



EVALUATION REPORT

Cash for Health Programme

Bulgarian Red Cross

June, 2025





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ABBREVIATIONS AND ACRONYMS

| | |
|---------------|--|
| BRC | Bulgarian Red Cross |
| CEA | Community Engagement and Accountability |
| EU | European Union |
| FGD | Focus Group Discussion |
| FSP | Financial Service Provider |
| GP | General Practitioner |
| ICRC | International Committee of the Red Cross |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| KII | Key Informant Interview |
| MPC | Multipurpose Cash |
| NCD | Noncommunicable diseases |
| NHIF | National Health Insurance Fund |
| PGI | Protection, Gender and Inclusion |
| PNS | Partner National Society |
| SAR | State Agency for Refugees |
| SEIS | Socio-Economic Insights Survey |
| SHI | Social Health Insurance |
| ToR | Terms of Reference |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations International Children’s Emergency Fund |
| WASH | Water Sanitation and Hygiene |
| WHO | World Health Organisation |



EXECUTIVE SUMMARY

The purpose of this final evaluation, conducted by the International Federation of Red Cross and Red Crescent Societies (IFRC), was to assess the progress and outcomes of the Cash for Health Programme launched by the Bulgarian Red Cross (BRC) in response to the humanitarian crisis triggered by the international armed conflict between Russia and Ukraine in February 2022. The evaluation aimed to evaluate the relevance and appropriateness, efficiency and coverage of the Cash for Health Programme, which provided health-related assistance to displaced people from Ukraine residing in Bulgaria. The Cash for Health Programme was implemented between April 2023 and March 2025 and included interventions such as paying health insurance premiums, covering medical services and transport not covered by Bulgaria's [National Health Insurance Fund \(NHIF\)](#) and reimbursing costs for medicines, medical devices and supplies. The primary target group of the Cash for Health Programme was displaced people from Ukraine who were impacted by the conflict and residing in Bulgaria on or after 24 February 2022. Additionally, in line with the [IFRC Response Plan of Bulgaria](#), the Programme envisaged the inclusion of up to 20% migrants and refugees from other countries residing in Bulgaria.

The evaluation utilized a comprehensive range of methods, including secondary data analysis of Cash for Health Programme documents, recent studies conducted by other organizations involved in assisting displaced people from Ukraine and government reports and policies relevant to the situation of this population within the country. Furthermore, KoboToolbox was utilized as a tool for collecting data from beneficiaries, enabling the systematic assessment of their satisfaction and experiences with the Programme. Key Informant Interviews (KIIs) were also conducted with BRC's staff directly involved in the Programme, focusing on their roles and responsibilities in its implementation and oversight. Additionally, Focus Group Discussions (FGDs) were organized at selected branches that provided direct support to beneficiaries to gather beneficiaries' opinions and suggestions.

It is hoped that the findings and recommendations from this evaluation will contribute to broader organizational learning, as it identifies key opportunities and offers recommendations to strengthen the National Society and IFRC Network's capacity to deliver effective humanitarian assistance to communities in need in the future. Furthermore, this evaluation aims to serve as a valuable resource in securing potential donor support for the continued provision of assistance to displaced people from Ukraine, delivered by the BRC as there is clear evidence that health remains a critical focus and it is essential to continue providing support in this area.



MAIN FINDINGS

The main findings from the evaluation of the Cash for Health Programme are summarized below for each assessed evaluation criteria: relevance and appropriateness, efficiency and coverage.


The Cash for Health Programme effectively addressed the urgent healthcare needs of displaced people from Ukraine, demonstrating strong relevance, efficiency and comprehensive coverage. The Programme was strategically aligned with the priorities of the BRC and the broader humanitarian framework, ensuring that it meets the real and urgent needs of the affected population. This initiative was thoughtfully designed to provide essential assistance, particularly for individuals with chronic health conditions who faced significant barriers in accessing healthcare services. Out of the 904 individuals supported, 67.1% were women and 32.9% were men. The majority of the support was provided to individuals aged 65 and above while the most used services were reimbursement for medicines, then medical devices, appliances and supplies following the payment for medical services. The Cash for Health Programme demonstrated its adaptability and responsiveness by ensuring timely reimbursement for medications and healthcare services. A total of 92% of beneficiaries reported receiving support in a timely manner, enabling them to address their health needs promptly and appropriately. Moreover, all participants in the FGDs highlighted the excellent communication with BRC's staff expressing appreciation for the support and clear guidance provided, noting that the respectful and helpful approach of the staff played an important role in their overall positive experience with the Cash for Health Programme.

From an efficiency standpoint, the Cash for Health Programme benefitted from strong coordination with key partners like the World Health Organisation (WHO) and the United Nations High Commissioner for Refugees (UNHCR), ensuring that resources were mobilized effectively and aligned with other support efforts. Regular coordination meetings between BRC and other stakeholders allowed the timely exchange of information, joint strategic planning and efficient resource mobilization. Beneficiary feedback confirmed the Programme's success, with high levels of satisfaction, particularly regarding the ease of use and timely assistance.

When it comes to the coverage criteria, the BRC demonstrated a well-considered and strategic approach. The five selected branches Plovdiv, Dobrich, Veliko Tarnovo, Stara Zagora and Ruse were chosen based on the higher concentration of displaced people from Ukraine residing in these locations. Using the same five branches to manage reimbursements remotely, BRC has successfully reached displaced people from Ukraine across all 28 regions of Bulgaria. Communication about the Programme was effectively disseminated across all branches through a variety of channels. Informational flyers were distributed, messages were shared via established communication networks among displaced people from Ukraine, and direct outreach was carried out by BRC staff and volunteers at the branch level. This multi-channel approach helped ensure that key information reached those in need in a timely and accessible manner.

Community Engagement and Accountability (CEA) was successfully embedded into the Cash for Health Programme, ensuring that displaced people from Ukraine were well-informed, engaged and that the process remained transparent and accountable. Through both group and one-on-one information sessions, beneficiaries received clear guidance and had the opportunity to voice their questions and concerns. These activities played a key role in fostering trust and maintaining openness throughout the Programme's implementation.

One of the biggest operational challenges during the implementation of the Cash for Health Programme was the gradual and unpredictable flow of funds. Financial resources were mobilized incrementally, making it difficult to plan ahead or allocate staff and activities in a timely and efficient manner. This ongoing uncertainty required constant adjustments and significantly limited the Programme's ability to scale or maintain consistent staffing levels during certain phases.



Therefore, it is hoped that this evaluation will highlight the ongoing needs of displaced people and support continued funding and opportunities to sustain and expand this vital assistance in the future.

RECOMMENDATIONS

Based on the findings and insights gathered for this evaluation, several key recommendations have emerged to further strengthen the relevance and appropriateness, efficiency and coverage of the Cash for Health Programme.

CEA as a Core Approach

The BRC has consistently demonstrated a strong commitment to CEA across its various programmes, integrating it as a core component of its approach. This commitment was maintained and effectively carried over into the Cash for Health Programme, where CEA played a vital role in ensuring that beneficiaries were informed, engaged and heard throughout the process. As CEA remains an integral part of all BRC activities, it is recommended that efforts continue to further strengthen and enhance this component in future programming. Ongoing, active engagement with the community will foster greater trust, transparency, and a sense of ownership among beneficiaries.

Unified Approach for Communication

To address inconsistencies in information-sharing across different branches, a unified communication strategy is recommended. When programme changes occur, such as branch closures or service adjustments, all branches should distribute updated information at the same time through flyers and brief information sessions. This coordinated approach will ensure beneficiaries are equally informed and help reduce confusion.

Mobile Health Teams for Remote Areas

While BRC has successfully responded to the needs of beneficiaries in remote locations, formally integrating mobile teams into future Cash for Health Programming as a distinct component is recommended. These mobile teams would play a crucial role in reaching communities in remote areas, providing basic health awareness information and improving people's knowledge on how to access services within the Bulgarian health care system. Overall, based on information from the implementing branches, this proposed change could significantly improve people's access to healthcare services and health awareness.

Digitalization of the Application Process

Although the current reimbursement process has been well-received, there is room for improvement through digital upgrades. It is recommended that the system be enhanced to allow beneficiaries to upload their documents directly through a digital platform. This would simplify the approval process for the BRC staff, reduce the need for manual data entry and improve overall efficiency and accuracy in managing applications.

By implementing these recommendations, the BRC can continue to strengthen its programming, ensuring that it remains adaptive, inclusive and responsive to the evolving needs of the communities it serves.



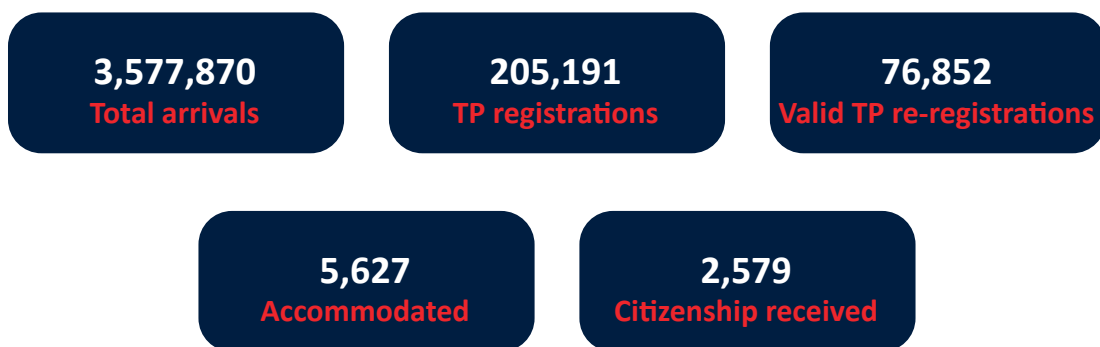
INTRODUCTION

Context

Since February 2022, Ukraine has been at the epicentre of a humanitarian crisis affecting millions of people. The escalation of the international armed conflict between Russia and Ukraine triggered a surge in the number of people seeking safety in neighbouring countries and beyond. This has resulted in 6,372,500 displaced people from Ukraine being recorded in Europe, and 560,200 recorded outside of Europe.¹

On 4 March 2022, the European Council unanimously adopted an implementing decision introducing temporary protection in accordance with [the European Union \(EU\) Temporary Protection Directive](#) for people fleeing Ukraine as a consequence of this conflict. Temporary protection is an exceptional measure to provide immediate and collective protection to a large group of displaced persons who arrive in the EU and who are not in a position to return to their country of origin. It applies when there is a risk that the standard asylum system will struggle to cope with demands stemming from a mass inflow, risking a negative impact on the processing of claims. Temporary protection was initially granted for one year and was subsequently extended twice. The most recent extension was due to expire in March 2025. However, due to the ongoing instability in Ukraine and the absence of safe and sustainable conditions for displaced persons to return, the European Council decided in June 2024 to extend temporary protection for an additional year, until 4 March 2026.²

The international armed conflict between Russia and Ukraine has had a significant impact on Bulgaria, which, since February 2022, has welcomed 3,577,870 displaced people from Ukraine at its borders, while registering 205,191 people for temporary protection.³ Currently, there are 76,852 displaced people from Ukraine with temporary protection status residing in Bulgaria, representing approximately 1.19% of the country's total population.⁴ The [Socio-Economic Insights Survey \(SEIS\)](#) findings indicate that most of the people interviewed have been in Bulgaria for an average of 23 months, suggesting a relatively stable population that requires continued meaningful inclusion in national systems and host communities.⁵




1 UNHCR, [Ukraine Refugee Situation](#), 20 March 2025

2 Council of the EU, [Press Release 575/24](#), 25 June 2024

3 According to [EUROSTAT](#), in 2024, Bulgaria was one of the five EU countries that issued more new temporary protection decisions compared to 2023, with an increase of 985 decisions (+4.2%). The most newly arriving people were from the most affected regions of southern and eastern Ukraine. Other countries with notable increases included Spain (+2,800; +8.3%) and Denmark (+1,240; +14.2%).

4 UNHCR, [Ukraine Situation in Bulgaria](#), 7 April 2025

5 UNHCR, [Bulgaria - Socio-Economic Insights Survey \(SEIS\) Preliminary Findings](#), 16 December 2024



In response to the humanitarian crisis, in February 2022, the IFRC launched [the Emergency Appeal For Ukraine and Impacted Countries Crisis](#) supporting 18 National Societies: the Ukrainian Red Cross, Belarus Red Cross, Bulgarian Red Cross, Croatian Red Cross, Estonian Red Cross, Georgia Red Cross, Hellenic Red Cross, Hungarian Red Cross, Latvian Red Cross, Lithuanian Red Cross, Red Cross Society of the Republic of Moldova, Red Cross of Montenegro, Red Cross of the Republic of North Macedonia, Polish Red Cross, Romanian Red Cross, Russian Red Cross, Slovak Red Cross and Turkish Red Crescent Society, while coordinating with Partner National Societies (PNSs) and the International Committee of the Red Cross (ICRC).

As part of the Emergency Appeal and in alignment with the [IFRC Response Plan of Bulgaria](#), the BRC provided a wide range of support, particularly in areas such as Health and Well-being, Water Sanitation and Hygiene (WASH), Shelter and Housing, Multipurpose Cash Assistance (MPC), Livelihoods, Protection, Gender and Inclusion (PGI), CEA, as well as Migration and Displacement.

Cash for Health Programme

In accordance with international human rights standards and treaties, countries granting temporary protection status are committed to providing essential support, including ensuring access to medical care, covering emergency services and necessary treatment for illness.

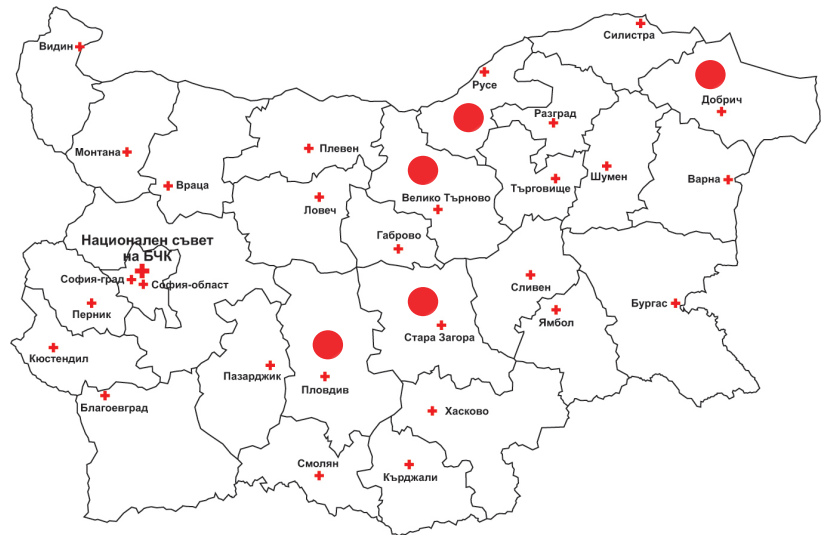
As part of this commitment, Bulgaria covers health insurance for displaced people from Ukraine who are over 18 and under 63 for women, and under 65 for men, for a period of 90 days from the date of temporary protection. Once this period expires, the temporary protection status holders must personally cover the cost of the insurance premiums (approximately EUR 15/month/person). For persons under 18 years of age and over 63 years of age for women and over 65 years of age for men, the health insurance contributions are at the expense of the state for the entire period of temporary protection.

The insurance fund covers all treatment for most illnesses, but co-payments are required for medical devices and services that are not in that coverage. Patient organisations estimate that these sometimes amount to 46% of the cost of treatment. Premium covers only the co-payment portion of the approved medical treatment, leaving around 50% or more of the total cost still to be paid. Both the insurance and co-payment costs are a financial burden that many people cannot afford. Consequently, many displaced people from Ukraine have faced, and continue to face, difficulties paying the insurance premium, leading to further challenges in accessing public health services, including General Practitioners (GPs), even when premiums are paid. Beside the financial aspect, displaced people from Ukraine face additional challenges in accessing healthcare, including language barriers, a lack of guidance on how to navigate the healthcare system, shortages of medications or specialized treatments and lengthy waiting times. Together, these obstacles prevent them from receiving timely and adequate care, further compounding the difficulties they already encounter in their [new environment](#).

The latest needs assessment conducted by the BRC in November 2024 highlighted serious health and access challenges among displaced people from Ukraine living in Bulgaria. The assessment revealed that 44.8% were suffering from chronic conditions such as hypertension (15.8%), cardiovascular diseases (15.6%) and mental health disorders (13.4%). Only 34.7% of those with chronic illnesses were receiving any form of treatment. Following a comprehensive needs assessment that highlighted healthcare as one of the most pressing concerns among people displaced by the conflict in Ukraine, the BRC, with the support of the IFRC, launched the first and only targeted Cash for Health Programme being implemented within the Emergency Appeal for Ukraine and Impacted Countries Crisis.

This initiative aimed to prevent displaced people from resorting to harmful coping mechanisms to cover the costs of both short-term and long-term medical conditions and serious illness. The Programme was implemented between April 2023 and March 2025 and included interventions such as paying health insurance premiums, covering medical services and transport not covered by Bulgaria’s [NHIF](#) and reimbursing costs for medicines, medical devices and supplies. Given the urgent needs, the Programme was extended until September 2025 after additional funding was secured to continue supporting the targeted populations.

The Cash for Health Programme initially operated in five BRC’s branches, providing direct access to services in the cities of Veliko Tarnovo, Dobrich, Plovdiv, Russe and Stara Zagora. By developing digital application procedures and collaborating with Financial Service Providers (FSP) for reimbursement distribution, the BRC has successfully expanded the Programme to reach displaced people from Ukraine across all 28 regions of Bulgaria, with reimbursements managed remotely through the same five branches.



Map of BRC’s branches

Through the BRC’s branches, support was provided for the following interventions:

- Payment of health insurance premiums to uninsured persons.
- Payment for medical and dental services and medical transport not paid by, or not fully paid by the NHIF and the Ministry of Health of the Republic of Bulgaria.
- Reimbursement for medicines, medical devices, individual medical equipment and supplies.
- Provision of information and guidance to help individuals navigate the health care system.

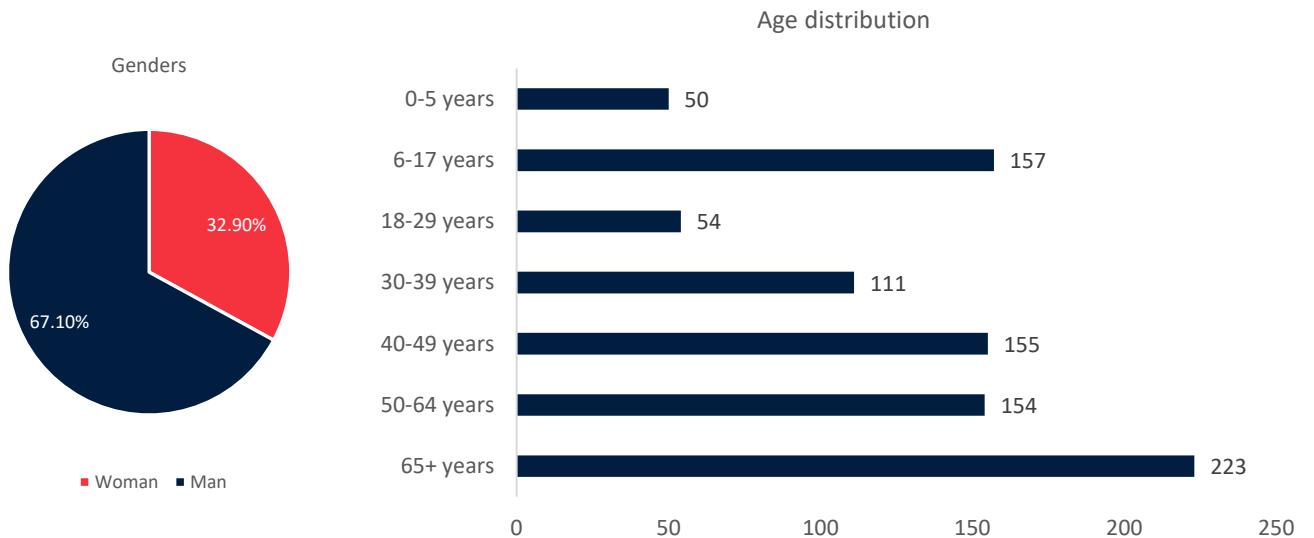
The Cash for Health Programme’s primary target group are displaced people from Ukraine impacted by the conflict and accommodated in Bulgaria on or after 24 February 2022. In addition to this, and in line with the IFRC Response Plan of Bulgaria, the Programme envisaged the inclusion of up to 20% migrants and refugees from other countries residing in Bulgaria, however the total number of non-Ukrainians supported was less than 5%.

Additional targeting criteria, when necessary, included:

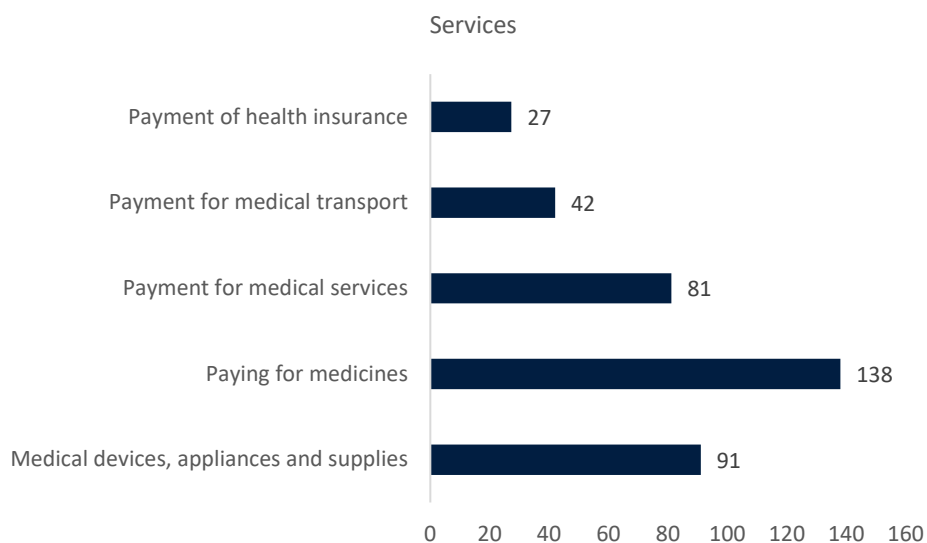
- Extended families/large households (mothers with children and older grandparents).
- Mothers with children up to 14 years.
- Unaccompanied minors (up to 18 years of age).
- People with special needs (disabilities) or co-morbidities.
- Single older people (aged 65 and over).
- Individuals in need of urgent purchase of medicines for post-operative treatment, for chronic illness, for treatment of children.
- Individuals who declared their willingness/intention to stay permanently in Bulgaria.

Since April 2023 until March 2025, the BRC, through the Cash for Health Programme has reimbursed a total of BGN 443,650 (CHF 211,975) for medical related expenses, with 904 unique individuals reached and supported on 3,023 occasions. This support has been provided through the provision of reimbursement grants, health insurance payments and support to access health services through the existing health care system.

Out of the 904 individuals supported, 67.1% were women and 32.9% were men. The majority of the support was provided to individuals aged 65 and above, followed by those in 6-17 and 40-49 age groups.



The most used services were reimbursement for medicines, then medical devices, appliances and supplies following the payment for medical services.



Methodology

The methodology applied in this evaluation followed the Terms of Reference (ToR) (Annex 1), which outlined the purpose, scope and methodological approach. Additionally, the evaluation was guided by [the IFRC Framework for Evaluation 2024](#) and focused on three selected evaluation criteria: relevance and appropriateness, efficiency and coverage. This internal evaluation focused primarily on operational aspects, aiming to assess the efficiency and effectiveness of internal systems, processes and functioning. The Inception Report (Annex 2) was also developed to define detailed evaluation questions and sub-questions to be explored through KIIs and FGDs. The questions were structured into a logical framework and grouped under relevance and appropriateness, efficiency and coverage of the Cash for Health Programme.

The evaluation covered the period between April 2023 and March 2025 and employed a variety of approaches. The evaluation was conducted through a mixed-methods approach to data collection and analysis. These included secondary data analysis of project documents, the use of KoboToolbox survey among beneficiaries, as well as KIIs with BRC staff directly involved in the Cash for Health Programme. Additionally, FGDs were conducted with beneficiaries at the branches that directly implemented the Programme. The implementation approach combined both qualitative and quantitative methods for data collection and report preparation.

Desk review

The desk review included all relevant programme documents including operational update reports, the BRC's internal reporting documentation and pledge-based reports from donors supporting the Cash for Health Programme. A needs assessment, conducted by the BRC, in August 2023 and November 2024, focusing on displaced people from Ukraine, was also reviewed. In addition, relevant materials, including IFRC policies, the Framework for Evaluation and [the Seven Fundamental Principles of the Red Cross and Red Crescent](#), were systematically reviewed and incorporated into the evaluation process.

KoboToolbox Survey

A KoboToolbox survey, incorporating both quantitative and open-ended questions, was designed to gather insights from a broader group of beneficiaries who participated in the Cash for Health Programme. A total of 192 beneficiaries completed the survey. This survey was essential for gathering standardized and reliable data providing a broad perception about relevance and appropriateness, efficiency and coverage. The survey, available in both English and Ukrainian, was conducted anonymously in accordance with humanitarian standards to ensure the safety and security of the participants. Data was collected through the BRC Call Centre and via a QR code distributed at branches where Programme was implemented. The KoboToolbox survey is presented in the Inception Report (Annex 2).

KIIs

A total of 9 staff (Annex 3) from the IFRC and BRC were interviewed to deepen the understanding of the Cash for Health Programme and identify both successes and areas for improvement as well as influential factors and unexpected outcomes. A sample of interview questions is included in the Inception Report (Annex 2).

FGDs

FGDs were conducted with beneficiaries who received support from the Cash for Health Programme to gather qualitative data. A total of 4 FGDs were conducted, involving 36 participants, with one session taking place at the Veliko Tarnovo branch and another at the Plovdiv branch. The discussions were conducted in Ukrainian, with English translation provided.



Validation meeting

As the final activity, a meeting was held with the IFRC Operations Manager to discuss and analyze the main findings identified during the visit. This meeting provided an opportunity to validate the results, address any questions or clarifications ensuring that all key insights were accurately captured.

Limitations

Due to time constraints and the geographical spread of the five branches across Bulgaria, the evaluation could not be conducted in person at all locations. Instead, the evaluation used a purposive sampling technique and focused on branches with the highest number of people reached and a significant amount of funds allocated. Interviews in the branches of Plovdiv and Veliko Tarnovo were conducted in person, while the interview with the Dobrich branch was conducted online.

At the time the ToR for this evaluation was developed, the Cash for Health Programme was scheduled to conclude by the end of March 2025. However, due to the successful acquisition of additional funding, the Programme has been extended until September 2025, operating under the same framework. As a result, this evaluation covers only the initial planned period from April 2023 to March 2025.



FINDINGS



RELEVANCE AND APPROPRIATENESS

The Cash for Health Programme was developed in response to the needs and priorities identified in the BRC's assessment, ensuring targeted and meaningful support for the affected population. It was relevant, consistent with the BRC's operations and well-suited to support its objectives.

In Bulgaria, the Red Cross is an auxiliary of the public authorities, which are the primary leaders in shaping and implementing health policy. In particular, Article 3 and 4 of the [BRC Act](#) lists the aims and tasks of the BRC which include, among others, promoting and disseminating the Red Cross principles, providing support to victims of armed conflicts both in Bulgaria and abroad and preserving and

promoting the health of the population. Moreover, the Cash for Health Programme was in line with efforts to provide assistance to foreigners, as prescribed by the [Law on Asylum and Refugees](#), who are seeking or have already received protection in the Republic of Bulgaria.

Background

The Cash for Health Programme was built upon and informed by the report "[Refugee Health Assessment of the Bulgarian Health System's Needs Within the Context of the Crisis in Ukraine](#)", conducted in 2022 under the leadership of the Ministry of Health of the Republic of Bulgaria and the WHO Country Office in Bulgaria, in close collaboration with the WHO Health and Migration Programme (WHO headquarters, Geneva), the Health and Emergency Programme and the Division of Country Support and Health Emergencies (WHO Regional Office for Europe, Copenhagen). This review of the health system was much needed to address the health needs of refugees, migrants, asylum seekers, as well as the broader local population, due to the significant strain caused by the rapid increase in the demand for health services.

The report showcased that prior to the international armed conflict between Russia and Ukraine, there was a high prevalence of chronic noncommunicable diseases (NCDs) in Ukraine such as cardiovascular diseases, diabetes, cancer, chronic respiratory disease and mental health condition, accounting for 84% of all mortality. These broader health system challenges were further validated during the evaluation through anonymous survey responses collected via KoboToolbox from beneficiaries as the findings indicated that a significant proportion of individuals indeed requested the support primarily to cover the costs of medication, most commonly for circulatory and respiratory conditions. A total of 63.67% of respondents utilized the Programme for medicine reimbursement, while financial data from the Cash for Health Programme confirmed that the largest share of funds was likewise allocated to this service. The Programme was highly relevant and appropriate in addressing the real needs of displaced people from Ukraine with evidence highlighting the critical importance of ensuring sustained access to essential medicines and healthcare services to protect the health and well-being of displaced populations, particularly those living with chronic illnesses. Participants from the FGDs expressed profound gratitude for the immediate support received. This support was crucial in addressing their immediate needs and assisting them in coping with the aftermath of displacement.

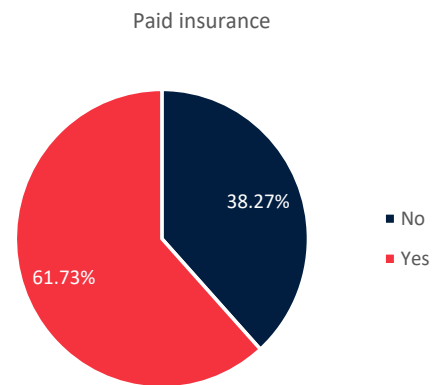
The report "Refugee Health Assessment of the Bulgarian Health System's Needs Within the Context of the Crisis in Ukraine" also discovered that refugees, migrants and asylum seekers have difficulties in accessing essential health services due to various barriers, including the inability to pay for health insurance and high out-of-pocket payments (39%). According to the Health Insurance Act, all Bulgarian

citizens are covered by the compulsory Social Health Insurance (SHI) system. In addition, the following groups are also covered: citizens who are also citizens of another country but permanently live in Bulgaria; foreign citizens or individuals without citizenship but with a long-term residence permit; and individuals under temporary protection or asylum seekers and refugees under international or humanitarian protection. Under the law, the State Agency for Refugees (SAR) has the obligation to cover the health insurance of asylum seekers who apply for refugee status.

As outlined in the introduction, the insurance fund covers all treatment for most illnesses, but co-payments are required for medical devices and services that are not in that coverage. Patient organisations estimate that these sometimes amount to 46% of the cost of treatment. Premium covers only the co-payment portion of the approved medical treatment and is generally 50% or more of the total payment that is required. Both the insurance and co-payment costs are a financial burden that many people cannot afford. Consequently, many displaced people from Ukraine face difficulties paying the insurance premium, leading to further challenges in accessing public health services, including GPs, even when premiums are paid.

Within the Cash for Health Programme, 38.27% of the total supported did not have paid insurance, with the most affected age groups being those from 40-49 and 50-64. This likely explains why these age groups utilized the Cash for Health Programme the most, as they were required to pay for insurance themselves after the initial 90-day period.


Based on the analysis above, the Cash for Health Programme was effective in identifying and responding to the needs of those project participants who did not have paid insurance.



Health Needs

In addition to existing reports made available by other agencies, the IFRC and the BRC took further steps to ensure that the Cash for Health Programme was aligned with the actual needs of affected population. In August 2023 and in November 2024, BRC conducted needs assessments confirming that healthcare-related needs remain a top priority for displaced people from Ukraine, consistently ranking among the most urgent concerns for their households. The latest needs assessment from November 2024 revealed certain health and access trends among displaced people from Ukraine: 44.8% were suffering from chronic conditions such as hypertension (15.8%), cardiovascular diseases (15.6%) and mental health disorders (13.4%). Only 34.7% of those with chronic illnesses were receiving any form of treatment. While 70.9% of individuals accessed healthcare services, barriers persist, including financial constraints (38.5%), language difficulties (18.6%) and a lack of information on available services (16.2%). Furthermore, 93.6% struggle to obtain prescribed medications. This challenge was mainly linked to the healthcare system in Bulgaria, where many displaced people from Ukraine struggled to register with GPs. In many cases, GPs were reluctant to accept patients with temporary protection status, which made it harder for people to get the prescriptions they needed for proper treatment.

These findings further validated and emphasized the critical need for targeted health assistance to support displaced persons facing urgent medical needs. In response to these specific health and access challenges, the BRC adapted its approach to effectively address the most urgent healthcare needs of



displaced people, ensuring that support was both relevant and targeted to those most in need. This adaptation was informed by a structured needs assessment conducted, which helped clarify the criteria for healthcare coverage and identified the services that should be prioritised. It was also shaped by the BRC's ongoing, regular communication and work with affected communities.

In addition to the needs assessments and various reports confirming the importance and necessity of addressing the health needs of displaced people from Ukraine, the satisfaction expressed by recipients of the Cash for Health Programme during the FGDs further confirms the relevance and appropriateness of the Programme. This was further validated by the KoboToolbox survey, which revealed that 92% of beneficiaries reported receiving support in a timely manner, enabling them to address their health needs promptly and appropriately. Moreover, all participants in the FGDs highlighted the excellent communication with BRC's staff. They expressed appreciation for the support and clear guidance provided, noting that the respectful and helpful approach of the staff played an important role in their overall positive experience with the Programme.

The eligibility criteria for the Cash for Health Programme were well-adapted to the specific needs of the [displaced people from Ukraine residing in Bulgaria](#) since 91% of those who received temporary protection in Bulgaria are women, with 33% of them aged between 30 and 39. In comparison, only 9% are men and 33% of them are aged 60 or above, suggesting a significant presence of older people who may also require additional health-related support. The Programme's criteria were thus relevant and inclusive, ensuring that assistance reached those most in need, such as families, women, older people as well as people with special needs and those requiring urgent access to medication for post-operative care, chronic illnesses or the treatment of children.

In summary, the Cash for Health Programme was highly relevant and appropriate in addressing the healthcare needs of displaced people from Ukraine. Needs assessments and positive beneficiary feedback confirmed the Programme's alignment with the priorities of displaced people, ensuring that it provided meaningful support in a timely and accessible manner.



EFFICIENCY

Regarding the efficiency criteria, the Cash for Health Programme was very well planned, as it continuously monitored and responded to emerging needs on the ground, while also aligning with the efforts of other international agencies and actors supporting displaced people from Ukraine residing in Bulgaria.

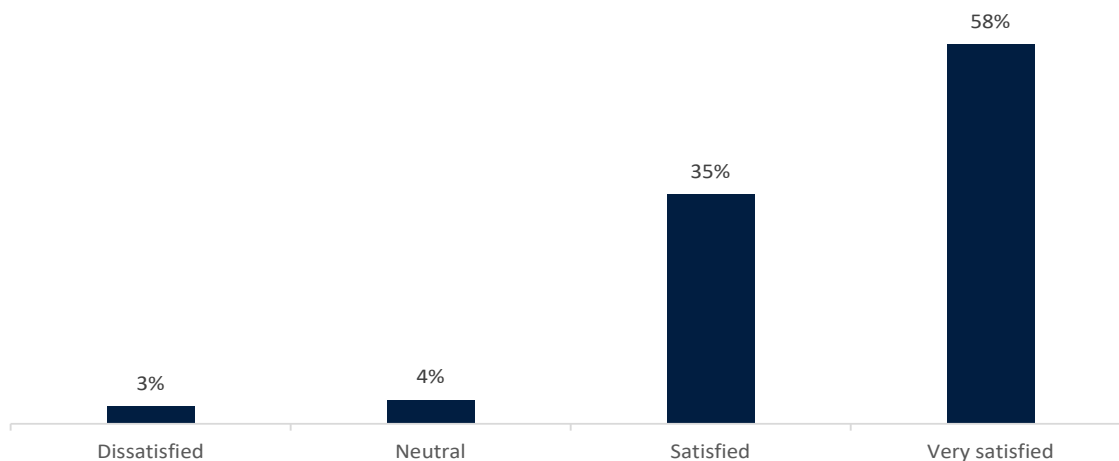
For instance, the BRC collaborated with the WHO, which has played a key role since the onset of the international armed conflict between Russia and Ukraine by delivering medical assistance for refugees, migrants and vulnerable members of the host population in Bulgaria. A joint project titled “Support of the BRC from WHO for Citizens of Ukraine”,

included activities such as purchasing medicines and medical devices, covering the costs of diagnostic tests and surgical interventions and appointing a medical consultant in each targeted region. In addition to WHO, health support was also provided by other key partners, including the Ministry of Health of the Republic of Bulgaria and the UNHCR. UNHCR, in collaboration with United Nations International Children’s Emergency Fund (UNICEF) and other partners, established Blue Dot support hubs that offered essential services such as legal counselling, psychological support and information on healthcare access for refugees.

Despite the involvement of multiple partners, coordination remained smooth and efficient. Regular coordination meetings between the BRC and other stakeholders allowed the timely exchange of information, joint strategic planning and efficient resource mobilization. These meetings played a crucial role in effectively addressing operational matters, ultimately contributing to a well-coordinated and harmonized support framework for the BRC.

Efficiency of the Programme was also confirmed by participants and their feedback. However, several challenges were also highlighted, particularly regarding the durability and the need for more permanent solutions as the conflict is still ongoing and people are not planning to return to their country of origin.

Beneficiaries’ satisfaction with the Cash for Health Programme



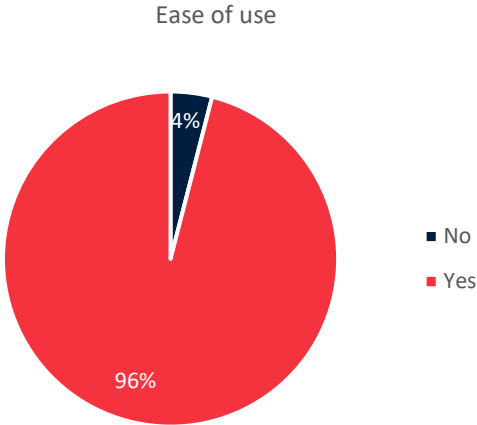


Based on data collected through KoboToolbox, 58% of respondents reported being very satisfied with the overall Programme, 35% were satisfied, 4% felt neutral and only 3% expressed dissatisfaction.

According to beneficiaries' feedback, the reimbursement application process was straightforward and easy to use. They simply submitted their medical findings digitally via Viber, after which they were promptly informed about the approval status of their reimbursement.

A total of 96% of beneficiaries reported that the Cash for Health Programme was easy to use. The remaining 4% cited difficulties primarily related to documentation, particularly when submitting receipts for non-prescription items and challenges in understanding the Programme due to language or communication barriers.

Communication about the Programme was effectively disseminated across all branches through a variety of channels. Informational flyers were distributed, messages were shared via established communication networks among displaced people from Ukraine, and direct outreach was carried out by BRC staff and volunteers at the branch level. This multi-channel approach helped ensure that key information reached those in need in a timely and accessible manner.



In addition to strong communication and coordination with external partners, internal collaboration among the BRC branches and staff was also well-established and consistently maintained. Regular updates, clear roles and open channels of communication contributed to the smooth functioning of Programme activities across different operational locations. Moreover, the IFRC played a key role in overseeing the Programme's financial and operational aspects. The IFRC closely monitored both the budget and the implementation timeline throughout the duration of the Programme, with no significant issues reported. This level of coordination and oversight ensured that the Cash for Health Programme remained on track, responsive and aligned with its intended objectives.



COVERAGE



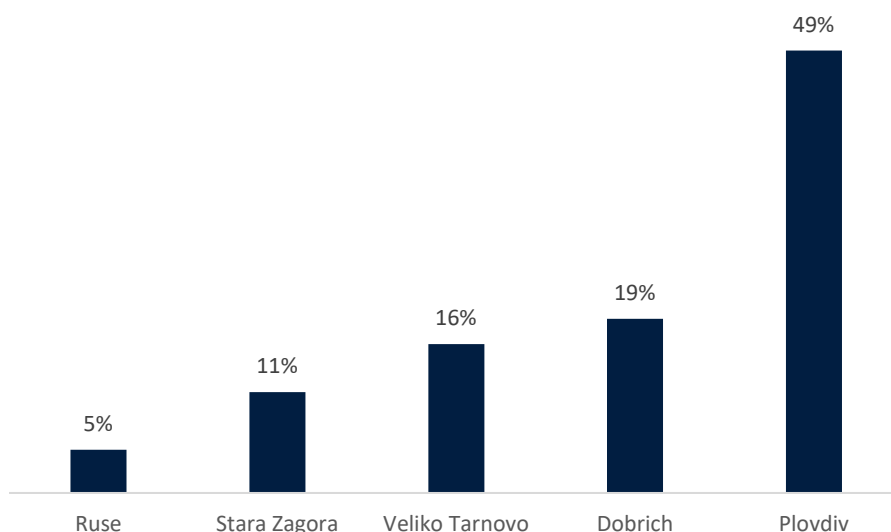
When it comes to the coverage criteria, the BRC demonstrated a well-considered and strategic approach. The five selected branches Plovdiv, Dobrich, Veliko Tarnovo, Stara Zagora and Ruse were chosen based on the higher concentration of displaced people from Ukraine residing in these locations. Using the same five branches to manage reimbursements remotely, the BRC has successfully reached displaced people from Ukraine across all 28 regions of Bulgaria, from the central-northeast region toward the coastline, encompassing the capital city and its surrounding metropolitan area. As funding for the Cash for Health Programme was gradually reduced, operations were scaled down accordingly. This was reduced to three branch

locations (Dobrich, Plovdiv and Veliko Tarnovo) in January 2024 and further reduced to two branch locations (Dobrich and Plovdiv) due to funding constraints in May 2024.



As of October 2024, Plovdiv, as the second-largest city in Bulgaria and the location with the highest number of displaced people from Ukraine, remained the only active branch and was designated as the central coordination point. From there, it continued to facilitate and support activities in collaboration with other four branches, ensuring the continuity and efficiency of the Programme’s implementation despite the reduced scope.

A well-considered and strategic approach was further validated by the fact that the highest number of people supported were in Plovdiv, reflecting the Programme’s ability to effectively target areas with the greatest needs. Since the start of the Programme, support has been extended to people residing in Plovdiv (49%), followed by Dobrich (19%), Veliko Tarnovo (16%), Stara Zagora (11%), and Ruse (5%).





To ensure the timely functioning of the Programme and enable effective tracking of cases, a digital system was developed in the early stages to record and manage all individuals who received assistance. This system has played a crucial role in streamlining operations, allowing for efficient data entry, tracking and reporting. A designated focal point in each branch was responsible for managing the system, including entering data, updating case information and generating reports to meet monitoring and reporting requirements. This structured digital approach significantly contributed to maintaining oversight and accountability throughout the implementation process.

Initially, the response time to submitted requests was up to three days, however, this has been significantly reduced to just 24 hours. This improvement reflects enhanced coordination and increased team efficiency. It is a testament to the dedication and adaptability of the team in meeting the growing needs of displaced people from Ukraine in a timely and effective manner.

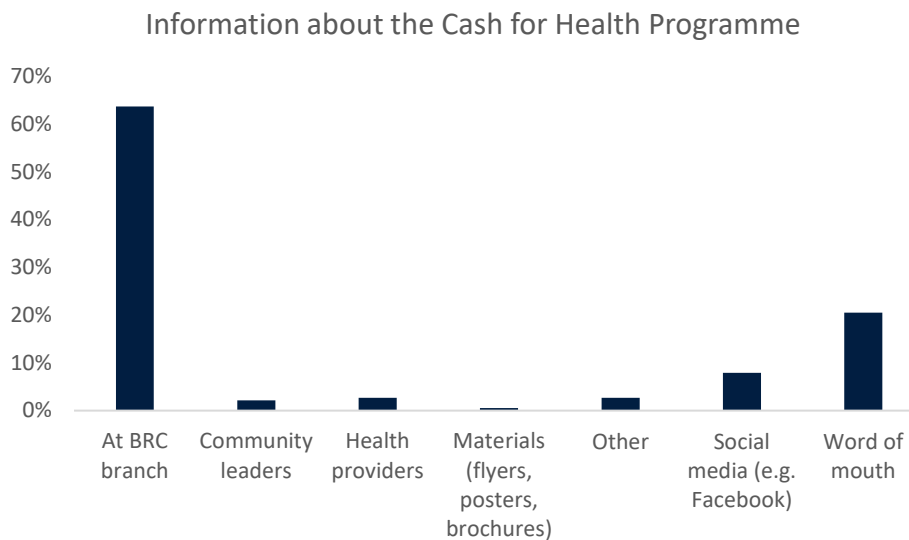
As the majority of beneficiaries had active bank accounts, payments were transferred directly to them, ensuring a quick and efficient process. For those without a bank account, primarily older people, the BRC collaborated with reliable deliver company, [Econt](#), to deliver the funds directly to the branch or beneficiary's address. This process typically took two to three days, after which the beneficiary was able to collect the amount in person, providing a convenient and cost-effective solution for the BRC. All participants in the FGDs expressed satisfaction with the services provided and confirmed that there were no delays in receiving the payments.

Although the Programme envisaged the inclusion of up to 20% of migrants and refugees from other countries residing in Bulgaria, only a small proportion was provided with support, primarily because they were already covered by other health reimbursement programs, such as those provided by the SAR during the asylum procedure, and thus did not seek additional assistance.

CEA was effectively integrated into the Cash for Health Programme, ensuring that displaced people from Ukraine were well-informed, actively involved, and that the entire process was carried out with transparency and accountability. Both group and individual information sessions were organized to provide clear guidance and address any questions or concerns raised by beneficiaries. These efforts contributed to building trust and ensuring transparency in the delivery of support. In addition, accessible and up-to-date information about the functioning of the healthcare system was made available through the BRC's website. Moreover, the government launched a dedicated [website](#) offering information in Bulgarian, English, Russian and Ukrainian to ensure up-to-date details about the health rights and the various ways to access medical care. To further enhance communication, a dedicated BRC's Green Line, which was already in place, was used to offer support in Ukrainian, ensuring that language would not be a barrier to accessing essential information and services.



Based on the KoboToolbox survey conducted for the purpose of this evaluation, a total of 64% of respondents mentioned that they first heard about the Cash for Health Programme at the BRC branch, while the second most common source of information was word of mouth, followed by social media channels. During the FGDs in the branch of Veliko Tarnovo, it was found that some beneficiaries were not fully informed that the Programme was still ongoing and that they could continue accessing its services until September 2025. After the Programme stopped operating directly from the Veliko Tarnovo branch, there was a general perception among beneficiaries that it had ended. In practice, beneficiaries were still able to access the Programme, with coordination centralized through the Plovdiv branch. While the transition was not intended to limit access or complicate the process, some misconceptions did arise. Findings from the FGDs indicate that communication could have been more effective, both between the Plovdiv and Veliko Tarnovo branches as well as in how information was shared with beneficiaries.



Finally, in terms of coverage, the Programme did not include medical teams or transportation services to reach beneficiaries living outside branch locations or in remote areas, particularly people with limited mobility who would benefit from direct support. However, the BRC found ways to adapt and respond to these needs, by allocating social workers and available vehicles to address urgent needs when identified or requested by beneficiaries involved with other BRC programming. This approach highlights the strong dedication and commitment of the BRC branches to ensuring that vulnerable people are reached and supported.

CHALLENGES



One of the challenges faced by the BRC was the lack of clarity and consistency in what the NHIF covered, as the government frequently changed the scope of services and items included. This made it difficult for BRC staff to stay updated, often resulting in uncertainty when providing guidance and support to beneficiaries.



Limited access to clear and comprehensive information posed challenges for some displaced people from Ukraine in understanding the Programme, particularly older people, who may find it difficult to navigate digital platforms such as the BRC website or official government websites. The lack of information was also partly due to misinformation, particularly in the Veliko Tarnovo branch, where many individuals were under the false impression that the Cash for Health Programme had already ended.



One of the key challenges of the Cash for Health Programme was the lack of coverage for medical teams and transportation services, which limited access for beneficiaries living outside branch locations or in remote areas. This was especially problematic for individuals with limited mobility, who would have greatly benefited from direct support. Addressing this gap required the BRC to adapt its approach and develop alternative solutions to ensure that assistance reached those in greatest need. This was accomplished by deploying their social workers employed by the BRC branch and using vehicles that were not funded by the Cash for Health Programme.



One of the operational challenges faced during the implementation of the Cash for Health Programme was the gradual and unpredictable flow of funds. Since financial resources were mobilized incrementally over time, it became difficult to plan and allocate staff and activities effectively. This lack of financial clarity required continuous adjustments and limited the Programme's capacity to scale or maintain consistent staffing levels in certain phases.

RECOMMENDATIONS

Based on the findings and insights gathered for this evaluation, several key recommendations have emerged to further strengthen the relevance and appropriateness, efficiency and coverage of the Cash for Health Programme.

1

CEA as a Core Approach

The BRC has consistently demonstrated a strong commitment to CEA across its various programmes, integrating it as a core component of its approach. This commitment was maintained and effectively carried over into the Cash for Health Programme, where CEA played a vital role in ensuring that beneficiaries were informed, engaged and heard throughout the process. As CEA remains an integral part of all BRC activities, it is recommended that efforts continue to further strengthen and enhance this component in future programming. Ongoing, active engagement with the community will foster greater trust, transparency, and a sense of ownership among beneficiaries.

2

Unified Approach for Communication

To address inconsistencies in information-sharing across different branches, a unified communication strategy is recommended. When programme changes occur, such as branch closures or service adjustments, all branches should distribute updated information at the same time through flyers and brief information sessions. This coordinated approach will ensure beneficiaries are equally informed and help reduce confusion.

3

Mobile Health Teams for Remote Areas

While BRC has successfully responded to the needs of beneficiaries in remote locations, formally integrating mobile teams into future Cash for Health Programming as a distinct component is recommended. These mobile teams would play a crucial role in reaching communities in remote areas, providing basic health awareness information and improving people's knowledge on how to access services within the Bulgarian health care system. Overall, based on information from the implementing branches, this proposed change could significantly improve people's access to healthcare services and health awareness.

4

Digitalization of the Application Process

Although the current reimbursement process has been well-received, there is room for improvement through digital upgrades. It is recommended that the system be enhanced to allow beneficiaries to upload their documents directly through a digital platform. This would simplify the approval process for the BRC staff, reduce the need for manual data entry and improve overall efficiency and accuracy in managing applications.

By implementing these recommendations, the BRC can continue to strengthen its programming, ensuring that it remains adaptive, inclusive and responsive to the evolving needs of the communities it serves.



CONCLUSION

The evaluation of the Cash for Health Programme has provided valuable insights into the Programme's relevance and appropriateness, efficiency and coverage as well as impact on displaced people from Ukraine.

The Programme has proven to be highly relevant and responsive to the urgent healthcare needs of displaced individuals, particularly those with chronic health conditions. This has been validated by different needs which revealed that a significant portion of the displaced population faced serious health challenges, including chronic conditions such as hypertension, cardiovascular diseases and mental health disorders. The Programme's focus on reimbursing medical expenses, providing medical devices and covering the costs of medical services directly addressed these challenges, particularly for individuals with chronic health conditions who faced significant barriers in accessing healthcare services.

The Programme's coverage has been comprehensive, since BRC strategically selected five branches (Plovdiv, Dobrich, Veliko Tarnovo, Stara Zagora and Ruse) based on the higher concentration of displaced people from Ukraine residing in these areas. Leveraging these branches, the BRC effectively managed reimbursements remotely, ensuring that displaced people across all 28 regions of Bulgaria had access to essential healthcare support. This approach not only optimized resource allocation but also facilitated the efficient delivery of services to those in need throughout the country. The BRC's responsiveness, especially through innovative solutions such as remote support for beneficiaries, demonstrated the flexibility of the Programme.

However, challenges related to transportation for remote beneficiaries highlight the need for further improvements, including the integration of mobile health teams. Efficiency in the Programme was evident in its coordination with key partners such as the WHO and UNHCR. Regular coordination meetings facilitated the timely exchange of information and joint strategic planning, contributing to the Programme's overall success.

The implementation of a digital system within the Cash for Health Programme has significantly enhanced its efficiency and responsiveness. By establishing a structured approach to case management, the BRC has ensured timely and accurate processing of requests, with response times improving from up to three days to just 24 hours. This advancement reflects the dedication and adaptability of the team in meeting the growing needs of displaced people from Ukraine in Bulgaria.





The integration of this digital system has not only facilitated efficient data entry and tracking but has also contributed to maintaining oversight and accountability throughout the Programme's implementation. To enhance the Cash for Health Programme further or similar programmes in the future, several key recommendations have been made. Firstly, CEA should remain a central focus in future programming to foster trust, transparency and ownership among beneficiaries.

Additionally, adopting a unified communication strategy across branches will ensure consistent, clear and timely information sharing, reducing confusion and ensuring beneficiaries are always informed. The integration of mobile health teams into the Programme will improve healthcare access in remote areas, expanding coverage and improving the overall effectiveness of the Programme. To enhance the efficiency, scalability, and sustainability of the Cash for Health Programme, it is recommended to transition towards a fully digitalized and automated application system. This approach would eliminate manual data entry thereby reducing administrative burdens and minimizing the risk of errors. Implementing a fully digitalized application process would significantly bolster data security and ensure compliance with international data protection standards, thereby safeguarding the privacy and integrity of beneficiary information.

It is hoped that the lessons learned from this evaluation will provide valuable guidance for future interventions, enabling more comprehensive and sustainable support for those affected by the ongoing humanitarian crises. The needs of displaced people from Ukraine remain urgent and continue to be a priority in every aspect of their well-being. This evaluation underscores the critical importance of sustaining and enhancing support for the provision of healthcare services. It is essential that this area of support is never overlooked, as addressing it is not only a responsibility but also a fundamental act of humanity for those in need.

Annex 1

Terms of Reference (ToR)

Final evaluation of Cash for Health Programme under the IFRC Emergency Appeal for Ukraine and Impacted Countries Crisis

1. Summary

1.1. Purpose

The final evaluation will assess the results of the overall Cash for Health Programme in response to the International Federation of Red Cross and Red Crescent Societies (IFRC) Emergency Appeal for Ukraine and Impacted Countries Crisis response of the Bulgarian Red Cross (BRC). This evaluation will focus on the relevance and appropriateness, coverage and efficiency of this Programme. The evaluation aims to provide findings and formulate evidence-based recommendations to inform future programming of the IFRC, BRC and Red Cross Red Crescent (RCRC) National Societies.

1.2. Target Audience

The results and recommendations from this evaluation will primarily be used by the BRC, IFRC and its member National Societies to improve the design and implementation of related cash-based projects/activities in the future. The report may also be useful for government partners, Partner National Societies (PNSs) and other stakeholders.

1.3. Commissioners

This evaluation is being commissioned by the IFRC Country Cluster Delegation to Central and South-Eastern Europe (CCD CSEE).

1.4. Duration

35 working days

1.5. Timeframe

March - April 2025

1.6. Location

Virtual meetings using online platforms and field visits to Bulgaria.

2. Background

While individuals holding Temporary Protection (TP) status in Bulgaria are entitled to urgent and necessary healthcare, the Bulgarian government's health insurance scheme is provided for free for the initial three months after a person enters Bulgaria. Once this period expires, the TP holders of working age must personally cover the cost of the insurance premiums (approximately EUR 15/month/person), with children (under 18 years of age) and pensioners (females over 63 and males over 65) remaining eligible for state-paid insurance premiums. Furthermore, the insurance fund covers all treatment for most illnesses, but co-payments are required for medical devices and services that are not in that coverage. Patient organisations estimate that these sometimes amount to 46% of the cost of treatment. Premium covers only the co-payment portion of the approved medical treatment and is generally 50% or more of the total payment that is required.

Both the insurance and co-payment costs are a financial burden that many people cannot afford. Consequently, many displaced individuals face difficulties paying the insurance premium, leading to further challenges in accessing public health services, including General Practitioners (GPs), even when premiums are paid. This situation is only further exacerbated by the cost disparity for medical services and medications provided through the health insurance scheme.

The latest needs assessment conducted by the BRC in November 2024 highlighted serious health and access challenges among displaced people from Ukraine living in Bulgaria. It found that 64.43% had experienced health issues since their displacement, with 41.1% suffering from chronic conditions such as hypertension (15.8%), cardiovascular diseases (15.6%), and mental health disorders (13.4%). Only 34.7% of those with chronic illnesses were receiving any form of treatment. In response to these pressing needs, the BRC, with support from the IFRC, launched the Cash for Health Programme.

Through the Cash for Health Programme, the BRC aimed to alleviate some of the most pressing needs of vulnerable people displaced by the conflict in Ukraine and prevent people from using harmful coping mechanisms to cover the costs of both long term, and serious medical ailments.

The Cash for Health Programme provided assistance through the BRC's branches for the following interventions:

- Payment of health insurance premiums to uninsured persons.
- Payment for medical and dental services and medical transport not paid by the National Health Insurance Fund (NHIF) and the Ministry of Health of Bulgaria.
- Reimbursement for drugs, medical devices, individual medical equipment and supplies.

Since the beginning of the Cash for Health Programme, the BRC has reimbursed a total of BGN 406,434 (CHF 195,338) for medical related expenses, with 839 unique individuals reached and supported on 2,778 occasions. This support has been provided through the provision of reimbursement grants, health insurance payments, and support to access health services through the existing health care system.

3. Evaluation Purpose and Scope

3.1. Purpose

The evaluation's purpose is to provide critical insights into the programme's strengths, best practices and lessons learned that can be integrated into future health programmes. The evaluation purpose is also to provide recommendations that IFRC, BRC and other National Societies can apply to improve the design and implementation of similar projects/activities in the future. It aims to evaluate to what extent the programme met the needs of the target population and improved access to healthcare. The evaluation will also examine the efficiency of the programme's implementation, including payment processes and coordination with local healthcare providers.

This evaluation will look at the relevance and appropriateness, coverage and efficiency of the Cash for Health Programme.

The findings from the evaluation will be used to inform several key aspects:

- Evidence-based decision-making: The final evaluation will provide evidence-based recommendations guiding strategic decisions for ongoing or future health programmes.

- Learning: By identifying the transferable best practices and key lessons learned, the final evaluation will inform the development of more effective programming strategies for future responses.
- Accountability: The final evaluation will assess whether the Cash for Health Programme met its targets and objectives, and whether the programme has been conducted in compliance with the RCRC's Movement's standards and principles.

3.2. Scope

The timeline to be evaluated in terms of this emergency response is 24 months, from the beginning of the operation (April 2023) through its completion (March 2025).

The Cash for Health Programme primary target group is displaced people from Ukraine impacted by the conflict and accommodated on the territory of the Republic of Bulgaria on or after 24 February 2022. In addition to this, and in line with [the Federation-Wide Response Plan of Bulgaria](#), up to 20% of people reached can be migrants and refugees from other countries who are living in Bulgaria.

Further targeting criteria's if required will include:

- Extended families/large households (mothers with children and elderly grandparents).
- Mothers with children up to 14 years.
- Unaccompanied minors (up to 14 years of age) or unaccompanied minors (up to 18 years of age).
- People with special needs (disabilities) or co-morbidities.
- Single elderly people (aged 65 and over).
- In need of urgent purchase of medicines for post-operative treatment, for chronic illness, for treatment of child/children.
- Have declared their willingness/intention to stay permanently on the territory of the Republic of Bulgaria.

The final evaluation will cover 5 branches where people have been able to physically access services in the cities of Veliko Tarnovo, Dobrich, Plovdiv, Russe and Stara Zagora. Through the development of digital application procedures and the use of Financial Service Providers (FSP) to distribute reimbursements, the BRC has been able to expand the programme to be accessible to displaced people from Ukraine living in all 28 regions of Bulgaria, through the same 5 branches that manage the reimbursements remotely.

3.3. Methodology

The methodology applied in this evaluation will adhere to the [IFRC Framework for Evaluation](#) with particular attention to the processes upholding the standards of how evaluations should be planned, managed, conducted and utilized.

The evaluation will employ a variety of approaches:

- Secondary data analysis (project documents, mission reports, meeting reports).
- Key Informant Interviews (KII) with the BRC staff and volunteers.
- Focus Group Discussions (FGDs) with people assisted in selected branches.
- Field visits to selected branches for FGDs with people assisted through the Cash for Health Programme and interviews with BRC staff and volunteers.

Initial findings will be shared with the BRC for review prior to further sharing with other National Societies and key stakeholders.

4. Evaluation Criteria and Questions

4.1. Evaluation criteria

The following criteria from the IFRC Evaluation Framework are relevant for this evaluation: relevance and appropriateness, coverage and efficiency.

4.2. Evaluation questions

Below are suggestions for key questions to be addressed in this final evaluation. These suggested questions provide initial guidance and can be further elaborated.

Relevance and Appropriateness

- To what extent were the services provided by the BRC relevant to the needs of the vulnerable groups?
- How well did the Cash for Health Programme integrate feedback from beneficiaries regarding the sufficiency of the cash assistance for health needs?
- What operational or logistical challenges can be identified that affected the target group's ability to benefit from the programme?
- How effectively were the needs of migrants and refugees from other countries addressed within the scope of the Cash for Health Programme?
- Did the programme complement other projects and services being implemented by the BRC?

Efficiency

- How effectively were financial resources allocated to ensure that the Cash for Health Programme reached the intended beneficiaries in a timely manner, without unnecessary delays?
- How well did the Cash for Health Programme optimize the use of human resources (e.g., staff and volunteers) to distribute cash assistance and what can be improved?
- What were the main challenges faced by the IFRC and BRC in coordinating the Cash for Health Programme and how were these addressed?
- Were there any gaps or overlaps in the roles and responsibilities of different actors providing similar support?

Coverage

- How did the intervention adapt to effectively reach beneficiaries with limited mobility due to health issues or those in remote areas?
- How did Cash for Health Programme address urgent medical needs, such as for those requiring immediate or life-saving treatments?
- What criteria or process guided the selection of branches to participate in the Cash for Health Programme?

The evaluation criteria and questions might be adjusted throughout the inception phase, in consultation and collaboration with the BRC.

6. Deliverables

Inception report: The inception report will reflect the agreed methodology and data collection tools, sample size and a detailed work plan for the survey and report, with allocation of clear roles and responsibilities within the team, deadlines for deliverables and the travel/logistical arrangements.

Draft report: Draft report will include key findings, conclusions, lessons learned and recommendations.

Final report: The final report will contain a short executive summary and a main body of the report covering the background of the intervention evaluated, a description of the evaluation methods and limitations, findings, conclusions and clear recommendations. Recommendations should be specific and feasible. The report should also contain appropriate appendices, including a copy of the ToR, a list of those interviewed, the data collection tools used, and any other relevant materials.

7. Proposed Timeline

The proposed timeframe for this evaluation is a maximum of 35 working days, which includes an estimated 3 days in Bulgaria. The detailed timeline will be presented in the inception workplan.

| Time Schedule | Activities | Deliverables |
|----------------------|--|---|
| Week 1 | Desk review: Initial review of intervention and related primary/secondary resources for the evaluation. | |
| Week 2 | Development of draft inception report, and data collection/analysis plan and schedule, draft methodology, and data collection tools. | Draft inception report, data collection/analysis plan and schedule, draft methodology, and data collection tools. |
| Week 3 | Finalising inception report | Final inception report. |
| Week 4 | Key informant interviews | |
| Week 5 | Focus group discussion | |
| Week 6 | Prepare draft evaluation report. | Draft version of the evaluation report. |
| Week 7 | Share the draft evaluation report to IFRC and BRC for comments. | |
| Week 8 | Address feedback with revisions in report where appropriate. Revise and submit final evaluation report. | Final draft of the evaluation report. |

8. Evaluation Quality and Ethical Standards

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members and to ensure that the evaluation is technically accurate, reliable and legitimate, conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and specific, applicable practices outlined in the IFRC Evaluation Framework accompanying this ToR.

The IFRC Evaluation Standards are:

- Utility: Evaluations must be useful and used.
- Feasibility: Evaluations must be realistic, respectful, and managed in a sensible, cost-effective manner.

- **Ethics and Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
- **Impartiality and Independence;** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders. Independence refers to external evaluations, for which evaluator/s should not be involved or have a vested interest in the intervention being evaluated.
- **Transparency:** Evaluation activities should be conducted in an open and transparent manner.
- **Accuracy:** Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
- **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
- **Accountability:** Evaluations should be conducted upholding accountability standards by adequately documenting the evaluation process and products, aligning evaluation practice with an equity approach, and with the development of recommendations that are detailed and actionable.

Annex 2

INCEPTION REPORT

KEY INFORMANT INTERVIEWS (KIIs)

a) By KIIs for BRC's staff involved

Informed Consent: This must be read in its entirety to all respondents prior to the commencement of any Key Informant Interview (KII) or Focus Group Discussion (FGD).

Consent Statement: Thank you for taking the time to meet with us today. My name is [NAME], and I am working for the XXX and conducting the final evaluation of the [National Society]'s response to the [specific event or crisis].

Today, we would like to have a brief discussion with you to understand your experiences with this operation. Your responses, along with those from other participants, will be compiled into a report for the IFRC. This report will be made publicly available upon completion; however, it will not include your name or any other identifying information. Specific individuals will not be identifiable in any quotes or data presented.

Please understand that while your participation is very helpful to our study, it is entirely voluntary. You are not obligated to participate, and you may choose not to answer any questions that make you feel uncomfortable. The primary objective of this research is to improve the effectiveness of future operations, and the findings may also be used by other organizations.

Should you have any questions or concerns about this process, please feel free to ask. The interview is expected to take about 60 minutes.

Will you participate in this interview? You may answer yes or no.

Yes, I will participate

No, I will not participate

a) General Interview Guide

Identification of respondent

1. Organization Name (if exist):
2. Respondent name:
3. Respondent sex (Male or female):
4. Operation components:
5. Level of experience/knowledge of the operation (low, medium, high):
6. Interviewer name:
7. Interview Location and Date:

Relevance and Appropriateness

- To what extent were the services provided by the BRC relevant to the needs of the vulnerable groups?
- How well did the Cash for Health Programme integrate feedback from beneficiaries regarding the sufficiency of the cash assistance for health needs?
- What operational or logistical challenges can be identified that affected the target group's ability to benefit from the programme?

- How effectively were the needs of migrants and refugees from other countries addressed within the scope of the Cash for Health Programme?
- Did the programme complement other projects and services being implemented by the BRC?

Efficiency

- How effectively were financial resources allocated to ensure that the Cash for Health Programme reached the intended beneficiaries in a timely manner, without unnecessary delays?
- How well did the Cash for Health Programme optimize the use of human resources (e.g., staff and volunteers) to distribute cash assistance and what can be improved?
- What were the main challenges faced by the IFRC and BRC in coordinating the Cash for Health Programme and how were these addressed?
- Were there any gaps or overlaps in the roles and responsibilities of different actors providing similar support?

Coverage

- How did the intervention adapt to effectively reach beneficiaries with limited mobility due to health issues or those in remote areas?
- How did Cash for Health Programme address urgent medical needs, such as for those requiring immediate or life-saving treatments?
- What criteria or process guided the selection of branches to participate in the Cash for Health Programme?

b) By FGD

Relevance and Appropriateness

- How would you describe the support provided by the doctors and the BRC staff?
- How did the Cash for Health Programme address your health needs during your time in the country?
- What suggestions do you have for improving the Cash for Health Programme to better meet the needs of people like you in the future?

Efficiency

- How well did the Cash for Health Programme meet your urgent medical needs?
- Were the cash assistance and health support delivered in a timely manner, and did you experience any delays?
- How was your experience with the communication between health providers and the BRC?

Coverage

- How did you first hear about the Cash for Health Programme?
- Were there any difficulties in receiving the assistance due to mobility issues or if you lived in a remote area?
- How did the Cash for Health Programme help address your most urgent health needs during your time in the country?

c) KoboToolbox for beneficiaries

This survey is anonymous and aims to evaluate the "Cash for Health" Programme implemented by the Bulgarian Red Cross. All displaced individuals from Ukraine, residing in Bulgaria since February 2022, who have received assistance through this programme between April 2023 and March 2025, are kindly requested to complete the form. We greatly appreciate your time and participation in this process. Your responses will help improve the programme and ensure its effectiveness. You can select the Ukrainian language option at the top.

English language

1. How were you informed about the "Cash for Health" Programme?

- At BRC branch
- Materials (flyers, posters, brochures)
- Social media (e.g. Facebook)
- Word of mouth
- Community leaders
- Health providers

If "Other" is selected, please specify.

2. Which of the following services have you used through the "Cash for Health" Programme?

- Medical devices, appliances and supplies
- Payment of health insurance
- Payment for medicines
- Payment for medical services
- Payment for medical transport

3. Was the process of applying for "Cash for Health" Programme clear and easy to follow?

- Yes
- No

If "No" is selected, please explain what difficulties you faced in the process of receiving health services.

4. Have you faced any delays or issues with the payment or reimbursement?

- Yes
- No

If "Yes" is selected, please describe the delays or issues you faced with the distribution of cash assistance.

5. Did you receive the support in a timely manner, considering your health needs?

- Yes
- No

If "No" is selected, please explain why you did not receive support in a timely manner.

6. Were there any barriers that made it difficult for you to access the health services (e.g., location, language, mobility issues)?

- No
- Yes

If "Yes" is selected:

- Language barriers
- Lack of identification or documents
- Limited mobility (e.g., health issues, physical limitations)
- Lack of transportation
- Lack of information about the programme
- Complex application process
- Discrimination or exclusion
- Technical issues (e.g., difficulties with mobile phones, internet access)

7. How satisfied were you with the "Cash for Health" Programme?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied

If "Dissatisfied" is selected, please explain why you were dissatisfied with the "Cash for Health" Programme.

Ukrainian language

1. Як Ви дізналися про програму "Грошова допомога на охорону здоров'я"?

- У відділенні Червоного хреста (BRC)
- Матеріали (листівки, плакати, брошури)
- Соціальні мережі (наприклад, Facebook)
- Усне спілкування
- Лідери громади
- Медичні працівники

Якщо обрано 'Інше', будь ласка, вкажіть.

2. Якими з наведених нижче послуг Ви користувалися в рамках програми "Грошова допомога на охорону здоров'я"?

- Медичне обладнання, прилади та витратні матеріали
- Оплата медичного страхування

- Оплата ліків
- Оплата медичних послуг
- Оплата медичного транспорту

3. Чи було зрозумілим і легким процес подачі заявки на програму "Грошова допомога на охорону здоров'я"?

- Так
- Ні

Якщо вибрано "Ні", будь ласка, поясніть, які труднощі Ви зустріли при отриманні медичних послуг.

4. Чи стикалися Ви з затримками або проблемами з виплатою або відшкодуванням?

- Так
- Ні

Якщо вибрано "Так", будь ласка, опишіть затримки або проблеми, з якими Ви зіткнулися при отриманні грошової допомоги.

5. Чи отримали Ви підтримку вчасно, зважаючи на Ваші медичні потреби?

- Так
- Ні

Якщо вибрано "Ні", будь ласка, поясніть, чому Ви не отримали підтримку вчасно.

6. Чи були які-небудь перешкоди, які ускладнювали доступ до медичних послуг (наприклад, місце розташування, мовні бар'єри, проблеми з мобільністю)?

- Так
- Ні

Виберіть бар'єри, які ускладнили доступ до медичних послуг.

- Мовні бар'єри
- Відсутність документів або ідентифікації
- Обмежена мобільність (наприклад, проблеми зі здоров'ям, фізичні обмеження)
- Відсутність транспорту
- Відсутність інформації про програму
- Складний процес подачі заявки
- Дискримінація або виключення
- Технічні проблеми (наприклад, труднощі з мобільними телефонами, доступом до Інтернету)

Якщо обрано 'Інше', будь ласка, вкажіть.

7. Наскільки Ви задоволені програмою "Грошова допомога на охорону здоров'я"?

- Дуже задоволений
- Задоволений
- Нейтрально

- Незадоволений

Якщо вибрано "Незадоволений", будь ласка, поясніть, чому Ви були незадоволені програмою "Грошова допомога на охорону здоров'я".

Annex 3

List of people interviewed

a) By KIIs

| No | Name and Surname | Organization | Position | Location | Mode |
|----|--------------------------|--------------|---|----------------|-----------|
| 1 | Dr Pencho Penchev | BRC NHQ | Doctor, Coordinator Medical Reimbursement Programme | Sofia | In person |
| 2 | Dr Sofia Stoimenova | BRC NHQ | Chief Secretary, Director Prevention of Crisis Situations and Rescue Services | Sofia | In person |
| 3 | Tanya Georgieva | BRC | Regional Branch Director | Plovdiv | In person |
| 4 | Tanya Malakova | BRC | Medical Reimbursement Programme Officer | Plovdiv | In person |
| 5 | Ruža Sabelova - Kedikova | BRC | Medical Reimbursement Programme Officer | Veliko Tarnovo | In person |
| 6 | Jassen Slivensky | BRC NHQ | Disaster Management Director | Dobrich | Online |
| 7 | Artyun Erinozov | BRC | Regional Branch Director | Dobrich | Online |
| 8 | Violeta Kamenova | BRC | Medical Reimbursement Programme Officer | Dobrich | Online |
| 9 | James Bellamy | IFRC | Operations Manager | Sofia | In person |
| 10 | Mihail Mihaylov | IFRC | Assistant Operations Manager | Sofia | In person |

b) By FGD

| No | Group | Number of participants | Number of women | Number of men | Location | Mode |
|----|---------|------------------------|-----------------|---------------|----------------|-----------|
| 1 | Group 1 | 8 | 5 | 3 | Veliko Tarnovo | In person |
| 2 | Group 2 | 10 | 8 | 2 | Veliko Tarnovo | In person |
| 3 | Group 3 | 8 | 7 | 1 | Plovdiv | In person |
| 4 | Group 4 | 10 | 7 | 3 | Plovdiv | In person |

THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

HUMANITY

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

IMPARTIALITY

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

NEUTRALITY

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

INDEPENDENCE

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

VOLUNTARY SERVICE

It is a voluntary relief movement not prompted in any manner by desire for gain.

UNITY

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

UNIVERSALITY

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.