an MHPSS issue; it relates to the work of every part of the NS. Some NSs felt their main achievement in this area had been building a consensus and a culture within their organisation that this is an important issue, which takes time but lays important foundations for further action.

In terms of building an organisational culture which supports staff and volunteer wellbeing, it has been important for NSs to ensure that CFSV is not solely the responsibility of MHPSS teams, but that other stakeholders are involved, particularly HR. The EU4Health project has helped to build these networks and relationships. Examples were given of regional cooperation and meetings in this area, and NSs sharing and merging platforms and resources.

**Recommendations** around this theme included:

- Use surveys to identify good practices as well as needs and ideas to support personnel wellbeing.
- Conduct more informal and formal activities to raise awareness of the importance of CFSV.
- Ensure CFSV is a shared responsibility in an organisation's structure, involving human resources, volunteering and other key units and departments.
- Address stigma for helpers relating to self-care and seeking support.

### **PUT STRUCTURES AND SYSTEMS IN PLACE**

Effective staff and volunteer care depends on effective structures and systems being in place throughout the organisation. The appointment of CFSV focal points within branches was noted to have enhanced the accessibility and effectiveness of support mechanisms, ensuring that care and support are integrated into the NSs' daily operations. Flexibility and diversity of staff, volunteer and frontline responder support options were noted as a good practice. This could include social media, as well as comprehensive, adaptive, flexible training packages. Having accessible, multiple platforms is particularly important when MHPSS staff are not able to go in person to all branches, and where no CFSV focal person is in place in the branches.

A framework for CFSV was said to be important for NSs. A helpful framework includes both informal practices (e.g. wellbeing activities, group support) and more formal support (e.g. debriefing, psychological support, one-to-one sessions).

**Recommendations** around this theme included:

- Develop a CFSV framework which includes both informal practices and more formal support, and multiple accessible platforms for both in-person and remote support.
- Ensure there are designated focal points/people responsible for CFSV.

## INTEGRATION OF CFSV INTO OTHER ACTIVITIES

In terms of training and workshops, a good practice was said to be including a self-care component in all training for staff and volunteers. PFA training already includes a component on self-care and care for colleagues, and a need was identified to ensure that fidelity to this training package was maintained. Other trainings, workshops and other platforms can include a discussion of mental health and wellbeing issues since helpers can find it difficult to acknowledge that their work sometimes affects their psychosocial wellbeing negatively.

Supportive supervision was highlighted as an effective element of CFSV in some NSs and there is a lot of interest in adopting this in the future.

**Recommendations** around this theme included:

- Ensure that CFSV / self-care is included in other MHPSS or PFA training provided for personnel, and in other training as relevant.

## SUSTAINABILITY

The EU4Health project is a 3-year programme which has enabled significant technical capacity to be built in NSs in MHPSS, in part due to the training of trainers approach which enabled knowledge and skills to be cascaded to large numbers of personnel. NSs do not want to lose this MHPSS capacity, so they reflected on how it could be maintained.

For some NSs, MHPSS is a new topic, and managers lack an understanding of what it is, its complexities, and how it can contribute to the work of the NS in the future. In some cases, there is a lack of leadership support within NSs, whilst, in others, NS leadership commits to the project but fails to understand and support the implementation. MHPSS is not considered a fundamental service for some NSs, meaning the programmes would need to fundraise to continue the activities after the EU4Health project closes.

Some ways in which this could be addressed is through integrating MHPSS more strongly within NSs during the life of the EU4Health project, such as integrating it into other services/ activities, demonstrating the effectiveness of the MHPSS approach, and aligning it with national MH strategies. Evidence-based advocacy initiatives, to demonstrate needs and inform policies on what can be done for the affected populations, will also play a role, as will the development of a NS MHPSS strategy which is aligned with national MH strategies as well as the RCRC Movement MHPSS framework. Continued coordination with a range of organisations will also help position NSs as leaders in the field of MHPSS, and particularly PFA training.

**Recommendations** around this theme included:

*Internally:*

- Integrate MHPSS into other sectors and programmes.
- Ensure key stakeholders in NSs understand MHPSS and prioritise it in strategic planning.
- To enhance internal support for MHPSS, consider making PFA training (or other briefing/orientation on MHPSS) mandatory for personnel.
- Ensure that capacities already built (staff, tools, materials) are integrated into future plans.
- To continue to strengthen MHPSS capacity, optimise the selection of ToT participants, considering factors of language skills in the training language, existing technical and facilitation skills, geographical location and representation, availability to cascade the training, field experience, and motivation. Ensure strong support for ToT participants: create clear descriptions of the profiles needed, interview candidates, put in place

agreements with trainers to clarify expectations, new trainers to co-facilitate with existing trainers, and establish communities of practice.

*Externally:*

- Build strong relationships with a range of external stakeholders through consistent coordination and collaboration.
- Be aware of and seize opportunities to contribute to national and global MHPSS initiatives.

*Internally and Externally:*

- Establish various sources of future funding, including advocating internally for greater prioritisation of MHPSS and CFSV and exploring income-generating activities such as commercialisation of MHPSS training.
- Promote the message that MHPSS is a key part of both short-term emergency response and longer-term programmes.

## CONCLUSIONS

This Lessons Learned Workshop was a forum for Red Cross NSs to exchange their experiences and learnings from the last year and a half of delivering the EU4Health project across Europe.

Best practices, challenges and recommendations were identified and documented by workshop participants in a range of areas, from the early days of setting up the project and its systems including monitoring and reporting, to effectively delivering PFA and MHPSS training and services, and caring for the wellbeing of the Red Cross staff and volunteers and the frontline workers who are at the heart of this response.

The lessons learned and recommendations arising from this workshop are intended to inform and guide project implementation moving forward and to support the sustainability of the gains made by participating NSs in MHPSS and CFSV through this project. It is hoped they will also be relevant for the Red Cross and other stakeholders in designing and delivering projects elsewhere and in the future.