HOW ARE U? | Ukrainian mental health program initiated by Olena Zelenska

STANDARD OPERATING PROCEDURES (SOPs) FOR REGIONAL COORDINATORS

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HOW ARE U? | Ukrainian mental health program initiated by Olena Zelenska
Coordination Center for Mental Health of the Cabinet of Ministers of Ukraine
NGO BARRIER-FREE
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CONTENTS

INTRODUCTION

1. General Provisions
   - 1.1. Goal and Purpose of the SOPs
   - 1.2. Document Status and Scope
   - 1.3. Principles of Regional Coordination in the field of MHPSS
   - 1.4. Terms, Definitions and Abbreviations
2. Regulatory Framework for Activities
   - 2.1. National Laws and Regulations
   - 2.2. Regional Administrative Documents
   - 2.3. International Frameworks and Guidelines
   - 2.4. Alignment of these SOPs with Other Documents
3. Role of the Regional Coordinator
   - 3.1. Position of the Coordinator within the Governance System
   - 3.2. Status and Subordination
   - 3.3. Scope of Authority and Role Limitations
4. Interaction with Key Actors
   - 4.1. Interaction with the CCMH
   - 4.2. Interaction with the OMAs
   - 4.3. The CCCS and its Working Group on Mental Health (MH WG)
   - 4.4. Regional MHPSS TWG
   - 4.5. Interaction with Communities and Partners
5. Distribution of Responsibilities
   - 5.1. Responsibility Matrix (RACI)
   - 5.2. Agreement and Resolution of Disputes
   - 5.3. Substitution and Continuity of Functions

III. ROLE LAUNCH AND PROFESSIONAL CAPACITY

6. Appointment of the Regional Coordinator
   - 6.1. Qualification Requirements
   - 6.2. Selection and Appointment Procedure
   - 6.3. Documentation of the Role
7. Onboarding and Start of Work
   - 7.1. Standard 90-Day Launch Plan
   - 7.2. Organizational and Information Support
   - 7.3. Mentorship and Support

8. Competencies and Professional Development
8.1. Competency Matrix
8.2. Competency Assessment
8.3. Continuous Professional Development
9. Planning and Cross-Sectoral Coordination
9.1. Regional MHPSS Planning
9.2. Cross-Sectoral Interaction
9.3. Work of Regional Coordination and Technical Platforms
10. Service Mapping and Registries
10.1. Mapping Goals and Principles
10.2. Mapping Methodology
10.3. Regional and National Registries
10.4. Data Verification and Updating
10.5. Use of Data for Managerial Decisions
11. Referral System
11.1. Architecture of the Referral System
11.2. Three-Level Model of Care
11.3. Standards and Principles of Referral
11.4. Systemic Barriers to Referral and Ways to Address Them
12. Work with Communities and Community Consultants
12.1. Network of Community Consultants
12.2. Support for Community Consultants (Training and Exchange of Experience)
12.3. Service Guides
12.4. Feedback
13. Communication and Advocacy
13.1. Communication Role of the Coordinator
13.2. Work with Media and Public Events
13.3. Advocacy at the Regional Level
13.4. Organization of Public Events
14. Resource Mobilisation
14.1. Needs Assessment
14.2. Resource Mobilisation and Coordination
14.3. Interaction with Partners
14.4. Training and Capacity Building of System Actors
15. Monitoring and Evaluation (M&E)
15.1. General Logic of Monitoring
15.2. Levels of Monitoring

15.3. Role of the Regional Coordinator in M&E
15.4. Monitoring Tools and Frequency
16. Key Performance Indicators (KPIs)
16.1. Purpose of KPIs
16.2. Minimum List of Basic KPIs
16.3. Use of KPIs
17. Reporting
17.1. Types of Reports
17.2. Frequency and Recipients of Reporting
17.3. Verification and Use of Reporting Data
18. Quality Assurance and Ethical Standards
18.1. Quality Assurance Principles
18.2. Ethical Standards of Practice
18.3. Personal Data Protection
19. Risk Management and Continuity of Activities
19.1. Key Risks of Regional Coordination
19.2. Risk Management
19.3. Continuity Plan
19.4. Learning from Experience and Adjustment of Procedures

ANNEXES

Annex 1. Standard Job Description of the Regional Coordinator
Annex 2. Competency Matrix and Assessment of Professional Capacity of the Regional Coordinator
Annex 3. Responsibility Matrix (RACI)
Annex 4. Indicative 90-Day Launch Plan for the Function
Annex 5. 4W Form for Service Mapping
Annex 6. Checklists of Key Regional Coordination Processes
Annex 7. Examples of Community Service Guides
Annex 8. Typical Situations and Managerial Decisions
Annex 9. Recommended Resources and Contacts
Annex 10. Terms of Reference. Position: Community Consultant for Mental Health and Psychosocial Support (MHPSS)

ABBREVIATIONS

- **CCCS** — Coordination Centre for Civilian Support
- **CCMH** — Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine
- **CLC** — civil-law contract
- **CMU** — Cabinet of Ministers of Ukraine
- **IDP** — internally displaced person
- **IE** — individual entrepreneur
- **KPI** — key performance indicators
- **LSGB** — local self-government body
- **M&E** — monitoring and evaluation
- **MH WG** — Working Group on Mental Health
- **MH WG** — Working Group on Mental Health
- **MHPSS WG** — Working Group on Mental Health and Psychosocial Support
- **MHPSS** — mental health and psychosocial support
- **NGO** — non-governmental organization
- **OMA** — oblast military administration
- **RACI** — Responsible, Accountable, Consulted, Informed (principles)
- **SOP** — standard operating procedure
- **TWG** — technical working group

INTRODUCTION

These Standard Operating Procedures (hereinafter — SOPs) define uniform approaches, rules and algorithms for organizing the activities of regional coordinators of the All-Ukrainian Mental Health Program “How Are You?” at the oblast level.

The SOPs are designed to ensure coherent, systematic and accountable coordination in the field of mental health and psychosocial support (MHPSS) taking into account the multi-level management architecture, cross-sectoral interaction and a human-centred approach.

The document serves as the main operational reference for regional coordinators, as well as a common framework for state authorities, local self-government bodies (LSGBs), service providers and partners involved in the implementation of the Program.

I. REGULATORY AND ORGANIZATIONAL FRAMEWORK

1. General Provisions

1.1. Goal and Purpose of the SOPs

The goal of these SOPs is to establish reproducible, transparent and consistent procedures for regional coordinators in order to:

- ensure effective coordination of MHPSS services at the regional level;
- unify approaches to planning, mapping, referral, monitoring and reporting;
- improve quality, accessibility and continuity of the services provided to the population.

The SOPs regulate the full cycle of a coordinator's activities — from appointment and onboarding to analysis of results and management of systemic improvements.

1.2. Document Status and Scope

These SOPs are a mandatory guiding document for regional coordinators of the All-Ukrainian Mental Health Program "How Are You?" — an initiative of the First Lady of Ukraine Olena Zelenska — across all administrative-territorial units of Ukraine.

The SOPs are not:

- a clinical protocol;
- a supervisory or control document;
- a tool for intervention in individual clinical or social cases.

This document exclusively defines coordination, organizational and analytical functions.

The provisions of these SOPs are implemented within the scope of authority and available organizational and financial resources of the relevant actors.

These SOPs are an internal organizational document that sets out the agreed approaches to coordination activities and does not establish rights and obligations for third parties.

The scope of these SOPs covers procedures for interaction between the regional coordinator and key ecosystem stakeholders.

- At the national level: interaction with the Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine (CCMH), which ensures guidance and reporting.
- By default, all official communications and coordination actions of regional coordinators regarding policies, programmes or requests to Ministries are carried out through the CCMH to unify approaches and maintain a single information realm.
- Subject to prior agreement between the regional coordinator and the CCMH, the coordinator may contact individual Ministries directly to resolve issues promptly; in such cases, the coordinator must immediately inform the CCMH of the content and results of the interaction.
- An alternative procedure to reduce the administrative burden on the CCMH: in cases where direct contact is appropriate and agreed upon, a standardised notification form (report/register of interactions) is used to inform the CCMH of the purpose, participants, key agreements and next steps.
- At the regional level: interaction with the leadership of oblast military administrations (OMAs), relevant departments (health, social protection, education and other structural units of OMAs), regional technical working groups on MHPSS (MHPSS TWGs), regional coordination centres for civilian support (CCCSs), including working groups on MHPSS within them (regional WGs).
- At the local level: interaction with LSGBs, territorial communities and the network of community consultants of the Program.
- Interaction with service providers and partners: facilities of all types of ownership (state, municipal, private), non-governmental organizations (NGOs), mobile teams and international partners.

1.3. Principles of Regional Coordination in the field of MHPSS

The activities of the regional coordinator are based on the following principles:

- human-centredness and “do no harm” principle;
- cross-sectoral cooperation and shared responsibility;
- evidence-based decision-making;

- transparency and accountability;
- non-discrimination and accessibility;
- cultural sensitivity;
- clear distinction between coordination, management and service provision;
- standardisation of approaches and focus on (ensuring) service quality;
- partnership and participation of communities and key stakeholders in decision-making processes.

1.4. Terms, Definitions and Abbreviations

Key terms:

- **All-Ukrainian Mental Health Program "How Are You?"** means an ecosystem and a set of actions initiated by the First Lady of Ukraine Olena Zelenska aimed at creating conditions for the formation and development of psychological resilience, supporting people with mental disorders and ensuring access to quality mental health services.

- **Regional coordinator** means an authorised person (usually acting as an external advisor to the head of an OMA) responsible for strategic and operational coordination of the implementation of the All-Ukrainian Mental Health Program at the oblast level, serving as the central focal point and liaison between the CCMH, OMAs, service providers and international partners.

- **Mental health** means a state of well-being, in which an individual can realise their own potential, cope with normal life stresses, work productively and contribute to their community.

- **Psychosocial support** means processes and actions that promote the holistic well-being of individuals in their social environment. This includes support that helps people recover from crises and resume normal life.

- **Service mapping (4W)** means a methodology for collecting data on available MHPSS services and resources based on the "Who, What, Where, When" principle. This methodology is used to identify gaps in service provision and avoid duplication of efforts.

- **Community consultant** means a professional responsible for ensuring local coordination of the implementation of the All-Ukrainian Mental Health Program at the community level, conducting service mapping, engaging with the population and reporting to the regional coordinator.
- **Patient (client) pathway** means a clearly defined journey and algorithm of actions for an individual to receive the necessary care, which includes the stages of care-seeking, needs assessment, service provision and referral to another professional/facility.
- **Regional technical working group (TWG)** means an advisory and consultative body at the oblast level that brings together representatives of OMA departments, international organizations and NGOs for technical expertise, standardisation of approaches and coordination of MHPSS activities.
- **Referral** means the process of transferring a request for care from one service provider to another (e.g., from a social worker to a psychologist or psychiatrist) to ensure the client's needs are addressed in a comprehensive manner.
- **Resilience** means the ability of an individual, family or community to cope with stressful situations, recover from difficulties and adapt to new circumstances.
- **Resilience centre** means a barrier-free community space providing comprehensive social services, including resilience-building, psychosocial support and counselling.
- **Mental health centre** means a structural unit of a healthcare facility that provides primary and secondary psychosocial care in outpatient and/or inpatient settings to patients who seek care independently or are referred by a treating physician or primary psychosocial care provider; outpatient psychiatric care at the patient's request or upon referral from the attending physician, including by a multidisciplinary team; and home-based psychiatric care by a mobile multidisciplinary team.

- **Barrier-free approach** means an overarching approach to policy development and implementation that ensures unhindered access for all populations to various spheres of life, including physical, informational, digital, social and civic, educational and economic inclusion.

2. Regulatory Framework for Activities

The activities of the regional coordinator are carried out in accordance with the Constitution of Ukraine and current legislation and are based on a two-tier system of regulation.

2.1. National Laws and Regulations

The activities are based on applicable laws and regulations, particularly in the fields of mental health, social services, healthcare and public mental health policy, including:

- Law of Ukraine “On the Mental Health System in Ukraine”;
- Law of Ukraine “On Social Services”
- Fundamentals of the Legislation of Ukraine on Healthcare;
- Ordinance of the Cabinet of Ministers of Ukraine (CMU) No. 1018-p of 27 December 2017 “On Approval of the National Mental Health Concept Note until 2030” [Розпорядження КМУ від 27 грудня 2017 р. № 1018-р «Про схвалення Концепції розвитку охорони психічного здоров’я в Україні на період до 2030 року»];
- Ordinance of the CMU No. 572-p of 21 June 2024 “On Approval of the Action Plan for 2024–2026 for the Implementation of the National Mental Health Concept Note until 2030” [Розпорядження КМУ від 21 червня 2024 р. № 572-р «Про затвердження плану заходів на 2024-2026 роки з реалізації Концепції розвитку охорони психічного здоров’я в Україні на період до 2030 року»];

- Resolution of the CMU No. 539 of 7 May 2022 “On Establishing the Inter-Ministerial MHPSS Coordination Council and Provision of Psychological Assistance to Persons Affected by the Armed Aggression of the Russian Federation against Ukraine” [Постанова КМУ від 7 травня 2022 р. № 539 «Про утворення Міжвідомчої координаційної ради з питань охорони психічного здоров’я та надання психологічної допомоги особам, які постраждали внаслідок збройної агресії Російської Федерації проти України»] (defines the general coordination framework);

- Resolution of the CMU No. 301 of 30 March 2023 “On Establishing the Coordination Center for Mental Health” [Постанова КМУ від 30 березня 2023 р. № 301 «Про утворення Координаційного центру з психічного здоров’я»] (defines the methodological role of the CCMH);

- Resolution of the CMU No. 470 of 9 May 2023 “On Coordination Centres for Civilian Support” [Постанова КМУ від 9 травня 2023 р. № 470 «Про координаційні центри підтримки цивільного населення»] (defines the regional coordination framework).

2.2. Regional Administrative Documents

The authority of the regional coordinator is legitimised by the OMA’s regulations, in particular:

- ordinance on the appointment of the coordinator;

- regional action plan for the implementation of the National Mental Health Concept Note until 2030;

- provisions on regional coordination and advisory bodies, including the ordinance on the establishment of the CCCS and the approval of its regulations.

2.3. International Frameworks and Guidelines

In their activities, the coordinator is guided by internationally recognised MHPSS approaches and standards, including the recommendations of the World Health Organization, the guidelines of the Inter-Agency Standing Committee, the Mental Health Gap Action Programme and other relevant frameworks.

2.4. Alignment of these SOPs with Other Documents

In case of discrepancies between the provisions of these SOPs and other regulations, the provisions of the regulations of higher legal force shall apply. The SOPs are subject to review and updating in the event of changes in the regulatory framework or the Program's architecture.

Methodological approaches, indicators and standards for the activities of the regional coordinator are defined by the CCMH.

II. ROLES, SUBORDINATION AND RESPONSIBILITY

3. Role of the Regional Coordinator

3.1. Position of the Coordinator within the Governance System

The regional coordinator is an authorised coordination officer who ensures the consistency of actions among actors within the MHPSS system at the oblast level.

The coordinator's activities do not establish a separate management hierarchy and do not substitute the functions of the OMA's structural units.

3.2. Status and Subordination

The coordinator operates within a dual interaction framework:

- administrative — guidance provided by the OMA;
- methodological — guidance provided by the CCMH.

3.3. Scope of Authority and Role Limitations

The regional coordinator:

- does not interfere with the authority of the OMA's structural units and the LSGBs and does not evaluate their activities;
- does not conduct inspections of or impose sanctions on service providers;
- does not administer medical, social or personal registers;
- does not make clinical or medical decisions;
- does not interfere in individual client cases.

The coordinator's functions do not include control, supervision, licensing, certification or evaluation of professionals' activities.

4. Interaction with Key Actors

4.1. Interaction with the CCMH

The regional coordinator interacts with the CCMH to ensure the unity of methodological approaches, consistency of coordination processes and implementation of national MHPSS priorities.

The CCMH ensures:

- methodological support for the activities of regional coordinators;
- development and updating of recommendations, tools and approaches;
- organization of training and knowledge sharing;
- data consolidation and analysis at the national level.

The regional coordinator:

- acts in accordance with the CCMH methodological recommendations;
- provides feedback on the implementation of the approaches at the regional level;
- does not perform functions that fall within the authority of the CCMH.

4.2. Interaction with the OMAs

The regional coordinator interacts with the OMAs to ensure administrative support, political legitimacy and integration of activities into regional policies and programmes.

The OMA:

- defines the administrative framework for the coordinator's activities;
- facilitates the integration of MHPSS issues into regional strategic documents;
- creates institutional conditions for cross-sectoral cooperation.
- The regional coordinator:
- informs the OMA about the status of MHPSS coordination;
- promotes the use of analytical materials in shaping regional decisions;

- does not substitute the management and administrative functions of the OMA.

4.3. The CCCS and its Working Group on Mental Health (MH WG)

The CCCS is an inter-agency coordination mechanism established under the OMA to harmonise actions for supporting civilians in emergencies and crises.

Within the CCCS, the MH WG may function as a sectoral coordination platform.

The regional coordinator for MHPSS may chair the MH WG under the CCCS, ensuring:

- organization and moderation of its work;
- preparation of agendas and materials;
- alignment of the WG's outputs with regional mental health policy priorities;
- communication of the MH WG's results to the OMA and the CCMH.

The work of the MH WG under the CCCS is carried out within the authority of the Centre and does not substitute other coordination or humanitarian mechanisms.

4.4. Regional MHPSS TWG

The regional MHPSS TWG is a cross-sectoral consultative and advisory platform that operates within the overall MHPSS coordination architecture and facilitates exchange of information, coordination of technical approaches, as well as interaction among actors involved in providing MHPSS support at the regional level.

The MHPSS TWG:

- provides a platform for regular exchange of information among state authorities, LSGBs, humanitarian, international and non-governmental organizations;
- promotes the harmonisation of technical and methodological approaches in accordance with national and international MHPSS standards;
- may be involved in discussions of consolidated data, identification of gaps and formulation of coordination recommendations.

- The regional coordinator:
- cooperates with the MHPSS TWG within the scope of their coordination role;
- participates in meetings and working discussions;
- facilitates the exchange of information between the MHPSS TWG and other elements of the regional coordination system;
- does not chair, manage or administer the MHPSS TWG and does not substitute the humanitarian coordination mechanisms.

Cooperation with the MHPSS TWG is carried out in accordance with the principles of cross-sectoral coordination, equal participation, neutrality and compliance with international MHPSS standards.

4.5. Interaction with Communities and Partners

The regional coordinator facilitates coherent interaction with LSGBs, community consultants, service providers, NGOs and international partners to develop an accessible and coherent MHPSS system at the local level.

This interaction is carried out through:

- information and methodological support;
- facilitation of coordination among different actors;
- support for exchange of experience and best practices.

The coordinator does not exercise management authority over communities or partner organizations and does not interfere in their operational activities.

5. Distribution of Responsibilities

5.1. Responsibility Matrix (RACI)

The distribution of roles and responsibilities among key actors in regional MHPSS coordination is carried out in accordance with the RACI principles (Responsible, Accountable, Consulted, Informed).

For each coordination process, the party responsible for the overall consistency and outcome of the process (Accountable) must be identified, taking into account the distinction between methodological, administrative and coordination functions.

The Responsibility Matrix is used as a tool to ensure transparency of roles, prevent duplication of functions and support cross-sectoral cooperation. It does not create additional management or financial obligations for actors involved in coordination.

The current version of the Responsibility Matrix (RACI) is provided in Annex 3 to these SOPs.

5.2. Agreement and Resolution of Disputes

Any discrepancies or disputes between the regional and national levels of coordination are addressed through consultations with the CCMH and the relevant OMA.

Disputes are resolved by reconciling positions, taking into account the CCMH methodological recommendations, the regional context and the scopes of the parties' authority. The agreed position is recorded in working order and used for further coordination activities.

This procedure does not involve any transfer or delegation of authority, changes in the legal status of the parties or the adoption of decisions beyond the scope of current legislation.

5.3. Substitution and Continuity of Functions

In order to ensure the continuity of MHPSS coordination processes in the event of the temporary absence of the regional coordinator, their functions are performed by an authorised person designated in accordance with the administrative document of the OMA.

The authorised person performs the functions of the regional coordinator within the defined powers and for the period specified in the relevant administrative document, without expanding the authority or changing the established coordination model.

III. ROLE LAUNCH AND PROFESSIONAL CAPACITY

6. Appointment of the Regional Coordinator

6.1. Qualification Requirements

The regional coordinator for MHPSS must meet the basic qualification requirements necessary to perform coordination functions in a cross-sectoral environment.

Qualification requirements include:

- higher education (at least bachelor's degree) in psychology, social work, medicine, public health, management, public administration or related fields;
- at least three years of professional experience in mental health, psychosocial support, social services, healthcare, humanitarian work or project management;
- basic understanding of the MHPSS system, including the biopsychosocial model and cross-sectoral interaction;
- ability to work with regulatory, legal and programme documents;
- skills in working with aggregated data, indicators, preparing analytical and reporting materials, and proficiency in digital tools for collaborative work and interaction in processing documents and analytical materials;
- skills in inter-agency communication and interaction with state authorities, LSGBs, civil society and international organizations, conducting facilitation meetings and coordinating decision-making processes and fulfilment of obligations;
- skills in communicating with media, preparing materials for publication and providing information support for Program implementation at the regional level;
- adherence to professional ethics, principles of confidentiality and non-discrimination.

Specialised training, certificates or experience in coordination, training or analytical initiatives in the field of MHPSS are considered an advantage but are not mandatory.

Qualification requirements are determined with regard to the coordinating nature of the role and do not require a clinical, psychotherapeutic or medical license, unless otherwise specified by separate regulations.

6.2. Selection and Appointment Procedure

Candidates for the position of regional coordinator for MHPSS are selected through the analysis of submitted documents and interviews, taking into account the Competency Matrix.

During the selection process, candidates are assessed for their compliance with qualification requirements, level of development of key competencies and readiness to perform a coordination role in a cross-sectoral environment.

The appointment of the regional coordinator is formalised by an order issued by the head of the OMA, in agreement with the CCMH and within the scope of its authority.

6.3. Documentation of the Role

To begin performing the functions of the regional coordinator for MHPSS, proper documentation of the role must be ensured, including:

- administrative document on the appointment of the regional coordinator;
- approved job description or other document defining the functions and authority of the regional coordinator (a standard job description is provided in Annex 1);
- contract or other legal document defining the format of involvement of the regional coordinator in accordance with current legislation;
- provision of access to necessary information and digital tools used in coordination activities.

The role is documented in line with the organizational model, and this documentation does not create any additional managerial, financial or legal obligations for the regional coordinator beyond those set out in current legislation.

7. Onboarding and Start of Work

7.1. Standard 90-Day Launch Plan

After appointment, the regional coordinator for MHPSS undertakes onboarding and starts work in accordance with the standard 90-day launch plan.

Within this period, the following is envisaged:

- familiarisation with regional context, institutional architecture and key stakeholders;
- formal introduction to the representatives of key stakeholders and partners;
- analysis of existing MHPSS programmes, projects and initiatives;
- verification and updating of existing MHPSS service mapping in the region;
- development of coordination priorities and an indicative action plan.

A detailed description of the standard 90-Day Launch Plan for the regional coordinator is provided in Annex 4 to these SOPs.

7.2. Organizational and Information Support

In order to ensure effective onboarding and start of work, the regional coordinator for MHPSS is provided with access to necessary organizational and information resources.

In particular, the coordinator is granted access to:

- internal communication channels used in coordination activities;
- knowledge bases, methodological materials and recommendations necessary for performing functions, available on the “How Are You?” portal;
- standardised reporting templates, data collection and consolidation tools, as well as analytical forms used in the monitoring of coordination activities.

During onboarding, the coordinator receives basic technical support on how to use the information and digital tools for communication, data collection, preparation of analytical materials and reporting.

The scope and format of access are determined in line with the organizational model and do not include access to personal or sensitive data, unless otherwise stipulated by current legislation.

7.3. Mentorship and Support

During the adaptation period, the regional coordinator for MHPSS receives mentoring and advisory support from experienced regional coordinators and/or CCMH professionals designated or appointed by the Head of the CCMH.

Mentorship and support are advisory in nature and aimed at facilitating entry into the role, sharing practical experience and developing professional competencies defined in the Competency Matrix of the Regional Coordinator.

Mentorship may be provided in various formats, including:

- individual mentoring meetings;
- group formats (intervision, thematic sessions);
- remote consultations using information and communication technologies.

The provision of mentorship support does not involve interference in management or administrative authority and does not substitute formal mechanisms for evaluation or supervision of activities.

8. Competencies and Professional Development

8.1. Competency Matrix

The professional activities of the regional coordinator for MHPSS are based on a combination of strategic vision, cross-sectoral coordination and adherence to ethical and professional principles.

Key components of the professional capacity of the regional coordinator include:

- strategic thinking and long-term perspective vision;

- cross-sectoral coordination and interaction with various stakeholder groups;
- data management, analysis and evidence-based decision-making;
- communication, facilitation and advocacy within the scope of the coordination role;
- ethical and psychosocial sensitivity when working with sensitive topics and vulnerable population groups.

The Competency Matrix of the regional coordinator is provided in Annex 2 to these SOPs and serves as a reference for professional capacity development.

8.2. Competency Assessment

The assessment of the regional coordinator's competency level is conducted using a unified descriptive scale and is exclusively aimed at development.

The assessment results are used for:

- self-assessment and professional reflection;
- identification of training and mentoring needs;
- planning of an individual professional development trajectory.

Competency assessment is not used for disciplinary, personnel or managerial decisions and does not replace formal evaluation procedures established by current legislation.

8.3. Continuous Professional Development

The Regional Coordinator for MHPSS ensures the maintenance and development of their professional capacity through participation in training activities, coordination meetings, professional exchanges and other forms of upskilling consistent with the coordination nature of the role.

Continuous professional development is aimed at updating knowledge, improving the competencies defined in the Competency Matrix and adapting to the changes in regulatory, methodological and regional contexts.

The forms, frequency and content of professional development activities are determined taking into account available opportunities, CCMH recommendations and coordination needs. These activities are subject to approval by the CCMH in accordance with the established approval mechanism. The regional coordinator is required to inform the CCMH about the activities conducted within the specified timeframe.

To ensure the practical implementation of this provision, a minimum number of professional development activities per year is defined — at least four, including at least one formal training course or certification. Specific requirements may be detailed in the approval procedure.

IV. KEY OPERATIONAL PROCESSES

9. Planning and Cross-Sectoral Coordination

9.1. Regional MHPSS Planning

The regional coordinator for MHPSS participates in the development, updating and implementation of the regional MHPSS action plan within their coordination role.

Regional planning is based on:

- results of MHPSS service and resource mapping;
- analysis of needs and gaps at the regional level;
- identified regional priorities;
- national strategic and methodological guiding frameworks.

During the planning process, the regional coordinator ensures that stakeholders adopt a consistent approach, prepares analytical materials and facilitates cross-sectoral cooperation. They do not assume the functions of executive authorities or LSGBs.

9.2. Cross-Sectoral Interaction

The regional coordinator for MHPSS facilitates the establishment and maintenance of regular cross-sectoral interaction among actors representing healthcare, social protection, education, veterans' policy and other relevant areas.

Cross-sectoral interaction is carried out to harmonise approaches, facilitate information exchange, improve the effectiveness of coordination processes and prevent duplication of MHPSS activities.

Within this interaction, the regional coordinator:

- initiates and moderates coordination meetings and discussions;
- facilitates the exchange of consolidated information and best practices;
- supports communication among stakeholders.

Cross-sectoral interaction does not involve interference in the functional authority or operational activities of the involved bodies and organizations.

9.3. Work of Regional Coordination and Technical Platforms

The MH WG under the CCCS is an internal coordination mechanism functioning within the administrative framework of the OMA.

The regional coordinator may chair the WG or provide organizational support for its activities, including:

- organizing and moderating meetings;
- ensuring preparation of materials and agendas;
- recording decisions and recommendations;
- facilitating further coordination support for their implementation within the CCCS's authority.

The WG under the CCCS holds meetings in compliance with current legislation and does not substitute other coordination or humanitarian mechanisms in the field of MHPSS.

The regional MHPSS TWG is a cross-sectoral advisory and technical platform functioning in the framework of the humanitarian and technical coordination in the field of MHPSS.

The regional coordinator cooperates with the MHPSS TWG, in particular by:

- participating in meetings and working discussions;
- facilitating the exchange of consolidated information among the group members;
- considering outputs and recommendations of the MHPSS TWG in the process of regional coordination.

The regional coordinator does not chair, administer or manage the activities of the MHPSS TWG and is not responsible for implementing decisions adopted within this platform.

10. Service Mapping and Registries

10.1. Mapping Goals and Principles

MHPSS service mapping is carried out to obtain up-to-date, consolidated and verified information about existing services, their territorial coverage and target groups in the region.

The mapping is based on the principles of regularity, uniformity of approaches, cross-sectoral cooperation, data reliability and compliance with information protection requirements.

10.2. Mapping Methodology

The 4W methodology (Who, What, Where, When) is applied to collect and consolidate information on MHPSS services. This approach enables a systematic representation of service providers, types of services, their geographical locations and their frequency or availability.

The 4W form for MHPSS service mapping is provided in Annex 5 to these SOPs and is used as a standardised data collection tool.

10.3. Regional and National Registries

The results of regional mapping are aligned with the national-level coordination through the use of unified formats, tools and approaches recommended by the CCMH.

Data harmonisation ensures comparability of information, prevents duplication and facilitates generation of a comprehensive analytical picture at the national level.

10.4. Data Verification and Updating

Mapping data are updated regularly, on a quarterly basis, in accordance with established procedures for collecting and verifying information.

Data verification is advisory in nature and focuses on checking completeness, logical consistency and relevance of information, without exercising control over or evaluating the activities of service providers.

10.5. Use of Data for Managerial Decisions

Consolidated mapping data are used for:

- identifying gaps in service availability;

- supporting regional planning and prioritisation processes;
- justifying resource needs;
- improving MHPSS service delivery pathways.

The data are used in anonymised form. Their use does not involve the processing of personal or sensitive information, unless otherwise stipulated by current legislation.

11. Referral System

11.1. Architecture of the Referral System

The referral system in the field of MHPSS is a set of coordinated mechanisms of interaction among service providers from different sectors designed to ensure timely access for individuals to appropriate types of support based on their needs.

The architecture of the referral system is based on the following elements:

- availability of up-to-date information on existing services, based on mapping results;
- defined referral pathways between healthcare, social protection, education, veterans' policy and other related sectors;
- coordinated approaches to informing, advising and guiding individuals within the service system;
- adherence to the principles of voluntariness, informed consent, confidentiality and non-discrimination.

The regional coordinator for MHPSS facilitates the alignment of the referral system architecture at the regional level by coordinating interaction among actors, disseminating consolidated information and supporting cross-sectoral agreements, without interfering in the clinical, social or managerial decisions of service providers.

The referral system does not involve centralised recording of personal data and operates in accordance with the requirements of current legislation on information protection.

11.2. Three-Level Model of Care

The MHPSS referral system is based on an adapted three-level model of care, which differentiates interventions according to the individual's level of need and the resources available, recognising the roles of family medicine and multidisciplinary centres.

The first level includes basic psychosocial support, information and navigation assistance, initial needs identification and provision of first aid with an emphasis on early risk detection. Social workers, psychosocial support counsellors, volunteer services and other non-medical resources operate at this level.

The second level covers specialised psychological, psychosocial and social services, as well as medical care at the family medicine level. Family doctors and primary care providers diagnose somatic and initial mental disorders, prescribe basic pharmacological treatment and coordinate further management in collaboration with specialists.

The third level provides highly specialised medical and psychiatric care in accordance with current standards for complex or resistant cases.

Mental health centres are seen as multifunctional structures that may operate at the interface between primary and secondary levels: they provide both basic interventions and psychoeducation, as well as specialised care (psychologists, psychiatrists, multidisciplinary teams).

Referrals between these levels are based on triage and multidisciplinary assessment of the individual's needs, the principle of least intensive intervention, service availability and the feasibility of providing effective care at the current level. If necessary, family doctors or mental health centre professionals initiate joint case management or referral to a higher level with clear clinical indications and a plan for further actions.

This approach preserves the simplicity of the three-level model while introducing flexibility in the positioning of medical and multidisciplinary resources. It helps avoid artificial fragmentation of services and ensures continuity and coordination of care.

11.3. Standards and Principles of Referral

Referrals within the MHPSS system are made in accordance with the principles of voluntariness and informed consent, confidentiality and information protection, minimisation of transmitted data (only the necessary consolidated set), non-discrimination, respect for human dignity, as well as ensuring continuity of support and avoiding re-traumatisation. For practical implementation of these principles, each referral is documented using a standardised form that captures: identification data (required minimum), reason for referral, expected intervention goals, contact details of the receiving provider, designated responsible person at each stage and deadlines for expected feedback.

A feedback system between providers is mandatory: the receiving provider must confirm acceptance of the case or issue a justified refusal with corresponding reasons recorded, while the referring provider must be informed — within established timeframes — of the further actions and outcomes.

Referrals should be made in accordance with the “no wrong door” principle: any provider contacted by an individual ensures a “warm handover” — offering brief accompanying information and coordinating with the next provider — rather than formally rejecting the request.

The regional coordinator facilitates implementation and application of these standards by disseminating guidance, ensuring the availability and updating of referral form templates, maintaining the referral register and monitoring feedback compliance, without interfering in clinical or individual case decisions. While the referring provider is responsible for the completion of the form, transmission of the minimal dataset and ensuring a “warm handover”, the receiving provider is responsible for case acceptance and provision of feedback.

All the referral procedures must comply with personal data protection requirements and local regulations. Timeframes, minimum set of required fields in the form and feedback formats are detailed in a separate procedure or annex to the SOPs to ensure clarity in implementation and monitoring.

11.4. Systemic Barriers to Referral and Ways to Address Them

In the operation of the referral system, systemic barriers may arise, including:

- limited availability of services in certain areas or for specific populations;

- insufficient awareness of actors about available services;
- inconsistency of procedures across different sectors;
- organization or communication gaps.

The regional coordinator analyses such systemic barriers based on consolidated data, mapping results and cross-sectoral interaction, and initiates their elimination at the level of procedures, agreements and coordination mechanisms.

The elimination of systemic barriers is carried out within the authority of the relevant actors and does not involve individual intervention in service provision.

12. Work with Communities and Community Consultants

12.1. Network of Community Consultants

The network of community consultants for MHPSS is established to ensure sustainable connection between the regional coordination and territorial communities, as well as to support the implementation of harmonised approaches at the local level.

Community consultants perform all functions inherent to MHPSS coordinators, but at the community level. The selection of candidates for the position of Community Consultant for MHPSS, as well as their training and continuous professional development, is carried out in accordance with the requirements and functions set out in the Terms of Reference (Annex 10).

Community consultants serve as an information and coordination interface between the community, the regional coordinator and other actors of the MHPSS system, facilitating:

- collection of consolidated information on community needs and available services;
- dissemination of guidance and coordination decisions;
- support for cross-sectoral interaction at the community level.

The regional coordinator supports the development and functioning of the community consultant network by establishing regular communication, information exchange and methodological support, without interfering in the authority of LSGBs or the operational activities of service providers.

The community consultant network operates with due regard to the varying levels of community-based capacities and the voluntary nature of participation, and does not impose any additional managerial or financial obligations on communities.

12.2. Support for Community Consultants (Training and Exchange of Experience)

The regional coordinator for MHPSS facilitates the capacity building of community consultants by organizing and supporting training activities, experience exchange and dissemination of harmonised methodological approaches.

The support for community consultants may include:

- participation in training sessions, thematic meetings or webinars;
- creation of platforms for exchange of practices among communities;
- dissemination of guidance and consolidated outputs;
- advisory support on coordination and navigation within the MHPSS system.

Such support is provided taking into account varying levels of community-based capacities, is advisory in nature and aims to ensure consistency of approaches without interfering in the authority of LSGBs or operational activities at the local level.

12.3. Service Guides

MHPSS service guides are developed to facilitate navigation for individuals and professionals within the system of available services at the regional and local levels.

Service guides are prepared based on consolidated mapping data and reflect up-to-date information on service types, providers, territorial coverage and possible referral pathways.

Service guides are subject to pre-distribution validation in order to ensure the accuracy, relevance and consistency of the information they contain. The validation is advisory in nature and does not imply the evaluation or certification of the service providers' activities.

Service guides are distributed in formats accessible to different target groups, in compliance with information protection requirements and without including personal data.

Examples of community-level MHPSS service guides are provided in Annex 7 to these SOPs.

12.4. Feedback

Feedback from territorial communities, community consultants and other stakeholders is used as a source of information to improve the regional MHPSS system.

Feedback is collected and consolidated in accessible and appropriate formats, including through surveys, working meetings and consultations, to identify systemic needs, barriers to service access and opportunities for improving coordination processes.

Consolidated feedback results are used to inform regional planning, update service mapping and guide the development of referral pathways, without including any individual or personalised information.

13. Communication and Advocacy

13.1. Communication Role of the Coordinator

The regional coordinator for MHPSS carries out communication activities within their coordination role, aimed at informing stakeholders about harmonised approaches, initiatives and priorities in the field of MHPSS.

Public communication on mental health issues is conducted in accordance with agreed messages, guidance and communication frameworks defined by the OMA and the CCMH.

The coordinator's communication activities do not involve expressing an independent public position, making political statements or providing comments beyond the agreed approaches, and are carried out in compliance with principles of reliability, ethics and non-discrimination.

13.2. Work with Media and Public Events

The regional coordinator for MHPSS communicates with media and participates in public events in the framework of their coordination role and in accordance with agreed communication approaches.

In all the interactions with media and during public events, the principles of ethics, reliability, non-stigmatisation and respect for the dignity of individuals with lived experience of mental disorders or psychosocial vulnerability are upheld.

Public comments, information messages and participation in events are delivered/carried out in accordance with internal approval procedures defined by the OMA and do not involve the disclosure of personal data or commentary on individual cases.

Communication on MHPSS during crises is conducted with consideration of heightened contextual sensitivity, potential risks for individuals and communities, and the need to prevent panic, stigma, and misinformation.

The regional coordinator participates in crisis communications strictly within the agreed roles and messages, in accordance with decisions and communication protocols defined by the OMA and other authorised actors.

During crises, communication focuses on:

- disseminating verified and consistent information;
- informing about available channels of assistance and support;
- adhering to the principles of ethics, confidentiality and prevention of re-traumatisation.

Communication does not involve commenting on individual cases, disclosing personal data or independently forming public positions outside the established procedures.

13.3. Advocacy at the Regional Level

The regional coordinator for MHPSS facilitates the integration of MHPSS agenda into regional policies, programmes and planning documents through analytical, consultative, and coordination activities.

Advocacy activities of the coordinator may include:

- preparation of consolidated analytical materials and proposals;
- participation in working groups, advisory bodies and consultation processes;

- drawing attention to systemic needs, gaps, and priorities in the field of MHPSS based on mapping results, monitoring data and feedback.

Advocacy is carried out in accordance with current legislation, without interference in political or budgetary decision-making processes and following the procedures and roles defined by the OMA.

13.4. Organization of Public Events

The regional coordinator for MHPSS is responsible for organizing and/or facilitating public, cross-sectoral events in the field of MHPSS within their coordination role.

Such events may be organized, in particular, in the format of the Days of Joint Action of the All-Ukrainian Mental Health Program “How Are You?”, as well as through other awareness-raising or coordination activities agreed upon in accordance with the established procedure.

Possible formats of public events include:

- cross-sectoral round tables and public discussions;
- awareness-raising activities for the population;
- thematic forums, conferences or panel discussions;
- meetings with representatives of territorial communities and community consultants;
- joint events with partners, civil society and international organizations;
- online events, webinars and hybrid formats.

Public events are held for the following purposes:

- to raise public awareness of mental health issues and available forms of support;
- to develop cross-sectoral interaction and partnerships;
- to engage territorial communities, civil society organizations and partners;
- to disseminate harmonised approaches and unified communication messages in the field of MHPSS.

The organization and implementation of such events are carried out in compliance with the requirements of current legislation, communication protocols of the OMA and without relying on the regional coordinator for financial or logistical support, unless otherwise specified by specific decisions.

14. Resource Mobilisation

14.1. Needs Assessment

MHPSS needs assessments are conducted to inform priority setting, guide activity planning and identify opportunities for resource mobilisation at the regional level.

The needs assessment is based on the following:

- results of service and resource mapping;
- analysis of the regional context and the specifics of target groups;
- consolidated monitoring data, feedback and cross-sectoral interaction.

The regional coordinator facilitates preparation and consolidation of analytical materials on needs, without making independent budgetary and financial decisions.

14.2. Resource Mobilisation and Coordination

Mobilisation and coordination of MHPSS resources are carried out to support the implementation of regional priorities and activities within existing programmes and plans.

As part of their coordination role, regional coordinators facilitate integration of MHPSS activities into regional and local programmes and budgets.

For this purpose, the regional coordinator may:

- initiate the inclusion of relevant activities in socio-economic development programmes;
- prepare analytical and informational justifications for funding needs;
- facilitate the cross-sectoral coordination of proposals within budget planning.

Resource mobilisation and coordination may involve financial, human, information and organizational resources, including international technical assistance and partnership programmes.

The provisions of this paragraph cannot be interpreted as grounds for budgetary commitments. The regional coordinator is not an administrator or recipient of budget funds and does not make financial decisions, unless otherwise specified by separate decisions of the authorised bodies.

14.3. Interaction with Partners

Interaction with partners — including international organizations, donors and civil society organizations — in the field of MHPSS is undertaken to ensure consistency of activities, effective use of resources and prevention of duplication of initiatives.

The regional coordinator facilitates interaction with partners by:

- exchanging consolidated information on regional priorities and needs;
- coordinating communication among stakeholders;
- supporting the integration of partnership initiatives into regional coordination processes;
- advocating for and supporting the advancement of projects and initiatives aligned with the Program's goals, the oblast action plan and the region's priority needs, including preparation of justifications, presentation of priorities, facilitation of alignment and support for agreements among relevant parties.

Interaction with partners is carried out in accordance with the procedures established by the OMA and does not involve conclusion of contracts, assumption of financial obligations or resource management by the regional coordinator, unless otherwise specified by specific decisions of the authorised bodies.

14.4. Training and Capacity Building of System Actors

The regional coordinator for MHPSS promotes the capacity building of MHPSS system actors by initiating, coordinating and providing methodological support for training activities within their coordination role.

The training activities may target:

- community consultants;
- officials of LSGBs;
- professionals involved in providing MHPSS services;
- representatives of partner and civil society organizations.

To ensure the quality and consistency of the training initiatives, the regional coordinator:

- facilitates the alignment of training topics and approaches with the CCMH;
- coordinates the exchange of information on planned and implemented training activities to avoid duplication;
- focuses training activities on the practical needs of the region and current challenges in the field of MHPSS.

The organization and implementation of training activities do not imply that the regional coordinator is responsible for financing such activities or for the mandatory engagement of participants, unless otherwise specified by specific decisions of the authorised entities.

V. QUALITY, ANALYSIS AND SYSTEM RESILIENCE

15. Monitoring and Evaluation (M&E)

15.1. General Logic of Monitoring

M&E in the field of MHPSS are conducted to ensure quality, effectiveness and consistency of the regional service system.

Monitoring focuses on the analysis of processes, systemic changes and consolidated results of activity implementation, and does not involve:

- evaluation of individual clinical cases;
- evaluation of the activities of individual professionals or service providers;
- interference in clinical, social or managerial decisions.

Analytical materials and monitoring results are used for internal analysis, planning and improvement of coordination processes. They are not used for public ranking of territorial communities, facilities or individual professionals.

15.2. Levels of Monitoring

Under these SOPs, monitoring is carried out at several interrelated levels to ensure a comprehensive analysis of the regional MHPSS system.

Monitoring is conducted at the following levels:

- operational level — tracking the implementation of agreed plans, activities and procedures related to coordination;
- analytical level — analysis of consolidated service mapping data, coverage of support, identification of systemic gaps and trends;
- managerial level — preparation of analytical conclusions and proposals to adjust regional policies, plans and approaches to resource provision.

Additional monitoring levels include *accountability* and *training,* which enable the systematic collection, consolidation and use of feedback from communities, service users and partners to identify barriers, document lessons learned and inform the development of corrective actions. At these levels, regular mechanisms are applied, including surveys, focus groups, consultations with communities and partners, analysis of complaints and suggestions. Collected data is processed in qualitative and quantitative anonymised form, followed by the preparation of recommendations and improvement plans.

Results from accountability and training levels are integrated into analytical conclusions and managerial decisions through the cycle of "analysis — strategy development — implementation — evaluation of effect". This ensures a rapid response to identified problems and improvement of service quality.

At all levels, monitoring is systematic and analytical, and does not involve the evaluation of individual cases or the activities of individual professionals. Under these SOPs, the personal data of service users is processed in accordance with the Law of Ukraine "On Personal Data Protection". The collection and analysis of information is carried out exclusively in a generalised and anonymised form.

The regional coordinator is responsible for organising accountability and training levels in agreement with relevant partners; specific methods for collecting feedback, reporting deadlines and performance indicators are detailed in the Annex to the SOP.

15.3. Role of the Regional Coordinator in M&E

Within the M&E system, the regional coordinator for MHPSS performs coordination and analytical functions aimed at supporting managerial decisions and improving systemic processes.

In particular, the regional coordinator:

- organizes the collection of consolidated data in accordance with specified formats and ensures their initial verification for completeness and logical consistency;
- analyses consolidated indicators and trends in the functioning of the regional MHPSS system;

- prepares analytical materials, notes and consolidated conclusions for the OMA and the CCMH;
- initiates management and coordination discussions based on the results of data analysis to adjust approaches, plans and coordination mechanisms.

The regional coordinator's M&E activities involve neither managerial decision-making, nor supervisory or control functions, or the evaluation of individual professionals' or service providers' performance.

15.4. Monitoring Tools and Frequency

Unified, accessible and proportionate tools for data collection and analysis are used for M&E in the field of MHPSS to ensure comparability of information and minimise burden on system participants.

Monitoring tools may include:

- standardised data collection templates and analytical tables;
- consolidated reports from service mapping and registry updates;
- analytical notes on the results of cross-sectoral interaction and feedback;
- information generated based on national recommendations and unified formats proposed by the CCMH.

The frequency of monitoring is determined based on analysis goals, data availability and managerial decision-making needs, and, as a rule, includes regular (periodic) and unscheduled analytical cycles.

Monitoring is carried out without creating additional reporting obligations, does not involve the collection of personal data, and is supportive and developmental in nature.

16. Key Performance Indicators (KPIs)

16.1. Purpose of KPIs

The KPIs are used to assess the functioning and development of the regional coordination system in the field of MHPSS.

KPIs are used as a management and analytical tool aimed at:

- tracking the dynamics of the implementation of coordination processes;
- assessing the consistency of cross-sectoral interaction;
- identifying systemic gaps and areas for improvement;
- supporting planning and managerial decision-making processes at the regional level.
- KPIs are not applied for:
- individual assessment of service users;
- evaluation of the activities of individual professionals or service providers;
- establishment of rankings of territorial communities, facilities or organizations.

KPIs are applied systematically and analytically, for the purposes of development, in connection with the M&E mechanisms defined in Section V of these SOPs.

16.2. Minimum List of Basic KPIs

In order to ensure comparability and consistency of analytics, a minimum list of basic KPIs is used to reflect the functioning of the regional coordination system in the field of MHPSS.

Basic KPIs may include, in particular:

- relevance and completeness of MHPSS service mapping;
- number and regularity of cross-sectoral coordination activities;
- availability and relevance of territorial community service guides;
- coverage of territorial communities by coordination activities;
- timeliness and completeness of the submission of consolidated reporting information.

These indicators are analytical in nature and are used to assess systemic processes and trends rather than the performance of individual actors.

The specific list of KPIs, approaches to their calculation and indicative target values may be refined by the CCMH, taking into account regional context, available data and goals of managerial analysis.

16.3. Use of KPIs

The results of the KPI analysis are used as a managerial and analytical tool to assess the functioning of the regional coordination system in the field of MHPSS.

In particular, KPI analysis results are used for:

- identifying systemic gaps and trends in the development of the system;
- adjusting regional plans and coordination approaches;
- preparing analytical materials and managerial proposals;
- informing resource needs and mobilisation priorities.

KPIs are not used to evaluate the activities of professionals, service providers or territorial communities individually, nor do they constitute grounds for the application of sanctions or restrictions.

17. Reporting

17.1. Types of Reports

Under these SOPs, reporting is used as a tool for information, analysis and support of managerial decisions in the field of MHPSS.

The regional coordinator prepares the following types of reports:

- operational (periodic) — to provide information on the current implementation status of coordination activities, process dynamics and relevant challenges;
- analytical — to consolidate trends and systemic results, identify gaps and make analytical conclusions;
- final — to assess the implementation of regional plans and coordination tasks over a defined period.

Reports are generated based on consolidated and anonymised data, do not contain information on individual cases or activities of individual professionals, and are used exclusively for coordination, analysis and planning purposes.

17.2. Frequency and Recipients of Reporting

Under these SOPs, the frequency, content and format of reporting are determined by the CCMH and agreed with the OMA, taking into account the regional context and available information capacities.

The regional coordinator submits reporting to the CCMH and the OMA's relevant structural units in accordance with the defined frequency and formats.

The introduction of reporting is guided by the principles of proportionality, relevance and minimization of administrative burden, and does not entail the duplication of reports required by other regulations.

17.3. Verification and Use of Reporting Data

Reporting data undergo logical and substantive verification to ensure their completeness, internal consistency and reliability in accordance with defined formats and methodological approaches.

The verification of reporting data is analytical in nature and does not constitute a procedure for approval, performance evaluation or oversight of the exercise of authority by individual actors.

The collected and consolidated reporting data are used exclusively for managerial, analytical and planning purposes, in particular for:

- supporting M&E processes;
- adjusting regional plans and coordination approaches;
- informing managerial decisions and resource needs.

Reporting materials are not used as grounds for conducting inspections, applying control measures or sanctions against territorial communities, service providers or individual professionals.

18. Quality Assurance and Ethical Standards

18.1. Quality Assurance Principles

Quality assurance in the field of MHPSS is aimed at maintaining effective, consistent and ethically responsible functioning of the service system.

Quality assurance is based on the following principles:

- compliance with current regulatory, strategic and methodological requirements;
- consistency of approaches and procedures across sectors and levels of care;
- focus on individual needs with respect for dignity, rights and choices;
- continuous improvement of coordination, organizational and analytical procedures based on data and feedback.

The implementation of quality assurance principles is systematic, aimed at development and does not involve the introduction of control or supervisory mechanisms for the activities of individual professionals or service providers.

18.2. Ethical Standards of Practice

In their practice, the regional coordinator for MHPSS adheres to ethical standards that ensure respect for human rights, safe and responsible coordination activities and trust among system actors.

Such ethical standards include, in particular:

- respect for human dignity, rights and autonomy;
- prevention of stigma, discrimination or biased attitudes;
- compliance with confidentiality and information protection requirements;
- professional neutrality, integrity and avoidance of conflicts of interest.

Adherence to ethical standards is a part of good coordination practice and does not replace professional ethical codes applicable to service providers delivering MHPSS services.

18.3. Personal Data Protection

The regional coordinator for MHPSS does not collect, process or store personal data of service users.

Under these SOPs, all information management is carried out using generalised and anonymised data, in accordance with the principle of data minimisation and the requirements of current Ukrainian legislation on personal data protection.

Information exchange among MHPSS actors is carried out exclusively to the extent necessary for coordination, analytical and planning purposes, and does not involve the transmission of identifying information or access to individual cases.

19. Risk Management and Continuity of Activities

19.1. Key Risks of Regional Coordination

During the implementation of regional coordination in the field of MHPSS, risks may arise that affect the stability and effectiveness of system functioning.

Key risks may include, in particular:

- personnel and organizational changes affecting the continuity of coordination processes;
- security restrictions related to war or emergency contexts;
- lack of financial, human or organizational resources;
- fragmentation or insufficient consistency of cross-sectoral interaction;
- loss of relevance, completeness or comparability of data used for planning and analysis.

Risk identification and analysis are carried out to ensure timely response and continuity of coordination activities, and do not imply personal liability of individual actors.

19.2. Risk Management

To ensure continuity of regional coordination in the field of MHPSS, the regional coordinator, in cooperation with the OMA and the CCMH, facilitates the implementation of risk management activities.

Such activities may include:

- planning alternative operational scenarios considering changes in security, organizational or resource situations;
- ensuring backup and replacement of coordination functions in accordance with established procedures;
- regularly reviewing and updating coordination procedures and tools in response to changes in the context.

Risk management is preventive and systematic in nature and does not introduce additional control or supervisory mechanisms for individual actors.

19.3. Continuity Plan

To ensure the sustainability and continuity of coordination processes in the field of MHPSS, basic mechanisms of response to emergency or crisis circumstances are defined.

The continuity plan includes, in particular:

- mechanisms for temporary substitution of the regional coordinator role or specific coordination functions;
- preservation of and continuous access to necessary consolidated information, analytical materials and working tools;
- procedures for transferring key coordination functions and contacts in case of temporary inability to perform duties.

The continuity plan is implemented in cooperation with the OMA and in line with current crisis management procedures.

19.4. Learning from Experience and Adjustment of Procedures

The results of risk and crisis situation analyses, as well as accumulated practical experience from coordination activities, are used to inform regular review, updating and continuous improvement of these SOPs.

The SOPs are reviewed and revised to improve the adaptability, effectiveness and resilience of the regional coordination system, taking into account changes in the regulatory environment, security context and management needs.

The update of the SOPs is systematic and developmental in nature, and does not entail the individual evaluation of professionals' activities or application of control measures.

20. Final provisions

These SOPs define a harmonised approach to the organization and coordination of MHPSS activities at the regional level and are used as a working tool for coordination activities.

The SOPs do not establish new legal norms, do not change the distribution of authority between state authorities and LSGBs, and do not replace the requirements of current laws, regulations or industry standards.

Their provisions are applied with consideration of security context, institutional capacity of the region and available resources, and may be adapted to regional conditions without violating their general logic and principles.

21. Procedures for Amending and Updating the SOPs

These SOPs are updated and amended to ensure compliance with the current regulatory, methodological and security context. This process also incorporates the results of monitoring, risk analysis and accumulated practical experience.

The following actors may initiate amendments to the SOPs:

- the OMA;
- the CCMH;
- the regional coordinator for MHPSS (through submission of justified proposals).

Proposed amendments to the SOPs are reviewed in accordance with established procedures and are implemented after approval by the OMA and the CCMH.

Amendments to the SOPs cannot expand the OMA's authority, introduce new budgetary commitments or establish control or supervisory functions, unless explicitly provided by current legislation or specific decisions of the authorised bodies.

The updated version of the SOPs is communicated to the stakeholders according to the procedure established by the OMA.

ANNEXES

ANNEX 1

STANDARD JOB DESCRIPTION
Regional Coordinator for Mental Health and Psychosocial Support

APPROVED BY
Head of the Oblast Military Administration
_____ (Full Name)
"___" _____ 2025

1. General Provisions

1.1. The Regional Coordinator for Mental Health and Psychosocial Support (hereinafter — the Coordinator) is an authorized coordination officer, who ensures the consistency of actions among actors within the mental health and psychosocial support (MHPSS) system at the oblast level as part of the implementation of the All-Ukrainian Mental Health Program "How Are You?".

1.2. The Coordinator's activities are guided by the Constitution of Ukraine, laws of Ukraine, regulations of the Cabinet of Ministers of Ukraine, administrative documents of the oblast military administration (OMA), standard operating procedures (SOPs) in the field of MHPSS and guidance of the Coordination Center for Mental Health of the Cabinet of Ministers of Ukraine (CCMH).

1.3. The Coordinator operates within a dual interaction framework:

- administrative — with the OMA;
- methodological and analytical — with the CCMH.

1.4. The Coordinator is not a service provider, does not carry out clinical, medical, psychotherapeutic or psychiatric activities, and does not interfere in individual cases of service users.

1.5. The Coordinator's activities are coordinating, analytical and developmental in nature and do not involve control, supervisory or inspection functions.

2. Main Tasks

The main tasks of the Coordinator are:

- ensuring regional coordination of MHPSS activities;
- facilitating cross-sectoral interaction among executive authorities, local self-government bodies (LSGBs), service providers, non-governmental and international organizations;
- organizing processes of regional planning, service mapping, referral and analytical support in the field of MHPSS;
- preparing consolidated analytical and reporting materials to support managerial decisions.

3. Functional Responsibilities

In accordance with the assigned tasks, the Coordinator:

3.1. Participates in the development, updating and support of the regional MHPSS action plan, taking into account national guiding instruments and regional priorities.

3.2. Ensures cross-sectoral coordination among structural units of the OMA, LSGBs, facilities, service providers, civil society and international organizations.

3.3. Organizes the functioning of the regional working group or other coordination formats in the field of MHPSS, including preparation of materials, recording of decisions and facilitation of implementation within defined authority.

3.4. Cooperates with the national Technical Working Group on MHPSS and other advisory bodies within the agreed formats of interaction.

3.5. Coordinates the process of MHPSS service mapping, ensures relevance, completeness and verification of consolidated and anonymised data.

3.6. Contributes to the development, updating and dissemination of service guides and access pathways for the population and professionals.

3.7. Analyses consolidated data, indicators and monitoring results, prepares analytical notes, information materials and reports.

3.8. Ensures communication on MHPSS matters in accordance with agreed messages, principles of ethics and stigma prevention.

3.9. Facilitates the organization of public, cross-sectoral and communication events in the field of MHPSS, in particular the Days of Joint Action of the All-Ukrainian Program “How Are You?”.

3.10. Within the coordination role, facilitates mobilisation and coordination of resources, preparation of analytical justifications of needs and prevention of duplication of initiatives.

3.11. Participates in risk management activities, ensures the continuity of activities and contributes to the improvement of coordination procedures.

4. Rights

The Coordinator is entitled to:

- initiate coordination meetings, working meetings, consultations and discussions;
- receive consolidated information necessary for fulfilling tasks from structural units of the OMA, LSGBs and partners;
- represent the region in coordination, advisory and training events on MHPSS in agreement with the management;
- submit proposals for improving the regional MHPSS system.

5. Responsibilities

Within current legislation, the Coordinator is responsible for:

- proper fulfilment of the assigned functional responsibilities;
- quality, reliability and timeliness of prepared analytical and reporting materials;
- adherence to ethical standards, principles of non-discrimination and confidentiality;
- compliance with legal requirements and SOPs within the scope of their activities.

6. Qualification Requirements

6.1. Education: higher education (at least bachelor’s degree) in psychology, social work, medicine, public health, public administration or related fields.

6.2. Work experience: at least three years in coordination, project management, social, humanitarian or public activities.

6.3. Knowledge: regulatory framework in the field of MHPSS, principles of cross-sectoral interaction, basics of analysis and planning.

6.4. Skills: analysis, communication and organizational skills for working with consolidated data and coordinating processes.

7. Working Conditions

7.1 General Principles

The Coordinator's working arrangements, payment terms and other labour or civil law relations are determined in accordance with their legal status and concluded contracts, taking into account the requirements of the current labour and civil legislation of Ukraine.

7.2 Working Arrangements Depending on Legal Status

- For permanent employees of the OMA:

working arrangements, working hours, leave and internal work regulations are applied in accordance with the rules of the OMA and the employment contract.

- For persons under a civil-law contract (CLC) or individual entrepreneurs (IEs):

working arrangements, scope of tasks, deadlines, reporting procedures and subordination are determined by the terms of the relevant contract. To avoid legal risks associated with employment relations, such persons are not subject to the internal service regulations of the OMA in parts that contradict their legal status.

7.3 Business Trips and Travel

- For permanent employees, business trips are organized in accordance with the internal rules of the OMA.
- For persons under a CLC or IEs, conditions for business trips, reimbursement of travel costs, per diems and related expenses are regulated by the contract.
- All business trips and travel must be approved by the authorised person or Regional Coordinator in accordance with established procedures.

7.4 Access to Resources and Working Tools

The Coordinator is provided with access to the necessary information resources, internal communication channels, guidance materials and working tools. The procedure for granting access, terms of use and responsibility for information security are determined by separate internal regulations and the contract.

7.5 Remuneration, Compensation and Reimbursement of Expenses

- Permanent employees receive remuneration in accordance with the staffing table and terms of their employment contract.
- Persons under a CLC and IEs receive remuneration in accordance with the terms of the contract, which must clearly define the scope of work, payment deadlines, reporting procedures and cost reimbursement mechanisms.
- Expenses related to the performance of official duties (travel, accommodation, materials) are reimbursed based on supporting documents and in accordance with the approved rules or contract terms.

7.6 Liability and Legal Protection

All terms of cooperation must be formalised in writing (employment contract, CLC or contract with an IE). Contracts must include provisions on procedures for interaction, subordination within the scope of authority, responsibilities of the parties, dispute resolution, as well as taxation and social insurance in accordance with legislation.

7.7 Specifications in Contracts and Annexes

Specific rules on working arrangements, remuneration, business travel, access to resources and reporting are detailed in the employment contract or CLC. In case of any discrepancies, the written contract, agreed upon in accordance with current legislation, prevails.

COMPETENCY MATRIX
and Assessment of Professional Capacity of the Regional Coordinator

1. General Provisions

This Annex defines the approach to development, description and application of the competency matrix for regional coordinators for mental health and psychosocial support (MHPSS).

The competency matrix is designed to systematise requirements for the coordination role, support processes of training, supervision and professional development, and provide guidance on the functions of the regional coordinator.

The competency matrix is not a tool for attestation, certification, formal performance evaluation or disciplinary action. It does not create any additional management or staffing obligations.

2. Purpose and Scope of Matrix Application

The competency matrix is applied to:

- guide the selection of candidates for the position of regional coordinator;
- determine the level of professional capacity of current regional coordinators;
- plan individual professional development, training and support;
- support supervision and mentorship.

It is not expected that all the competencies will be equally developed at the initial stage of performing the role. The matrix reflects the dynamic nature of professional development and allows the gradual formation of competencies based on experience, context and working conditions.

3. Principles of Matrix Application

The competency matrix is applied in accordance with the following principles:

- voluntary use in self-assessment and supervision processes;

- non-discrimination and avoidance of comparative evaluation;
- focus on development rather than on control;
- adherence to the boundaries of the coordination role and professional ethics.

The matrix application does not alter the legal status of the regional coordinator, nor does it expand their authority.

4. Competency Assessment Scale

To ensure a unified understanding of competency levels, the matrix uses an indicative descriptive assessment scale.

The scale is applied exclusively for self-assessment, supervisory discussion and professional development planning.

Basic level: Initial level of competency development. The coordinator has a general understanding of the area and applies the competency with methodological support.

Working level: Sufficient level of competency development to perform most coordination tasks independently in typical situations.

Advanced level: High level of competency development. The coordinator systematically applies the competency in complex cross-sectoral situations and can serve as a resource person for colleagues.

5. Competency Matrix of the Regional Coordinator

Competency Area	Competency Description	Recommended Level	Manifestation in Activity
Regulatory and legal awareness	Knowledge of legislation and programmes in the field of MHPSS	Working	Correct understanding of the role's authorities and limitations
Institutional thinking	Understanding of the state and humanitarian architecture of the MHPSS system	Working	Clear differentiation of TWG, CCCS, MH WG, OMA
Methodological literacy	Knowledge of basic MHPSS approaches and standards	Basic	Application of recommendations without personal interpretation

Competency Area	Competency Description	Recommended Level	Manifestation in Activity
Coordination competency	Harmonisation of actions without authoritative powers	Working	Facilitation of interaction without direct management
Cross-sector communication	Working with different stakeholder groups	Working	Dialogue moderation and trust-building
Analytical competency	Data collection and consolidation (4W, gaps)	Working	Production of consolidated analytical materials
Data handling and ethics	Adherence to confidentiality principles	Mandatory	Management of generalised and, where required, identifying data within legal limits; non-engagement in individual clinical cases
Planning and prioritisation	Setting realistic priorities	Working	Development of balanced plans
Training and facilitation	Support for strengthening others' capacities	Optional	Support for training initiatives
Advocacy	Representation of MHPSS needs	Working	Preparation of justifications for decisions
Communication and public ethics	Correct handling of sensitive topics	Mandatory	Adherence to unified messages
Risk management	Awareness of legal and reputational risks	Optional	Avoidance of actions that create obligations
Professional resilience	Ability to maintain effectiveness	Optional	Use of supervision and support

Legend: MHPSS — mental health and psychosocial support; TWG — technical working group; CCCS — Coordination Centre for Civilian Support; MH WG — Working Group on Mental Health; OMA — oblast military administration.

6. Limitations of Matrix Application

The competency matrix is not used for:

- formal evaluation of work results;
- disciplinary or personnel decision-making;
- assessment of clinical or individual professional activities.

The competency matrix is a tool for supporting the quality of regional coordination in the field of MHPSS that contributes to the sustainable development of the professional capacity of the regional coordinator within the defined role.

Clarification on Data Handling and Authority for Systemic Changes

- **Data collection:** the regional coordinator is entitled to initiate data collection for service mapping, identification of systemic barriers and typical problems. Such data may be either generalised or identifying as necessary for coordination. Processing and storage of identified data is carried out in accordance with the requirements of the Law of Ukraine “On Personal Data Protection” and internal regulations.
- **Data use:** the coordinator consolidates the results, prepares recommendations and initiates cross-sectoral discussions to develop corrective strategies. Within the scope of authority, the coordinator may initiate the adjustment of service delivery pathways and joint case management, agreeing on changes with relevant partners and the Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine.
- **Limitations:** the coordinator does not make clinical decisions about individual patients. Any actions that require access to sensitive medical information or create legal obligations must be documented in writing and agreed with the relevant authorities.

RESPONSIBILITY MATRIX (RACI)

Regional Coordinator for Mental Health and Psychosocial Support

Legend:

R — responsible;
A — accountable;
C — consulted;
I — informed;

Key processes/actors	CCMH	OMA	Regional coordinator for MHPSS	MHPSS TWG	CCCS/MH WG	Communities/partners
Development of methodological approaches	A/R	I	C	C	I	I
Launch of the regional coordinator function	C	A	R	I	I	I
Overall MHPSS coordination in the region	C	A	C	C	C	I
Cross-sectoral interaction	C	I	C	C	C	R
Service mapping	A	I	C	C	I	R
Gap and needs analysis	A	I	R	C	C	I
Work of the MHPSS TWG	I	I	C	A/R	I	C
Work of the MH WG under the CCCS	I	A	A/R	I	R	C
Support and/or organization of the Days of Joint Action and public events	C	C	R	C	C	R
Training and capacity-building	A	I	R	C	C	C
Preparation of analytical materials	A	I	R	C	C	I

Key processes/actors	CCMH	OMA	Regional coordinator for MHPSS	MHPSS TWG	CCCS/MH WG	Communities/partners
Budget advocacy (excluding fund management)	C	A	R	I	C	I
Integration of MHPSS into regional policies	C	A	R	I	C	I
Communication and public visibility	C	C	R	I	C	C
Monitoring of coordination processes	A	I	R	C	I	I
Reporting and data consolidation	A	I	R	C	I	I

Legend: **CCMH** — Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine; **OMA** — oblast military administration; **MHPSS** — mental health and psychosocial support; **MHPSS TWG** — technical working group on MHPSS; **CCCS/MH WG** — Coordination Centre for Civilian Support/Working Group on Mental Health.

90-DAY LAUNCH PLAN
Regional Coordinator for Mental Health and Psychosocial Support

1. General Provisions

This Annex outlines an indicative 90-day launch plan for the function of the regional coordinator for mental health and psychosocial support (MHPSS). Its purpose is to ensure phased entry into the role, formation of basic coordination capacity and establishment of key interactions at the regional level.

The 90-day plan is advisory in nature and may be adapted to regional context, institutional capacity and security situation.

2. Principles for Implementing the 90-Day Plan

The launch of the regional coordinator function is carried out in accordance with the following principles:

- phased and realistic approach;
- focus on coordination rather than on operational activities;
- adherence to the boundaries of authority;
- priority of establishing interaction and information exchange;
- alignment with methodological approaches of the Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine (CCMH).

3. Structure of the 90-Day Plan

The 90-day plan is divided into three consecutive phases:

- Phase I (0–30 days) — orientation and initial entry into the role
- Phase II (31–60 days) — setting up coordination processes
- Phase III (61–90 days) — stabilisation and transition to systemic work

4. Phase I. Orientation and Initial Entry into the Role (0–30 Days)

Key objectives	Description of activities	Expected outcomes
Familiarisation with the regulatory and institutional framework	Exploring the standard operating procedures, the role of the coordinator and the MHPSS architecture	The scope of authority and role understood
Establishment of the working contact with the oblast military administration	Presenting the role, harmonising the forms of interaction	Communication format defined
Interaction with the CCMH	Familiarising with methodology and tools	Access to support and training secured
Initial stakeholder mapping	Identifying key actors in the region	Basic list of partners generated
Self-assessment of competencies	Working with the competency matrix	Development needs identified

5. Phase II. Setting Up Coordination Processes (31–60 Days)

Key objectives	Description of activities	Expected outcomes
Service mapping (4W)	Collecting consolidated information on services	Preliminary service map prepared
Interaction with the technical working group on MHPSS	Participating in meetings, exchanging information	Technical approaches aligned
Launch or participation in the working group on mental health within the Coordination Centre for Civilian Support	Organizing/moderating group work	Coordination platform established
Communication with communities	Participating in working meetings, clarifying the role	Awareness increased
Priority setting	Summarising needs and gaps	List of priorities developed

6. Phase III. Stabilisation and Transition to Systemic Work (61–90 Days)

Key objectives	Description of activities	Expected outcomes
Consolidation of analytics	Analysing data, preparing review	Analytical note prepared
Integration into regional processes	Aligning with policies and programmes	MHPSS included into planning
Support for training initiatives	Facilitating training for actors	Capacities strengthened
Planning for the next period	Preparing an indicative plan	Clear vision of next steps available

Key objectives	Description of activities	Expected outcomes
Reflection and supervision	Assessing initial results	Achievements and challenges recognised

7. Expected Results after 90 Days

Upon completion of the 90-day period, the regional coordinator:

- is integrated into the regional coordination system;
- has established working relationships with the key actors;
- has a basic analytical overview of the MHPSS field in the region;
- is ready to transition from launch to stable coordination activities.

8. Precautions on Application

The 90-day plan is not a tool for assessing the performance of the regional coordinator and is not used to make managerial or disciplinary decisions.

The 90-day launch plan is a support tool that ensures a consistent and safe start for the regional coordinator for MHPSS within their defined role.

ANNEX 5

4W FORM FOR SERVICE MAPPING
in the Field of Mental Health and Psychosocial Support

1. General Provisions

1.1. The 4W Form is applied for the standardised collection and consolidation of information on services in the field of mental health and psychosocial support (MHPSS) at the regional level.

1.2. The form is used by regional coordinators, community consultants and other authorised participants of the mapping process.

1.3. Information is collected in accordance with the principle of data minimisation and without the collection of personal data of service users.

2. Structure of the 4W Form

The 4W Form consists of four main sections: **Who** (who provides the service), **What** (what service is provided), **Where** (where the service is provided), **When** (when and under what conditions the service is provided).

3. The 4W Form

3.1. WHO — Who Provides the Service

- Full name of organization/facility
- Type of organization (state, municipal, non-governmental, international, private)
- Contact person (full name, position)
- Contact details (phone, email)
- Level of activity (oblast, raion, community)

3.2. WHAT — What Service Is Provided

- Name of service/programme
- Type of service (psychological, psychosocial, medical, social, combined)
- Target group (children, adolescents, adults, veterans, internally displaced persons, others)

- Level of care (primary, secondary, tertiary)
- Format of provision (individual, group, remote, in-person)
- Availability of referral (yes/no)

3.3. WHERE — Where the service is provided

- Territorial coverage (oblast, raion, community)
- Address of service provision
- Availability of mobile or outreach formats
- Accessibility for people with limited mobility

3.4. WHEN — When and Under What Conditions the Service Is Provided

- Working schedule
- Terms of access (free of charge, co-financing, paid)
- Approximate duration of service
- Restrictions or special conditions of access

4. Additional Fields (If Needed)

- Partners in service delivery
- Source of funding
- Availability of supervision or methodological support
- Date of last information update

5. Data Verification and Updating

3.1. Data collected using the 4W Form is subject to logical verification and periodic updating.

3.2. The recommended frequency of updating is at least once every six months or in case of significant changes.

3.3. The regional coordinator is responsible for managing the process of updating the data.

HOW ARE U? | Ukrainian mental health program initiated by Olena Zelenska
Coordination Center for Mental Health of the Cabinet of Ministers of Ukraine
NGO BARRIER-FREE
World Health Organization Ukraine

CHECKLISTS OF KEY PROCESSES
of Regional Coordination in the field of Mental Health and Psychosocial Support

1. General Provisions

1.1. Checklists for key processes are used to unify and simplify the implementation of the standard operating procedures (SOPs) by regional coordinators.

1.2. Checklists do not replace the SOP provisions; rather, they serve as a practical tool for self-control and work organization.

1.3. Checklists may be adapted to the regional context provided that their logic and mandatory elements are preserved.

2. Checklist for Launching Regional Coordination

- ☐ Order of the oblast military administration on the appointment of the coordinator received
- ☐ Job description approved
- ☐ Contact with the Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine established
- ☐ Access to tools and communication channels configured
- ☐ List of key stakeholders compiled
- ☐ Initial service mapping started
- ☐ Priority action plan defined

3. Checklist for the Working Group (WG) under the Coordination Centre for Civilian Support

- ☐ Composition of the WG approved
- ☐ Provision on the WG agreed upon
- ☐ Meeting schedule defined
- ☐ Agenda prepared
- ☐ Meeting minutes documented
- ☐ Decisions and recommendations recorded
- ☐ Responsible persons for implementation identified

4. Checklist for Service Mapping (4W)

- ☐ 4W Form approved and distributed
- ☐ Authorised persons in communities identified
- ☐ Data collected in full
- ☐ Logical verification of data carried out
- ☐ Information systematised
- ☐ Data submitted for approval at the national level
- ☐ Date of next update defined

5. Checklist for Referral System

- ☐ Key service providers identified
- ☐ Referral pathways agreed
- ☐ Minimum referral standards communicated
- ☐ Service guides prepared
- ☐ Feedback mechanism functioning
- ☐ Systemic barriers identified
- ☐ Proposals for improvement formulated

6. Checklist for Communication and Advocacy

- ☐ Agreed key messages used
- ☐ Communication activities planned
- ☐ Interaction with the media carried out ethically
- ☐ Public events documented
- ☐ Proposals for regional policies prepared

7. Checklist for Monitoring and Reporting

- ☐ Data collected within specified timeframes
- ☐ Logical verification performed
- ☐ Analytical conclusions formulated
- ☐ Reports submitted to recipients
- ☐ Results used for planning

8. Use of Checklists

8.1. Checklists are used by the coordinator on a regular basis for self-assessment and streamlining activities.

8.2. The results of checklist application may be used to improve processes and training.

EXAMPLES OF COMMUNITY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICE GUIDES

1. General Provisions

1.1. A community service guide is an information tool for the population and professionals, containing up-to-date information on available mental health and psychosocial support (MHPSS) services.

1.2. The guides do not contain personal data, nor do they substitute individual counselling or clinical recommendations.

1.3. The guides are developed and updated based on the mapping data (4W), with the regional and local context taken into account.

2. Principles of Service Guide Development

The service guides are developed in accordance with the following principles:

- accessibility and clarity of information;
- relevance and reliability of data;
- neutrality and non-discrimination;
- focus on the needs of different target groups;
- minimised use of specialised terminology.

3. Recommended Structure of a Community Service Guide

3.1. General Information

- name of community;
- contact details of responsible persons;
- brief description of the MHPSS system in the community.

3.2. Primary-Level Services

- psychosocial support;

- psychological counselling;
- support groups;
- educational and preventive measures.

For each service, the following are indicated:

- name of organization/facility;
- format of provision;
- target group;
- contact details.

3.3. Secondary-Level Services

- specialised psychological counselling;
- psychotherapeutic interventions;
- social support in complex cases.

Information is provided with consideration of referral conditions.

3.4. Tertiary-Level Services

- medical and psychiatric care;
- crisis and inpatient services;
- specialised centres.

The access procedure and referral pathways are specified.

3.5. Crisis Assistance

- emergency service phone numbers;
- hotlines;
- crisis centres.

Information is highlighted separately and presented as clearly as possible.

4. Adaptation for Different Target Groups

Service guides may contain separate sections or versions for:

- children and adolescents;
- veterans and their families;
- internally displaced persons;
- persons with disabilities;
- elderly.

5. Formats for Service Guide Distribution

The service guides may be distributed in the following formats:

- printed;
- electronic (PDF, web page);
- integrated into local information resources.

6. Updating and Validation

6.1. The service guides are subject to review and updating at least once every six months.

6.2. Before distribution, the service guides are validated for completeness, accuracy and compliance with ethical principles.

6.3. The regional coordinator ensures coordination of the updating process.

ANNEX 8

TYPICAL SITUATIONS AND MANAGERIAL DECISIONS

in Regional Coordination in the Field of Mental Health and Psychosocial Support

1. General Provisions

1.1. This Annex presents typical situations that may arise in the process of regional coordination in the field of mental health and psychosocial support (MHPSS), as well as recommended managerial decisions within the authority of the regional coordinator.

1.2. The situations listed are not exhaustive and serve as a reference for making informed coordination decisions.

1.3. All decisions are made in accordance with the principles set out in the standard operating procedures (SOPs), with no interference in individual clinical or social cases.

2. Typical Situations and Recommended Actions

Situation 1. Absence or Fragmentation of Mapping Data in the Community

Situation Description: The community lacks up-to-date data on MHPSS service providers, or the available information is incomplete.

Recommended Actions for the Coordinator:

- initiate repeated data collection using the 4W Form;
- identify a responsible contact person in the community;
- provide methodological support for completing the form;
- set a deadline for data updating.

Situation 2. Duplication of Services by Different Providers

Situation Description: Within one community, several organizations provide the same services to one target group.

Recommended Actions for the Coordinator:

- analyse the mapping data;

- raise the issue for discussion in the Working Group within the Coordination Centre for Civilian Support;
- facilitate alignment of roles and division of responsibilities;
- propose redistribution of resources or coordination of efforts.

Situation 3. Identification of Gaps in Service Delivery

Situation Description: A lack of accessible services for a specific target group or territory has been identified.

Recommended Actions for the Coordinator:

- prepare an analytical note substantiating the gap;
- raise the issue at the level of the oblast military administration (OMA) or the Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine (CCMH);
- facilitate the involvement of partners or resources to meet the need.

Situation 4. Disruption of Referral Pathways

Situation Description: Delays occur between levels of care, or feedback is missing.

Recommended Actions for the Coordinator:

- analyse the systemic causes of disruption;
- initiate discussions with key service providers;
- update or refine referral pathways;
- ensure that communities are informed.

Situation 5. Conflict Between System Actors

Situation Description: There is a conflict between organizations or sectors over roles or resources.

Recommended Actions for the Coordinator:

- act as a neutral moderator of the dialogue;

- rely on data, regulatory framework and the SOPs;
- initiate the involvement of the technical working group or the CCMH, if necessary;
- record agreed decisions.

Situation 6. Public Request or Crisis Communication

Situation Description: There is increased media attention or public resonance on the topic of mental health.

Recommended Actions for the Coordinator:

- align position with the OMA and the CCMH;
- adhere to unified communication messages;
- avoid stigmatising language;
- provide verified, consolidated information.

3. Use of the Annex

3.1. Typical situations are used as training and methodological material.

3.2. If necessary, the list of situations may be supplemented, taking into account regional experience.

RECOMMENDED RESOURCES AND CONTACTS
in the Field of Mental Health and Psychosocial Support

1. General Provisions

1.1. This Annex contains an indicative list of national and international resources, information platforms and contacts that may be used by regional coordinators in performing their coordination functions.

1.2. The list is advisory in nature and is subject to periodic updates, taking into account changes in the regulatory framework, institutional architecture and partnership environment.

2. National Resources

- Coordination Center for Mental Health of the Cabinet of Ministers of Ukraine
- All-Ukrainian Mental Health Program “How Are You?”
- Specialised structural units of oblast military administrations
- National hotlines for psychological and crisis support
- State and municipal healthcare and social protection facilities

3. International and Methodological Resources

- Recommendations of the World Health Organization in the field of mental health
- Materials of the Inter-Agency Standing Committee (IASC) on mental health and psychosocial support (MHPSS)
- Mental Health Gap Action Programme
- Psychological first aid guides
- International standards for cross-sectoral coordination in the field of MHPSS

4. Educational and Information Platforms

- National educational platforms for training mental health professionals
- Online courses and libraries of methodological materials
- Repositories of training and analytical materials for the “How Are You?” Program

5. Contacts for Coordination Interaction

1.1. The contact details of the Coordination Center for Mental Health are provided to regional coordinators in accordance with established procedures.

1.2. The contact details of regional coordinators, community consultants and members of regional technical working groups are compiled and kept up to date in accordance with information security requirements.

6. Updating the Resource List

6.1. The list of recommended resources is reviewed at least once a year or in the event of significant changes in the MHPSS system.

6.2. Proposals to supplement or refine the list may be submitted by regional coordinators and partners through agreed communication channels.

TERMS OF REFERENCE

Position: Community Consultant for Mental Health and Psychosocial Support (MHPSS)

Programme: All-Ukrainian Mental Health Program “How Are You?”

Location: Territorial community/amalgamated territorial community

Coordination: Regional Coordinator for MHPSS

1. Introduction and Background

The community consultant is a key link in the “How Are You?” ecosystem. The role is designed to strengthen the territorial community by transferring methodological knowledge and best practices from other communities, contributing to the development of a sustainable local MHPSS system.

Their activities aim to establish an internal cross-sectoral dialogue among the sectors of education, medicine and social protection, etc., as well as to maintain a constant “need — resource” balance through the systematic monitoring of residents’ requests and the mobilisation of existing community capacities, resources from neighbouring territories or partner support to address identified gaps.

The priority is to actively involve people with lived experience of mental disorders and population groups affected by critical social determinants — veterans, internally displaced persons (IDPs) and people in difficult life circumstances — to establish inclusive pathways of care that take into account the specifics of war-related trauma, loss and recovery needs.

2. Goals

The goal is to build a capable, inclusive and sustainable MHPSS system in the local community by ensuring effective coordination of cross-sectoral interaction, maintaining the “need — resource” balance and implementing the pathways of care that reflect the specific experiences of veterans, IDPs, and people with mental disorders, etc. In particular:

- **Methodological strengthening and best practice implementation.** Facilitate the implementation of successful experiences of other communities and international MHPSS standards in the community, taking into account the local context.

- **Establishing internal cross-sectoral dialogue.** Support a mechanism for regular interaction among education, healthcare, social protection and other sectors within the community to ensure a comprehensive approach to residents' needs.
- **Maintaining the "need — resource" balance.** Support systematic monitoring of community requests and regular mapping (4W) of available services to quickly identify gaps and mobilise internal and external resources (from neighbouring communities, partners, donors).
- **Creating inclusive pathways of care.** Through cross-sectoral dialogue and cooperation, support the development of pathways of care tailored to the specifics of war-related trauma, loss and recovery needs, ensuring their accessibility to veterans, IDPs, and people in difficult life circumstances, etc.
- **Active involvement of people with lived experience.** Facilitate the involvement of people with lived experience of mental disorders and vulnerable populations in the planning and quality assessment of community services to ensure a human-centred approach.
- **Advocacy and addressing stigma.** Promote a culture of mental health care in the community through ethical communication and activities of the All-Ukrainian Program "How Are You?", aimed at reducing stigma and increasing psychological resilience among the population.
- **Providing an analytical basis for managerial decisions.** Collect and consolidate data on MHPSS in the community to prepare informed proposals for local self-government bodies (LSGBs) regarding development of the local service system.

3. Functional Responsibilities

3.1. Analytical Activity and Maintaining the "Need — Resource" Balance

- Develop and update the community's social passport — a key document on quantitative indicators of the target population in the community.
- Conduct regular mapping of MHPSS services in the community using the 4W methodology (Who, What, Where, When) to form an up-to-date register of service providers.
- Conduct systematic monitoring and collection of consolidated data on residents' needs, including veterans, IDPs and people in difficult life circumstances, to identify systemic gaps in support.

- Analyse the balance between available community resources and population requests, identifying barriers that limit access to services.
- Prepare informed analytical materials and proposals for LSGBs on development of the local service network and mobilisation of external resources.

3.2. Coordination and Cross-Sectoral Interaction

- Ensure regular dialogue and alignment of actions among education, health, social protection and other relevant sectors within the community.
- Facilitate the mobilisation of additional resources through cooperation with neighbouring communities, international partners and non-governmental organizations.
- Act as a liaison between the community and the regional coordinator for MHPSS, ensuring the exchange of information and methodological support for the community.
- Support the integration of national mental health activities into local socio-economic development programmes.

3.3. Development of Inclusive Pathways and Referral System

- Support the development and implementation of clear referral pathways for accessing services at different levels.
- Ensure that these pathways are inclusive and accessible for vulnerable populations, taking into account the specifics of war-related trauma and recovery needs.
- Develop and update community service guides in formats accessible to the public and professionals.

3.4. Advocacy, Communication and Engagement of People with Lived Experience

- Promote the All-Ukrainian Mental Health Program “How Are You?” and implement activities aimed at addressing stigma and increasing psychological resilience.
- Organize public cross-sectoral events, the Days of Joint Actions and awareness-raising campaigns in the field of MHPSS.
- Actively involve people with lived experience of mental disorders, veterans, IDPs and other people in difficult life circumstances in planning and service quality assessment.

- Adhere to ethical communication standards and principles of non-discrimination in all coordination activities.

3.5. Monitoring and Capacity Development

- Monitor key performance indicators (KPIs) of coordination processes in the community.
- Facilitate the organization of training activities for community professionals to enhance their MHPSS capacities.
- Ensure the collection and verification of reporting data for submission to the regional coordination level.

4. Key Principles of Activity

- human-centredness and “do no harm” principle;
- cross-sectoral cooperation and shared responsibility;
- evidence-based decision-making;
- transparency and accountability;
- non-discrimination and accessibility;
- confidentiality;
- clear distinction between coordination, management and service provision.

5. Qualification Requirements

- **Education:** Higher education (at least at bachelor’s level) in psychology, social work, medicine, administration or related fields.
- **Experience:** Professional activity/participation in public initiatives within the social or humanitarian sector, or in project management, with no specific experience requirements.
- **Competencies:** Understanding of the biopsychosocial model, knowledge of the MHPSS regulatory framework, and skills in facilitating dialogue among different stakeholders.

6. Interaction and Accountability

- The consultant receives methodological support from the regional coordinator and participates in experience-sharing activities.
- The consultant cooperates with LSGBs and Community Resilience Centres.

- The consultant does not interfere in individual clinical cases and does not make medical decisions.

Referral Procedure, Form Templates and Feedback Mechanism

Purpose

Provide a unified toolkit for recording, tracking and monitoring referrals in the mental health and psychosocial support (MHPSS) system in order to ensure continuity of care, compliance with standards and implementation of the "**no wrong door**" principle.

Scope of Application

All service providers in the region, including social workers; psychosocial support consultants; family doctors; mental health centres; specialised services; community and volunteer organizations; regional coordinators.

Key Definitions

- **Referring provider:** service provider initiating a case transfer.
- **Receiving provider**: service provider accepting the case for further care.
- **Warm handover**: prior contact and client support during the transfer.
- **Referral register**: centralised record of referrals for monitoring.

Referral Procedure

The referring provider conducts an initial needs assessment and obtains the voluntary informed consent from the person for referral; records a minimum dataset. The referring provider carries out a "warm handover", i.e. phone or electronic contact with the receiving provider to share information in advance and confirm case acceptance.

Simultaneously, a standardised referral form is completed and sent to the receiving provider; a copy is recorded in the local or regional register. The receiving provider confirms acceptance or provides a justified refusal within the established timeframe, documenting the reasons; in case of refusal, they offer alternative options or initiate further referral.

If a case requires joint management, a responsible coordinator is designated, and timeframes for review are established. After service delivery, the receiving provider sends the referring provider a standardised report on further actions and outcomes; a case is considered closed upon receipt of this report or the agreed joint management plan. All phases are documented in the register.

Minimum Standards and Deadlines

- **Minimum dataset for transfer**: minimum identification data required; reason for referral; brief description of needs; recommended level of care; receiving provider's contact details; responsible person; date.
- **Timeframes**: confirmation of acceptance/refusal — within **3 working days**; report on the outcome after acceptance — within **10 working days** or another agreed timeframe for complex cases.
- **"No wrong door" principle**: any provider must ensure a "warm handover" or provide initial assistance; formal refusal without appropriate support or follow-up is prohibited.

Roles and Responsibilities

- **Referring provider**: obtains consent, completes the form, performs a "warm handover" and provides initial support.
- **Receiving provider**: confirms acceptance/refusal, provides services and sends a report.
- **Regional coordinator**: maintains the register, monitors deadlines and quality of feedback, resolves disputes and updates templates.

Data Protection and Confidentiality

Information transfer is carried out in accordance with personal data protection requirements; only minimally necessary information is shared; templates and registers are stored in a secure environment with restricted access.

Monitoring and Performance Indicators

- **Number of referrals**; **percentage of confirmed acceptances**; **average confirmation time**; **percentage of cases with complete feedback**; **complaints about violations of the "no wrong door" principle**. Indicators are reviewed quarterly.

Referral Form Template (Table)

Field	Value
Case ID	unique identifier
Referral date	date
Referring provider	organization name; contact
Brief description of needs	short description; key challenges
Recommended level of care	primary; secondary; tertiary
Proposed receiving provider	organization name; contact
Person responsible for transfer	name; contact
Signature of the referring provider's representative	name; date

Feedback Form Template (Table)

Field	Value
Case ID	unique identifier
Date of receipt	date
Receiving provider's decision	acceptance; refusal
Brief description of further actions	short plan; assigned services
Implementation timeframe	dates or intervals
Contact of responsible person	name; phone/email

Signature of the receiving provider's representative	name; date

Register Entry Format (Table)

Field	Value
ID	unique identifier
Referral date	date
Referring provider	name
Receiving provider	name
Status	pending; confirmed; refused; closed
Date of confirmation	date
Date of closure	date
Note	short note

Implementation

This Annex enters into force upon approval of the Standard Operating Procedure.

The regional coordinator briefs providers on the completion of forms, the "no wrong door" principle and feedback deadlines.

Standards, deadlines and templates may be further detailed in additional procedures, as agreed with the Coordination Center for Mental Health under the Cabinet of Ministers of Ukraine.