



CONFLICT
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Independent Evaluation of the Aktion Deutschland Hilft (ADH) Joint Appeal on Ukraine

Evaluation Report
28 July 2025

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Abbreviations

ADH	Aktion Deutschland Hilft
ASB	Arbeiter-Samariter-Bund
CARE	CARE Deutschland e.V.
CHS	Core Humanitarian Standard
CMC	Conflict Management Consulting
CRM	Customer Relationship Management
DAC	Development Assistance Committee
DPWV	Der Paritätische Wohlfahrtsverband
ELEOS	(Not expanded in text; likely the name of a Ukrainian NGO)
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GDPR	(EU) Genera
HEAT	Hostile Environment Awareness Training
HQ	Headquarters
HR	Human Resources
IDP	Internally Displaced Person
INGO	International Non-Governmental Organisation
KII	Key Informant Interview
LPMF	Localisation Performance Measurement Framework
MEAL	Monitoring, Evaluation, Accountability, and Learning
MHPSS	Mental Health and Psychosocial Support
MPCA	Multi-Purpose Cash Assistance
MoU	Memorandum of Understanding
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
PSEA	Protection from Sexual Exploitation and Abuse
QA	Quality Assurance
SOP	Standard Operating Procedure
SSS	Stabilisation Support Services
TEC	Terra Tech (NGO)
ToR	Terms of Reference
UHF	Ukraine Humanitarian Fund
UNIT	(Likely NGO UNIT, Ukrainian NGO partner)
WASH	Water, Sanitation and Hygiene
WVD	World Vision Deutschland
YMBF	Youth Movement Be Free

Table of Contents

<i>Executive Summary (English)</i>	4
<i>Executive Summary (Ukrainian)</i>	6
1. Background and Context	9
2. Evaluation Purpose and Objectives	9
3. Evaluation Scope and Key Questions	10
4. Evaluation Matrix and Analytical Framework	11
5. Findings	14
5.1. Key Evaluation Question 1 - Identify existing procedures for partner selection, assessment, and capacity building within ADH member organizations in Ukraine	14
5.2 Key Evaluation Question 2 - Assess the different approaches in capacity building and development, their efficiency, and whether quality standards are ensured.	24
6. Conclusions and Recommendations	51
6.1 Partner Selection & Assessments.....	51
6.2 Power Dynamics in Partnerships	52
6.3 Capacity Building Approaches & Effectiveness.....	53
6.4 Efficiency of Strengthening Partner Organizations	54
6.5 Sustainability and Localization.....	55
7. Annexes	56
7.1 Methodology and Approach	56
7.1.1 Mixed-Methods Data Collection	56
7.1.2 Participatory and Inclusive Principles.....	56
7.1.3 Triangulation and Data Validation.....	57
7.1.4 Conflict Sensitivity and Gender Considerations.....	58
7.2 Selected Project Sample for the Evaluation	59
7.3 Stakeholder Groups and Engagement Plan	60
7.4 Key Informant Interview Guides	62
7.5 Annex: Online Survey	66
7.6 Team Composition and Complementarity.....	67

Executive Summary (English)

1. Introduction and Purpose

In response to the humanitarian crisis triggered by the full-scale Russian invasion of Ukraine on 24 February 2022, Aktion Deutschland Hilft (ADH), a coalition of German relief organisations, launched a Joint Appeal. This collective action mobilised approximately €280 million in donations by early 2025, enabling member organisations to provide multi-sectoral assistance, including health, shelter, livelihoods, protection, and winterisation support across Ukraine and neighbouring countries. A cornerstone of the response was the reliance on local Ukrainian partner organisations, who played a critical role in delivering aid.

Given the scale of operations, the complexity of the context, and ADH's commitment to quality and accountability, this independent evaluation was commissioned to examine the nature and effectiveness of these partnerships. The evaluation aimed to support internal learning and inform future programming by identifying best practices and areas for improvement in partner selection, partner engagement, capacity strengthening, and localisation.

2. Methodology and Scope

The evaluation covered the period from 2022 to early 2025 and focused on how ADH member organisations selected, assessed, supported, and collaborated with their local partners in Ukraine. The analysis drew on data from 22 projects implemented by 12 ADH member organisations. Methods included a desk review of documents, 45 key informant interviews with a total of 67 participants, and an online survey (with 25 responses).

Interviews took place (offline and remotely) in multiple *oblasts* (administrative districts) across Ukraine and in Germany, and findings reflect a triangulated and participatory approach, including a debriefing workshop held in Bonn in July 2025. The evaluation used OECD/DAC criteria (Relevance, Efficiency, and Sustainability) and key humanitarian standards (CHS, Sphere, Charter4Change, and LPMF) to assess performance.

3. Evaluation Questions

The evaluation was structured around two Key Evaluation Questions (KEQs):

- KEQ 1: What procedures exist for adequate partner selection, assessment, and capacity building across ADH members?
- KEQ 2: How efficient and effective are the different capacity building approaches, and to what extent are quality standards and localisation objectives being met?

4. Summary of Conclusions and Recommendations

<u>Field</u>	<u>Conclusions</u>	<u>Recommendations</u>
Partner Selection & Assessments	ADH member organisations showed agility and flexibility in the early phase of the response, engaging a broad range of local partners through informal mechanisms. Over time, most members introduced more structured assessment tools and risk management frameworks. But assessment practices remain heterogeneous, and a small number of partners reported duplication, inconsistent expectations, and limited feedback. The most effective practices were those that	<ul style="list-style-type: none">• Develop a shared ADH-wide partner assessment framework with adaptable tools.• Promote mutual recognition of assessments to avoid duplication.• Use assessments to co-design tailored capacity support plans.

	combined due diligence with joint reflection and support planning.	
Power Dynamics in Partnerships	Operational collaboration is generally strong and respectful, with many Ukrainian partners describing high levels of trust and communication. But strategic influence remains centralised. Ukrainian partners were less often included in early project design or budget discussions, and administrative burdens were not always balanced by adequate support. A shift toward shared governance structures and more transparent financial dialogue would be needed.	<ul style="list-style-type: none"> • Involve local partners early in project design and budgeting. • Establish joint governance mechanisms for strategic decisions. • Improve financial transparency; share full budgets with partners.
Capacity Building Approaches & Effectiveness	Capacity strengthening has been a major strength of the response. Tailored mentoring, on-the-job learning, and provision of systems and infrastructure have enabled significant institutional growth among many local partners. But training was sometimes repetitive or compliance-focused, and informal learning, while valued, was not consistently planned or documented. Monitoring of capacity outcomes remains limited.	<ul style="list-style-type: none"> • Prioritise embedded, peer-based learning over one-off training. • Co-create capacity development plans including leadership and sustainability. • Allocate dedicated budget lines for capacity-building activities.
Efficiency of Strengthening Partner Organisations	Where mentoring was embedded and partnerships were long-term, capacity gains were significant and cost-effective. However, overhead and core funding remain uneven, and support is often reactive rather than strategically planned. Some organisations struggled to retain staff or invest in systems due to limited indirect cost recovery.	<ul style="list-style-type: none"> • Institutionalise multi-year partnerships with predictable support. • Ensure fair overhead coverage and fund core institutional needs. • Align mentoring approaches and tools across ADH members.
Sustainability and Localisation	Many partners have improved their resilience, secured new funding, and enhanced their roles in coordination and advocacy spaces. ADH members have contributed to this through coaching, visibility support, and knowledge transfer. But exit and sustainability strategies are not consistently formalised. Some partners still rely heavily on individual ADH members, limiting their independence.	<ul style="list-style-type: none"> • Integrate sustainability planning into all partnerships with measurable milestones. • Assist partners in accessing new donors and leadership roles in coordination platforms. • Systematically track and communicate localisation achievements.

Overall, the evaluation found that ADH and its member organisations have made substantial contributions to strengthening local humanitarian leadership in Ukraine. The challenge ahead is to deepen and sustain these gains through more consistent, transparent, and co-owned approaches to partnership.

1. Вступ і мета оцінки

У відповідь на гуманітарну кризу, спричинену повномасштабним вторгненням Росії в Україну 24 лютого 2022 року, коаліція німецьких гуманітарних організацій Aktion Deutschland Hilft (ADH) оголосила Спільний заклик до збору коштів. Завдяки цій ініціативі до початку 2025 року було зібрано близько 280 мільйонів євро пожертв, що дозволило організаціям-членам ADH надавати багатосекторальну допомогу в Україні та сусідніх країнах – зокрема, в сферах охорони здоров'я, житла, засобів до існування, захисту та підготовки до зимового періоду. Важливою особливістю цього заклику стало широке залучення українських партнерських організацій, які відіграли ключову роль у наданні допомоги постраждалим людям.

З огляду на масштаб програми, складність контексту та прагнення ADH до забезпечення якості й підзвітності, було замовлено незалежну оцінку, щоб проаналізувати характер і ефективність партнерських відносин. Метою оцінки є сприяння внутрішньому навчання та вдосконаленню майбутніх програм шляхом виявлення кращих практик і сфер, які потребують поліпшення: у відборі партнерів, взаємодії з ними, розвитку спроможності та підтримці процесів локалізації.

2. Методологія та обсяг оцінки

Оцінка охоплює період з 2022 до початку 2025 року і фокусується на тому, як організації-члени ADH здійснювали відбір, оцінювання, підтримку та співпрацю з українськими партнерськими організаціями. Аналіз ґрунтувався на даних із 22 проєктів, реалізованих 12 організаціями-членами ADH. Під час оцінки були використані такі методи: аналіз документації, 45 глибинних інтерв'ю, участь в яких загалом взяли 67 осіб, та онлайн-опитування (25 відповідей).

Інтерв'ю проводилися як очно, так і дистанційно в різних областях України та в Німеччині. Оцінка базувалася на триангуляції даних і партисипативному підході, а також включала підсумковий семінар у Бонні в липні 2025 року. Оцінка здійснювалась відповідно до критеріїв Комітету сприяння розвитку Організації економічної співпраці та розвитку (КСР ОЕСР): актуальність, результативність, сталість, – і ключових гуманітарних стандартів: CHS, Sphere, Charter4Change, LPMF.

3. Ключові запитання для оцінки

Оцінка була побудована навколо двох ключових запитань:

- **Запитання 1:** Які процедури застосовують організації-члени ADH для належного відбору, оцінювання та розвитку спроможності партнерських організацій?
- **Запитання 2:** Наскільки ефективними є різні підходи до розвитку спроможності, і якою мірою досягаються стандарти якості та цілі локалізації?

4. Основні висновки та рекомендації

<u>Сфера</u>	<u>Висновки</u>	<u>Рекомендації</u>
Відбір і оцінювання партнерів	На початковому етапі реагування організації-члени АДН діяли гнучко та оперативно, залучаючи широке коло місцевих партнерів через неформальні канали. Згодом більшість із них запровадила більш структуровані інструменти оцінювання та управління ризиками. Водночас підходи до відбору та оцінювання залишаються різними, а деякі партнери повідомляють про дублювання оцінок, нечіткі очікування та обмежений зворотний зв'язок. Найкращі результати демонстрували ті підходи, які поєднували перевірку спроможності партнерів зі спільним аналізом спроможності та плануванням підтримки.	<ul style="list-style-type: none"> • Розробити загальну для АДН рамку оцінювання партнерів з адаптивними інструментами. • Запровадити взаємне визнання оцінок, щоб уникнути дублювання. • Використовувати оцінювання як основу для спільного планування розвитку спроможності.
Баланс влади у партнерстві	Співпраця на рівні реалізації проєктів зазвичай є міцною та заснованою на довірі. Проте стратегічний вплив здебільшого зберігають за собою міжнародні організації. Українські партнери нечасто залучалися до розробки проєктів чи планування бюджетів на ранніх етапах, а адміністративне навантаження на них не завжди супроводжувалося належною підтримкою з боку організацій-членів АДН.	<ul style="list-style-type: none"> • Залучати українських партнерів починаючи з етапу розробки проєктів та бюджетів. • Створити спільні механізми прийняття стратегічних рішень. • Забезпечити прозорість у фінансах, надаючи українським партнерам повну інформацію про бюджети проєктів.
Підходи до розвитку спроможності та їх ефективність	Розвиток спроможності є сильною стороною реагування. Цільове менторство, навчання під час роботи та інфраструктурна підтримка сприяли інституційному зростанню партнерів. Однак частина тренінгів була надто формальною або повторюваною, а неформальне навчання (хоч партнери і визнавали його цінність) часто не було послідовно спланованим або належним чином зафіксованим. Моніторинг результатів щодо розвитку спроможності здійснювався обмежено.	<ul style="list-style-type: none"> • Надавати пріоритет навчанню на основі партнерства та взаємного обміну досвідом, а не одноразовим тренінгам. • Розробляти плани розвитку спроможності спільно з українськими партнерами та включати до них теми сталості та лідерства. • Виділяти окремі статті видатків на розвиток спроможності.

<p>Ефективність розбудови спроможності українських партнерів</p>	<p>У випадках, коли менторство було складовою частиною співпраці, і партнерство було довгостроковим, спостерігалась значна користь і економічна ефективність розбудови спроможності. Проте фінансування адміністративних витрат та фінансування на основну діяльність (core funding) залишається нерівномірним, а підтримка здебільшого має реактивний, а не стратегічний характер. Перед деякими організаціями поставали труднощі у збереженні персоналу або інвестуванні в організаційні системи через обмежене покриття непрямих витрат.</p>	<ul style="list-style-type: none"> • Укласти багаторічні партнерські угоди з передбачуваною підтримкою. • Забезпечувати справедливе фінансування адміністративних витрат українських організацій. • Уніфікувати підходи організацій-членів ADH до менторства.
<p>Стійкість і локалізація</p>	<p>Багато партнерів посилили свою стійкість, отримали нове фінансування та активніше беруть участь у координаційних і адвокаційних процесах. Організації-члени ADH сприяли цьому через наставництво, підвищення видимості та обмін знаннями. Проте стратегії виходу та забезпечення сталості не завжди були формалізовані. Деякі партнери досі практично повністю залежать від фінансування з боку організацій-членів ADH, що обмежує їхню самостійність.</p>	<ul style="list-style-type: none"> • Інтегрувати плани забезпечення сталості в усі партнерські відносини з чіткими критеріями успішності. • Підтримувати українських партнерів у доступі до нових донорів і лідерських ролей у координації. • Системно відстежувати та висвітлювати досягнення в локалізації.

Загалом організації-члени ADH зробили вагомий внесок у посилення гуманітарного лідерства місцевих організацій в Україні. Основне завдання на майбутнє – закріпити досягнуті результати через більш послідовні, прозорі та паритетні підходи до партнерства.

1. Background and Context

The **full-scale Russian invasion** of Ukraine that started on **24 February 2022** caused massive civilian displacement and humanitarian needs. In early 2025, over 14.6 million people inside Ukraine require urgent assistance and more than 6.5 million refugees from Ukraine are recorded globally. In response, **Aktion Deutschland Hilft (ADH)** – a coalition of German relief organizations – launched a **Joint Appeal on Ukraine** in 2022 to mobilize aid for those affected. Since then and until today, around **€280 million** donations have been raised, enabling ADH member organizations to fund humanitarian projects for both conflict-affected populations inside Ukraine and refugees in neighboring countries. ADH member organizations have been providing multi-sectoral assistance, from medical care in remote areas to cash assistance for basic needs, shelter and winterization support, livelihood restoration, and mental health and psychosocial support (MHPSS). This large-scale, multi-pronged response has strongly relied on partnerships with **local organizations** in Ukraine, including national NGOs and grassroots initiatives, which have implemented much of the humanitarian response since the crisis began.

Given the importance of the Ukraine portfolio, the ongoing nature of the crisis and the critical role of local partners, ADH has commissioned this **independent evaluation** to assess its partnership approach under the Ukraine joint appeal. The inception report for this evaluation was approved on 14 May 2025. A first version of this report was submitted to ADH on 27 June 2025. After a debriefing workshop in Bonn (and online) on 9 July, the final version of this report was approved on 28 July 2025.

2. Evaluation Purpose and Objectives

The main purpose of the evaluation was to **promote learning and accountability** within ADH's Ukraine response by examining how ADH and its member organizations have engaged and strengthened local partners. ADH strives for quality and continuous improvement in its joint appeals. This evaluation was therefore intended to **analyse how ADH member organizations ensure trustful cooperation with local partners** – identifying the procedures, approaches, and practical implementations that have been used – and to **draw lessons and recommendations** that will inform future programming in Ukraine and other fragile contexts. The evaluation's insights should help ADH and its member organizations to enhance locally led response and **improve effective partnerships**, in line with global humanitarian commitments.

Objectives: The evaluation had two primary objectives:

- **Objective 1:** Examine the **procedures and practices** that ADH member organizations use to select, assess, and work with local partner organizations in Ukraine, including how they build and support partner capacities at various levels. This includes understanding how trustful and effective cooperation is fostered and identifying any gaps or challenges in these partnership processes.
- **Objective 2:** Assess the **approaches to capacity building and organizational development** for local partners employed by ADH member organizations, evaluating how efficient these approaches have been and to what extent they meet quality standards and the expectations and needs of Ukrainian partners. This includes analysing the outcomes of capacity building efforts and whether they lead to improved resilience and performance of local partners.

These objectives reflect ADH's dual interest in **process** (how partnerships are formed and managed) and **outcomes** (how partner capacities and service quality have been affected). The evaluation generates evidence-based findings on these aspects and propose actionable recommendations to strengthen ADH's partnership model for the future.

3. Evaluation Scope and Key Questions

The evaluation covered the period from the launch of the joint Ukraine appeal in early 2022 until early 2025. A selection of projects funded by ADH in the Ukraine response were included. The evaluation focused on **ADH's member organizations and their local partners in Ukraine**. The geographic scope was various *oblasts* (administrative districts) in Ukraine where partners operate. Thematically, the evaluation includes multiple sectors (e.g. health, shelter, WASH, protection, livelihoods), as they include different partnership and capacity building priorities. It is not a project-by-project performance evaluation; but it rather looked across projects to analyse partnership mechanisms and capacity development.

Key Evaluation Questions (KEQs): The evaluation was structured around two central questions

1. **KEQ 1 – Partnership Procedures & Capacity Building:** “Identify existing procedures for adequate partner selection and assessments, and partners’ capacity building and development at all levels within ADH member organisations working in Ukraine.” This question asks what processes ADH members have in place to **select and assess local partners**, how they build partner capacity, and how these efforts work in practice. It explored the strategies used to establish and maintain **trustful, effective partnerships** with local actors.
2. **KEQ 2 – Approaches, Efficiency & Quality:** “Assess the different approaches in capacity building and development, their efficiency and to what extent quality standards are ensured.” This question examined the **methods and tools** used for partner capacity development, evaluates how **efficient** these approaches are (in terms of time, cost, and results), and checks whether **quality standards** and best practices were being upheld in the partnership (e.g. accountability, technical standards).

Each KEQ was further detailed by a set of sub-questions (see Evaluation Matrix below) that investigated specific aspects such as partner selection criteria, ongoing partner support and mentoring, coordination among ADH members, challenges faced, and resource allocation for capacity building. The evaluation addresses these specific questions but is also **utilization-focused** and aiming to provide insights that ADH and its member organizations can use for decision-making and improving future operations.

Evaluation Criteria and Standards: In answering the KEQs, the evaluation especially focused on selected **OECD/DAC criteria**, especially **Relevance, Efficiency, and Sustainability**:

- **Relevance:** Are the partnership approaches and capacity-building efforts suited to the context and needs? For example, do partner selection processes respond to the evolving humanitarian context and the capacities of local actors?
- **Efficiency:** How well have resources (funds, time, expertise) been used in managing partnerships and building capacity? Are there delays or duplications (e.g. multiple members assessing the same local partner), and is the balance right between due diligence and urgent action?
- **Sustainability:** To what extent are the partnerships and capacities that have been built to stay? This includes looking at whether local partners are becoming more autonomous, resilient, and able to secure funding beyond ADH's support.

The evaluation was also guided by specific **humanitarian standards and commitments**:

- **Core Humanitarian Standard (CHS)¹, Commitment 8**: Are relationships between ADH members and local partners characterized by respect, trust, and good management? Commitment 8 expects that communities (and by extension, partners) interact with staff who are competent and respectful. The evaluation considered partnership dynamics, power balance, and transparency in line with CHS 8.
- **CHS Commitment 3**: Do ADH's interventions strengthen local capacities and foster resilience of local actors? Commitment 3 focuses on empowering those affected by crisis (here, local NGOs and communities) to be better prepared and more resilient. This is directly relevant to assessing capacity building outcomes under KEQ2.
- **Sphere Standards (2018)²**: The evaluation will check if humanitarian projects implemented through partners adhere to internationally recognized quality standards (e.g. Sphere's minimum standards in areas like shelter, WASH, health). For instance, are partner selection criteria and training programs aligned with Sphere guidelines on technical competency, humanitarian principles, and accountability to affected populations?
- **Charter for Change (C4C) Commitments:³** The evaluation examined to what extent the **Charter4Change principles** are reflected in this response. ADH itself is not a signatory to the Charter4Change, but a majority of the ADH member organizations are.
- Localisation performance measurement framework (LPMF), in order to evidence performance against localisation commitments.

Through using these criteria and standards as reference points, the evaluation ensured that findings were evaluated against both ADH's own goals and the broader humanitarian best practices. This alignment also makes the conclusions more **credible and relevant** to an international audience of humanitarian evaluators and donors, as well as other stakeholders.

4. Evaluation Matrix and Analytical Framework

To systematically address the KEQs, an **evaluation matrix** has been developed and agreed upon in the inception report. The matrix includes each key question and sub-questions, the criteria/standards it relates to, and the data sources and methods that were used to answer it. The table below provides an overview of the evaluation matrix, highlighting how **Relevance, Efficiency, and Sustainability** considerations are integrated for each KEQ, along with pertinent CHS, Sphere, and C4C references:

¹ See: <https://www.corehumanitarianstandard.org/>

² See: <https://www.spherestandards.org/>

³ See: <https://charter4change.org/commitments/>

Table 1: Evaluation Matrix

Key Evaluation Questions (KEOs)	Sub-questions	Data Collection Methods	Data Sources	OECD/DAC & Humanitarian Standards considered
KEQ1: Identify existing procedures for partner selection, assessment, and capacity building within ADH member organizations in Ukraine.	<p>Partner Selection & Assessments:</p> <ul style="list-style-type: none"> - What approaches and tools do ADH member organizations use to assess and select partners? - How many organizations were selected at the start of interventions in 2022? How many remain until today? Why? In case of changes, what were the main reasons for continuing or ending a partnership? - How does cooperation/coordination exist between ADH members in partner selection (e.g., double assessments)? - What are the main challenges in selection and assessment? - What are the main gaps in selection and assessment processes that could be addressed in the future? <p>Power Dynamics in Partnerships:</p> <ul style="list-style-type: none"> - How do local partners perceive their role in decision-making with ADH member organizations? - Are local partners treated as equal partners, and how could power dynamics be improved? 	<ul style="list-style-type: none"> - Desk review of policies, guidelines, and assessment tools. - KIIs with ADH HQ staff and participating organizations. - KIIs with local partners in Ukraine. - Online survey for participating partners. 	<ul style="list-style-type: none"> - ADH Bonn office documents. - ADH member organization HQs. - Local partners in Ukraine. 	<ul style="list-style-type: none"> - OECD/DAC Relevance: Are the selection processes responsive to partner needs? - CHS Commitment 8: Are partnerships trust-based, transparent, and effective? - Sphere Standards: Do selection criteria align with recognized humanitarian best practices? - Charter4Change (only for ADH member organisations and their partners participating in it): Do partnerships reflect true localization and shared decision-making?
KEQ 2: Assess the different approaches in capacity building and development, their efficiency, and whether quality standards are ensured.	<p>Capacity Building Approaches & Effectiveness:</p> <ul style="list-style-type: none"> - What capacity-building approaches/methods do ADH members use? - What capacity assessment strategies exist? - How is quality assurance integrated into capacity building? - How do ADH members and partners cooperate on capacity building (e.g., decision-making, co-leading, program planning)? - What are the main challenges and gaps, e.g. how is quality monitored and evaluated? Which capacity building approaches and measures are in place and used? <p>Knowledge Exchange and Learning:</p> <ul style="list-style-type: none"> - Beyond formal training, how do ADH members and local partners exchange knowledge, best practices, and peer learning? - Are informal learning mechanisms (mentoring, peer exchange, seminars) being utilized? And if yes, effectively? Why? Why not? <p>Efficiency of Strengthening Partner Organizations:</p>	<ul style="list-style-type: none"> - Desk review of capacity-building guidelines and reports. - Financial data review from ADH and partners. - KIIs with ADH HQ and implementing partners. - KIIs with local partners in Ukraine. - Online survey for partners on perceived effectiveness of capacity-building efforts. 	<ul style="list-style-type: none"> - ADH HQ capacity-building reports. - Partner organization financial statements. - Partner organization reports and training records. - Feedback from local partners and staff. - ADH HQ financial records. 	<ul style="list-style-type: none"> - OECD/DAC Efficiency: Are capacity-building resources used effectively? - CHS Commitment 3: Are partners better prepared and more resilient due to ADH support? - Sphere Standards: Are training programs aligned with international best practices? - Charter4Change (only for ADH member organisations and their partners participating in it): Are financial

	<ul style="list-style-type: none"> - What is the impact (scope, quality, costs, and time) of different approaches to strengthening partners? - How is project funding distributed among partners, overhead/admin costs, and capacity-building activities? <p>Sustainability and Localization:</p> <ul style="list-style-type: none"> - To what extent are ADH's partnership and capacity-building efforts helping partners access independent funding and develop long-term sustainability beyond ADH support? 			commitments to local partners being met? - OECD/DAC Sustainability: Are partners being equipped for long-term independence?
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As shown above, **KEQ1** emphasized the relevance and quality of partnership processes (ensuring that partner engagement strategies are context-appropriate and aligned with localization best practices), while **KEQ2** focused on efficiency and sustainability of capacity-building efforts (ensuring resources are well-used and that partners are stronger in the long run). Both questions integrate considerations of CHS commitments (especially **Commitment 8** for partnership dynamics in KEQ1 and **Commitment 3** for capacity outcomes in KEQ2).

5. Findings

5.1. Key Evaluation Question 1 - Identify existing procedures for partner selection, assessment, and capacity building within ADH member organizations in Ukraine

Partner Selection & Assessments:

What approaches and tools do ADH member organizations use to assess and select partners?

ADH member organisations engaged in the Ukraine response have used a range of different approaches and tools to assess and select local partners. These reflect both the emergency-driven context of early 2022, in which partner selection was often rapid and informal, and the shift toward structured, risk-managed, and criteria-based assessments when the situation became a little bit less urgent. Methods vary across organisations, but the trend across the ADH network shows increasing formalisation, documentation, and strategic alignment in partnership decision-making, but some important gaps and inconsistencies also remain.

Early 2022: Rapid selection based on existing networks and field presence

In the immediate aftermath of the full-scale Russian invasion in February 2022, most ADH members activated (if they were working in/on Ukraine prior) or initiated (in case they were not) partnerships based on:

- Existing pre-war relationships (e.g. CARE with SSS, Terra Tech with NGO UNIT).
- Referrals from other INGOs or personal contacts, including from international volunteers, religious orders, or diaspora links (e.g. Johanniter with ELEOS)
- Partner visibility in clusters, social media, or coordination platforms, which allowed ADH members to identify active, field-based organisations (e.g. HELP and World Vision both approached NGOs after seeing their work on Facebook or in GBV cluster meetings).

At this point in time, selection was generally intuitive and trust-based, with minimal formal documentation or criteria. Some INGOs engaged partners through verbal agreements or rapid MoUs, deferring formal vetting until after initial implementation began. This flexible approach enabled fast mobilisation but also exposed the work and cooperation to risks in due diligence, consistency, and quality assurance.

From 2023 onward: Shift toward structured assessments and risk classification

As the response stabilised, most ADH member organisations changed to more systematic partner selection processes, combining internal policies with adapted or new tools. These approaches generally consist of multiple steps:

Step 1: Initial identification

Via clusters, referrals, past cooperation, or calls for proposals.

Step 2: Pre-screening and introductory calls

Assessing alignment, mandate, and thematic fit.

Step 3: Organisational capacity assessment

Using formal tools or templates to evaluate readiness.

Step 4: Risk categorisation and decision-making
Classifying partners and determining eligibility or support needs.

Common tools and assessment criteria

A large majority of ADH members now use some form of organisational capacity assessment as part of the partner selection process. Common tools include:

- Self-assessment questionnaires completed by the partner, sometimes validated through interviews.
- Capacity assessment matrices, evaluating organizational aspects such as:
 - Financial management and internal controls.
 - Procurement systems.
 - Safeguarding and protection policies.
 - Technical sectoral expertise.
 - Legal status, governance, and compliance.
 - MEAL systems and reporting capacity.

Specific agency examples include:

- Malteser employs a 15-domain assessment tool with a colour-coded “traffic light” rating system (green/yellow/red) to classify risk and determine the feasibility of engagement. “Red” partners are not eligible for implementation until significant support is provided.
- World Vision combines a rapid organisational capacity assessment with follow-up interviews. Partners are scored in areas such as finance, safety, and sector knowledge, and the results inform the development of capacity strengthening plans if cooperation proceeds.
- HELP uses a participatory partner assessment checklist, introduced more rigorously after 2023. Initially, “voluntary partnerships” were offered without systematic vetting, but two cases of confirmed corruption led to reforms. HELP now fills assessment forms jointly with partners, using exclusion criteria (e.g. sanctions lists) and technical benchmarks.
- CARE conducts tailored assessments for each partnership, often involving both HQ and field teams. The assessment feeds into a capacity development roadmap. It is followed by bilateral discussions to agree on expectations and roles.

Assessment as a dialogue, not a gatekeeping mechanism

Several ADH members have adopted a collaborative and developmental approach to partner assessments. Instead of treating selection tools as decision-only-tools, they use them to:

- Identify areas where partners can be supported, rather than excluded.
- Design phased engagement: partners may begin with small components, increasing responsibility as they grow (e.g. Avalyst with HELP).
- Build trust by conducting joint assessments, where INGOs and partners complete the tool together, creating shared understanding and ownership.

This approach is especially valued by Ukrainian partners. It allows organisations with lower initial capacity (e.g. NGO UNIT, YMBF) to participate, while INGOs manage risk through mentoring and oversight, rather than exclusion.

Criteria beyond organisational capacity: strategic and ethical considerations

Several ADH members consider non-technical criteria during partner selection, including:

- Alignment with humanitarian principles: For example, Johanniter and Terra Tech declined partnerships with organisations that did not clearly separate humanitarian work from military support or political agendas.
- Geographical reach: ADH members prioritised partners with access to underserved or frontline areas (e.g. Donetsk, Kharkiv), especially where ADH members could not operate directly.
- Community acceptance and embeddedness: Partners with long-standing local relationships were often favoured for outreach, needs assessments, and beneficiary trust.
- Experience with coordination mechanisms, such as clusters, was seen as a marker of organisational maturity.

But overall, there is no standard weighting or scoring system across the ADH network. Each organisation applies these filters according to its mandate, risk tolerance, and operational priorities.

Gaps and limitations

But even after the move toward increased structure and processes, several challenges persist:

- Inconsistency: Ukrainian partner organisations reported wide variation in assessment procedures across ADH members, even within the same consortium. Some faced detailed audits, while others completed only basic checklists.
- Transparency: Ukrainian partners are not always informed about how they are assessed or why they were (or were not) selected. Full capacity assessments are not always shared back with the organisation in a usable format.
- Redundancy: Organisations working with multiple ADH members often complete multiple, overlapping assessments with similar questions but different formats.
- Limited strategic dialogue: In most cases, assessments remain technical and administrative. Only a few ADH members use them to engage in broader discussion about vision, partnership models, or long-term localisation pathways.

To conclude, ADH member organisations have increasingly adopted structured tools and procedures to assess and select local partners in Ukraine. These include standardised capacity assessment templates, risk classification systems, and multi-step review processes. The most effective approaches combine technical due diligence with collaborative dialogue, enabling partners to enter into phased, supported relationships. But assessment practices remain heterogeneous across the ADH network, and the process is not always transparent or harmonised. Greater consistency, mutual feedback, and joint strategic planning would enhance the fairness, utility, and learning value of partner assessment processes, especially as the localisation agenda deepens.

How many organizations were selected at the start of interventions in 2022? How many remain until today? Why? In case of changes, what were the main reasons for continuing or ending a partnership?

At the moment of the full-scale Russian invasion in February 2022, ADH member organisations were faced with the urgent task of either starting new operations in Ukraine, or scaling up their previous operations, in case they were already working in Ukraine prior February 2022. A majority of ADH member organisations lacked pre-existing in-country structures and had to rapidly identify and formalise partnerships with local actors. The initial partner selection phase was marked by speed, informality, and flexibility, driven by the imperative to respond quickly to unprecedented humanitarian needs. Many ADH members relied on personal connections, institutional networks, and referrals through cluster systems or allied organisations to identify prospective partners. In some cases, social media visibility played a role: local organisations that demonstrated early action on platforms like Facebook or Telegram were noticed and approached (e.g., NGO Girls, Avalyst).

While exact numbers are not centrally consolidated across the ADH appeal, qualitative evidence from interviews suggests that most members began with between one and five local partners in 2022, though larger agencies such as World Vision engaged dozens, working with as many as 17 partners at the peak of their emergency response. These initial partners were highly diverse in their profiles: some were long-standing development or disability-focused NGOs (e.g., NGO UNIT, Caritas Ukraine), while others were recently formed grassroots initiatives or volunteer collectives

responding to urgent needs (e.g., District One, Avalyst). In several cases, agencies activated existing relationships from the Erasmus+ or social sector spheres, as seen with Terra Tech and Friends of Waldorf Education.

The methods of initial partner selection varied accordingly. Several organisations opted for “voluntary partnerships” in the early phase, effectively beginning implementation without formal assessments, due to the urgency of the situation. As the response stabilised in 2023–2024, many ADH members introduced more structured processes, including formal due diligence procedures, self-assessment tools, and organisational capacity rating systems. Malteser, for instance, developed a system of categorising prospective partners into “green”, “yellow”, and “red” categories based on their competencies in multiple areas (finance, logistics, MEAL, etc.), with only green and yellow partners proceeding to implementation and red-rated organisations excluded or deferred pending further development.

By mid-2025, the majority of partnerships initiated in 2022 had been sustained and, in many cases, deepened. Several partner organisations that began as small initiatives have since grown significantly in scale and institutional maturity. Avalyst, for example, initially engaged in a single MPCA project, is now involved in six out of eight components in a joint project proposal with HELP, and has been successful in securing UHF funding independently. NGO Girls, which began as a sexual and reproductive health NGO, has expanded into multi-sector programming and MHPSS delivery, continuing to work with HELP and World Vision while also supporting other women-led Ukrainian NGOs. Similarly, ELEOS has maintained continuous partnership with Johanniter and has scaled up to multiple humanitarian streams, including shelter and winterisation, while simultaneously strengthening its internal systems and safeguarding policies.

Where partnerships have been maintained, several enabling conditions stand out. First, a high level of trust and interpersonal continuity, especially in the early and at times chaotic phase, allowed for collaborative problem-solving and mutual learning. Many local partners emphasised the importance of being treated as equals in project design and implementation, and of being heard when proposing context-specific adaptations. INGOs that consulted their partners meaningfully, allowed for strategic input, and shared decision-making authority tended to report stronger and more sustainable cooperation. Second, investment in partner capacity proved to be a decisive factor. Many organisations provided structured support in finance and procurement compliance, MEAL, safeguarding, and data management. CARE and Johanniter, in particular, were frequently mentioned for providing tailored training, equipment, and mentoring, enabling local partners not only to deliver effectively, but also to meet the expectations of other institutional donors.

But a number of partnerships were also phased out over time. While the majority of changes appear to have been driven by strategic alignment and programmatic evolution, there were also cases of relationship breakdown. HELP, for example, reported two confirmed cases of corruption among partners, which led to immediate contract termination. Other disengagements were the result of persistent performance concerns, such as repeated reporting irregularities or weak procurement systems that could not be brought into compliance despite capacity building efforts. In some cases, the decision to end a partnership was mutual or pragmatic: organisations recognised limitations in overlap, geographical focus, or strategic fit. One illustrative example is arche noVa, which ceased working with NGO UNIT after establishing its own field presence and switching to direct implementation.

A few discontinued partnerships reflected more acute challenges. One formerly prominent partner of an ADH member ended its collaboration citing repeated delays in disbursements, unclear internal communications, and frequent changes in project priorities by the INGO. The organisation also expressed frustration with what it perceived as the ADH member’s lack of strategic clarity and its inability to provide sustained support despite relying heavily on the local partner’s delivery capacity. This was a rare but illustrative example of how unaddressed structural or relational frictions can erode a promising partnership, even in the presence of technical competence and shared objectives.

Across the dataset, the question of what distinguishes continued partnerships from discontinued ones appears to centre not solely on technical capacity but on **mutual adaptability, responsiveness to feedback, and relational trust**. In several interviews, partners spoke of how INGO responsiveness to emergent needs, such as rapidly adjusting activities after the Kakhovka dam destruction or reallocating funds to address urgent local needs, was critical to maintaining confidence and alignment. Rigidity in budget reallocations or slow decision-making processes, particularly where overheads or local operational flexibility were limited, were frequently cited as stressors. These dynamics were particularly relevant in cases where INGOs expanded their in-country presence over time, transitioning from fully partner-based models to more direct implementation. While this shift allowed for tighter quality control and donor compliance, it

also led in some cases to tensions regarding visibility, role definition, and ownership of impact—as noted by District One and NGO Girls in their reflections.

In conclusion, the trajectory of partnerships within the ADH Ukraine response has reflected both the strengths and limitations of localisation under emergency conditions. The initial partner selection process, while rapid and at times improvised and called “organic” by interviewees, led a wide range of solid and long-term relationships. Over time, most member organisations have moved toward more structured, accountable, and equitable partnerships, guided by lessons learned and reinforced through shared investment in partner capacity. Where relationships were actively cultivated and supported through mentoring, joint planning, and flexible funding arrangements, they have typically endured. Where foundational elements such as communication, transparency, and operational trust broke down, disengagement was often the result. The findings show the value of long-term accompaniment and co-ownership as core elements of sustainable and principled localisation.

How does cooperation/coordination exist between ADH members in partner selection (e.g., double assessments)? What are the main challenges in selection and assessment?

In the initial phase of the crisis in 2022, most ADH members operated with a high degree of autonomy when identifying and selecting local partners. Coordination between members around partner selection was generally limited, and instances of joint or shared assessment processes were rare. Many members relied on their own networks, informal referrals, and expedited procedures to quickly establish partnerships under emergency conditions. This urgency often left little space for structured coordination or information exchange with other ADH members.

Several organisations described their approach as “organic” or “opportunity-driven,” with partnerships initiated through personal contacts, existing relationships, recommendations from political figures or other INGOs, or referrals during coordination and cluster meetings. For example, Johanniter noted an unprecedented volume of incoming requests from Ukrainian organisations and responded based on existing connections and internal vetting. Similarly, the HELP Country Office in Ukraine and ASB used referrals from other ADH members to identify local organisations in new geographic areas but did not coordinate formal selection processes.

Only a few members reported using formalised partner selection tools such as due diligence checklists, organisational capacity assessments, or structured rating systems. In some cases, these tools were applied selectively, for example, only to new partners or to hospitals providing medical support. Malteser described a more structured process, including a rating system (green/yellow/red) based on 15 assessment areas, followed by concept note reviews. World Vision also used rapid organisational capacity assessments and scoring systems. However, these assessments were typically developed and used internally, with little evidence of shared tools or alignment across the ADH network.

Instances of cooperation between ADH members on partner selection appear to have been ad hoc and informal. Several organisations reported asking fellow ADH members for recommendations or feedback on specific local organisations, particularly when entering new regions. While this exchange of information was helpful, it did not amount to joint assessments or harmonised selection criteria. As one ASB country office staff member put it, “We sometimes ask other ADH members if they have reliable and capable partners in specific regions of Ukraine.” This type of informal coordination helped reduce duplication of effort but did not prevent parallel assessments or inconsistent standards.

A common challenge cited by multiple ADH members was the overwhelming number of requests from local organisations, especially in the early months of the war. Many were small and lacked clear distinction between military and humanitarian roles, making them unsuitable for partnership. Time pressure also limited the ability to conduct in-depth assessments or coordinate decisions with other members. Some organisations reported that they later adopted more systematic approaches, but these shifts happened gradually as the emergency phase evolved into a longer-term response.

Overall, coordination among ADH members in partner selection was limited during the emergency response, with decisions largely driven by individual organisational processes, risk appetite, and existing networks. While some information sharing occurred, joint planning or harmonisation of assessment standards was generally lacking.

From the perspective of local partners, the selection process confirmed the decentralised, informal and adaptive approach taken by ADH members, with relationships often forming organically and outside of any coordinated strategy. Many partnerships began through personal networks, coordination meetings, or direct outreach based on observed activities or referrals. The initial engagement often prioritised speed and flexibility, particularly in the early phase of the war, rather than a standardised or competitive process.

A number of organisations initiated contact themselves. For example, the local organisation Your City reached out to action medeor via personal connections in Germany. After an informal interview and review of their volunteer-led activities, ACT proceeded with a flexible form of capacity assessment and supported the group even before it became a registered entity.

In terms of assessments, practices varied across ADH members. Some local partners described relatively light-touch procedures, while others were required to submit comprehensive documentation and develop missing policies before partnership could proceed. One organisation noted that they were asked to formalise several key policies as a prerequisite, but the ADH member supported them through this process, which they viewed as constructive.

Overall, local actors described the selection and assessment process as responsive and adaptable. While coordination between ADH members in partner selection was not visible to local partners, the flexibility and willingness to engage with emerging or unregistered groups was consistently appreciated.

While both ADH members and local partners described the selection process as pragmatic and adapted to the emergency context, the lack of coordination or harmonised criteria resulted in parallel systems and variable expectations. This created inefficiencies and limited learning across the ADH network. Local partners generally appreciated the flexibility and responsiveness shown by ADH members, but the informality of the process also meant that transparency and feedback were sometimes lacking. As the crisis response stabilises, more deliberate coordination in partner selection and clearer standards may improve mutual accountability and alignment across the network.

What are the main gaps in selection and assessment processes that could be addressed in the future?

Key informant interviews with ADH members revealed several recurring gaps in the partner selection and assessment processes during the initial phase of the Ukraine response. While the urgency of the crisis understandably shaped many decisions in 2022, these early approaches highlighted structural weaknesses that could be addressed to strengthen future responses.

A prominent gap was the lack of consistent and transparent criteria for selecting new partners. While some organisations had formal assessment tools, such as due diligence checklists, capacity scoring systems, and structured interviews, others relied on informal or improvised methods. For example, several ADH members based their selection on personal contacts, recommendations from political or international actors, or even social media visibility. This variability led to an uneven playing field for potential partners and made it difficult to ensure equitable, merit-based selection across the ADH network. Local organisations without international visibility or strong personal connections were effectively disadvantaged by this fragmented system.

Even when tools were applied, their use was often selective or retrospective. In some cases, assessments were conducted only after a partnership had already been established. Others applied checklists only to unfamiliar or international partners, assuming that known entities did not require further vetting. One member noted applying due diligence only to non-ADRA partners, while another used hospital-specific checklists only after cooperation had already begun. Such selective use of tools limited their effectiveness in mitigating risk or identifying support needs. The absence of a common understanding of when and how to apply such tools further weakened their role as a foundation for partnership management.

Another noteworthy gap was the absence of harmonised standards or shared vetting practices among ADH members. Although several organisations used structured tools, such as Malteser's multi-domain capacity rating or World Vision's partnership scoring system, these approaches were organisation-specific and not shared across the ADH network. As a result, different ADH members could assess the same partner using different frameworks and reach

divergent conclusions about their eligibility or capacity. This lack of alignment increased the risk of duplication, inconsistent expectations, and inefficiencies in partner engagement. Moreover, it led to what one interviewee described as “parallel systems of trust and risk,” whereby the same local actor might be considered low-risk by one organisation and high-risk by another, with no coordination or shared rationale.

Furthermore, several ADH Members acknowledged that their early selection processes did not fully account for local organisations’ prior experience with humanitarian standards or their ability to scale in a complex crisis. There was limited strategic reflection on partner fit for different sectors, regions, or modalities (e.g. direct implementation versus sub-granting). As one organisation noted, it initially partnered with groups offering psychosocial support but later realised their activities were not aligned with the organisation’s technical requirements or expectations for trauma-informed care. These mismatches could have been avoided through clearer articulation of programmatic expectations and better alignment of partner profiles with sectoral needs.

While approximately half of the ADH Members expressed interest in supporting partners with limited capacity, this intent was not always reflected in the design or purpose of assessments. A few organisations did offer scaled engagement, for example, assigning “small roles” to lower-capacity partners, but overall, the assessment tools appeared more focused on compliance and eligibility than on identifying development needs or investment potential. In most cases, the objective of capacity assessments was to screen for risk, rather than to build shared understanding or inform a capacity-strengthening trajectory. The result was a missed opportunity to combine due diligence with early-stage capacity development planning.

From the Ukrainian partners’ perspective, these structural weaknesses often manifested in practical challenges during the selection and assessment process. One common issue was the lack of clarity or consistency in requirements, particularly around administrative and policy documentation. Some organisations were asked to submit a large number of documents or develop specific policies within short timeframes, without clear guidance. While many ADH members provided support, the expectations were sometimes not fully communicated at the outset, creating stress for organisations with limited administrative capacity.

In a small number of cases, partners faced shifting requirements during or after assessment, which led to delays or uncertainty. One organisation noted that although their project was approved, the donor later changed priorities and stopped supporting the initially agreed activity. The Ukrainian partner had already engaged a service provider and incurred costs, but the change was not compensated or negotiated. This experience, which they described as unique among their donors, highlighted a lack of predictability in the partnership process. Another organisation reported that they were initially assessed for one sector and then redirected to another without clear explanation.

About half of the organisations also reported that although the capacity assessment tools themselves were manageable, they were not always proportionate to the scale of the planned project or tailored to the specific context of the partner. For newer or unregistered groups, the process of becoming eligible was often fast-tracked, but others found the procedures burdensome relative to the funding available. One small organisation was required to submit the same volume of documentation as much larger entities, despite implementing a pilot-scale activity.

Ukrainian partners noted that limited feedback or transparency on the outcome of selection and assessment was another weakness. Even when organisations were selected, they often received little explanation of how decisions were made or how they might improve for future opportunities. In other cases, partners never received a final response on their application, leaving them uncertain about where they stood.

Although many ADH members viewed their assessments as flexible and adapted to the context, Ukrainian partners often found them unpredictable or burdensome, especially when expectations shifted without clear communication. This points to a misalignment between intent and impact, with ADH members aiming for pragmatism and speed, and partners experiencing inconsistency and opacity. It also underscores the importance of transparent communication as a dimension of equity and accountability in partnership formation.

Taken together, the perspectives of ADH members and Ukrainian partners point to the need for more coherent and proportionate assessment systems that reflect the diverse capacities of potential partners. While ADH members sought to balance urgency with oversight, the uneven application of standards and unclear communication often

created confusion or burdens for local actors. The absence of a shared partner selection framework at the ADH network level meant that each ADH member operated independently, missing opportunities for mutual learning, standard setting, or coordinated outreach to capable but less connected local actors.

Going forward, clearer shared criteria, transparent communication, and more flexible, partner-tailored assessments could enhance both fairness and effectiveness in the partner selection process. Aligning intent with process, and process with impact, will be critical to strengthening mutual trust and accountability across the ADH network and its partners.

Power Dynamics in Partnerships:

How do local partners perceive their role in decision-making with ADH member organizations?

Ukrainian partners generally felt that their role in decision-making was meaningful, although not the same across all partnerships. The level of involvement varied between organisations and also across different phases of cooperation. Most partners described the working process as collaborative, especially during implementation. However, some also said they would like to be more involved earlier in the process, especially during project design and strategic planning.

In the survey conducted for this evaluation, local partners were asked how involved they feel in decision-making with ADH members. A large percentage (40%, 10 out of 25 respondents) said they feel fully involved, meaning they have a strong say in key areas such as project design, changes to activities, and other important decisions. Another 45% said they are involved a lot, and that they frequently contribute to important discussions. Still, 15% of respondents said they were only a little involved, which shows that not all partners experience the same level of inclusion in decision-making.

Evaluation interview responses help explain this further. For example, the organisation Your City said they had regular communication with their ADH member and were encouraged to suggest changes during the implementation of the project. These suggestions were usually accepted, which helped the organisation respond better to changes in the needs of the community. Another group, Girls NGO, noted that although the overall project framework had already been prepared by the ADH member, they were still able to propose changes to specific parts of the project, like adjusting the format of activities or changing the timeline to better match their capacity.

At the same time, a majority of organisations mentioned that key decisions, such as those related to budget or strategic focus, were made by the ADH member without their input. In one case, a Ukrainian partner said they were only brought into the discussion after the project concept note had already been developed, which left little room to shape the direction of the work from the beginning.

Overall, most partners felt that members were open to discussion and supportive during project implementation. However, the influence that local partners had in earlier stages, such as initial planning and strategy, varied from case to case. Making sure that local partners are involved throughout all stages of the project cycle, from early planning to reflection on results, could help strengthen their ownership and improve the quality and relevance of the programmes.

Are local partners treated as equal partners, and how could power dynamics be improved?

Most local partners report feeling respected and valued in their collaboration with ADH members. However, a closer look reveals that, despite generally positive working relationships, some structural and practical issues still create unequal power dynamics.

According to the survey, 91% of respondents (20 out of 22) said that their organisation feels treated as an equal partner in collaboration with ADH members. This suggests that mutual respect and shared responsibility are common experiences. Only one respondent said they do not feel treated as an equal partner, while another said they feel that way only sometimes, showing that inequality is not widespread but still present in some cases.

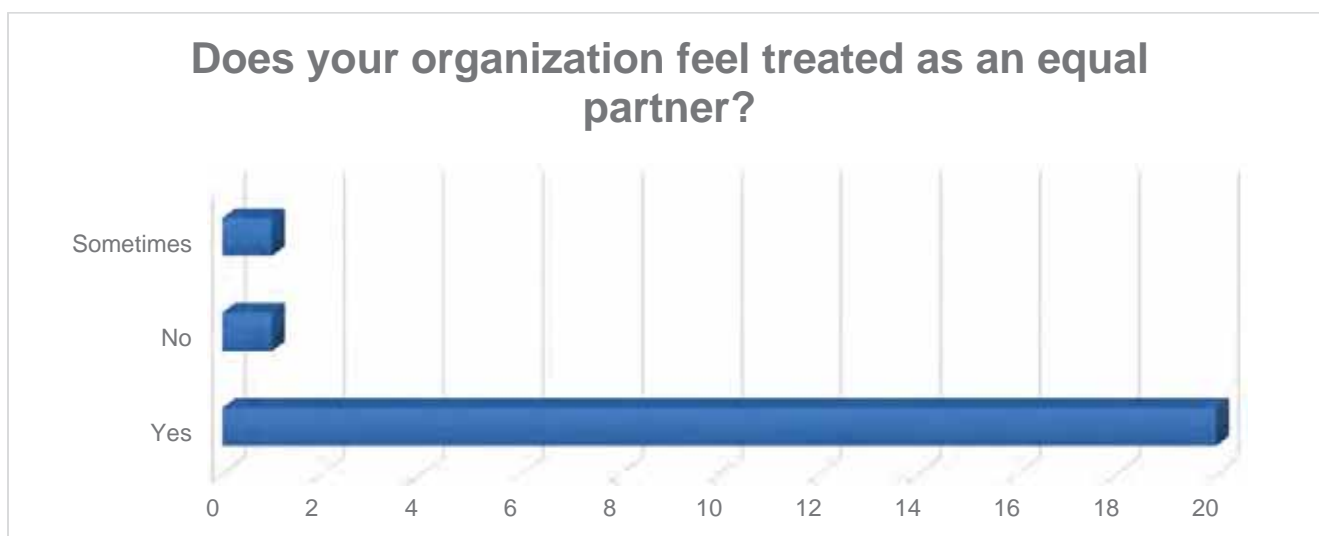
In interviews, many partners praised the open communication and flexibility shown by ADH members, especially during the early emergency phase. Several said they were treated “on equal footing” in daily work and appreciated the space to make operational decisions and adjust activities as needed. Others mentioned that their input was listened to and that the relationship was based on trust and good communication.

At the same time, some partners said that they had limited influence over strategic decisions, overall programme design, or funding priorities. In several cases, they were consulted only after key elements of the project had already been decided. This meant that their role was more about implementing activities than shaping the direction of the programme from the start.

Other organisations pointed to administrative and reporting requirements as another area where the power balance was uneven. While the requirements were generally seen as reasonable, the local partners often carried the bulk of the operational workload – such as preparing financial reports, handling logistics and procurement, and completing detailed documentation. This heavy burden reduced their time and capacity to participate in higher-level discussions, planning, and organisational development.

To improve these dynamics, partners suggested a few concrete steps. First, involving local organisations earlier, during project design and strategic planning, would allow them to contribute more meaningfully. Second, more transparency about budgets, risk sharing, and funding decisions would help build trust and balance. Third, recognising the value of local expertise not just in delivery but also in planning and innovation would strengthen the partnership. Finally, reducing the administrative workload, or providing support staff or shared systems to help manage it, would allow local organisations to focus more on strategic goals.

In summary, most local partners feel respected and appreciated, and many have positive day-to-day working relationships with ADH members. However, true equality in decision-making and strategic influence remains a challenge. Moving from a model of cooperation to one of co-leadership will require intentional changes – including earlier involvement, clearer communication, and fairer sharing of responsibilities and resources.



5.2 Key Evaluation Question 2 - Assess the different approaches in capacity building and development, their efficiency, and whether quality standards are ensured.

Capacity Building Approaches & Effectiveness:

What capacity-building approaches/methods do ADH members use?

Capacity strengthening has been a central pillar of how most (but not all) ADH member organisations engage with local partners in Ukraine, though in various forms and priorities for each partnership. While the approaches have evolved over time, most ADH members view capacity building not as a standalone deliverable, but as an integral part of partnership management, quality assurance, and localisation. The diversity of capacity-building methods reflects differences in organisational mandates, partner profiles, and the rapidly shifting context of the Ukrainian humanitarian response.

In the early phase of the response (2022), capacity building was largely embedded in daily collaboration rather than structured through standalone programmes. Several ADH members described an “on-the-job mentoring” model, in which technical and administrative guidance was provided continuously, often informally, as partners started up operations. This was especially visible in relationships where local organisations were newly formed or had limited prior humanitarian experience. For example, Johanniter, Terra Tech, and HELP all emphasised that working “side-by-side” with partners, especially in finance, procurement, and reporting, was the primary mode of knowledge transfer during the initial project cycles. About one third of Ukrainian partners reported that no specific capacity building was discussed or planned for and that all their organizational capacity development happened through simply “doing”.

Over time, as the operational context stabilised and partner roles expanded, capacity-building efforts became more formalised and differentiated. Most ADH member organisations now employ a combination of several of the following methods and approaches:

Initial capacity assessments and capacity development planning

The use of structured organisational capacity assessments today is widespread and used by a majority of ADH members. CARE, Malteser, HELP, and World Vision Deutschland all implemented tools to evaluate local partner capacity before beginning a collaboration. These assessments typically cover core organisational aspects such as financial management, procurement, MEAL, governance, and technical competence. Based on the results, partners are often categorised (e.g., “green”, “yellow”, “red” by Malteser) and assigned either to implementation, development tracks, or phased engagement. In several cases, capacity development plans are co-created with partners and updated annually. World Vision, for instance, ties the assessment directly to project design and uses it to identify which areas require mentoring, training, or external support.

Training workshops and knowledge transfer

Most INGOs have facilitated structured training sessions on key operational standards. Topics most frequently mentioned include:

- Procurement and financial compliance (HELP, CARE, World Vision, Johanniter)
- MEAL, accountability, and data management
- Humanitarian standards (e.g., Sphere, CHS, PSEA)
- Safeguarding and protection procedures
- Safety and security (including HEAT)

Johanniter, for example, invested significantly in financial training and helped its partner ELEOS move from paper-based documentation to a complaints response mechanism (CRM)-based system, which was later used across multiple donor engagements. CARE supported SPHERE standard certification for staff of Stabilisation Support Services (SSS) and regularly covers partner costs for external training. Malteser developed a joint training plan for all their partners and includes follow-up coaching on implementation.

Embedded mentoring and joint implementation

Several ADH members emphasise continuous, embedded mentoring as their core approach. World Vision and HELP in particular described how technical focal points, such as MEAL and procurement staff, are assigned to work directly with their local partner counterparts. This “horizontal pairing” of roles allows for sustained, practice-based learning and the gradual transfer of responsibilities. In cases where partners grew significantly (e.g., Avalyst, Arms of Mercy), this embedded support was instrumental in developing internal protocols and quality assurance mechanisms.

In some cases, the embedded model has extended to proposal writing and project design. CARE and World Vision regularly co-develop project proposals with partners, which both strengthens institutional capacity and builds familiarity with donor expectations. Over time, this approach has enabled several local organisations to submit independent proposals to donors such as the Ukraine Humanitarian Fund (UHF).

Provision of equipment and infrastructure support

Capacity strengthening has also taken the form of logistical and material support. Partners frequently cited the provision of laptops, accounting software, field vehicles, and protective equipment (e.g., helmets, life vests, power banks) as enablers of both project delivery and institutional development. Terra Tech supplied NGO UNIT with 15 laptops and helped upgrade their operating systems. Johanniter equipped field partners with high-quality energy solutions and even offered support for medical treatment abroad for injured staff, which was unprecedented among donors.

Such support has often included communication infrastructure (e.g., Starlink connectivity), CRM tools, or beneficiary data systems. In several cases, INGOs purchased or co-financed accounting software for partners, enabling more reliable financial reporting and audit readiness.

Peer exchange and cross-partner learning

While not yet widespread, several organisations have begun investing in peer learning opportunities. Friends of Waldorf Education brought together new and older partners for cross-learning workshops, which led to informal partner networks and collaboration beyond the original project scope. Malteser reported that their monthly MEAL+program meetings with local partners have evolved into spaces where partners share implementation challenges and co-develop solutions. These exchanges foster mutual learning and help shift power dynamics from a donor-recipient model to a more horizontal partnership culture.

Strategic and institutional strengthening

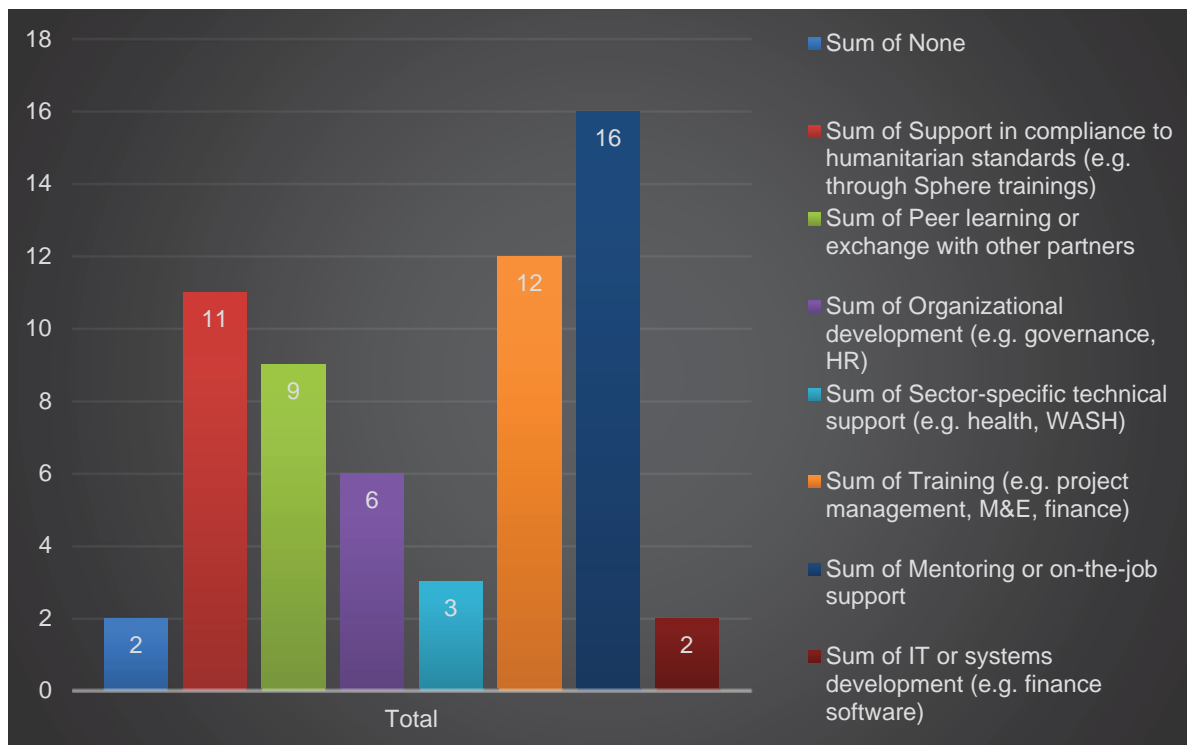
Although less common, several INGOs supported partners to move beyond project-level skills toward long-term institutional development. Johanniter supported ELEOS and other partners in drafting organisational policies (finance, procurement, safeguarding) that later became the basis for cooperation with other donors such as ASB. CARE and World Vision facilitated multi-day strategy workshops with partners to develop long-term sustainability plans. Some partners, such as SSS and Avalyst, have used these processes to build their visibility and access additional institutional funding.

But not all capacity-building efforts were perceived as effective or well-structured. Several partners reported delays or inconsistencies in how capacity development support was delivered. One Ukrainian partner, for example, described how initial mentoring from an ADH member was helpful, but later expectations regarding financial reporting emerged without sufficient preparation, resulting in delays and stress. The partner welcomed the learning process but emphasised the need for early clarity on capacity standards and procedural expectations.

Similarly, some partners noted that INGOs placed heavy emphasis on PSEA or GBV training, sometimes repeating the same content, while neglecting other strategic areas such as governance, advocacy, or fundraising. This was especially noted by experienced organisations like SSS and NGO Girls, who called for more differentiated and tailored support.

In conclusion, across the ADH Ukraine response, member organisations have employed a broad spectrum of capacity-building methods, ranging from informal mentoring to structured training, equipment provision, and joint strategy development. What distinguishes the more successful approaches is not the modality alone, but the extent to which capacity building is integrated into a trust-based, co-created partnership. When local partners are given space to shape priorities and co-own their learning processes, capacity building becomes not only an investment in operational performance but a driver of long-term localisation. But consistency, coordination, and early clarity remain essential to ensure these efforts translate into sustainable institutional gains.

What forms of capacity-building support have you received through this partnership? (multiple options were possible)



What capacity assessment strategies exist?

Capacity assessment of Ukrainian partners (pre- and during engagement) has become an increasingly formalised aspect of partnership management within the ADH-funded Ukraine response. While only a few ADH members had fully developed assessment frameworks in the beginning of the 2022 emergency, the transition from immediate relief to longer-term engagement led most ADH members to adopt structured methods for evaluating the institutional, technical, and operational capacities of their local partners. These assessments have played mainly two roles: informing the suitability of organisations for partnerships and shaping the scope and type of capacity development support required.

Emergence of structured capacity assessments

In the initial emergency phase in 2022, many ADH members initiated partnerships based on pre-existing networks, personal referrals, or quick trust-building conversations. At that time, capacity assessments, if conducted at all, were informal, ad hoc, and pragmatic or “organic” as a number of interviewees noted. This flexibility allowed for rapid mobilisation but also meant that early partnerships were occasionally based on partial information or assumptions about organisational readiness. For example, HELP, CARE, and World Vision all described how early partner identification was based on “due diligence light”, a basic review of financial records, registration status, and visible project experience, often in addition to personal impressions from early meetings.

By 2023, most ADH member organisations had introduced more systematic capacity assessment processes. These strategies varied in depth and formalisation but in most cases included a set of shared domains, including financial management, procurement, human resources, safeguarding, monitoring, evaluation, accountability and learning (MEAL), and sectoral technical capacity. Some organisations, such as CARE and WVD, included assessment into their standard operating procedures for partnership development. Others, like Malteser and Johanniter, developed customised tools or adapted global templates to the Ukrainian context.

Assessment tools and classification systems

One of the more developed examples is from Malteser, which uses a structured, 15-subject tool to evaluate prospective partners. Each domain (e.g., logistics, finance, MEAL, emergency preparedness) is rated using a traffic light system (green, yellow, or red). Red-rated organisations are excluded from implementation roles until specific risks are mitigated. Yellow-rated partners can proceed with support and enhanced oversight, while green-rated partners are considered low-risk. This system is applied before partnership decisions and reviewed regularly after agreeing to partner.

World Vision and its country office in Ukraine also follow a multi-step assessment process, beginning with an introductory call, followed by a self-assessment questionnaire and verification through interviews. Key areas assessed include financial management, experience in humanitarian sectors, internal controls, and ability to comply with donor requirements. The resulting capacity profile is used to determine partner eligibility and to shape a tailored capacity development plan that accompanies each project cycle.

HELP and CARE similarly conduct initial partner screenings, focusing on basic registration, procurement procedures, financial compliance, and past implementation experience. In both cases, this is followed by a more detailed organisational assessment during or after the first project cycle. These assessments, though less formally codified than Malteser's, inform decisions about overhead levels, roles in project implementation, and prioritisation of training needs.

Several ADH members emphasised the participatory nature of these assessments. Rather than treating them as "audits", organisations like HELP and Malteser described efforts to make the process collaborative and cooperative, often using the assessments as an entry point for dialogue about organisational goals, growth priorities, and mutual expectations. For example, HELP noted that even when a partner was found to have limited capacity in certain fields, this was not a reason to exclude them immediately. Instead, capacity gaps were addressed through engagement, initially assigning simpler tasks and gradually expanding responsibilities as the partner strengthened its systems.

Embedded assessment in ongoing monitoring

In addition to pre-partnership assessment tools, several ADH members described dynamic and iterative assessment strategies during project monitoring. For example, World Vision conducts regular performance reviews, monthly reporting, and joint reflection meetings with its partners, which serve not only as accountability mechanisms but as real-time capacity diagnostics. In some cases, performance issues, such as delays in reporting or difficulties in procurement, trigger additional assessment and support. WV staff noted that this iterative process has helped identify hidden capacity gaps that were not apparent during the initial assessment phase.

Similarly, Johanniter and Tetra Tech described how emerging expectations (e.g., on financial documentation or audit preparedness) revealed latent capacity weaknesses that were not evident early in the partnership. In the case of NGO UNIT, for example, a lack of early clarity about financial reporting standards led to a later bottleneck in disbursements, leading to an informal but critical reassessment of the organisation's systems and management needs.

Capacity as a relational rather than fixed metric

A regular theme in many interviews is the recognition that capacity is not static but evolves over time through experience, support, and pressure. As such, assessment is not only about verifying minimum standards, but also about identifying an organisation's growth path. Several ADH members noted that the most important variable was not whether a partner met all requirements at the outset, but whether it demonstrated a willingness to adapt, learn, and implement

changes. This “growth mindset” approach allowed ADH members to work with less formalised actors who nonetheless showed strong alignment in values and responsiveness to guidance.

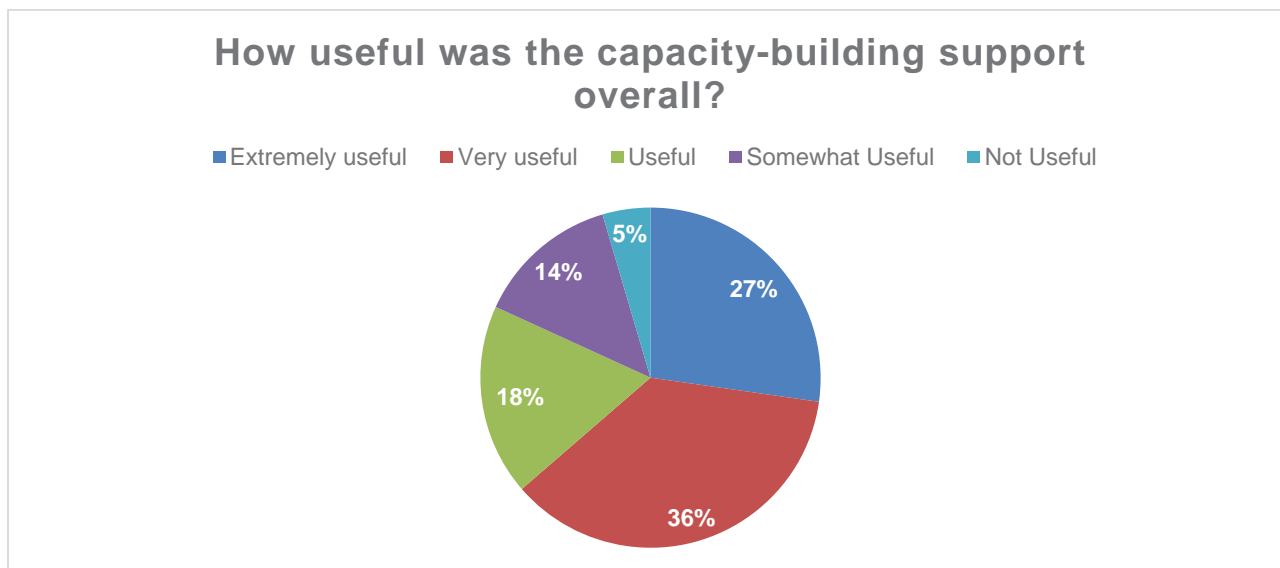
For example, Avalyst, initially categorised as a modest local organisation with limited compliance systems, was gradually entrusted with greater responsibilities after showing rapid improvement in MEAL, procurement, and accountability practices. By 2025, it had moved from sub-component delivery to leading complex, multi-sector projects, with independently secured Ukraine Humanitarian Fund (UHF) funding.

Limitations and gaps in assessment practice

Several gaps and challenges remain. Some partners indicated that assessment processes were not always transparent, and expectations, especially around financial management, were in some cases introduced late in the partnership, causing stress and operational delays. Others noted that repeated assessments by different ADH members, or different projects within the same organisation, created inefficiencies and assessment fatigue. There is currently no standardised or shared tool across the ADH member network, leading to duplications in partner evaluations.

Several organisations, especially more mature Ukrainian NGOs, raised concerns about the narrow focus of assessments, which often emphasised compliance and financial systems over strategic capabilities, advocacy, or fundraising potential. They suggested that future capacity assessments should evolve toward a more holistic framework that includes institutional leadership, sustainability planning, and engagement in localisation strategies.

To conclude, capacity assessment strategies among ADH member organisations have developed and matured significantly since 2022. While the initial response relied on relational trust and rapid activation, most members have since introduced structured, multi-dimensional tools to assess partner capacity across technical, administrative, and compliance domains. These assessments now serve both as gatekeeping tools and as foundations for tailored capacity development plans. But gaps in consistency, transparency, and scope remain. Moving forward, more coordinated and holistic assessment approaches, anchored in mutual accountability and shared learning, could enhance both partnership equity and localisation outcomes across the ADH system.



How is quality assurance integrated into capacity building?

Quality assurance (QA) has increasingly become an integral component of capacity-building strategies in the ADH-funded Ukraine response. Initial efforts in 2022 often prioritised emergency delivery over structured oversight. But most ADH member organisations have since developed mechanisms to ensure that quality standards are both met and internalised by local partners. Importantly, quality assurance is not treated only as an ex-post verification process, but as an important component embedded within capacity development itself.

Across their work, ADH members have followed a model where quality assurance and capacity building are mutually reinforcing: quality monitoring identifies areas for partner development, while capacity-building interventions are used to pre-empt or address quality gaps. The extent and form of integration vary by organisation, but several key patterns were observable in the evaluation:

Quality assurance as a driver of capacity development

For most ADH members, the willingness to strengthen partner capacity has emerged directly from observed or anticipated quality risks. Monitoring visits, spot checks, narrative and financial reports, procurement reviews, and field observations have regularly exposed gaps in technical or administrative competence. Rather than penalising these weaknesses, several ADH members used them as incentives for supportive interventions. For example, HELP described how their quarterly field visits and project spot checks regularly revealed shortcomings in reporting or implementation logic, which were then addressed through targeted coaching and on-the-job mentoring.

Johanniter used a proactive quality assurance model: their finance team not only checked monthly financial submissions but also trained partner staff in the preparation of audit-ready documentation, turning routine oversight into a continuous learning opportunity. This dual role of verification and instruction was often described as central to Johanniter's contribution to partner professionalisation.

Embedding QA in project implementation and reporting cycles

Several ADH members have formally embedded QA requirements into project implementation cycles and used these as opportunities for organisational learning. For example:

- World Vision conducts monthly monitoring and feedback cycles with its partners. MEAL and programme staff from both organisations meet to compare outputs against standards, and discussions about gaps often inform immediate capacity-building actions, such as refresher training or technical support.
- CARE and Malteser integrate quality assurance into joint reflection sessions and mid-term reviews. In these sessions, both partners assess implementation quality against predefined standards (e.g., Sphere, CHS, internal SOPs), and gaps are addressed through follow-up mentoring or procedural adjustments.
- At Johanniter, field visits were used to verify reported outputs but also to observe partner practices, assess alignment with humanitarian principles, and offer immediate feedback. These visits created space for mutual learning and co-identification of training needs.

Tools and standards: from compliance to learning

A regular theme in the evaluation interviews was the gradual evolution of QA tools from compliance-focused checklists to developmental instruments. Partners initially perceived QA processes, especially audits, procurement reviews, and narrative report validations, as accountability mechanisms geared toward donor expectations. But several ADH members worked to reframe these processes as opportunities for partner growth.

Examples:

- Malteser used quality assurance checklists not only for monitoring, but also to help local partners self-assess their adherence to CHS, Sphere standards, and internal SOPs. Where gaps were identified, training or resource support was offered.
- World Vision adapted their QA protocols to serve as iterative learning tools. If reporting delays or procurement errors were observed, partners were not penalised but supported with clearer guidance and internal adjustments. One partner explicitly stated that “the quality checks became part of our learning curve, not just control mechanisms”.
- Johanniter and CARE were praised by partners for using QA routines—especially financial verification and MEAL review—as channels for two-way dialogue rather than unidirectional scrutiny. Feedback was constructive and often accompanied by hands-on support or tools (e.g., templates, software, policies) to enable corrective action.

Horizontal integration: staff-to-staff engagement

An important aspect for integrating QA into capacity building was the creation of peer-level engagement between ADH members’ and partner staff. Rather than issuing instructions from headquarters, several organisations facilitated direct relationships between corresponding units, MEAL to MEAL, procurement to procurement, finance to finance. This allowed quality expectations to be communicated clearly and provided real-time guidance.

Examples:

- At HELP, technical staff were seconded to work closely with partner teams, not only setting QA benchmarks but co-developing solutions to identified issues.
- World Vision placed strong emphasis on technical accompaniment. When a partner’s financial team struggled with new donor requirements, WV staff did not merely send corrections but scheduled joint sessions to revise documentation and align future procedures.
- Malteser encouraged partners to maintain internal QA processes and assisted them in developing their own beneficiary feedback systems, aligning quality control with community accountability.

This horizontal integration helped build a sense of ownership over quality outcomes and ensured that standards were absorbed not only as donor expectations but as internalised organisational practice.

Capacity building to anticipate and prevent quality failures

In several cases, ADH members structured capacity-building efforts specifically to prevent anticipated quality risks. For example, both CARE and Terra Tech supported partners to revise or establish procurement policies early in the partnership, recognising that procurement failures were a common source of quality concerns and audit flags. Similarly, Malteser conducted pre-implementation MEAL training to help partners design appropriate tools for outcome tracking, thereby reducing the risk of incomplete or inconsistent reporting.

In many examples, capacity-building activities were aligned with anticipated phases of project delivery. Training on safe shelter rehabilitation standards, for instance, preceded construction activities in the case of Caritas Ukraine, while workshops on GBV principles and protection protocols were delivered before launching direct services to vulnerable groups.

Challenges and gaps in integration

Several challenges in integrating QA and capacity building exist. Some partners reported that QA processes still carry a sense of “policing” or conditionality, especially when tied to funding disbursements. NGO UNIT described experiencing retroactive expectations around financial reporting, which created stress and suggested a lack of proactive QA-capacity alignment.

In addition, QA procedures have not always been tailored to the specific context or maturity level of partners. More experienced organisations sometimes felt micromanaged, while newer or rural-based partners struggled to meet expectations due to under-resourcing. A more graduated and adaptive QA model, calibrated to partner experience and project complexity, was highlighted as a future need by both partners and INGO staff.

To conclude, quality assurance in the ADH Ukraine response has evolved from a predominantly oversight-driven function to a more integrated, learning-oriented process. Most ADH member organisations now embed QA into capacity-building cycles through joint reviews, field visits, peer mentoring, and adaptive reporting. When approached as a collaborative endeavour, QA has served as a catalyst for institutional growth, enabling local partners to internalise standards, improve systems, and prepare for broader donor engagement. However, further progress could be made by ensuring that QA tools are introduced early, tailored to partner profiles, and clearly framed as instruments of shared accountability rather than compliance alone.

How do ADH members and partners cooperate on capacity building (e.g., decision-making, co-leading, program planning)?

The cooperation between ADH member organisations and their Ukrainian partners on capacity building has become increasingly structured and reciprocal over time. While the early phase of the humanitarian response in 2022 was marked by urgency and top-down support, the evolving partnerships have shifted towards more collaborative models. These now emphasise shared ownership, joint planning, and mutual learning.

ADH members differ in how explicitly capacity building is framed as a shared process, but the trend across interviews points to a growing recognition that effective capacity strengthening depends not only on technical inputs but also on the quality of cooperation—including how decisions are made, who sets priorities, and how responsibilities are distributed.

Decision-making through partner-driven priorities

Immediate after the full-scale Russian invasion, decisions about capacity building were largely made by ADH member organisations, based on perceived partner gaps or ADH and donor compliance risks. Capacity strengthening often took

the form of technical mentoring and financial compliance support initiated by ADH members, with limited prior consultation. But as trust developed and partners became more confident, many local organisations began to express clearer views on their institutional development needs, prompting a shift in decision-making dynamics.

Several ADH members now engage partners actively in identifying and prioritising capacity gaps. CARE, WVD, and Malteser reported that partners routinely contribute to the drafting of capacity development plans. These plans are often based on joint assessments or self-assessment tools, which both parties use to agree on the areas that require investment, ranging from procurement compliance to leadership development and digital systems.

For example, World Vision explained that their capacity-building interventions are shaped through structured conversations with each local partner at the outset of a project, with a dedicated staff member tasked with co-developing and then following up on the agreed priorities. In one case, a partner was supported in designing an internal staffing policy after raising it as a strategic need. This was not imposed by World Vision but emerged through ongoing dialogue and alignment.

Similarly, Johanniter supported ELEOS in developing policies and systems based on mutual assessment rather than a fixed donor template. The Johanniter team described their role as facilitators of internal improvement rather than gatekeepers of donor standards.

Co-leadership and shared responsibility

In several of the stronger partnerships, especially those that have developed over more than one project cycle, capacity building is increasingly co-led. This is most visible in organisations such as Avalyst, NGO Girls, and SSS, which have moved from passive recipients of training to co-designers and in some cases facilitators of learning processes.

- Avalyst has been jointly implementing training programmes and strategic planning sessions with CARE and HELP, including co-organising lessons-learned events and contributing to design of MEAL tools based on field experience.
- NGO Girls, one of the most experienced partners in the ADH system, now serves as a resource organisation for other local actors in areas such as GBV, MHPSS, and SRHR. Although initially trained by INGOs, they have since developed their own internal knowledge products and offer capacity support to peer organisations. They were also referred new partners by HELP, a strong signal of role reversal and peer leadership.

In these examples, ADH members have intentionally stepped back from a directive role, instead creating platforms for shared learning and knowledge exchange. This evolution from transactional support to co-leadership reflects a broader shift toward localisation and horizontal collaboration.

Joint planning and organisational development

Cooperation on capacity building also extends into broader programme and organisational planning. Multiple Ukrainian partners reported that ADH members now engage them not only in project-specific training, but in strategic discussions about organisational growth.

- CARE supported SSS in developing a three-year organisational strategy, including accompanying reflection on funding diversification, human resource policies, and positioning within national humanitarian platforms.
- HELP and CARE both supported Avalyst in preparing applications to institutional donors such as UHF. This went beyond project planning, it involved coaching in proposal writing, budget development, risk analysis, and performance frameworks, all of which required close coordination and regular joint working sessions.

In these cases, capacity building becomes a vehicle not only for strengthening technical performance, but for increasing strategic agency, enabling partners to define their future trajectory and negotiate donor relationships more confidently.

But the level of partner involvement in planning varies. Some partners, particularly those newer or working in smaller communities, still report a largely reactive role, with capacity-building activities being proposed by the INGO based on pre-defined project needs. This was the case for Youth Movement Be Free, which welcomed WV's support but noted that they were rarely involved in the conceptual stage of capacity design or resource allocation. Their involvement was stronger in feedback and implementation, but not in agenda-setting.

Feedback and adaptation mechanisms

Successful cooperation on capacity building also depends on the ability to adapt. Several ADH members have adopted models that allow local partners to provide feedback on training relevance, gaps in mentoring, or evolving needs. This includes:

- Dedicated partnership review meetings (e.g. CARE, Johanniter, Malteser) where capacity support is regularly discussed.
- Field-level after-action reviews that assess not only project outcomes but also the effectiveness of joint learning and skill-building components.
- Informal check-ins or escalation channels (e.g. SSS and NGO UNIT reported being able to raise concerns directly when planned activities no longer aligned with their needs or when priorities shifted mid-project).

The responsiveness of ADH members to such feedback is not uniform. Some partners reported delayed or limited flexibility (e.g. rigid procurement procedures or delayed response to requests for new training topics). Others described positive experiences where ADH members adjusted learning schedules, tailored content, or introduced new formats (e.g. peer-to-peer learning or simulation exercises) based on partner feedback.

Remaining gaps and power asymmetries

Despite progress, several Ukrainian partners noted that decision-making in capacity building still often reflects power asymmetries. While the rhetoric of partnership has evolved, in practice, decisions about who receives training, on what topics, and with what budget, are still frequently controlled by the international partner.

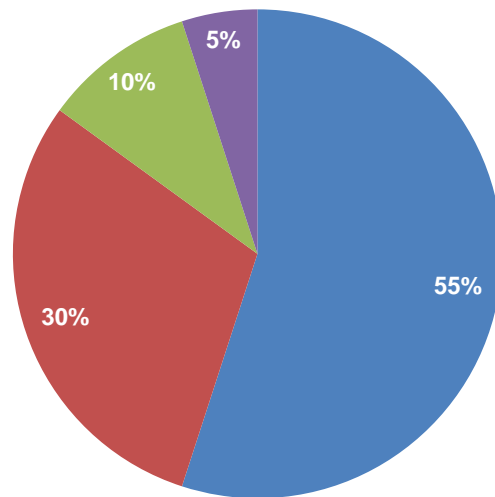
- Some partners (e.g. NGO Girls, SSS, District One) raised concerns that training priorities are sometimes set by donors' compliance logic rather than partners' developmental needs. For example, repeated emphasis on PSEA and safeguarding was welcomed but sometimes perceived as disproportionate compared to neglected areas such as fundraising, communications, or long-term financial planning.
- There is still limited involvement of local partners in shaping cross-partner learning or system-level reflection. For example, while several ADH members host internal lessons-learned sessions, local partners are not always included or supported to contribute as equal participants.

Partners expressed a desire for more structured co-leadership platforms, where they can help shape not only their own learning agendas but also the strategic direction of localisation and quality standards across the ADH system.

To conclude, the cooperation between ADH members and their local partners on capacity building has evolved from one-directional technical assistance to more interactive, consultative, and in some cases co-led processes. Decision-making has shifted toward more equitable models in several partnerships, particularly where trust has been built and where partners have demonstrated strong absorptive capacity. But disparities remain in who sets the agenda, especially in newer or more compliance-driven relationships. To advance localisation goals, the next step is to more fully embed local partners in the design, leadership, and governance of capacity-strengthening strategies, recognising them not only as implementers but as co-producers of knowledge, accountability, and change.

How would you describe the quality of communication with your ADH partner organization (for example, timely responses, openness in discussing challenges, clarity of information, and a solution-oriented approach)?

■ Excellent ■ Good ■ Poor ■ Very Poor



What are the main challenges and gaps, e.g. how is quality monitored and evaluated? Which capacity building approaches and measures are in place and used?

The Ukraine response under the ADH appeal has seen significant progress in partner engagement and capacity development, but important challenges remain in the design, delivery, and evaluation of capacity-building efforts and in ensuring consistent quality standards. These challenges are not uniform but reflect a combination of system-level limitations, contextual constraints, and operational trade-offs in how ADH members and their local partners navigate emergency response, institutional strengthening, and localisation objectives.

Quality monitoring: fragmented and uneven practice

Quality assurance mechanisms are in place across nearly all ADH member organisations, but their application is often fragmented, inconsistently resourced, and shaped more by donor accountability requirements than by a unified strategy for learning or partner empowerment.

Most INGOs conduct regular monitoring through field visits, narrative and financial report reviews, and informal check-ins. In some cases, these are linked to agreed standards such as SPHERE or CHS (e.g. for CARE, WVD, Malteser), and partners are expected to report on their adherence. But the depth of monitoring and the regularity of structured quality evaluations vary widely:

- World Vision conducts monthly coordination and performance reviews with partners, often integrating MEAL feedback and identifying emerging gaps. This approach was positively received, particularly where it was paired with technical support to resolve quality issues.
- HELP and Johanniter use financial and procurement reviews to monitor procedural quality and help partners meet compliance expectations. But these processes are often described as administratively heavy and more focused on avoiding audit risk than on supporting programming quality.
- In contrast, Terra Tech's partners reported a lack of early clarity about what quality expectations applied. NGO UNIT, for example, encountered retrospective expectations around financial documentation which caused delays and stress during the 2025 disbursement cycle.

Few ADH members have a clearly defined framework for evaluating the effectiveness of capacity building itself, for example, to assess whether the training provided resulted in improved performance, stronger systems, or sustained organisational growth. Some partners suggested that quality monitoring is "project-facing" rather than "organisation-facing": it checks whether deliverables are met but rarely examines whether institutional capacity has improved as a consequence.

Gaps in systematic learning and feedback loops

Individual partnerships show good practice in feedback and adaptation (e.g. CARE's participatory project reviews, Johanniter's flexible mentoring), but the evaluation found little evidence of a system-wide approach to gathering lessons from capacity building across partners, sectors, or regions. This limits the ability to identify scalable good practices or recurring bottlenecks.

Ukrainian partners highlighted that:

- Learning is often bilateral and not shared across the partner network.
- There are few opportunities to co-evaluate training content or to shape future capacity-building agendas.
- Feedback on quality or training relevance is not always solicited systematically; when it is provided, it may not lead to visible changes in approach.

Some ADH members, especially World Vision and Malteser, review capacity-building effectiveness as part of their partnership reviews, but such assessments are not yet routine.

Capacity building approaches: strengths and blind spots

ADH members have used a wide range of capacity-building measures, including:

- Initial capacity assessments (e.g. CARE, Malteser, WVD).
- Co-developed capacity strengthening plans, including organisational policies and training timelines.
- Tailored mentoring and technical support in areas such as procurement, MEAL, financial reporting, safeguarding.
- Peer learning and strategic planning workshops, often supported by CARE, Johanniter, or HELP.
- Targeted capacity building activities, including investment into marketing/social media (Action Medeor).
- Provision of equipment and infrastructure, e.g. laptops, CRM software, security gear.

These approaches have been effective in many cases, especially when delivered flexibly and tailored to the partner's starting point. Several organisations (e.g. Avalyst, ELEOS, SSS) reported that their institutional capabilities have grown significantly due to such support.

But a number of systemic gaps also exist:

- Repetitive and donor-driven training: Partners reported multiple rounds of training on the same topics (especially PSEA, safeguarding), often driven by donor audit concerns rather than partner demand. Areas such as strategy development, leadership, fundraising, and advocacy remained under-supported.
- Lack of focus on sustainability: Some capacity-building support remains project-bound and short-term. For example, very few partners received support to develop a master budget, core fundraising strategy, or reserve financing model.
- Unequal access to indirect costs or institutional support: Not all partners receive overheads or flexible funding that would allow them to retain staff between projects, invest in IT systems, or build compliance infrastructure. This weakens organisational resilience and contributes to dependency.
- Limited strategic dialogue: Most capacity-building efforts are technical and operational; there is still limited co-reflection on broader localisation strategies, exit planning, or role definition between international and local actors.

Structural constraints and cultural friction

Challenges are not only technical, but they also reflect deeper institutional asymmetries and contextual constraints. Ukrainian partners in interviews often expressed frustration with:

- Overly rigid procurement and reporting rules that do not account for the realities of working in frontline regions.
- Delayed approvals or communications that create operational risks or limit partners' ability to adapt programming.
- Insufficient recognition of partner expertise: Even experienced organisations felt they were treated more as sub-contractors than strategic actors, especially in the design of capacity-building agendas.

The case of one Ukrainian partner illustrates how the accumulation of delayed payments, opaque communication, and shifting standards led to a breakdown in trust and ultimately the termination of the partnership, despite their technical competence.

There is also a tension between formal localisation commitments and actual practice. While many ADH members spoke about empowerment and partnership, Ukrainian partners noted that:

- Most quality criteria are still defined unilaterally by the ADH member.
- Capacity gaps are identified top-down.
- Opportunities for co-leadership in capacity-building design are limited, particularly for smaller or rural partners.

To conclude, while the ADH-funded response has enabled substantial capacity growth among local partners and introduced a wide array of supportive tools and practices, significant challenges remain in how quality is defined, monitored, and linked to institutional development. Quality assurance processes are often fragmented and more compliance-driven than learning-oriented. Capacity-building approaches, while diverse and often responsive, are not systematically evaluated for effectiveness, nor are they consistently planned in collaboration with partners. Moreover, the structural and cultural asymmetries embedded in the humanitarian system continue to limit full ownership and sustainability of local capacity development. A more strategic, partner-led, and system-wide approach to both quality assurance and capacity-building planning is needed to address these gaps and strengthen long-term localisation outcomes.

Knowledge Exchange and Learning:

Beyond formal training, how do ADH members and local partners exchange knowledge, best practices, and peer learning?

While formal training remains an important component of capacity strengthening under the ADH-funded Ukraine response, a growing number of ADH member organisations and their partners also engage in informal, experience-based learning mechanisms. These include peer learning, joint reflection, mentorship, field-level collaboration, and horizontal exchanges, in addition to classroom-style workshops and contributing to the emergence of more equitable and adaptive partnership models. But these approaches remain unevenly developed across the response and are not yet institutionalised as standard features of ADH programming.

Peer learning through joint implementation and mentoring

One of the most common mechanisms of informal knowledge exchange is joint implementation, where ADH members and Ukrainian partners collaborate on program design and delivery, and learning takes place through day-to-day cooperation. In many cases, ADH members have adopted mentorship models, assigning technical staff (e.g. MEAL, finance, procurement) to work directly with partner staff on project tasks.

- HELP and WVD, for example, regularly pair their programme staff with counterparts in partner organisations, allowing local teams to learn donor compliance, reporting standards, or technical SOPs in real time. This proximity allows for immediate feedback and troubleshooting, as well as skill transfer through practice rather than theory.
- Johanniter emphasises a “learning by doing” approach, where financial documentation and procurement practices are reviewed collaboratively with partners, and gaps are addressed through iterative guidance, rather than one-off workshops.

This embedded, relational model is often described by both sides as more effective than formal training, especially in areas like procurement, audit preparation, or beneficiary targeting, where standards can be complex and context-dependent.

Reflection meetings and joint reviews

Several ADH member organisations have introduced joint project reviews, after-action reflections, or lessons-learned workshops as vehicles for shared learning.

- CARE facilitates regular reflection meetings with partners such as SSS, using these sessions to discuss challenges encountered during implementation, assess the relevance of technical standards, and revise ongoing approaches. These are typically held bi-monthly or at the mid-point of a project and are co-led by CARE and the partner.
- Malteser and World Vision use end-of-project reviews or quarterly performance meetings to elicit insights from partners on what worked, what failed, and what adaptations were necessary. These reviews include programmatic and administrative components and occasionally result in revised tools, guidance, or joint recommendations.

While not framed explicitly as capacity building, these moments often result in learning, especially when multiple staff from different functions are present.

Informal networks and inter-partner collaboration

In a few cases, Ukrainian organisations have initiated horizontal exchange with other partners, often with tacit or active support from ADH members. These exchanges are generally not centrally coordinated, but emerge through proximity, referrals, or overlapping project areas.

- NGO Girls and Avalyst, both long-term partners of HELP and WVD, described how they began exchanging tools, approaches to GBV and MHPSS, and lessons from post-distribution monitoring, outside of formal ADH structures.
- In one example, Friends of Waldorf Education facilitated a multi-partner retreat to share experiences among cultural and social education actors. This included both Ukrainian and international partners and helped smaller local organisations articulate their institutional challenges in a peer setting.

Despite their value, such peer learning opportunities remain rare and are not systematically promoted across the ADH response. Many local partners expressed interest in being connected to “sister organisations” for experience sharing but noted that they are often siloed by project or lead ADH members.

Exposure through coordination platforms and external events

A small number of Ukrainian partners have benefited from participation in national or international coordination platforms, conferences, or donor forums, usually through the advocacy or sponsorship of their ADH member.

- CARE and HELP have supported partners like Avalyst and SSS in joining national NGO platforms and participating in high-level humanitarian discussions, increasing their exposure to broader policy debates and operational innovations.
- Johanniter funded media visits and awareness campaigns featuring their local partner ELEOS, which not only served fundraising purposes but also gave the partner access to international storytelling and networking practices.

But such engagement is often limited to a small group of more mature or urban-based organisations. Smaller or rural partners noted that they are rarely invited to such spaces or lack the institutional support to engage meaningfully when they are.

Gaps and missed opportunities

The evaluation also found gaps in intentional and inclusive peer learning:

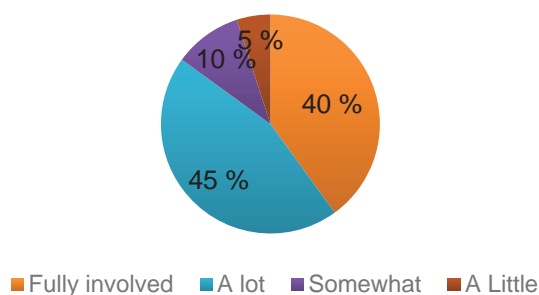
- Most knowledge-sharing remains bilateral and bounded within individual partnerships; there is no shared learning platform across ADH-funded partners in Ukraine.
- Cross-partner workshops, for example, joint sessions between multiple partners supported by the same ADH member, are rare, and where they exist (e.g. CARE or Malteser learning events), they are not yet institutionalised.
- There is limited documentation or dissemination of best practices beyond individual projects. While many partners described innovative approaches (e.g. local adaptation of standards, use of mobile apps for feedback, cluster coordination tools), these were not always shared or scaled.
- Language barriers persist, particularly for partners without English-speaking staff or access to interpretation. Some ADH members (e.g. CARE) do offer translation services, but this is not standard across the response.

Ukrainian organisations repeatedly emphasised their interest in learning from peers, especially around issues such as community engagement, localisation strategies, and navigating donor relations. Several suggested that ADH or its members could do more to facilitate structured peer learning, e.g., through:

- Experience-sharing events by thematic sector.
- Exchange visits between similar organisations.
- Mentoring between more and less established Ukrainian NGOs.
- Centralised learning products or synthesis briefs derived from joint project reviews.

To conclude, beyond formal training, knowledge exchange and peer learning between ADH members and local partners have emerged in valuable but largely ad hoc ways. Joint implementation, embedded mentoring, reflection sessions, and informal exchanges contribute to meaningful learning, but these are unevenly distributed and not always sustained or scaled. Where ADH members have invested in these forms of horizontal learning, through joint planning, peer referrals, or cross-partner retreats, partners report increased confidence, visibility, and technical maturity. But these practices remain underutilised across the ADH response. A more intentional and structured approach to peer learning, led by ADH members or coordinated across partnerships, could significantly strengthen local capacity and advance equitable knowledge production within the localisation agenda.

How involved do you feel in decision-making processes for the projects you implement with ADH member organizations? This may include your input during project design, adjustments to activities or measures, strategic planning, or other key decisions.



Are informal learning mechanisms (mentoring, peer exchange, secondments) being utilized? And if yes, effectively? Why? Why not?

Informal learning mechanisms such as mentoring, peer exchange, and, occasionally, secondments, have played an important but uneven role in the ADH-funded Ukraine response. While formal training remains the dominant mode of capacity building, a growing number of ADH member organisations have embedded less structured, experience-based learning methods into their partnerships. These mechanisms have proven especially effective in contexts where trust is high, communication is regular, and technical collaboration is sustained over time. But their use is not systematic across the response, and their effectiveness is often constrained by time pressures, resourcing gaps, and limited strategic planning.

Mentoring as a core modality of embedded learning

Mentoring, understood as on-the-job support, coaching, and direct accompaniment, is the most widely used informal learning mechanism across ADH member partnerships. Most ADH members do not label it explicitly as “mentoring,” but partners and staff described patterns of knowledge transfer and skill development through day-to-day collaboration.

- HELP, WVD, Action Medeor and Johanniter were cited by multiple partners as employing mentoring practices in finance, MEAL, procurement, and reporting. These ADH members often assigned dedicated staff to guide local partner counterparts through unfamiliar procedures, interpret donor requirements, provide close mentoring of the board and employees of Ukrainian partners, or develop systems. The proximity of these relationships, especially when conducted through regular calls or in-person meetings, was described as critical to operational confidence and learning.
- Partners such as Avalyst and ELEOS highlighted how this support allowed them to institutionalise internal systems and build capacity beyond the project at hand. One Avalyst staff member described the mentoring provided by HELP as “more useful than any workshop,” because it responded directly to challenges they faced on the ground.

Mentoring was especially effective when ADH members maintained stable technical focal points, allowing for relational continuity. On the other hand, frequent staff turnover within ADH members (noted in the early stages of HELP and World Vision partnerships) disrupted mentoring and made informal learning more fragmented.

Peer exchange: valued but underdeveloped

Peer learning, i.e. exchange between local organisations themselves, remains more ad hoc and opportunistic. It is valued by partners and occasionally facilitated by ADH members, but lacks the regularity or structure needed to maximise its potential.

- NGO Girls, Avalyst, and SSS reported occasional peer engagement, including sharing tools and implementation approaches. These exchanges were usually self-initiated or brokered informally by shared ADH member contacts.
- Freunde der Erziehungskunst facilitated a more deliberate partner retreat that included joint discussion, thematic cross-pollination, and collaborative reflection across multiple local actors. This was appreciated by participants but remained a one-off event rather than part of a systematic series.

Most partners expressed a desire for more structured peer exchange, including:

- Learning visits to see how other organisations manage MEAL or beneficiary feedback systems.
- Exchanges between similar-sized NGOs from different regions.
- Peer mentoring relationships between established and emerging Ukrainian NGOs.

Obstacles to peer exchange include lack of logistical support, absence of dedicated funding lines, and limited prioritisation in project design. In the absence of coordination by ADH members or ADH, local organisations struggle to initiate such exchanges independently.

Secondments: rare and mostly absent

Among all informal learning mechanisms, secondments (temporary staff placements between ADH members and Ukrainian organisations or between partners) appear to be the least utilised. No partner reported receiving or offering seconded staff under ADH funding.

The reasons for this include:

- Risk aversion and liability concerns around embedding external staff into partner organisations, especially in insecure or decentralised environments.
- Lack of clear policy or guidance from ADH members on how secondments would work, who would manage the staff, how learning would be tracked, and what the objectives would be.
- A general preference for light-touch, embedded support via remote mentoring or short field visits, rather than full staff placements.

But several partners indicated that short-term embedded advisory roles, essentially function-specific secondments in all but name, were very effective when deployed (e.g., financial advisors from Johanniter or MEAL specialists from WVD). These informal arrangements allowed for close collaboration without a formal secondment agreement.

Conditions for effectiveness

Where informal learning mechanisms have been effective, several enabling factors were found:

- Continuity of staff and relationship: Stable points of contact enabled trust and familiarity, which are essential for honest dialogue and adaptive learning.
- High communication frequency: Regular calls, instant messaging, and shared documentation platforms supported real-time mentoring.
- Partner agency and voice: When partners felt they could ask questions, raise concerns, or admit capacity gaps without fear of judgement, informal learning flourished.
- Integration into project cycles: Informal support worked best when linked to deliverables—such as financial reporting deadlines or procurement cycles—rather than detached from operational workflows.

But informal learning was less effective or absent when:

- The relationship was highly formalised or hierarchical.
- ADH members relied primarily on email or irregular communication.
- There was high turnover of ADH member or partner staff, leading to fragmented knowledge transfer.
- Capacity building was treated as a compliance obligation, not a relational process.

In conclusion, informal learning mechanisms, especially mentoring, have proven to be essential and effective components of the ADH response in Ukraine, even if they are not formally recognised as such. Partners consistently identified embedded mentoring as more relevant and responsive than formal training, especially when it occurred within trusting, well-communicated relationships. Peer exchange has begun to emerge as a valuable modality but is underutilised and rarely supported structurally. Secondments are virtually absent, though short-term embedded roles suggest their latent potential. Overall, informal learning in the ADH response is occurring, but it would benefit from being more intentional, better resourced, and more widely facilitated, particularly across the network of local partners.

Efficiency of Strengthening Partner Organizations:

What is the impact (scope, quality, costs, and time) of different approaches to strengthening partners?

The ADH-funded Ukraine response has a broad range of approaches to strengthening local partners, including formal training, mentoring, technical accompaniment, capacity development planning, and financial support and support with equipment. These approaches vary in scale, intensity, and duration. While there is not one single model, evidence from the evaluation points to several patterns regarding the impact, scope, quality, costs, and time implications of different capacity-strengthening methods.

Scope: What areas of capacity are strengthened, and for whom?

The scope of capacity-building support has expanded significantly since 2022. In the early months, ADH members focused primarily on immediate technical and administrative areas such as:

- Financial compliance and reporting.
- Procurement and logistics procedures.
- Basic project management and output tracking.

Over time, support expanded into more organisational areas, including:

- Organisational governance and internal policies (e.g. finance, safeguarding, HR).
- Monitoring, evaluation, accountability, and learning (MEAL).

- Risk management and security.
- Strategic planning and fundraising capacity.

Organisations such as Johanniter, CARE, Malteser, and World Vision supported partners in several fields, such as helping them draft policies, establish CRM systems, build MEAL capacity, and develop strategic plans.

But the distribution of support also appears uneven at times:

- More mature or urban-based partners (e.g. NGO Girls, Avalyst, ELEOS) tended to receive broader and more integrated support across multiple capacities.
- Smaller, rural, or newly established partners often received narrower technical support, mostly focused on compliance with financial and reporting standards.

Quality: What characterises the most effective approaches?

Capacity-strengthening approaches that achieved the highest quality outcomes shared several characteristics:

- Customisation: Tailoring support to partner needs, as opposed to applying a generic training package, was repeatedly associated with stronger outcomes. Johanniter's partner ELEOS, for example, developed audit-proof financial and procurement systems precisely because the support was adapted to their context and learning style.
- Proximity and relationship trust: Embedded mentoring, regular feedback loops, and co-implementation of tasks (e.g. reporting, budgeting) enabled more durable learning than one-off workshops. Partners frequently noted that they learned more from "doing together" than from formal sessions.
- Continuity and follow-up: Where ADH members maintained stable points of contact and monitored partner development over time (e.g. through follow-up reviews), capacity gains were more sustained. Gaps in follow-up, especially after initial training, were mentioned as a source of stagnation or backsliding.

Lower-quality or less effective approaches included:

- Repetitive or donor-driven trainings (especially on PSEA, CHS), where content was duplicated or misaligned with actual needs.
- Unclear expectations or retroactive requirements, as in the case of NGO UNIT's experience with financial reporting under Tetra Tech, which caused delays and organisational stress.
- Limited partner input in selecting capacity-building priorities, leading to mismatched or underutilised support.

Costs: What investment is required, and where are the gaps?

The costs of strengthening partners vary depending on the modality:

Approach	Relative Cost	Notes
Formal training workshops	Medium	Effective if contextualised; often donor-funded.
Mentoring/on-the-job support	Low to medium	High impact for low financial cost, but staff-intensive.
Equipment and IT support	Medium to high	Includes laptops, CRMs, accounting tools; impactful but unevenly distributed.
Institutional development (strategy, fund-raising, policy work)	Medium	Less frequently funded; often outside of project budgets.
Partner-led peer exchange	Low	High potential, but under-resourced.

A consistent limitation is the lack of dedicated budget lines for capacity strengthening beyond project implementation. ADH members often absorb these costs through overheads or discretionary funds, but many partners do not receive indirect cost coverage, making it difficult for them to retain staff or invest in systems between grants.

Some organisations also indicated that project-based support does not cover organisation-wide needs, such as, for example, developing a master budget or HR strategy, which benefit the NGO beyond the funded intervention.

Time: How long does it take to see results?

The time horizon for effective capacity strengthening varies:

- Basic compliance (e.g. financial reporting, procurement procedures) can improve within one project cycle (6–12 months), especially with mentoring and templates.
- Institutional growth (e.g. policy development, internal systems, strategic clarity) generally takes 1–2 years of consistent support and stable engagement.
- Leadership development, fundraising capability, or influence in coordination spaces require even longer-term investment, often beyond typical project durations.

Examples:

- ELEOS and Avalyst both reported that their organisational transformation took two years of support, including repeated capacity reviews and scaling of responsibility.
- By contrast, NGO UNIT—despite long-standing cooperation with Terra Tech—only began to formalise its financial systems in late 2024, following several years of intuitive and informal working practices. The shift required both motivation and a pressure point (a delayed payment), indicating that organisational change often needs both time and incentive.

Overall impact: organisational maturity, sustainability, and visibility

Where capacity strengthening was strategic, relational, and multi-dimensional, the impact was transformative:

- Increased absorptive capacity: Several partners are now managing larger, more complex projects than in 2022.
- Improved compliance and audit readiness: Partners like ELEOS and NGO Girls reported that they no longer fear audits due to robust systems developed with ADH members.
- Access to direct funding: Some partners, e.g. Avalyst and Arms of Mercy, have successfully secured UHF and other institutional grants, indicating growing independence.
- Greater voice and recognition: Organisations supported in visibility, storytelling, and external communications are now more present in donor coordination and advocacy spaces.

But such impact did not happen in all cases. Partners who received only fragmented, compliance-driven, or short-term support reported:

- Limited confidence to expand or diversify funding.
- Lack of systems to retain learning between staff turnovers.
- Dependency on specific ADH members for operational continuity.

To conclude, different approaches to strengthening local partners under the ADH-funded response carry distinct trade-offs in scope, quality, cost, and time. The most impactful efforts combined relational mentoring, tailored technical support, and medium-term institutional development. While these approaches often require more staff time and strategic planning, they yield higher-quality outcomes, build partner confidence, and advance localisation goals. Approaches that focus narrowly on compliance, lack continuity, or omit partner input risk limited and short-lived gains. Sustained impact requires not only training and checklists, but a coherent strategy that integrates capacity strengthening into project cycles, partnerships, and systems of mutual accountability.



How is project funding distributed among partners, overhead/admin costs, and capacity-building activities?

The distribution of project funding across partners, overhead costs, and capacity-building activities within the ADH-funded Ukraine response reflects both the principles of humanitarian efficiency and the constraints of donor compliance. While funding allocations to local partners have increased over time, and some capacity development activities are explicitly resourced, overhead coverage and dedicated budget lines for institutional strengthening remain limited and uneven. The structure of financial flows has important implications for the autonomy, sustainability, and long-term growth of Ukrainian civil society organisations engaged in the response.

Partner implementation vs. ADH member-led spending

A significant proportion of ADH project funds are implemented through local partners, especially during the initial years of the response when international presence in Ukraine was limited. Several ADH member organisations, including HELP, WVD, and Johanniter, relied on partner-led delivery for the majority of their projects.

- For example, World Vision engaged 17 partners in 2022, with most ADH-funded activities implemented through these national or local organisations.
- In cases like Johanniter's partnership with ELEOS, nearly the entire project budget was managed by the partner, with Johanniter providing guidance, oversight, and some technical input.
- Terra Tech's work with NGO UNIT also followed a partner-led model, with full delegation of implementation and financial responsibility, albeit with periodic review and delayed disbursements tied to reporting compliance.

But when ADH members established country offices and expanded their own implementation capacity, a trend towards rebalancing spending between ADH member-led activities and partner-implemented components happened. For example:

- HELP increased direct implementation over time, reducing the share allocated to local partners, particularly in 2024–2025, citing both internal funding constraints and perceived quality risks.
- Some ADH members now manage technical components (e.g. construction, procurement) in-house, with local partners focusing on outreach, community engagement, or service delivery.

There is no standard benchmark among ADH members for the share of funding going to partners versus funding managed directly. It varies by sector, project type, and the perceived capacity of each local partner.

Overhead and administrative costs: inconsistent and often inadequate

One of the most consistent concerns raised by Ukrainian partners in interviews is the lack of clear, predictable, and adequate overhead or administrative cost coverage within ADH-funded projects. Many organisations noted that they were expected to deliver complex programming and maintain full compliance without receiving core support for institutional sustainability.

- NGO Girls, for example, reported that ADH-funded projects did not include overheads at all, which they described as unjust given the level of work required. As a result, they began declining any new projects that excluded institutional cost recovery.
- Youth Movement Be Free (YMBF) and other organisations noted that they were expected to pre-finance parts of project delivery, sometimes with months-long reimbursement delays, without any unrestricted funding to manage these cash flow gaps.
- SSS and Avalyst expressed appreciation for the inclusion of indirect costs in some CARE and HELP projects but emphasised that this was not consistent across ADH members or even between different projects with the same ADH member.

The consequences of inadequate overhead coverage include:

- Difficulty retaining administrative staff between projects.
- Inability to invest in core infrastructure (e.g. IT systems, finance software).
- Dependency on project-specific funding, limiting organisational resilience and long-term planning.

Several ADH members acknowledged this limitation but cited donor restrictions, internal policy constraints, or pressure to keep operational ratios low as barriers to more generous core cost coverage.

Capacity-building activities: funded ad hoc, rarely budgeted systematically

Capacity building is considered as essential by most interviewees for localisation, but it is only in very few cases a formally resourced budget line in ADH-funded projects. Most capacity-building activities, such as mentoring, training, or policy support, are:

- Delivered informally by ADH member staff as part of project implementation.
- Covered from discretionary budgets, staff time, or cross-project allocations.
- Introduced reactively, when quality or compliance issues arise, rather than proactively planned and funded.

Some exceptions exist:

- CARE and Malteser have included structured training workshops and learning events in project budgets, particularly in 2023–2024.
- World Vision and Johanniter occasionally fund travel, equipment, or participation in external training, but this is often decided case by case and not through a dedicated “capacity development” line.

But few Ukrainian partners mentioned a clearly labelled capacity-building budget in their contracts or agreements. Even where capacity strengthening was substantial (e.g. multi-round mentoring, development of institutional policies), the associated costs for staff time, interpretation, and follow were absorbed by the ADH member and not earmarked as a partner entitlement or investment.

This creates several challenges:

- Capacity support is seen as optional or discretionary, rather than essential.
- There is no basis for long-term planning or investment in partner development.
- Partners lack leverage to negotiate support for areas beyond immediate project needs (e.g. strategy development, fundraising).

Transparency and financial dialogue

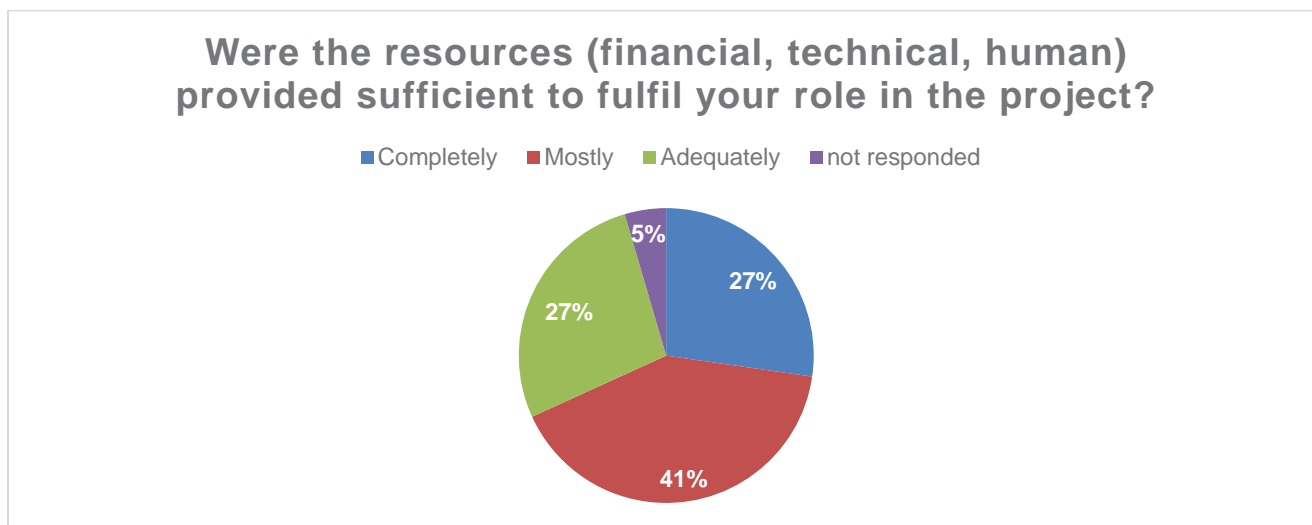
Evaluation interviews found that financial transparency remains limited. Many Ukrainian partners:

- Do not have access to full project budgets.
- Are unclear on the total funding amount received by the ADH member.
- Are uncertain whether capacity-building or overhead costs are being allocated elsewhere in the consortium.

This lack of visibility undermines the spirit of partnership. SSS, for example, noted that while they felt trusted by CARE in technical matters, they were never given the full budget overview or involved in resource planning beyond their direct activities.

Several partners suggested that early and open financial dialogue, including discussions on what can be budgeted, what cannot, and why, would improve trust, ownership, and financial planning on both sides.

In conclusion, funding distribution under the ADH response generally prioritised delivery through local partners, especially in the early phases. But the lack of consistent provision for overheads and dedicated capacity-building budgets remains a major constraint on the effectiveness and sustainability of partnerships. While some ADH members have absorbed these costs through informal channels or staff time, this approach is neither transparent nor scalable. A clearer, more equitable distribution model, that explicitly allocates resources for partner development, indirect costs, and institutional growth, is needed to realise the localisation commitments embedded in the ADH framework. Until then, the promise of partner-led implementation will remain limited by structural funding asymmetries.



Sustainability and Localization:

To what extent are ADH’s partnership and capacity-building efforts helping partners access independent funding and develop long-term sustainability beyond ADH support?

Overall, the partnership and capacity-strengthening efforts of ADH members have contributed meaningfully to the long-term sustainability of many local partners, though progress is uneven and varies significantly across partnerships. Several Ukrainian organisations have become more resilient, diversified their funding sources, and enhanced their internal capacities, while others continue to rely heavily on their ADH-affiliated partners and report limited strategic engagement on sustainability planning.

Survey data offers a broadly positive picture. A majority of local partners (57%) reported that they had secured new donors or funding sources since the start of their partnership with an ADH member. Among the new sources mentioned were both international NGOs and institutional donors, including Habitat for Humanity, German Doctors e.V., Blau-Gelbes Kreuz e.V., My City, Sign of Hope, Polish Humanitarian Action, ASB, and the Ministry of Foreign Affairs of Japan. An additional 38% of respondents said they had not yet secured new funding but planned to pursue it in the future, and only one organisation stated they had not obtained new funding.

In terms of perceived organisational growth, more than 80% of partners indicated that their resilience or independence had improved significantly or greatly compared to 2022, with the remaining respondents noting moderate improvement.

Many ADH members appear to actively support partners in developing their sustainability. Some do so through targeted capacity-building efforts, technical assistance, and transparency around funding prospects. For example, Johanner noted that they prepare partners for future funding reductions and provide training on proposal writing and fundraising. In some cases, this investment has led to concrete and measurable results. For example, the HELP Country Office in Ukraine shared that, as of 2025, several of their local partners had successfully submitted and been shortlisted for independent proposals to the Ukraine Humanitarian Fund (UHF), building on previous joint applications with HELP.

Similarly, World Vision reported significant capacity strengthening among their partners, highlighting improvements in areas such as proposal development, reporting, procurement, and financial management. These skills were built not only through formal trainings but also via hands-on experience and iterative feedback during project implementation. As a result, some partners, such as Girls NGO, have reached a level of independence where they now apply for funding on their own and no longer co-apply with World Vision.

Other ADH members, including Freunde der Erziehungskunst, have also facilitated workshops specifically focused on financial planning, project management, and fundraising. Several local partners expressed appreciation for these efforts, noting the opportunity to learn from both the trainers and from peer organisations. For example, 'Consonance' highlighted the benefits of experience-sharing between NGOs during an FRD-organised workshop.

However, not all experiences are equally positive. Some local partners reported that while sustainability and exit were mentioned, they were not always followed up with concrete steps or support. DistrictOne (former HELP partner), felt that the absence of sustained support hindered their ability to grow and increase visibility in the sector. FarWater, a Ukrainian partner of Action Medeor, reported a more substantial support from the ADH member, notably successful embedding into GFFO funding.

In a few cases, Ukrainian organisations have independently advanced their sustainability agendas, sometimes with minimal involvement from their ADH counterparts. For example, Caritas Ukraine reported working on their own exit strategies and engaging with local authorities to sustain infrastructure developed with donor support. Similarly, the Union of Samaritans in Ukraine (ASB partner) has successfully diversified its funding base, including receiving reimbursement from the Kyiv municipal budget for social services, an achievement linked to their long-term collaboration with ASB.

While some ADH members have embedded sustainability planning into their ongoing partnerships, others have focused more on project-level continuation or maintained short-term operational planning. ASB's country office, for example, only recently began developing a three-year strategy that includes an exit plan. Notably, local partners are not invited to this internal planning workshop, though the resulting document will be shared with them later.

In sum, ADH members' support has strengthened the sustainability of many Ukrainian partners, particularly through hands-on collaboration, transparency, and targeted capacity-building. These efforts have enabled some organisations to attract new funding and enhance institutional resilience. At the same time, gaps remain, especially where discussions about sustainability have not translated into action or where exit planning is handled internally without meaningful partner involvement. Expanding inclusive, long-term planning and continuing investment in partner capacity, especially in fundraising and compliance, will be essential to advancing localisation and ensuring sustainability beyond the duration of ADH-funded projects.

Since the partnership began, has your organization been able to secure new funding or donors?



6. Conclusions and Recommendations

6.1 Partner Selection & Assessments

Conclusions:

Partner selection processes within the ADH Ukraine appeal have demonstrated a level of flexibility and responsiveness to the evolving crisis context. During the initial emergency phase in 2022, ADH members were able to mobilise quickly and engage a wide variety of local actors, including newly formed grassroots groups and established NGOs. This agility enabled effective humanitarian action at a time when speed and local access were critical. Many local partners valued the openness of ADH members to engage with emerging organisations and to work with actors outside traditional networks.

Over time, the approach matured. Most ADH members progressively introduced more formalised procedures, including structured capacity assessments, risk classification, and internal documentation protocols. These steps reflect a positive development toward more consistent and transparent partnership management. Some members, such as Malteser and WVD, developed comprehensive tools for assessing organisational capacity, and others embedded assessments in ongoing monitoring, allowing for adaptive management.

But the evaluation also found that assessment practices vary widely across the ADH network. Partners working with multiple ADH members reported experiencing parallel assessments with different formats and standards. While such diversity is expected in a decentralised system, the lack of a shared framework has sometimes led to confusion and inefficiencies. Not all partners reported receiving feedback from their assessments, nor were they always involved in follow-up discussions about support or development plans. These gaps, although not widespread, suggest that further harmonisation and inclusivity could enhance the added value of the assessment process.

Several partnerships that began informally have evolved into strategic alliances with deep mutual trust. In such cases, assessments were used not only to determine eligibility but also to identify growth areas and inform the design of tailored support. The most effective approaches treated partner assessments as opportunities for dialogue, reflection, and joint planning, reinforcing both accountability and localisation objectives.

Recommendations:

- Consolidate successful assessment practices into a shared ADH-wide partner selection framework, offering common tools and principles adaptable to local contexts.
- Promote mutual recognition of assessments among ADH members to reduce duplication and streamline partner engagement.
- Ensure all partners receive constructive feedback and have an opportunity to discuss the outcomes of their assessments.
- Use assessments not only as compliance tools but also as entry points for co-developing capacity-strengthening plans.
- Continue to recognise and support diverse types of local actors, including emerging initiatives, by adapting assessment criteria to reflect different organisational profiles.

6.2 Power Dynamics in Partnerships

Conclusions:

Partnerships under the ADH appeal have made efforts toward greater inclusivity and mutual respect. Many local partners describe their relationships with ADH members as supportive, collegial, and grounded in trust. Especially during project implementation, Ukrainian actors report being given the autonomy to adapt activities to context, suggest modifications, and respond flexibly to emerging needs. This operational latitude reflects a high degree of trust and is one of the strongest features of the current partnership model.

Local Ukrainian partners consistently highlighted the value of open communication and responsiveness from their ADH counterparts. This has enabled strong interpersonal relationships and has contributed to a sense of shared mission. In many cases, partners were consulted regularly, provided input on practical aspects of programme delivery, and received timely feedback on performance.

However, strategic and financial decision-making remains more centralised. Collaboration is strong in the operational realm, but only a few partners reported being actively involved in the early stages of project design, resource planning, or strategic prioritisation. Some Ukrainian organizations felt like “subcontractors”, not like “partners”. Budget transparency also varies: while some partners were fully briefed on project finances and overhead structures, others lacked clarity on total funding flows and decision-making processes and rationales. These dynamics often mean that while operational partnerships are functioning well, structural power asymmetries persist in areas of strategic influence.

Administrative responsibilities, especially related to financial documentation, procurement compliance, and donor reporting, also fall heavily on local partners. While many partners accept these tasks as part of donor accountability, the absence of dedicated resources or capacity support to fulfil them can result in strain and stress. Addressing these imbalances would not only improve efficiency but also reinforce the principle of equal burden sharing.

Recommendations:

- Expand strategic participation of partners in early project planning, including through co-design workshops or participatory concept development.
- Institutionalise joint governance structures for larger programmes, such as shared steering committees or advisory groups.
- Improve financial transparency of ADH member budgets toward Ukrainian partners by routinely sharing project budgets, including indirect cost structures, with partners.
- Provide support, financial, technical, or staffing, to help partners manage compliance tasks without undermining their core missions.
- Develop partnership self-assessment tools that allow both parties to reflect on equity, influence, and communication.

6.3 Capacity Building Approaches & Effectiveness

Conclusions:

Capacity strengthening has been one of the most impactful elements of the ADH-funded Ukraine response. Numerous Ukrainian organisations report tangible improvements in their ability to manage projects, comply with donor standards, engage in coordination platforms, and respond to community needs. ADH members have demonstrated a strong commitment to supporting partner development, and many local actors have benefited from tailored training, mentoring, and technical accompaniment.

The range of capacity-building modalities used has been both broad and innovative. From initial capacity assessments to structured training workshops and embedded mentoring, ADH members have adapted their support to partner needs and organisational maturity. Especially effective have been the relational approaches, where international staff work alongside Ukrainian counterparts to co-deliver activities, troubleshoot challenges, and co-create systems. Such horizontal partnerships not only build technical capacity but also reinforce confidence and leadership among local staff.

Some partners have grown significantly in their organisational capability and visibility, now managing funding from multiple donors, applying for bigger grants on their own and leading consortia or training efforts. This is a strong endorsement of the cumulative impact of sustained and context-sensitive capacity development.

But there is still room for improvement. Some partners noted that capacity-building interventions were overly focused on compliance and sometimes repeated the same content across projects. Support for organisational development, such as governance, strategy, and fundraising, was less frequent. Informal learning, though appreciated, was not always planned or resourced. Systematic measurement of capacity outcomes also remains limited.

Recommendations:

- Maintain and strengthen embedded, practice-based learning approaches that pair international and local staff in shared roles.
- Ensure capacity development plans are co-designed with partners and encompass both technical and institutional priorities.
- Allocate dedicated budget lines for capacity development, including informal and peer-learning formats.
- Balance compliance-focused training with broader organisational development, such as leadership, communications, and sustainability planning.
- Coordinate between ADH members to make sure that the partners are not requested to receive similar training several times (as long as it is not necessary for update or refreshment purposes).
- Introduce basic monitoring tools to track capacity growth over time and link learning outcomes to programme results.

6.4 Efficiency of Strengthening Partner Organizations

Conclusions:

The ADH partnership model has enabled many local Ukrainian organisations to expand their operational scope and build strong systems. Partners who received regular mentoring, timely resources, and tailored training have often grown rapidly in capacity, enabling them to take on more complex programming, manage donor relationships independently, and deliver high-quality services. This reflects a high return on investment, especially where support was integrated into ongoing programme collaboration.

ADH members have also demonstrated flexibility in adapting their approaches to partner needs. Several organisations adapted their support models in response to partner feedback, introduced phased capacity-building trajectories, and supported partners through crises or audits. These efforts reflect a nuanced understanding of capacity as dynamic and evolving.

But the efficiency of capacity support has sometimes been limited by a lack of systematic planning or resource allocation. Many capacity-building activities were funded through discretionary or indirect lines, making it difficult to sustain or scale them. Overhead coverage for partners has been inconsistent, with some organisations reporting difficulty retaining staff or investing in core systems due to limited institutional core funding. The lack of standardised practices across the ADH network also created inefficiencies in training design, partner onboarding, and resource sharing.

Partners who benefited most from capacity-building support often received consistent, multi-project engagement with the same ADH member. In contrast, short-term or one-off projects tended to generate more transactional relationships, limiting efficiency and long-term impact.

Recommendations:

- Institutionalise capacity strengthening as a distinct component of programme design and budgeting across the ADH network.
- Standardise good practices in mentoring, training, and performance tracking to enable efficiency and shared learning.
- Ensure all partners receive a fair and transparent overhead allocation that enables investment in core functions.
- Prioritise multi-year partnership agreements that allow for strategic development and reduce transaction costs.
- Facilitate coordination among ADH members to align tools, reduce duplication, and co-fund cross-cutting capacity initiatives.

6.5 Sustainability and Localization

Conclusions:

One of the most positive outcomes of the ADH-funded Ukraine response has been the progress made in local partner sustainability and leadership. Many Ukrainian organisations have successfully transitioned from reactive implementers to proactive humanitarian actors, engaging in strategic planning, applying for independent funding, and leading their own consortia. This shows a tangible and real localisation achievement, and ADH members have played a key role in enabling this transition.

Ukrainian partners frequently cited hands-on support with donor engagement, proposal writing, and organisational systems as critical enablers of sustainability. Some ADH members also facilitated introductions to other donors, supported visibility efforts, or involved partners in policy discussions. These contributions helped increase partner confidence and recognition at the national and international level.

Localisation progress has not been limited to technical capacity. Several partners reported increased influence in co-ordination mechanisms, improved engagement with government counterparts, and a stronger voice in advocacy efforts. These are important indicators of systemic change.

But sustainability planning has not been consistent across all partnerships. Some ADH members integrated long-term thinking into project cycles, but others treated it as an informal or aspirational goal. Exit planning remains rare, and core funding for institutional development is limited. Without intentional strategies and funding for long-term capacity, some gains risk remaining project-bound and not being sustainable.

Recommendations:

- Mainstream sustainability planning into all partnership strategies, with regular joint reviews and clear milestones.
- Invest in partner visibility, leadership development, and strategic positioning within the humanitarian system.
- Provide technical and financial support for partners to access new funding streams and diversify their donor base.
- Track and report on localisation indicators across the ADH network, including funding flows, leadership roles, and policy participation.
- Celebrate and share localisation successes to demonstrate the value of sustained partnership and mutual accountability.

7.1 Methodology and Approach

The evaluation used a **mixed-methods, participatory, and iterative approach** to gather and triangulate data from a range of sources. The methodology has been refined during the inception phase to ensure it was realistic, conflict-sensitive, and tailored to the evaluation questions. It included several complementary elements:

7.1.1 Mixed-Methods Data Collection

A comprehensive **mixed-methods approach** was used, combining qualitative and quantitative techniques to capture both depth and breadth of information:

- **Desk Review:** The evaluation team conducted an in-depth review of relevant documents, including ADH and member organizations' policies on partner engagement, project proposals and reports for the 22 selected projects, monitoring data, previous evaluations or reviews, partnership agreements, capacity assessment reports, and financial records related to partner support, as well as accountability policies, standards and guidelines for partner selection and capacity building, capacity development strategies and training reports, as available for each partner. This desk review provided background information and helped identify preliminary findings, trends, and gaps. It also informed the design of interview guides and ensured the team built on existing knowledge (avoiding stakeholders having to repeat information already available in documents).
- **Key Informant Interviews (KIIs):** Semi-structured interviews were conducted with a broad group of stakeholders in May and June 2025. KIIs allowed for confidential, anonymized, in-depth insights into experiences and perceptions. Interviews in **Germany** (with ADH and member organizations' HQ staff) were conducted remotely (online) by the international evaluator, while interviews in **Ukraine** (with local partner staff and member organizations' field teams) were conducted either in person or remotely (online) by the national evaluator. The interview guides (included in Annex) ensured that each KII helped to respond to the key evaluation questions while being tailored to the interviewee's specific role and knowledge (e.g. questions on selection procedures for HQ staff, and on capacity-building support for local partners).
- **Survey Instrument:** To complement interviews, an **online questionnaire/survey** was administered to a larger group of respondents, especially local partner organizations' staff. This allowed for collecting quantitative data and additional feedback from those who might not be included for a full interview. The survey included Likert-scale and short answer questions on topics like the usefulness of capacity-building support, satisfaction with communication and decision-making with ADH members, and suggestions for improvement. The survey results provided a broad sample of perspectives to triangulate with the qualitative findings. To administer the survey, a survey link was made available to Ukrainian partner organizations who were asked to circulate the link to all local partners and their staff members. A total of 29 organisations were sent the survey link and asked to circulate it among their staff. A total of 25 respondents completed the survey.

This mixed-method design ensured that the evaluation gathered **both factual data and personal experiences**. For example, financial records showed how much funding reached local partners (quantitative), while interviews explored how partners perceived the sufficiency and timeliness of those funds (qualitative). This combination was important for a nuanced and detailed understanding of partnership dynamics.

7.1.2 Participatory and Inclusive Principles

The evaluation's approach was **participatory**, meaning that it actively involved stakeholders not just as informants but as contributors to analysis and interpretation:

- **Engagement of ADH and its member organizations:** The evaluation team worked closely with ADH's Bonn office and ADH's working group on quality assurance to finalize the evaluation design. The kick-off workshop in Bonn on 8 April 2025 was an example of this participatory approach, during which the evaluation questions

and priorities were jointly reviewed, as well as the debriefing workshop on 9 July 2025, during which the draft evaluation report and its findings, conclusions, and recommendations were discussed with ADH members.

- **Local Ownership:** In Ukraine, the national evaluation expert (based in Kyiv) led the field work and engagement. This helped ground the evaluation in local realities, security, access, and cultural appropriateness and relevant language(s). Local partner organizations were engaged in a respectful manner. The evaluation expert explained the evaluation purpose and ensured partners saw it as a chance to voice their perspectives and share both good and potentially problematic examples. By treating partners as evaluation participants (and not just subjects), the process itself created mutual respect. Wherever feasible, partners were also consulted on the practicality of recommendations.
- **Validation and Feedback:** A **debriefing workshop** was conducted (after data collection, during the synthesis phase) where preliminary findings were presented to ADH and member organizations. This workshop on 9 July 2025, invited feedback, corrections, and reflections from those who contributed information. Such a participatory validation helped to confirm findings, clarify any misunderstandings, and increase ownership and usefulness for the recommendations. The evaluation team incorporated the workshop's feedback in the final analysis and report.
- **Inclusivity:** The evaluation tried to include all relevant voices. This meant ensuring representation from **different member organizations** (large and small ADH member organizations), from **various roles** (program managers, partnership focal points, finance and capacity-building staff, monitoring and evaluation officers etc.), and importantly from **Ukrainian partner organizations of different types** (long-established NGOs, newer grassroots groups, women-led organizations, non-traditional humanitarian aid actors and/or spontaneous- or voluntary organisations, etc.). When certain groups (e.g. smaller local NGOs or staff in more insecure locations) could not be reached in person, the team conducted remote interviews (e.g. through phone calls) so their input is included.

By adopting these participatory principles, the evaluation not only gathered richer data but also promoted a sense of joint learning. Stakeholders were more likely to accept and use the evaluation results if they felt they were heard and involved in the process.

7.1.3 Triangulation and Data Validation

Triangulation was a key element of the evaluation methodology to ensure **reliability and credibility** of findings and conclusions. The evaluation cross-checked any information by comparing different data sources and methods before including any information in the evaluation report. This included triangulation:

- **Across Methods:** Insights from interviews were compared with document evidence and survey data. For example, if ADH member organizations stated that all partners received certain training and capacity building, we verified this against training reports or partner feedback from the survey.
- **Across Stakeholders:** We examined how perspectives aligned or differed between groups – ADH vs. local partners, or between different member organizations. Divergences were explored further. For example, when a local partner highlighted a challenge that the corresponding ADH member did not mention, follow-up questions were asked to understand why.
- **Evaluation Team Cross-Checks:** With team members in Germany and Ukraine, internal triangulation was used. The Team Leader and National Expert regularly compared notes to identify any inconsistencies in information collected from German HQ versus field-level sources.
- **Verification of Facts:** Quantitative data (financial figures, number of partners, number of trainings conducted, etc.) were verified using multiple references (e.g. ADH records and organisational reports).

As a result of this triangulation, conclusions and recommendations are based on **converging evidence**, enhancing their robustness.

7.1.4 Conflict Sensitivity and Gender Considerations

Operating in an active conflict environment like Ukraine demanded that the evaluation was **conflict-sensitive, culturally aware, and mindful of gender dynamics**:

- **Do No Harm:** The evaluation team took all precautions to ensure the process does not put informants or communities at risk. Interviewees were informed about how their information will be used and were ensured about the anonymity of their interviews. Any sensitive data or criticisms were handled confidentially. The timing and location of field visits and meetings in Ukraine were planned with security in mind (e.g. avoiding active conflict zones, following local security advice). When any security situation deteriorated, the team changed to remote data collection rather than insist on physical presence, in order to not expose anyone to avoidable risk.
- **Conflict Context in Questions:** The KII guides included questions that were phrased neutrally and are conscious of the **political context**. We avoided assumptions about authorities or conflict actors. For example, rather than asking “Did the government impede your work?” we asked more generally about external challenges. This was to prevent placing partners in politically sensitive positions.
- **Ethical Research Practices:** In line with research ethics, the evaluation team obtained verbal **informed consent** from all interviewees before conducting interviews. They were informed about the purpose of the evaluation, the voluntary nature of participation, and their right to decline to answer any question or withdraw at any time. Privacy was protected. Notes and recordings were securely stored and only used for analysis. This final report anonymized individual responses (no comments will be attributed to individuals by name). These measures upheld **confidentiality and data protection**, consistent with ADH’s policies and ethical standards for evaluations, as well as with EU GDPR principles.
- **Adaptability:** The evaluation team remained alert to any **conflict or political sensitivities** that arose. If certain questions were found to cause discomfort or misunderstanding, the team adjusted the approach and change the questions. For example, when asking about “partner assessments” was interpreted as an audit or a potential threat to future funding, the interviewer clarified the intent or rephrase to focus on learning. Continuous context monitoring was done throughout the field work, and the evaluation work plan was flexible to pause or adjust activities if they risk increasing tensions.

Through embedding conflict sensitivity, a gender lens, and ethical safeguards, the evaluation not only protected its participants but also improved the **quality of data** (people are more likely to share openly when they feel safe and respected). This approach aligned with humanitarian principles of humanity and impartiality, ensuring that the evaluation process itself reflected the values that ADH and its members uphold.

7.2 Selected Project Sample for the Evaluation

A **purposive sample of 22 projects** has been identified for inclusion in this evaluation, commonly decided by ADH and its members and independently from the evaluation team and before its engagement. The selected projects constituted all initiatives under the ADH Ukraine Appeal that meet the agreed selection criteria (as refined during the November 2024 ToR workshop and confirmed in the April 2025 kick-off meeting). Each selected project was (a) part of the ADH Ukraine joint appeal funding, (b) implemented in Ukraine since 2022, (c) delivered **in partnership with at least one local partner organization**, and (d) has accessible contacts and information for the evaluation team. Through including only projects that involve local partners, the sample directly aligned with the evaluation's focus on partnership and capacity building.

Composition of the Sample: The 22 projects are implemented by the following 12 ADH organizations:

- AWO International
- Arbeiter-Samariter-Bund (ASB)
- ADRA Deutschland
- action meteor e.V.
- CARE Deutschland e.V.
- Habitat for Humanity Deutschland
- Help – Hilfe Zur Selbsthilfe e.V.
- Johanniter-Unfall-Hilfe e.V. (Auslandshilfe)
- Malteser International
- World Vision Deutschland
- Freunde der Erziehungskunst (Friends of Waldorf Education, via DPWW)
- Terra Tech (via DPWW)

Diversity of the Sample: The selection of projects offers a **rich diversity** in several dimensions:

- **Thematic Sectors:** The selected projects included key humanitarian sectors, including **health and medical support** (e.g. action medeor's pharma projects, Johanniter's mobile clinics), **WASH and shelter** (Malteser's WASH/shelter, Habitat's housing projects), **winterization and basic needs** (several projects focusing on winter relief, cash assistance, NFI distribution), **protection and psychosocial support** (Help's protection services, Freunde der Erziehungskunst's trauma pedagogy), **education and livelihoods** (AWO's learning centres, Help's livelihoods, etc.). This allows the evaluation to see how partnership dynamics might differ by sector (for example, partnering with a medical NGO vs. a construction-focused NGO).
- **Geographic Coverage:** The projects were implemented across various regions of Ukraine – from **Chernihiv in the North to Odesa/Mykolaiv/Kherson in the South, Donetsk/Luhansk (Eastern conflict areas) to Lviv and other Western regions** hosting IDPs. This geographic spread helped the evaluation considers different humanitarian and operating contexts: relatively stable areas vs. active conflict zones, urban vs. rural settings,. It also means a variety of local partner organizations (some rooted in eastern Ukraine, some national-level NGOs in Kyiv, etc.).
- **Organizational Types:** The ADH member organizations ranged from large international NGOs (e.g. World Vision, CARE) to medium-sized humanitarian agencies (Johanniter, Malteser, ADRA, etc.) and smaller specialized agencies (Friends of Waldorf Education focusing on children, Terra Tech focusing on grassroots aid). This diversity is reflected in their local partners: some partners are well-established Ukrainian NGOs with significant capacity, while others are small community-based groups or municipal institutions. The evaluation reviewed how partnership approaches might vary. For example, a large INGO might have formal partnership frameworks and extensive compliance checks, while a smaller agency might work through informal networks or an umbrella. The selection of projects captures this range.
- **Project Scale and Duration:** There was variation in project size: some are large multi-million Euro efforts (multi-year, multi-region), while others are smaller, focused projects. The timeline of projects also varies; some started immediately after the invasion in 2022, others are later or ongoing into 2024. This allows the evaluation to compare early emergency phase partnerships with later, more protracted-phase partnerships.

Through examining all these projects, the evaluation collected evidence on a case-by-case basis and also identified **patterns across the portfolio**. For example, are capacity building practices consistent, or do they differ significantly between organizations? Does partner satisfaction correlate with project size or sector? The sample's breadth increases the confidence that findings and recommendations will be applicable to the whole ADH Ukraine response, not just a narrow slice.

7.3 Stakeholder Groups and Engagement Plan

Different stakeholders were engaged through KIIs to ensure the evaluation captures perspectives from **all levels of the partnership structure**, both in Germany and in Ukraine. The key stakeholder groups identified included:

Stakeholders in Germany (ADH and Member HQ)

- **ADH Bonn Office Staff:** They provided insight into ADH's role in coordinating the joint appeal, providing trainings on Sphere/CHS on a regularly basis for humanitarian aid organisations, and supporting ADH member organizations.
- **ADH Working Group / Coordination Bodies:** ADH has permanent working groups on quality assurance and on projects, during which Ukraine is sometimes specifically discussed. Members of these groups were key informants to discuss collective decisions on partner strategy, how lessons are shared among members, and any coordinated capacity-building initiatives.
- **ADH Member Organization HQ Representatives:** Each of the 12 member organizations for the selected projects was represented by one or more key staff at headquarters (or regional office if applicable). Typically, these were roles such as: Desk Officer or Program Manager for Ukraine, Partnership/Programs Coordinator, or Emergency Response Manager. They spoke to how their organization approached partner selection in 2022, what support and oversight they provided to partners, and how they balanced ADH's requirements with their own. They also illuminated any internal lessons or challenges (e.g. "did we have enough staff to manage many new partners quickly?"). All ADH members have been asked during the kick-off workshop to identify the most suitable HQ staff to be interviewed.

Stakeholders in Ukraine (Field and Partner Level)

- **Member Organization Field Staff in Ukraine:** Many ADH member organizations have established country offices or at least deployed staff to Ukraine to manage their projects. Key informants here include Country Directors or Heads of Mission, Program Managers, and Partner Liaison Officers. They can provide an on-the-ground view of how partnerships function daily, the capacity needs they observed among local partners, and how they implemented capacity building activities. They also deal with practical coordination with local authorities and other agencies, which can affect partnerships.
- **Local Partner Organization Leadership:** For each local partner involved in the sampled projects, the evaluation sought to interview one or more senior representatives – e.g. the **Executive Director, Project Manager, or Partnership Focal Point** of the local NGO. These interviews were critical to understand the partnership from the local partner's perspective: how they were selected or approached by the ADH member, how the relationship has been managed, what support (financial, technical) they received, and whether they feel the collaboration is equitable. They highlighted areas like trust, mutual respect, decision-making power, and also constraints they face (such as reporting burdens or bureaucracy).
- **Local Partner Staff and Volunteers:** In addition to leadership, hearing from the operational staff of partner organizations can yield insights on capacity building effectiveness. For example, field officers who received training, or volunteer coordinators who worked with the member NGO's technical advisers.

The stakeholder engagement plan ensured coverage of **three layers**: (1) ADH coordination level, (2) ADH member organizations (both HQ and field), and (3) Local partners (leadership and staff, plus community feedback where feasible). The detailed guides that were used for interviews and discussions are included in the annex, tailored to each group. All interviews were conducted in May and June 2025.

7.4 Key Informant Interview Guides

Below are the semi-structured interview guides for key informant interviews. Questions were tailored to each interviewee's role; not all questions were asked to every informant, but this list served as a pool of guiding questions aligned with the evaluation matrix. The interviewer used probing follow-up questions as needed.

A) Guide for KIIs with ADH Bonn Office Staff: (for ADH team, management)

1. **Role and Overview:** Could you describe your role in ADH's Ukraine joint appeal and specifically in supporting or coordinating member organizations and their partners?
2. **Strategy and Criteria:** How did ADH set or communicate expectations for partner selection and partnerships to member organizations (if at all)? Were there any criteria or guidelines from ADH's side on choosing local partners or capacity building?
3. **Support to Members:** In what ways did ADH support its member organizations in working with local partners? (E.g. facilitating information sharing, providing funds specifically for capacity building, organizing any joint trainings, etc.)
4. **Quality Assurance:** How has ADH monitored the quality of the partnerships and projects under the appeal? Have there been any monitoring visits or reports that focused on partnership aspects or CHS/Sphere standards compliance?
5. **Challenges Observed:** From ADH's perspective, what have been the main challenges for member organizations in partnering with local actors in Ukraine? (Possible prompts: administrative hurdles, due diligence issues, partner capacity gaps, coordination among members)
6. **Successes:** Conversely, are there notable successes or best practices in partnership approach that you have observed among the members? What made them successful?
7. **Future Outlook:** How will findings from this evaluation be used by ADH? Are there specific areas you're looking to improve (for example, developing new guidelines for partnerships or adjusting funding strategies)?
8. **Additional Points:** Is there anything else you'd like to add regarding ADH's role or any issue you think the evaluation should pay attention to?

B) Guide for KIIs with ADH Member Organization HQ Staff: (for each ADH member organizations' key HQ person for Ukraine)

1. **Background:** Please describe your organization's response in Ukraine under the ADH appeal (number of projects, types of partners, sectors involved). What is your role in managing or overseeing these projects?
2. **Partner Selection Process:** How did your organization identify and select local partner organizations in 2022 when the crisis began? What criteria and vetting procedures were used? (Probe: prior relationships vs. new partners found during the crisis; any tools like capacity assessments, due diligence checklists applied?)
3. **Changes Over Time:** Did you change partners or add new partners as the response evolved? If yes, why (e.g., performance issues, shifting needs, geographical expansion)? If no, what has contributed to continuing with the same partners?
4. **Partner Agreements:** How are the partnerships formalized (e.g., MOUs, sub-grant agreements)? Do these documents outline roles in decision-making, reporting requirements, capacity building commitments, etc.?
5. **Capacity Assessment:** At the start of the partnership, did your organization assess the capacities or training needs of the local partner? How (formal organizational capacity assessment tool, informal appraisal, etc.)? What were the major capacity gaps identified, if any?
6. **Capacity Building Support:** What specific capacity building or organizational development support have you provided to your local partners? (Probe for: training workshops – on what topics? On-the-job training or mentoring? Providing additional staff or technical advisors? Peer learning opportunities? Financial management systems support? etc.)
7. **Monitoring Quality:** How do you ensure the partner's work meets humanitarian quality standards (e.g., do field monitoring visits include checking compliance with Sphere standards or other quality benchmarks? Do you review partner reports for quality aspects, not just outputs)?

8. **Support and Communication:** How often and through what means does your HQ/regional team communicate with the local partner? (Probe: regular meetings, joint planning sessions, feedback mechanisms, use of local language vs English, etc.) How would you characterize the trust and communication in the relationship?
9. **Coordination with Other ADH Members:** Are there instances where you and another ADH member shared a local partner or worked in the same area? If so, did you coordinate assessments or capacity building with them (to avoid duplication or conflicting demands on the partner)?
10. **Challenges:** What have been the biggest challenges in working with local partners? (Possible: bureaucratic hurdles in transferring funds, differences in working culture, capacity limitations causing delays, accountability issues, external factors like government regulations, etc.) How have you tried to address these challenges?
11. **Successes and Innovations:** Can you share any success story or good practice in your partnership with a local actor? (e.g., a partner that grew significantly, a program that was delivered effectively because of local knowledge, etc.) What enabled this success?
12. **Resource Allocation:** Approximately what portion of your ADH-funded project budgets have been managed by local partners vs. by your organization? Are there budget lines for capacity building activities? Do you think the allocation has been sufficient for strengthening partners?
13. **Exit and Sustainability:** Does your organization have an exit strategy or longer-term plan for these partnerships? For instance, are you aiming for the partner to continue the work independently? Have any partners started obtaining direct funding from other sources as a result of increased capacity?
14. **Standards and Commitments:** How familiar are you (and your partners) with CHS commitments or the Charter4Change? Have these frameworks influenced your approach (like pushing more decision-making to partners, or ensuring certain policies are in place)?
15. **Looking Ahead:** In hindsight, is there anything you would do differently in managing these partnerships? What recommendations would you have for improving ADH's support or guidelines to member agencies regarding partnerships?
16. **Other Comments:** Any additional insight you want to share that we haven't covered?

C) Guide for KIIs with ADH Member Organization Field Staff in Ukraine: (for country directors, program managers, etc., often similar to HQ but focusing on field implementation)

(Many questions overlap with Section B but phrased for field context. This guide will be adapted on the fly depending on what the HQ interview of the same organization already covered to avoid duplication.)

1. **Role and Context:** Briefly, what is your role in the project in Ukraine
2. **Initial Engagement:** How do you interact with the local partner organizations on a day-to-day or week-to-week basis? Can you describe how you first engaged with the local partner(s)? (e.g., visiting their office, joint assessments, etc.) What were your first impressions regarding their capacities and needs?
3. **Technical Support:** In implementing the project, what kind of technical support do you provide to the partner? (For example, did you help design the project? Do you provide ongoing technical advice in areas like procurement, M&E, or sector-specific guidance?)
4. **Capacity Development Activities:** Have you conducted or facilitated any training sessions for partner staff locally? If yes, on what topics and how were those received? If not formal training, do you mentor their staff through working together?
5. **Monitoring and Oversight:** How do you monitor the partner's activities and progress in the field? (Probe: joint field visits, review of partner's reports, community feedback channels, etc.) Do you involve the partner in monitoring and evaluation of the project (self-assessment, reflection meetings)?
6. **Relationship Management:** How would you describe the working relationship between your organization's field team and the partner's team? (Prompts: very hands-on vs. light-touch; formal vs. informal; any tensions or particularly strong points of cooperation?)
7. **Challenges in Field Implementation:** What challenges have come up during implementation in partnership? (e.g., security incidents affecting partner, partner's limited staffing or resources, differences in approach, delays in reporting or fund transfers) How were these managed or resolved?
8. **Adaptation:** Did you need to adjust the project or support based on the partner's capacity? (For example, simplifying objectives, extending timelines, or conversely, giving more responsibility as capacity grew.)

9. **Local Networks:** How has the partner's involvement improved access or outcomes? (Probe: Did the partner's local network or acceptance enable reaching areas/populations you otherwise couldn't? Did they coordinate with local authorities better?) Conversely, are there areas where your INGO added value to the partner's work (like international procurement, technical expertise)?
10. **Quality and Standards:** Do you feel the partner is delivering aid to the expected quality standards? If there were quality issues, how did you address them together? Are partners receptive to feedback on improving practices (like data collection, community engagement, etc.)?
11. **Sustainability Plans:** From the field perspective, what would happen if your organization had to scale down or exit – is the partner prepared to continue independently or with other funding? Have you discussed any plans for transition with them?
12. **Examples:** Can you share a specific example that illustrates how the partnership worked well, or an example of a lesson learned from a hiccup in the partnership?
13. **Support from HQ/ADH:** Do you receive adequate support from your HQ in managing these partnerships (guidance, resources, flexibility)? What additional support would help you and the partner succeed?
14. **Feedback Loop:** Have the partners been able to provide feedback upward – to your organization or ADH – about the partnership? (e.g., were they asked for input in design or given a chance to review how the partnership is working?)
15. **Final Thoughts:** Any suggestions for how partnerships in this response could be improved or any other observations on working with local organizations in Ukraine under the ADH appeal?

D) Guide for KIIs with Local Partner Organization Leaders: (for local NGO directors or project managers)

1. **Introduction:** Please tell us briefly about your organization (mission, size, years of operation) and your role. How did your collaboration with [Name of ADH Member] begin?
2. **Partnership Formation:** How were you identified or approached by the INGO partner? Did you already know them or ADH as a German relief coalition before, or was it a new connection due to the war crisis? What was the process (application, meetings, capacity assessments)?
3. **Agreement and Roles:** What kind of agreement or contract do you have for the project? Does it clearly define roles and responsibilities? Do you feel those roles (who does what) are fair and make sense?
4. **Decision-Making:** In the planning and implementation of the project, how are decisions made? (Probe: Were you involved in project design or were you given a pre-designed project? Do you have freedom to adjust activities on the ground? Are you part of strategic discussions or mostly executing?)
5. **Trust and Communication:** How would you describe the communication with your INGO counterpart? (Prompt: Do you have regular meetings? Can you speak openly about problems? Do they respond to your concerns or suggestions?) Do you feel treated as an equal partner?
6. **Support Received:** What kinds of support does the INGO provide to your organization aside from funding? (Examples: training for your staff, seconding their staff to help, providing equipment, helping establish systems like accounting software, etc.) Which of these have been most helpful?
7. **Capacity Changes:** Since working with [INGO], have you noticed any changes or improvements in your organization's capacities? (E.g., better financial management, improved proposal writing skills, ability to manage larger projects, new partnerships, etc.) Can you attribute any of these changes to the support or experience gained?
8. **Resource Adequacy:** Is the funding and resources provided sufficient to achieve the project goals and also strengthen your organization? Or did you find yourself under-resourced or over-stretched?
9. **Challenges in Partnership:** What challenges has your organization faced in this partnership? (Possible: complex reporting requirements, delays in fund disbursement, differences in organizational culture, language barriers, misalignment of expectations, etc.) How were these challenges addressed, and what could be done better?
10. **Accountability and Standards:** Are you familiar with humanitarian standards like Sphere or CHS? Did [INGO] discuss these with you or require certain standards? How do you ensure quality in your projects (do you have your own monitoring, do communities give feedback)? Did the partnership introduce any new standards or practices to your organization?

11. **Coordination:** Besides [INGO], are you partnering with other international donors or networks for the Ukraine response? If yes, how does this partnership compare or coordinate? (This can give insight into whether ADH members might duplicate assessments).
12. **Future Outlook:** What are your plans after this project ends? Do you expect continued partnership or funding from this INGO? Have they discussed long-term strategies with you?
13. **Support Needed:** In what areas would you like to further develop your organization's capacity? (Probe: technical skills, management, fundraising, advocacy, etc.) How could an international partner better support those areas?
14. **Successes:** What do you consider the biggest success of your partnership with [INGO] so far? (Could be program impact or organizational growth.)
15. **Localization Perspective:** Do you feel that international aid (like through ADH members) empowers local organizations like yours? Why or why not? What changes would you suggest to make partnerships more effective and equitable?
16. **Any Other Comments:** Is there anything else you would like to share about your experience in this partnership or advice for ADH and its members?

7.5 Annex: Online Survey

The online survey was administered with SurveyMonkey. Overall, 25 respondents started the survey; however, 3 did not complete it, and 1 respondent did not answer all questions.

Introduction and Informed Consent

Dear Colleague,

You are invited to participate in this anonymous online survey as part of an independent evaluation of the Aktion Deutschland Hilft (ADH) Joint Appeal on Ukraine. The purpose of this evaluation is to assess how ADH member organizations have worked with local partners in Ukraine, with a focus on partnership quality, capacity strengthening, efficiency, and sustainability.

This survey is directed at local organizations that are implementing partners of one or more ADH member organizations.

Your Participation and Data Protection

Your participation is voluntary, and you may skip any question or exit the survey at any time without consequence. Responses are anonymous: we do not require your name or any identifying information, unless you choose to provide it.

All data will be stored securely and used solely for the purpose of this evaluation. Individual responses will not be shared with ADH or its member organizations. Only aggregated findings will be presented in the evaluation report.

The data will not be shared with third parties or used for any other purpose. Completing the survey will take approximately 10–15 minutes.

By proceeding, you confirm that:

- You have understood the purpose of the survey.
- You agree to participate voluntarily.
- You consent to your anonymized responses being used for evaluation and learning purposes.

If you have any questions, please contact the evaluation team at andre.kahlmeyer@cmc-consult.eu

Section	Question	Answer
Section 1: General Information	Name of your organization (optional):	Open
	Region(s) in Ukraine where your organization is active:	Open or possibly list of oblasts to choose from
	With which ADH member organization(s) have you worked during 2022–2024?	List of ADH member organizations to select from
Section 2: Partnership Quality	How would you describe the quality of communication with your ADH partner organization?	Very poor – Poor – Adequate – Good – Excellent

	How involved do you feel in decision-making processes for the projects you implement with ADH member organizations?	Not at all – A little – Somewhat – A lot – Fully involved
	Does your organization feel treated as an equal partner?	Yes / No / Sometimes If you wish, please elaborate
	Have you experienced significant challenges or difficulties in the partnership?	Yes / No If yes, please describe
Section 3: Capacity Building	What forms of capacity-building support have you received through this partnership? (Check all that apply)	<ul style="list-style-type: none"> • Training (e.g. project management, M&E, finance) • Mentoring or on-the-job support • IT or systems development (e.g. finance software) • Sector-specific technical support (e.g. health, WASH) • Organizational development (e.g. governance, HR) • Peer learning or exchange with other partners • None • Other (please specify):
	How useful was the capacity-building support overall?	Not useful – Somewhat useful – Useful – Very useful – Extremely useful
	Are there specific areas where your organization still needs support?	Yes / No If yes, please specify
Section 4: Efficiency and Resourcing	Were the resources (financial, technical, human) provided sufficient to fulfil your role in the project?	Not at all – Barely – Adequately – Mostly – Completely
	Did you experience delays or administrative burdens that affected implementation?	Yes / No If yes, please explain:
Section 5: Sustainability and Localization	Since the partnership began, has your organization been able to secure new funding or donors?	Yes / No / Not yet, but planning to If yes, which donors or partners (optional)?
	How would you assess your organization's independence or resilience compared to 2022?	Not at all improved – Slightly – Moderately – Significantly – Greatly improved
	What kind of support would most help your organization achieve long-term sustainability?	Open
Section 6: Feedback and Recommendations	What aspects of the partnership have worked well for your organization?	Open
	What aspects of the partnership could be improved?	Open
	Any other comments, suggestions, or messages for ADH or its member organizations?	Open

7.6 Team Composition and Complementarity

The evaluation was conducted by a highly qualified team with extensive experience in humanitarian evaluations in Ukraine and other conflict-affected settings. The team's expertise was complementary, ensuring a rigorous,

contextually grounded, and methodologically sound approach to the evaluation. André and Mykhailo have successfully worked together on evaluations and their established working relationship ensures strong team cohesion, efficient coordination, and complementary analytical strengths that contribute to a seamless and high-quality evaluation process. By leveraging their combined expertise in humanitarian response, evaluation methodologies, and local contextual knowledge, this team was well-positioned to deliver a robust, insightful, and actionable evaluation for ADH.

Team Leader: André Kahlmeyer: As the founder and Director of Conflict Management Consulting (CMC), André Kahlmeyer has over 18 years of experience in designing, implementing, monitoring, and evaluating humanitarian and development programs in fragile and conflict-affected states. His expertise spans humanitarian aid, conflict prevention, peacebuilding, governance, institutional development, and civil society engagement. He has led over a hundred evaluations and impact assessments for major donors and international organizations, including the European Union, UN agencies, GIZ, USAID, and other key humanitarian actors. André has extensive experience working in Ukraine and other conflict settings, conducting real-time reviews and evaluations of humanitarian response programs. André successfully led the Independent Evaluation for ADH's Joint Appeal on Yemen, as well as evaluations in Ukraine for the UK's Disasters Emergency Committee (DEC), NACHBAR IN NOT (Austria), and the Australian Humanitarian Partnership (AHP). He is well-versed in applying OECD/DAC evaluation criteria, the Core Humanitarian Standard, and Sphere Standards.

André holds an M.A. in Middle Eastern Studies and Political Science from the University of Leipzig, a Postgraduate Diploma in War & Conflict Studies from King's College London, an Executive MBA from INSEAD and Tsinghua University, and is currently a PhD candidate in International Relations and Security at the University of Buckingham. He is fluent in German and English and is based in Brussels and Vienna.

André's Role: As Team Leader, André had overall responsibility for the evaluation process, ensuring the quality and timely delivery of all deliverables. He led the methodological design, and data collection in Germany, oversaw data analysis and reporting, and served as the primary point of contact for ADH. Given his extensive experience in conducting evaluations in Ukraine and his fluency in German, André also supported any required documentation and reporting in German.

Senior National Evaluation Expert: Mykhailo Koriukalov: Dr. Mykhailo Koriukalov is a highly experienced evaluator, researcher, and gender expert with over 15 years of experience in program evaluation, capacity building, and policy analysis, particularly in humanitarian response and emergency programming. His expertise spans gender equality, governance, social inclusion, and development planning, with a strong focus on conflict-affected contexts. He has conducted numerous evaluations and assessments for major international organizations, including the UN, Oxfam, World Vision, Disasters Emergency Committee (DEC), Australian Humanitarian Partnership (AHP), and Aktion Deutschland Hilft (ADH). Mykhailo has worked extensively in Ukraine, leading evaluations and real-time reviews of humanitarian interventions. His recent assignments include the evaluation of the NACHBAR IN NOT humanitarian response in Ukraine and Moldova, the real-time evaluation of Ukraine's MHPSS crisis response under the Australian Humanitarian Partnership, and gender audits for national institutions such as the National Anti-Corruption Bureau of Ukraine (NABU) and the Ministry of Social Policy. His deep understanding of Ukraine's humanitarian and political landscape, combined with his strong local networks, ensures culturally and contextually grounded assessments.

Mykhailo holds a PhD in International Politics and Global Development from Kyiv National Taras Shevchenko University and has extensive training in gender mainstreaming and evaluation methodologies. He is a certified Participatory Gender Audit (PGA) facilitator and has developed and delivered training programs for public officials, civil society organizations, and international agencies. Fluent in Ukrainian, Russian, English, and French, he is based in Kyiv, Ukraine.

Mykhailo's Role: As Senior National Evaluation Expert, Mykhailo lead field research, stakeholder consultations in Ukraine, and data synthesis, ensuring the evaluation was contextually relevant and aligned with Ukraine's humanitarian realities. His expertise in gender-sensitive evaluations and emergency programming enhanced the depth and inclusivity of the findings. Additionally, his strong local networks facilitated effective data collection, ensuring broad engagement with key stakeholders and affected communities.

Quality Assurance: Maria Hrimech

Maria's role: Maria was responsible for quality assurance of all written deliverables of the assignment in accordance with CMC's quality assurance system.