

DEC PHASE 2B UKRAINE HUMANITARIAN APPEAL

FINAL EVALUATION

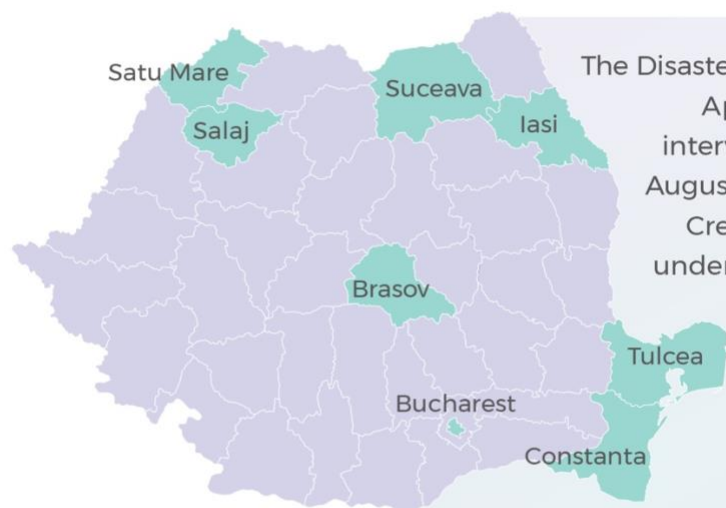


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The Humanitarian Impact Institute would like to thank the BRC, IFRC and RRC and local stakeholders for their professional engagement and support throughout this Final Evaluation.



The Disasters Emergency Committee funded Ukraine Humanitarian Appeal Phase 2b in Romania was a two-year humanitarian intervention implemented between 1 September 2023 and 31 August 2025, by International Federation of Red Cross and Red Crescent Societies in partnership with Romanian Red Cross, under contractual and technical oversight of British Red Cross.

The project supported Ukrainian and Romanian communities through meeting their basic needs (in-kind, MPCA), providing CVA for health and MHPSS support and facilitating social cohesion by community events, language classes and employability support.

Findings



Sustainability: Advance of RRC to national leadership



Relevance: Priority needs met particularly through MPCA, CVA for health and MHPSS support.



Coherence: Strong coherence with Romania's humanitarian architecture and integration into social protection systems.



Efficiency: Timely and accountable assistance delivery



Effectiveness: CVA and MHPSS as the most effective services.



Impact: Increased community trust and social cohesion among communities



Localisation: Clear shift toward locally led action by RRC and Branches



88% said the support met their most important needs.



23,500+ people (18k Ukrainian refugees & 5.5k hosts) - the project reach



9,000+ MPCA



3,600+ MHPSS



2,000+ language & employability participants



98% are satisfied with the assistance.

Good Practices



Branch-led, locally owned delivery



Ukrainian volunteers built trust & empathy



Multi-channel communication & feedback



Adaptive coordination between BRC-IFRC-RRC



PMER workshop strengthened accountability



Local fundraising & co-payment pilots

Key Limitations



Limited early needs assessments



Inconsistent feedback tracking & complaints management



Heavy workloads and need for staff wellbeing



Limited data systems for real-time adaptation



Lack of integration between MPCA and non-cash activities



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List of Acronyms and Abbreviations

BRC	British Red Cross
CATI	Computer Assisted Telephone Interview
CEA	Community Engagement and Accountability
CHS	Core Humanitarian Standard
CV	Curriculum Vitae
CVA	Cash and Voucher Assistance
CWG	Cash Working Group
DAC	Development Assistance Committee (OECD DAC criteria)
DAPS	Directorate of Social Assistance and Protection (municipal refugee services)
DEC	Disasters Emergency Committee
ERP	Enterprise Resource Planning (system)
EU	European Union
FGD	Focus Group Discussion
HII	Humanitarian Impact Institute
HQ	Headquarters
HSPs	Humanitarian Service Points
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organization
ISU	Integrated Services for Ukrainians
KII	Key Informant Interview
LMM	Localisation Maturity Model
MHPSS	Mental Health and Psychosocial Support
MPCA	Multi-Purpose Cash Assistance
MoSA	Ministry of Social Affairs
NGO	Non-Governmental Organization
OECD	Organisation for Economic Co-operation and Development
PDM	Post-Distribution Monitoring
PFA	Psychosocial First Aid
PGI	Protection, Gender and Inclusion
PMER	Planning, Monitoring, Evaluation and Reporting
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial Support
RON	Romanian Leu (currency)
RRC	Romanian Red Cross
SEIS	Socio-Economic Insights Survey
TP	Temporary Protection
TdH	Terre des Hommes
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WG	Working Group





Executive Summary

Background

Since the February 2022 escalation of the international armed conflict in Ukraine, Romania has hosted nearly 191,000 Ukrainians under a Temporary Protection regime.¹ A considerable portion (15%) of Ukrainian refugees in Romania lack at least one proper documentation which limit access to services², while more than 40% of refugee households have exhausted their savings and remain dependent on cash assistance, which sharply declined in 2025 due to funding cuts.³ The poverty rate even among employed refugee households stands at 25%, more than double the national average⁴. Healthcare remains a top concern, as nearly 40% of refugees cut back on essential expenses, while also experiencing long

waits, high costs, and limited mental health services outside Bucharest.⁵ Despite a 60% employment rate, Ukrainian refugees earn only two-thirds of local wages, and barriers such as language proficiency, qualification recognition, low pay and childcare responsibilities hinder sustainable livelihoods.⁶

The British Red Cross's (BRC) Disasters Emergency Committee (DEC) funded Ukraine Humanitarian Appeal Phase 2b project (between 1 September 2023 and 31 August 2025) in Romania, responded to the crisis through a partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC) in Romania and the Romanian Red Cross (RRC). The project was implemented by the RRC as a continuation of its emergency response to the escalation of conflict in

¹ United Nations High Commissioner for Refugees. (2025, September 8). *UNHCR Romania: Ukraine refugee situation update - Weekly update # 163*. <https://reliefweb.int/report/romania/unhcr-romania-ukraine-refugee-situation-update-weekly-update-163-8-september-2025>

² United Nations High Commissioner for Refugees. (2025, February 24). *Displacement patterns, protection risks and socio-economic inclusion of refugees from Ukraine - Survey findings* (Document No. 118280). <https://data.unhcr.org/en/documents/details/118280>

³ United Nations High Commissioner for Refugees. (2025, April). *Displacement patterns, protection risks and socio-economic inclusion of refugees from Ukraine: Survey findings* (Document No. 116542). <https://data.unhcr.org/en/documents/details/116542>

⁴ United Nations High Commissioner for Refugees; International Labour Organization; International Organization for Migration; UN Women. (2025, March 17). *High employment rates, but low wages: A poverty assessment of Ukrainian refugees in neighbouring countries* (Document No. 115013). <https://data.unhcr.org/en/documents/details/115013>

⁵ United Nations High Commissioner for Refugees. (2025, April). *Displacement patterns, protection risks and socio-economic inclusion of refugees from Ukraine: Survey findings* (Document No. 116542). <https://data.unhcr.org/en/documents/details/116542>

⁶ United Nations High Commissioner for Refugees; International Labour Organization; International Organization for Migration; & UN Women. (2025, March 17). *High employment rates, but low wages: A poverty assessment of Ukrainian refugees in neighbouring countries* (Document No. 115013). <https://data.unhcr.org/en/documents/details/115013>



Ukraine. See Annex A for the funding timeline and budget allocations.

RRC led the implementation through its Branches that delivered direct assistance such as cash transfers, healthcare access through cash, psychosocial services, and livelihood programmes through the Branches in Bucharest, Braşov, Tulcea, Suceava, Iaşi and Constanta. The project aimed to address the effects of the population movement crisis in Romania by providing humanitarian assistance and protection, ensuring access to basic needs, quality health and mental health and psychosocial support (MHPSS) services, and supporting livelihoods recovery and employment opportunities.

This final evaluation, adopting a mixed methods approach, generates learning to strengthen RRC's response preparedness in Romania.

Key Findings

Coherence

RRC evolved into a strategic national responder from a delivery partner, operating alongside national system, coordinating multilaterally and managing Red Cross partnerships. Its integration of services into Romania's social protection systems and UNHCR's refugee response frameworks demonstrates strong operational preparedness for future rapid and context-sensitive crises. Through leadership in the Cash Working Group (CWG) and MHPSS Sub-Working Group, RRC has consolidated its role as a central coordination actor which is able to mobilise partners, access data, and influence the national humanitarian agenda. As an auxiliary to the state, RRC benefits from privileged access to national and local decision-making structures, enabling rapid, localised responses.

The expansion of MHPSS services and alignment of cash and voucher assistance (CVA) values with government benchmarks reflect RRC's growing capacity to deliver integrated, multi-sectoral responses that address both immediate humanitarian needs and longer-term resilience. Strengthened communication and collaboration across the Red Cross, especially after Planning, Monitoring, Evaluation, and Reporting (PMER)

Workshop in early 2025 have further institutionalised clearer coordination pathway, clarified project requirements (although later than expected according to RRC teams) and enhanced RRC's project management systems.

Relevance

RRC is evolving into a more needs-driven, inclusive, and accountable responder which can design interventions that align closely with the realities of affected communities. It is developing a stronger ability to read and adapt to changing needs based on evidence. Its reliable community communication infrastructure standing at 96% can now be rapidly activated in crises to share timely information, collect feedback, and guide affected populations.

By late 2024, the organisation had appointed a dedicated Community Engagement and Accountability (CEA)/Protection, Gender and Inclusion (PGI) Coordinator, introduced standardised complaints and feedback protocols, although complaints and feedback (CFM) tracking cycle remains incomplete. RRC has the systems and culture to deliver sound and safe interventions by trained staff in PGI and Prevention of Sexual Exploitation and Abuse (PSEA), and adherence to IFRC protection standards.

While the relevance of the project remains high according to 88% of participants, perceptions of unmet needs were higher among persons with disabilities and older people. 18% of respondents with a person with a disability in their household said their needs were only partially or not met and among those unaware of how to give feedback, 17% had a household member with a disability. Households with older adults (60+) reported difficulties accessing information or registration systems, often due to low digital literacy or lack of transport.

RRC made deliberate inclusion efforts and already made strong progress on disability and age inclusion into its evidence-based decision making by moving from ad-hoc adjustments to systematic design, data, and delivery practices that ensure older people and persons with disabilities are reached, heard, and supported equitably in future responses.



Effectiveness



RRC has moved beyond emergency delivery toward strategic, adaptive, and quality-focused humanitarian response. It has developed robust operational delivery systems, exceeding project targets and achieving exceptionally high satisfaction rates (98%). Although the referral system worked effectively in most areas and 78% of participants received the support they needed, follow-up and integration with the MPCA were inconsistent. Effectiveness was strongest in Branches with strong local leadership, established partnerships, and active coordination with authorities, demonstrating that Branch-level capacity is a key enabler of preparedness.

RRC's PMER capacity improved significantly during the project. Data collection, monitoring, and feedback tracking became more systematic and improved RRC's foundation for data-driven decision-making and real-time adjustments.

RRC staff and volunteers were highly trained, trusted by communities, and culturally sensitive, particularly Ukrainian staff who enhanced empathy and access for refugees. However, heavy workloads, turnover, and exposure to trauma affected performance and wellbeing. While staff wellbeing services were available, RRC should continue to prioritise staff care, surge capacity, and retention strategies to maintain high performance in protracted crises.

Efficiency

RRC has grown its maturity in financial management and developed into a system-driven organisation which is able to deliver large-scale humanitarian operations efficiently and transparently. These efficiencies go beyond cost savings and include institutional readiness such as having the right systems, partnerships, and people in place to respond efficiently.

RRC and IFRC maintained robust financial controls, transparent reporting, and timely fund utilisation throughout the project. Funds were used as planned, with activities meeting or exceeding targets without overspending. Flexibility was also demonstrated through the reallocation of DEC funding based on changing needs; for example, shifting resources from declining refugee arrivals to host community support and expanded MHPSS

services. This adaptability was supported by regular coordination among RRC, IFRC, and BRC, and strengthened by improved PMER systems.

RRC's operation was not limited to DEC funding and supported by multiple Red Cross partners. Coordination improved over time through regular joint meetings and planning. While this initially created administrative complexity, RRC's growing capacity to coordinate and report across multiple donors improved delivery coherence and reduced duplication.

Efficiency varied across Branches. Branches with established local partnerships, trained volunteers, and local coordination mechanisms (e.g., with municipalities) implemented activities faster and more cost-effectively. Investing in Branch-level capacity increases efficiency and readiness. It means RRC can rely on its decentralised network for rapid mobilisation

Impact

RRC has become a trusted, socially embedded responder that can build and sustain positive relationships between refugees and host communities. Survey data showed that 97% of Romanian women and 95% of Romanian men felt that the project improved community harmony. By contrast, 43% of Ukrainian women and 34% of Ukrainian men reported improved social cohesion. Language barriers, short-term activities, and limited opportunities for deeper interaction limited impact for some groups.

Although tensions occasionally arose around perceptions of unequal aid distribution, the evaluation found these were isolated and largely unfounded. RRC's integrated programme approach, especially its healthcare and cash support interventions, successfully reduced competition for services and mitigated wider social tensions.

RRC's reliance on translators and inclusion of Ukrainian volunteers in programme delivery addressed communication barriers and improved participation in social cohesion activities. This model of peer-to-peer support and bilingual engagement increased community trust and local ownership.

The evaluation noted that DEC funding focused mainly on activity counts rather than social



cohesion outcomes. The absence of outcome-level indicators limited deeper measurement of social change.

Sustainability

While RRC has built meaningful institutional and community-level gains through the DEC Phase 2b project, sustainability depends on how well these systems can function without external donor dependency.

Multi-purpose Cash Assistance (MPCA) (84%) and CVA for health (47%) was seen as critical support for longer-term positive change by both Ukrainian and Romanian respondents. However, such large-scale transfers are unlikely to continue once donor funding ends, as Branches lack local financing mechanisms to sustain them. Language classes and the vocational trainings were valued by Ukrainian refugees, though limited by the absence of formal certification that affected employability prospects. MHPSS services and their integration into local health centres show potential for institutional sustainability if scaled. Embedding vocational trainings and language support within public services would allow these to become part of a sustainable preparedness system.

RRC has evolved from a delivery partner to a self-sufficient national responder. 7th and 8th DEC funding allocations marked a key milestone that RRC led the full cycle of project design, implementation, monitoring, and financial reporting with minimal IFRC support.

In addition, the Branch-led model gave RRC local ownership and flexibility to design activities suited to their communities. It also developed management and coordination skills which are durable capacities. RRC's preparedness will remain donor-dependent unless it develops structured local fundraising strategies, proposal-development skills, and public-private partnerships.

The 2024 French Red Cross sustainability study on health and MHPSS has already begun to inform Branch pilots, showing a shift toward evidence-based continuity planning.

Localisation

DEC Phase 2b project advanced RRC's localisation journey, marking a transition to a nationally recognised humanitarian actor with growing autonomy, credibility, and operational leadership. Guided by Humanitarian Impact Institute (HII)'s Localisation Maturity Model (LMM)⁷, RRC scored an overall more than 4 out of 5.



RRC teams gained substantial experience in planning, budgeting, and implementation, with several Branches designing and managing their own activities and local partnerships. The migration of key systems, such as CVA management and financial reporting tools, from IFRC to RRC enhanced ownership and operational management. The evaluation also highlighted improved risk management, decision-making, and partnership dynamics across the Movement. Branches reported more horizontal collaboration and peer learning, and IFRC/BRC support shifted from capacity building toward co-creation and technical mentoring.

However, localisation remains uneven across Branches. Some still depend on RRC HQ or IFRC systems for donor liaison, data management, and proposal writing. Learning and accountability mechanisms also remain more upward facing than consistently inclusive of Branch and community feedback. While Branch budgets were managed equitably, involvement of Branches in donor negotiations and resource mobilisation is limited.

From a preparedness perspective, these localisation gains are transformative. RRC's enhanced leadership, ownership of systems, and Branch-level capacity provide a strong foundation for nationally led, rapid, and context-specific response. The ability to make timely, localised decisions and manage operational risks independently strengthens RRC's institutional resilience and readiness for future emergencies. To reach full localisation maturity, RRC should now focus on systematising learning and accountability, scaling local fundraising and partnerships, and reinforcing Branch-level autonomy across all operational domains.

⁷ <https://hi-institute.org/localisation-maturity-model>





Key Recommendations

Recommendation 1: Inclusive Targeting

Continue institutionalising evidence-based and inclusive targeting through aggregate level data analysis throughout project cycle.

Recommendation 2: Structured CFM

Establish a structured, Branch-level CFM tracking system to ensure all feedback and complaints are systematically tracked and resolved.

Recommendation 3: Participation

Leverage on existing volunteer networks to improve community participation mechanisms.

Recommendation 4: MPCA Referrals

Improve project integration and complementarity by integrating referrals from and to MPCA.

Recommendation 5: Training Certifications

Explore pathways to certify language and vocational trainings provided to Ukrainian refugees.

Recommendation 6: Personnel Wellbeing

Scale up RRC staff and volunteer well-being through structured support.

Recommendation 7: Branch Autonomy

Continue strengthening Branch capacity.

Recommendation 8: Outcome Indicators

Adopt outcome level indicators to measure progress in social cohesion and integration.

Recommendation 9: Joint Inception

Introduce joint inception workshops at the onset of the projects.



"Through gestures and smiles, it worked. Even without a common language, we understood each other" Romanian woman participant from a social cohesion event, aged 61+, Brasov

Introduction

Contextual Background

Since February 2022, Romania has hosted a significant number of people fleeing the escalation of the international armed conflict in Ukraine. Romania recorded over 12.9 million border crossings of Ukrainian citizens until 1st of September 2025.⁸ While many transited onward to other European countries, a substantial number have remained in the country. As of 31 July 2025, almost 191,000 individuals had received Temporary Protection (TP) status in Romania.⁹

Limited access to identity documents continues to hinder Ukrainian refugees' ability to exercise their rights and access essential services. Although Ukrainian refugees in Romania are legally entitled to receive services under the TP scheme, 15% of Ukrainian households missing at least one identity document by early 2025.¹⁰ Another survey by UNHCR between January 2024 and April 2025 showed that 35% of women on the move reported having no documentation at all, while the rest had varying documents (e.g., passports, IDs, etc.).¹¹

Most Ukrainian refugees face challenges in meeting their basic needs in Romania. According to UNHCR's Socio-Economic Insights Survey (SEIS) conducted in mid-2024, over 40% of refugee households had exhausted their savings, relying on continued cash assistance to cover essentials such as food, health care, transportation and rent¹², considering 66% of refugees were living in rented accommodation.¹³ The May 2025 post-distribution monitoring (PDM) by UNHCR further confirmed that refugees rely on cash assistance to cover essential expenses whereas funding cuts led

to a sharp decline in the number of recipients, from 17,419 in 2024 to 2,275 in 2025.¹⁴

Healthcare is reported as a top urgent need in Europe, especially among Ukrainian households with older people, women, or persons with disabilities between October 2024 and March 2025.¹⁵ UNHCR's SEIS study reports that of those who need to access healthcare services, 27% were unable to access, often citing long waiting times, cost of clinics/hospital/medication as top reasons.¹⁶ Nearly 40% of refugees cut back on essential health expenses as a coping mechanism, indicating that affordability is limiting access to health care.¹⁷ The mental health needs are also ranked among the top three concerns by women-headed households and adolescents. 39% of the Ukrainian households in Romania reported having at least one member experiencing mental health or psychosocial problems.¹⁸ The Romania MHPSS Sub WG cites that specialized MHPSS services are largely concentrated in Bucharest which leaves other refugee-dense locations without sufficient MHPSS coverage.¹⁹

Challenges exist behind Ukrainian refugees' livelihoods and economic inclusion. The employment rate of Ukrainian refugees in Romania stood at 60% in 2024. Despite this encouraging trend, they earn two-thirds of the average hourly wage of locals.²⁰ Moreover, 15% of Ukrainian youth (ages 16-24) in Romania are not in education, employment or training. The major employment barriers are Romanian language proficiency, unattractively low wages, qualification recognition issues and childcare responsibilities (especially for

⁸ Poliția de Frontieră Română. (2025, November). Results recorded at the border in the last 24 hours. Romanian Border Police. <https://www.politiadefrontiera.ro/en/main/i-results-recorded-at-the-border-in-the-last-24-hours-9282.html>

⁹ UNHCR. (2025, September 8). *UNHCR Romania: Ukraine refugee situation update - Weekly update 163 (8 September 2025)*. ReliefWeb. <https://reliefweb.int/report/romania/unhcr-romania-ukraine-refugee-situation-update-weekly-update-163-8-september-2025>

¹⁰ UNHCR. (2025). *Ukraine refugee situation - UNHCR operational data portal (Document ID: 118280)*. UNHCR. <https://data.unhcr.org/en/documents/details/118280>

¹¹ UNHCR. (2025, August). *Mixed movements in South-Eastern Europe: The experiences of women on the move*. ReliefWeb. <https://reliefweb.int/report/world/mixed-movements-south-eastern-europethe-experiences-women-move-aug-2025>

¹² UNHCR. (2025). *Document details (ID: 114640)*. UNHCR. <https://data.unhcr.org/fr/documents/details/114640>

¹³ UNHCR. (2025). *Ukraine refugee situation - UNHCR operational data portal (Document ID: 118280)*. UNHCR. <https://data.unhcr.org/en/documents/details/118280>

¹⁴ UNHCR. (2025). *Document details (ID: 116542)*. UNHCR Operational Data Portal. <https://data.unhcr.org/en/documents/details/116542>

¹⁵ UNHCR. (2025). *Document details (ID: 114640)*. UNHCR Operational Data Portal. <https://data.unhcr.org/fr/documents/details/114640>

¹⁶ Ibid

¹⁷ Ibid

¹⁸ UNHCR. (2025). *Document details (ID: 114251)*. UNHCR Operational Data Portal. <https://data.unhcr.org/en/documents/details/114251>

¹⁹ UNHCR. (2025). *Document details (ID: 112953)*. UNHCR Operational Data Portal. <https://data.unhcr.org/en/documents/details/112953>

²⁰ UNHCR. (2025). *Document details (ID: 115013)*. UNHCR Operational Data Portal. <https://data.unhcr.org/en/documents/details/115013>



women).²¹ These barriers contribute to a significant poverty gap. After accounting for high housing costs, the poverty rate even among employed refugee households rises to 25%, more than double the national average.²²

Without targeted support, many working refugees remain unable to meet basic needs and even less achieve economic self-reliance.

DEC Humanitarian Appeal – Phase 2B

The DEC-funded Ukraine Humanitarian Appeal Phase 2b in Romania was a two-year humanitarian intervention implemented between 1 September 2023 and 31 August 2025. The project aimed to mitigate the impacts of the displacement crisis in Romania by providing timely humanitarian assistance and protection, supporting access to essential services - including MHPSS - and facilitating livelihood recovery and employment opportunities. The total grant value increased from £822,353 in July 2023 (following the fourth allocation) to £2,511,835 after the fifth, seventh, and eighth allocations, enabling an expanded scale of operations and services (See Annex A for the allocations and timelines). The project supported Ukrainian refugees and host community members across Bucharest, Salaj, Brasov, Iasi, Constanta, and Satu Mare.

Delivery modalities were diversified and community-based, with RRC Branches playing a central role in service implementation and local-level coordination. Humanity Concept Store provided consistent access to basic needs support, referrals, and information. Multicultural Centres focused on refugee integration through Romanian language classes, PSS, and social cohesion initiatives. CVA for health was provided via Integrated Health Centres and Mobile Caravans that reach rural and underserved areas.

The project is structured around three interlinked outcomes:

- **Outcome D** addresses urgent humanitarian needs through in-kind aid and MPCA for basic needs. It also helps displaced people access administrative and legal services via interpretation and accompaniment and supports social inclusion through cultural and recreational events with host communities.
- **Outcome E** provides MHPSS, including individual and group counselling, wellness activities, and CVA for health for people with chronic conditions and disabilities.
- **Outcome F** focuses on livelihoods recovery and integration by offering non-formal education for children, job training and employment support for adults, and Romanian and English classes tailored to professional and academic needs.

The project was implemented by IFRC in partnership with RRC. BRC, as the accountable DEC member agency, managed the administration of DEC funds and provided technical support on CVA and PMER.

IFRC played a key coordination and oversight role, liaising with national authorities and humanitarian actors, delivering technical assistance and monitoring, and contributing to the organisational strengthening of RRC. It managed MPCA delivery through its framework agreement with RedRose/MoneyGram until the 7th and 8th allocations, after which RRC HQ signed a supplementary agreement under the IFRC global framework.

RRC was responsible for implementation. Its headquarters led the design, coordination, and PMER functions, while Branches executed field activities and maintained direct engagement with affected communities.

²¹ UNHCR. (2025). *Document details (ID: 114640)*. UNHCR Operational Data Portal. <https://data.unhcr.org/en/documents/details/114640>

²² <https://data.unhcr.org/en/documents/details/115013>



Methodology

The evaluation adopted a mixed-methods approach informed by a two-stage document review – initially to inform tool development and later to support final analysis. It was guided by OECD DAC framework, supplemented by IFRC Evaluation Framework, BRC Evaluation Policy and Core Humanitarian Standards (CHS). Additionally, Humanitarian Impact Institute (HII) also applied its own LMM to evaluate progress on localisation within the RRC. HII's approach to evaluation was an analysis of DEC project's contribution to the IFRC integrated services programme, avoiding attribution issues by focusing on contribution. The primary data collection took place between 6th of August to 4th of September 2025.

The overall objective of this final evaluation is to analyse successes and challenges of the Phase 2b project and generate learning to strengthen RRC's response preparedness in Romania. Specifically, it focuses on assessing the project's performance, localization, of humanitarian action, quality of partnerships and CEA. The evaluation also serves as an accountability function, both to the affected population, as well as to BRC, IFRC and RRC teams as well as other stakeholders engaged in the implementation.

The specific objectives of the evaluation are:

- To assess project's overall performance and results in compliance with the CHS.
- To analyse the extent to which the community has been engaged and generate learning from the project's approach to CEA.
- To determine the extent to which the response was led by the RRC Branches and to develop evidence-based recommendations on enhancing a locally led action.

See Annex B for the evaluation matrix and questions.

Data Collection

Secondary Data Collection and Desk Review

The evaluation team conducted a comprehensive review of key documents to verify data, identify

gaps in secondary sources, and deepen the overall understanding of both the DEC Phase 2b project. The reviewed materials included the project plan, interim reports, PMER data and CFM reports. This process informed analysis across thematic areas and supported triangulation with field data.

See Annex C for the full list of documents reviewed.

Primary Data Collection

Key Informant Interviews with Red Cross Team

HII conducted eighteen remote and in-person key informant interviews (KIIs) with the, BRC (2), IFRC (3) and RRC teams (13), focusing on key learnings, constraints, opportunities and good practices at the operational, managerial and strategic levels of the project. The discussions assessed how effectively the project met its objectives across key areas such as localisation, quality of partnerships, CEA, PGI and sustainability, while informing actionable recommendations for future responses.

Key Informant Interviews with External Stakeholders

Three interviews were conducted with a local authority (1), UN organization (1) and an INGO (1) to understand coordination, referral mechanisms, and the project's responsiveness to policy frameworks and vulnerable groups, informing learning on sustainability and system-level impact.

Focus Group Discussions with Project Participants

HII conducted three focus group discussions (FGDs) with a purposive sample of project participants in Braşov (1), Iaşi (1) and Bucharest (1), which focused on relevance, effectiveness, timeliness of the response, and perceptions of inclusion, social cohesion, and integration.

The FGD participants were selected based on two criteria: First, activity-based targets by displacement status guided group composition. Second, diverse geographic perspectives were included. The discussions were held in Ukrainian and the evaluation team collaborated closely with RRC Branches to host sessions at local RRC centres.



Table 1 FGD Sampling for Project Participants

Outcome	Activity	Groups	RRC Branch
Outcome D	MPCA recipients	8 Ukrainian adult women including 2 persons with disabilities	Iași
Outcome D	Social cohesion	9 Romanian older women	Brașov
Outcome F	Language classes	15 Ukrainian adult women (9) and men (6)	Bucharest

Focus Group Discussions with RRC Staff and Volunteers

Three online FGDs were conducted with RRC Romanian field staff (1), Romanian volunteers (1) and Ukrainian volunteers (1). The discussions focused on CEA, inclusion, relevance, effectiveness and staff capacity building.

Structured Quantitative Surveys with Project Participants

HII conducted 323 surveys with randomly sampled project participants via phone calls (Computer Assisted Telephone Interview [CATI]), which provides results at the 95% confidence level with a margin of error of $\pm 5.4\%$.

Table 2 FGD Sampling for RRC Field Staff and Volunteers

Groups	Participants	Location
RRC Ukrainian Volunteers	5 adult women	Bucharest (2), Suceava (2) and Brașov (1)
RRC Romanian Field Staff	2 adult women and 2 adult men	Constanta (1), Iași (1), Brașov (1) and Suceava (1)
RRC Romanian Volunteers	5 adult women	Bucharest (1), Constanta (1), Iași (1), Brașov (1) and Suceava (1)

The surveys focused on participants' CEA awareness, protection and safety, satisfaction, timeliness of the response, perceptions of social cohesion and RRC field teams/volunteers.

Majority (69%) of the survey participants were adults aged between 25-59, followed by older

people (16%) aged 60 and above and youth (15%) aged 18 and 24. Highest share of the participants were in-kind support recipients (74% - 240 participants), CVA for health recipients (39% - 127 participants) and MPCA (44% - 143 participants).

Table 3 Survey Sampling

Location	Romanian Women	Romanian Men	Ukrainian Women	Ukrainian Men	Total	Families with Registered and Unregistered Disability
Brașov	11	4	31	10	56	11 (3%)
Bucharest	12	6	55	25	98	41 (13%)
Constanta	2	2	89	12	105	24 (7%)
Suceava	1	1	21	5	28	7 (2%)
Iasi	3	3	16	6	28	0
Tulcea	0	0	7	1	8	8 (2%)
Total	29 (9%)	16 (5%)	219 (68%)	59 (18%)	334	91 (28%)



Table 4 Activity and Gender Disaggregation of Survey Participants

Activities	Romanian Women	Romanian Men	Ukrainian Women	Ukrainian Men	Total Reach ²³
MPCA	0	0	116	27	143 (44%)
In-Kind Support	17	9	172	42	240 (74%)
Social Cohesion	5	6	41	15	67 (21%)
Awareness Raising Session	1	0	5	3	9 (3%)
Official Procedure Support	2	0	13	8	23 (7%)
PSS	4	1	11	7	23 (7%)
PFA	1	2	6	3	12 (4%)
CVA for Health	7	6	83	31	127 (39%)
Language Class	1	0	42	18	61 (19%)
Job Skills Support	2	3	7	1	13 (4%)

Field Observation Activities

HII conducted three observations visits to Bucharest (2) and Braşov (1) including language classes and yoga session. The observations focused on how accessible, inclusive, and relevant

the services were for diverse participant groups and assessed the quality of staff and volunteer interactions, the clarity of information provided, and the presence of CEA mechanisms.

Table 5 Observation Activities

Location	Outcome	Activity
Braşov	Outcome E	Yoga Session (Group MHPSS)
Bucharest	Outcome F	Romanian Language for adults
Bucharest	Outcome F	English Language for teenagers

Data Analysis, Reporting and Validation

Following the primary data collection, the evaluation team systematically analysed the data against key questions outlined in the evaluation matrix. Triangulation across secondary documents, KIs, FGDs, observations and the validation workshops with Red Cross teams²⁴ members strengthened the accuracy of the findings. A thematic analysis approach was applied to KIs and FGDs transcripts, enabling a structured examination of implementation dynamics. Transcripts were reviewed for accuracy, coded to identify recurring themes and organized under overarching topics.

Quantitative data was the primary data collected by HII and was also drawn from projects' existing PMER systems (e.g., Output Tables and PDMs). These results were triangulated with qualitative findings to strengthen the explanatory power and credibility of the evaluation conclusions.

Our methodological approach was triangulation of the quantitative and qualitative data into answers for each evaluation question.

Limitations

Some KIs were lengthy and required multiple scheduling attempts with respondents, causing delays in data collection. In certain cases, participants were offered to provide written responses. These written submissions often lacked the depth of verbal discussions and may have

²³ Percentages may exceed 100% as respondents were able to select multiple project activities they participated in.

²⁴ The initial validation workshop was conducted online on 5th of September 2025 with BRC, IFRC and RRC focal points. HII conducted a second validation workshop with the RRC Branches on 27th of October 2025.



resulted in more premeditated, less spontaneous insights.

Two sets of data were shared: one included disaggregation but no contact information, while the other contained only names and phone numbers. As there was no unique identifier to link the two datasets, the evaluation team had to rely on the list with contact details only.

- This meant calls were made blindly rather than intentional selection of the participants according to the agreed sampling from the inception phase regarding age, gender, nationality/displacement status, disability status, activity details.
- Lack of disaggregated data made it impossible for the evaluation team to compose FGD groups. Instead Branch Directors selected and invited participants to the FGDs in collaboration with HII.

→ Additionally, during the calls it became evident that the contact list extended beyond DEC-supported participants. To maintain analytical integrity and align with HII's contribution-based evaluation approach, which focused specifically on the DEC project's role within IFRC's integrated programming, these entries were excluded from the analysis.

→ The vouchers dataset was shared only as fragmented scanned attendance sheets, and no CVA data was provided. This further limited the team's ability to sample voucher recipients intentionally. While PDM data on voucher recipients was available, these individuals were not prioritized for outreach to avoid respondent fatigue.



Key Findings

Coherence

Summary



The DEC phase 2b project demonstrated strong coherence with national priorities which enabled effective integration into existing social protection systems, and enhanced government buy-in.

The project was deeply embedded in national coordination mechanisms, through RRC's leadership in CWG and MHPSS Sub-WG. This provided strong complementarity and coherence with the broader refugee response in Romania.

While communication across the BRC, IFRC, and RRC was initially complex and fragmented, it significantly improved over time, and strengthened the coordination, accountability, and the overall quality of project delivery.

Q1. To what extent does the project align with the broader humanitarian response frameworks, such as those set by the Government of Romania and UNHCR), and how has this alignment (or lack) impacted the project?

The DEC Phase 2b project was integrated into UNHCR's refugee response, with a focus on protection, livelihoods and cash assistance. It evolved based on a regional needs analysis related to Ukrainian refugees²⁵, hosted by European countries including Romania. When the government's 50/20 housing and food scheme²⁶ ended without a successor programme, the project pivoted with the increasing DEC allocations (5th, 7th and 8th) and aligned with the shifts in Romania's social protection landscape. RRC launched a voucher programme for the host communities that complemented existing state frameworks. The support was calibrated to match government benchmarks (150 LEI or ~30 EUR) and the voucher recipient lists were validated by the Ministry of Social Affairs (MoSA), leveraging RRC's status as an auxiliary to the state and its access at both local and national levels.

The RRC also responded to the growing mental health needs identified in UNHCR and IFRC assessments, where Romania had one of the highest reported cases.²⁷ They scaled up MHPSS services, offering group and individual counselling, psychoeducation, mindfulness and personal development classes, and creative therapies such as art and dance. According to an external stakeholder from UN, RRC became one of the country's largest grassroots MHPSS actors. All women who benefited from economic empowerment activities—including vocational training, small grants, and business coaching—reported improving their livelihoods and self-worth. Many described moving from a state of fear and lack of confidence to being able to express themselves publicly and make decisions for their families. Awareness sessions on rights and empowerment further enhanced their social

²⁵ European Commission, Directorate-General for Migration and Home Affairs. (2024). *Navigating health and well-being challenges of refugees from Ukraine*. Publications Office of the European Union. https://home-affairs.ec.europa.eu/whats-new/publications/navigating-health-and-well-being-challenges-refugees-ukraine_en

²⁶ The 50/20 scheme was a Romanian government support system for people displaced from Ukraine by the conflict. It ran for over a year and officially ended on 31 April 2023

²⁷ Ibid.



standing. These were not just intended outcomes but transformative shifts in gender roles, as several women noted that their new income and confidence altered how their families and communities perceived them.

"I think RRC is the biggest organization offering psychosocial support in the field and working at the grassroots level, training a lot of people,

non-specialists as well, delivering PFA, delivering also PFA through sports. This is an innovative approach they brought to Romania.

And, of course, because we've been collaborating with them for a long time, we recommend their work."

-KII, External Stakeholder from UN

Q2. To what extent was the project aligned with national coordination mechanisms to ensure complementarity with the broader refugee response in Romania?

The project was embedded in broader Red Cross strategies and programmes and complemented by multiple donors (Irish, Icelandic, Canadian, French, Swedish RCs, etc.), which reduced the dependency on DEC funding alone and increased the complementarity of the services.

It was implemented in coordination with Romania's national-level humanitarian architecture. RRC actively participated in CWG, co-led it with UNHCR and Save the Children. Cash transfer values and eligibility criteria for MPCA and CVA health were also aligned with CWG-endorsed targeting frameworks. As co-chair of the MHPSS Sub-WG, RRC helped manage coverage and avoid duplication of MHPSS services. The coordination with UNHCR included joint planning for in-kind assistance through RRC's Humanity Concept Store and data-sharing through a formal platform agreement.

At local level, RRC Branches joined emergency response committees and worked with, municipalities, Directorates of Social Protection, INGOs (e.g., TdH, World Vision), and community hubs to map the services, share referrals and manage signposting. Partnerships with local authorities and the Integrated Services for Ukrainians (ISU), gave RRC access to municipal spaces and managing referrals to public services.

In Braşov, for example, RRC collaborated with city hall and the prefect's office, referred Ukrainian refugees to the migrant centre's language classes and focused its own efforts on outdoor non-formal education. In Tulcea, RRC worked in close coordination with municipal refugee services (DAPS). While DAPS managed refugee cash assistance (applications, eligibility, payments), RRC complemented these efforts by delivering MHPSS and social cohesion services.

RRC's presence was especially strong in rural and remote areas, where its mobile teams delivered medical and psychosocial aid beyond the reach of other actors. Institutions like DAPS relied on the RRC as a key referral partner.

"I think what's unique about them is the fact that it's very mobile and people can access psychosocial support in areas where other organizations don't reach, or they don't have services. They work a lot through referrals from other organizations in the remote areas or rural areas. I know that they cover lots of rural areas that other projects don't."

-KII, External Stakeholder



Q3. How effective has communication between BRC, IFRC, Romania Red Cross HQ and Branches been?

The project involved multiple stakeholders with differentiated roles: BRC, IFRC (regional and Bucharest offices), and RRC (HQ and Branches). Communication evolved stronger over time but was initially complex and confusing for RRC.

While BRC's donor management and technical support were valued, its role was initially confusing for RRC during early implementation. BRC's in-country presence, due to its bilateral partnership with RRC independent of DEC funding, helped clarify their role in the project structure.

The IFRC played a central coordinating role, managing the DEC fund, ensuring compliance, providing technical oversight, and serving as the bridge between RRC HQ and BRC. It ensured that donor resources and pledges were used meaningfully while meeting donor requirements. The involvement of IFRC regional office in Budapest added complexity and confusion to communication and responsibilities according to RRC and made it unclear who was accountable for what.

"Biggest challenge was when IFRC Budapest office came into the picture because that was another layer that complicated the communication and relation. We had to explain to the Branches who is responsible for what."

-KII, RRC HQ

Bi-weekly meetings among BRC, IFRC and RRC HQ along with regular online Branch meetings since August 2024 helped streamline communication over time. Some challenges continued to exist. For instance, Branches once implemented activities outside DEC funding due to a miscommunication incident. IFRC and RRC HQ introduced monthly funding rotations, with RRC HQ managing financial reporting. Another concrete challenge was between RRC HQ and Branches. During the 7th and 8th allocations, the MPCA programme was not open for public registration, and one Branch was unaware of the

assistance, leaving volunteers unable to respond to community inquiries. Recognising the volunteers as the first point of contact for beneficiaries, RRC prepared an FAQ and briefed the volunteers on the programme.

The complexity had implications for the reporting during the unavailability of a PMER Officer in RRC HQ. Although routing reports through multiple layers (IFRC regional office, then BRC) slowed down data collection, it improved the quality of work by adding structure.

"IFRC was sending the reports to regional office of IFRC, and they were sending it to BRC. In terms of data, it made the data collection a bit difficult, but it was useful that BRC and IFRC were in country. There were moments in which IFRC was calling the Branches, RRC HQ was supposed to call them [...] I would not necessarily say information was lost on the way it made it slower, but it also helped we had all the structures because it improved the quality of the work."

-KII, IFRC

While Red Cross teams recognised significant support provided by all stakeholders, the PMER workshop in February 2025 was referenced as a turning point for clarifying roles and responsibilities and DEC requirements. It proved valuable for improving quality and collaboration, though participants stressed it should have taken place much earlier.

"After PMER workshop dedicated for DEC, things significantly improved. Before that there were unclarities even about which templates to use, etc. If this was done much earlier, in the inception phase of the project, it would be better. One of the lessons learned would be to make this in the beginning but also keep it regular"

-KII, IFRC



Relevance

Summary



The DEC Phase 2b project in Romania was relevant and responsive to the most priority needs, but its early design was constrained by a lack of systemic needs assessments, which affected inclusivity and evidence-based targeting. Progressive improvements in data collection and community feedback later strengthened responsiveness, offering valuable lessons for future humanitarian programming.

The community engagement approach was largely effective in information dissemination and communication, with most participants (96%) finding access to information easy, though older adults and persons with disabilities reported lower access to information. Community participation and feedback management were not systematic, which limited the accountability and co-creation with affected communities.

The project created a safe, respectful, and trusted environment for most beneficiaries through strong adherence to protection principles and IFRC standards although further attention to inclusion, particularly for persons with disabilities and those facing language barriers, would strengthen the overall protection and equity of future programming.

Q4. To what extent did the project assess and design its activities according to the actual and evolving priority needs of Ukrainian refugees and host communities in Romania?

The DEC Phase 2b project was implemented as a continuation of the RRC's emergency response to the escalation of the international armed conflict in Ukraine. While the project initially drew on earlier assessments (IFRC-RRC Needs Assessment in 2022²⁸, REACH Multi-Sectoral Needs Assessment²⁹, the IFRC-IMPACT longitudinal survey³⁰, RRC & IFRC Post-50/20 Programme Shelter Needs Assessment³¹, and the IFRC & RRC MHPSS Needs Assessment), it did not conduct a dedicated needs assessment specific to the Phase 2b. Supplementary reliance on national statistics (Romanian Department for Emergency Situations, and General Inspectorate for Border Police data on border crossings, temporary protection, and displacement) and UNHCR reports provided some context but limited insights into localised needs.

Six months later, at Branch level, needs were assessed through daily interactions, WhatsApp groups, and spontaneous conversations, with little systematic documentation, aggregation, or analysis. Satisfaction surveys were used occasionally, and there was evidence on documentation or assessment of feedback. It is, therefore, difficult to trace how the assessment of needs shaped decisions beyond confirming cash preference and maintaining basic support.

"On a day-by-day basis, we have an observation system implemented in each Branch. We did need analysis but not regularly and internal but not officially published. The needs analysis we conducted was not necessarily on a methodology by the book."

-KII, RRC HQ

²⁸ International Federation of Red Cross and Red Crescent Societies (IFRC). (2024). *Romania country overview*. <https://go.ifrc.org/countries/141/additional-info>

²⁹ British Red Cross. (2023). *British Red Cross Phase 2b narrative plan: UHA22*. British Red Cross.

³⁰ IMPACT Initiatives. (2024). *Longitudinal surveys dashboard*. https://dashboards.impact-initiatives.org/reg/longitudinal_surveys/

³¹ British Red Cross. (2023). *British Red Cross Phase 2b narrative plan: UHA22*. British Red Cross.



In late 2023 and early 2024, the project recalibrated due to external assessments and government policy changes. The MHPSS assessment by the IFRC Reference Centre reinforced the importance of PSS as a complementary service and shared RRC's continued prioritisation of PSS activities at Branch level. The PDM surveys by IFRC and a longitudinal survey confirmed that Ukrainian refugees overwhelmingly preferred MPCA over in-kind.³² The project responded by expanding the MPCA, including CVA for health, following with the end of the 50/20 programme in April 2023³³.

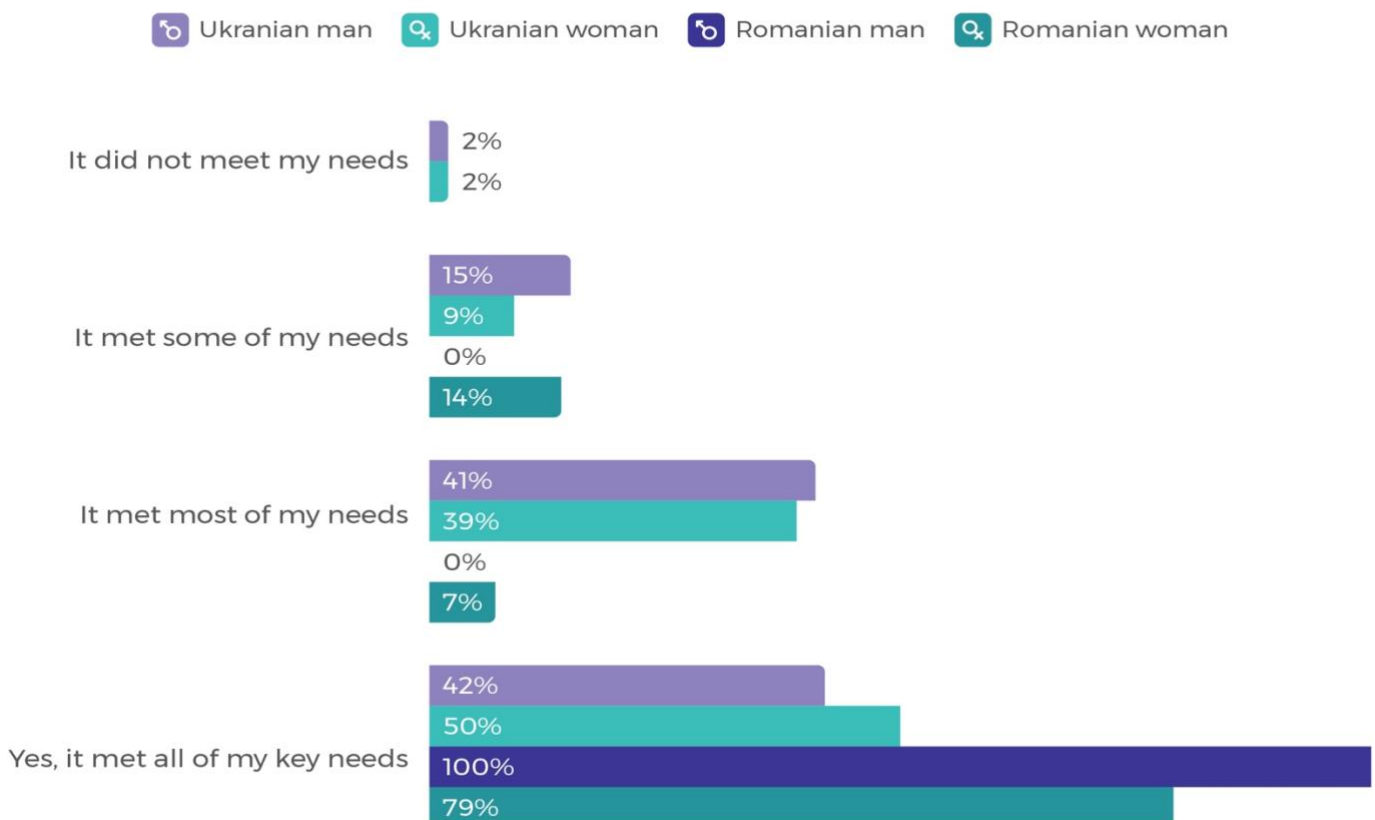
During 2024 and 2025, the project made gradual improvements in how community feedback was collected and used. The RRC Branches began

using more structured tools such as short questionnaires, internal observation systems and simple satisfaction checks³⁴. These improvements were reinforced by the expanding capacity of the PMER teams and culminated in a rapid multi-sectoral needs assessment conducted in March 2025.

"We were asked about our analysis, but nothing was written down. Our methods were rudimentary – slips in a box, conversations, focus groups – but undocumented. So, we designed questionnaires on different need areas, and that's how we improved the analysis."

-KII, RRC Branch

Did the support you received meet your/your family's most important needs at the time?



³² This coincides with the timeline that DEC allocations increased – please see Annex A.

³³ British Red Cross. (2024). *Romania Phase 2b interim report: 12 months*. British Red Cross.

³⁴ British Red Cross. (2025). *Romania Phase 2b interim report: 18 months*. British Red Cross.



Overall, 88% of respondents (91% of Romanians and 88% of Ukrainians) reported that all or most of their needs were met. Romanian men's needs were fully met (100%), while women's and Ukrainian men's needs were less well met (83%). The absence of structured needs assessments often leads to the exclusion of vulnerable groups from services, a repeated lesson learned for humanitarian programmes on the need for systematic, disaggregated data to ensure quality and evidence-based decision making.

Among the 12% of respondents (18% of persons with disabilities in a family) whose needs were only partly (10%) or not met (2%), 82% found the assistance insufficient. The remaining cited issues with the quality, timeliness, or relevance of support. When asked about their priorities, 71% identified cash as their main need, followed by health (34%) and livelihoods (29%). Cash priority was illustrated by one Ukrainian FGD participant with disabilities who was particularly unhappy that financial assistance she perceived as the same fixed amount for everyone, regardless of health conditions. She felt misled, because at registration she had been told that illnesses would be considered in the assessment.³⁵

"I thought that since they assessed by illness, the amount would be based on that. But they gave 720 RON. For my illness, for hemodialysis, 720 RON is nothing. It didn't even cover three basic medicines. My medicines are very expensive. Not all medicines are provided." And they gave the same amount to everyone."

-FGD, 46-50 year old Ukrainian woman with disabilities, Iași

Although RRC staff conducted home visits to support persons with disabilities in accessing services, barriers remained for persons with disabilities and older persons linked to low digital literacy, visual impairments, or limited internet access³⁶, mobility restrictions, limited transport, centre infrastructure and insufficient tailoring of activities for smaller groups or individuals.³⁷

While the scope of the activities was in line with the IFRC Integration and Inclusion Framework for Europe, targeted needs assessment could benefit expanding the relevance of the project for diverse groups including persons with disabilities and older persons.

Q5. How appropriate, and accessible was the community engagement approach (including communication, participation, feedback, and complaints mechanisms) in addressing the needs and context of Ukrainian refugees and host communities in Romania during the Ukraine crisis?

Information Dissemination

RRC's approach to information dissemination was multi-channel and responsive, effectively combining technological reach with human networks. While the centralized infrastructure enabled wide coverage and consistency, it was also the local relationships that made information accessible.

RRC Branches leveraged local relationships/partnerships with municipalities, schools or NGOs and community hubs to ensure Ukrainian refugees could access information about RRC services. For instance, Brașov branch collaborated with local migrant centers, NGOs, and service hubs to share information.³⁸

³⁵ The exact transfer value was determined by doctors and other health specialists at the RRC Integrated Health Centers depending on the severity/complexity of health needs and medication/treatment costs. However, the maximum transfer value was EUR 150 (standing at 720 ron) per person.

³⁶ British Red Cross. (2024). *Romania Phase 2b interim report: 12 months*. British Red Cross.

³⁷ British Red Cross. (2025). *Romania Phase 2b interim report: 18 months*. British Red Cross.

³⁸ Ibid.



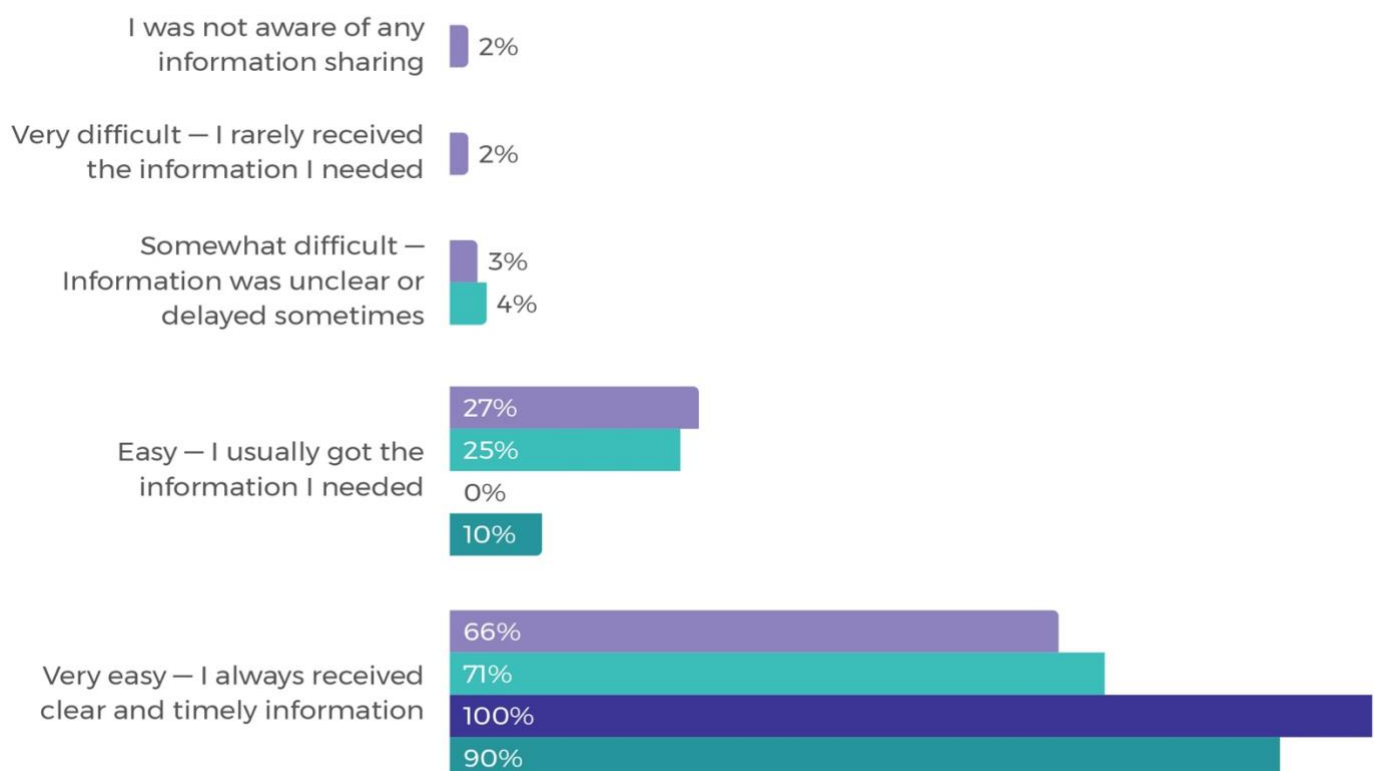
A national call center functioned as the core hub, continuously updated with activity schedules and program changes from regional branches. This central node coordinated a wide range of social media platforms - varying by branch - including Facebook, WhatsApp, Instagram, TikTok, Telegram and Viber, delivering proactive updates and urgent information. Information was also shared through Humanity Concept Stores, in-person meetings, printed leaflets, social media³⁹ and community boards ("panos"). Regular meetings were held in multicultural centers where

people could hear directly about services and propose activities.

Across FGDs, particularly with Ukrainians, and KIs Telegram emerged as a key source of real-time updates, especially for activity schedules and announcements. Before each activity, announcements were made several days in advance, allowing participants sufficient time to decide and prepare. RRC's long-standing presence and its embedded staff

How easy was it for you to receive clear and timely information about the services or support available from the Red Cross?

Ukrainian man Ukrainian woman Romanian man Romanian woman



Both survey and FGD findings highlighted that most people perceived access to information as straightforward, though minor gaps remained for older persons. Survey data confirmed this positive

assessment: 96% of respondents (100% of Romanian women and men, 96% of Ukrainian women, and 93% of Ukrainian men) reported that it was either very easy (74%) or easy (22%) to

³⁹ British Red Cross. (2025). *Romania Phase 2b interim report: 18 months*. British Red Cross.



access clear and timely information about available services and support. Only 4% (all Ukrainian respondents) described access as somewhat difficult, very difficult, or reported being unaware of any information-sharing. Among these, nearly one-third (29%) had disabilities in their families, while 14% were older adults aged 61+. In smaller towns and villages, word of mouth and personal networks, including RRC staff living locally, proved effective. However, participants from larger cities, such as Bucharest, highlighted the limitations of relying on informal networks. In these settings, respondents pointed to the need for clearer, more structured communication channels.

A recurring theme was the disadvantage faced by those with limited mobility, older adults, and persons with disabilities. For older individuals relying on button phones, outreach often depended entirely on volunteers. One Romanian woman during the FGDs emphasised the human aspect of communication, particularly for the older individuals.

"For those who cannot leave their homes, the most significant thing missing is communication. Someone opens the door, inquiries about their needs, and engages in conversation with them. That really matters for the elderly and those who are sick."

- FGD, 61+ year old Romanian woman, Braşov

Participation in Decision Making

The evaluation observed that the RRC implemented limited approaches for participation of communities in decision-making. In most locations, project participants were consulted through formal (e.g., AccessRC application, PDM, external assessments, FGDs) or informal channels (e.g., observations, undocumented consultations in-person or via social media). The evaluation demonstrated limited ad-hoc examples of community participation in decision making.

Where these examples occurred, they enhanced effectiveness, accountability and dignity.

An ad-hoc "learning by doing" model (while offering flexibility and adaptability), is not considered a highly participatory approach where the affected community are routinely and systematically involved in decisions that affect them. If RRC can develop the muscle reflex to increase community participation in decision making, then it will make RRC's services more relevant for the people RRC is there to support.

Complaints and Feedback Mechanism

A call center was fully operational since the beginning of the project, independent of DEC Phase 2b funding. However, the branches did not have any documented feedback during the first year, as DEC activities did not commence. By August 2024, additional CFM channels were introduced, including a Kobo form, email and later complaint boxes. Through this, feedback collection formalised at branch level, too. Escalation protocols for sensitive cases existed only informally via Branch Directors, but no incidents were formally recorded. The AccessRC application also offered a ticketing system and a support email address for reporting issues such as application malfunctions, non-functioning codes, or challenges with self-identification and real-time validation. In response, adjustments such as simplifying processes or changing interface design have been made.

In November 2024, RRC appointed a PGI/CEA Coordinator⁴⁰ at HQ to support branches, followed by the PMER workshop in February 2025⁴¹. This resulted in standardised templates and complaint-handling protocols and a roadmap categorising complaints by severity. The collected feedback contributed to practical adaptations such as revising activity schedules, adjusting language classes, and modifying basic-needs support.

⁴⁰ None of the appointments or recruitments referenced were specific to DEC funding or programmes. RRC maintains a permanent presence in Romania, unlike many other humanitarian actors, which shapes its approach to staffing. Recruitments are rarely

undertaken solely for short-term, project-based roles; instead, RRC relies on volunteers and existing staff structures.

⁴¹ IFRC. (2025, February). *PMER Workshop Report*. IFRC.



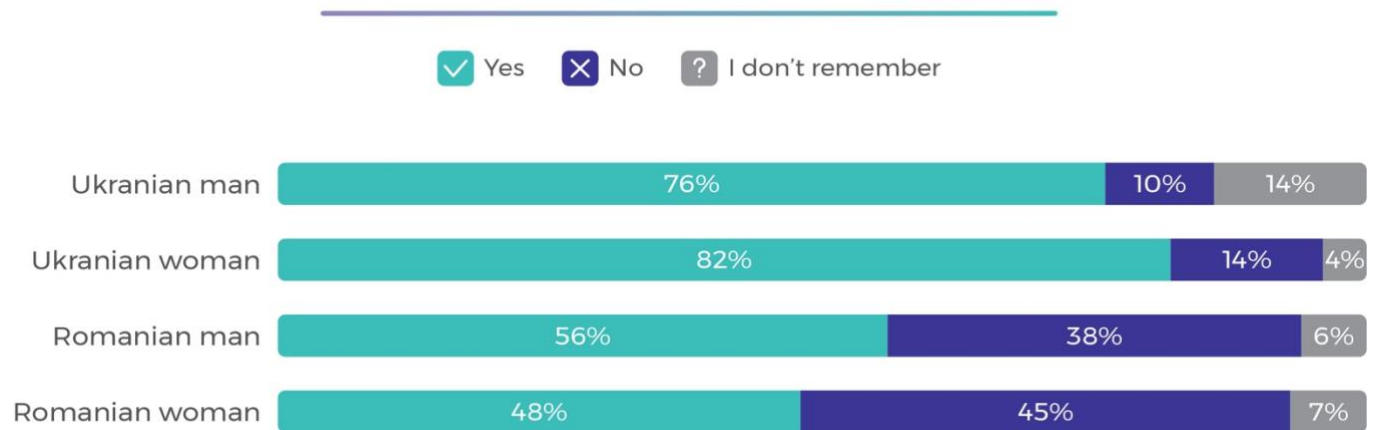
Despite significant progress, gaps remained. The call center flagged issues but lacked a system to track resolutions across branches. Before the PGI/CEA Coordinator, feedback analysis relied on IFRC's CEA Specialist, with no knowledge management system to ensure consistent follow-up until the end of the project.

"Compiling feedback at RRC HQ was difficult without a CEA person. IFRC's CEA Specialist helped set procedures, but no

one specialized in analysing feedback. Branches received most feedback directly, which was mostly positive, but HQ had no system to compile, analyse, or track whether complaints to branches were addressed. Branches largely handled issues on their own."

-KII, RRC HQ

Do you know if you can provide feedback or complaints to the Red Cross?



While 76% of the survey respondents (50% Romanian women, 55% Romanian men, 82% Ukrainian women and 76% Ukrainian men) knew how to provide complaints or feedback to RRC, awareness was lower among households with disabilities. Of 24% who did not know or remember, 17% were persons with disabilities in their families (16% Ukrainian and 1% Romanian).

Only 7% of respondents submitted feedback or complaints (21% Ukrainian women, 30% Ukrainian men, 13% Romanian women and 4% Romanian men; 43% Ukrainian persons with disabilities), with just 52% satisfied, which confirms the gap in complaint-handling mechanism. While Romanians often expressed general satisfaction with the services and reported not having complaints, the low complaint rate also refers to limited awareness on how to file complaints. Ukrainian refugees relied on channels like Google forms, email, call centers, and Telegram. A few Ukrainian FGD

participants in Bucharest noted a lack of formal complaint mechanisms, with most feedback shared informally in chats.

"When someone has an issue - and this applies not only to the Red Cross but to other organizations too - usually people just write in the chats: 'I went to this organization and they refused me,' or 'I came at this time with a specific request, and the treatment I got wasn't what I expected.' But where to actually go and complain? Everyone just writes in the chat, nobody really goes anywhere."

- FGD, 31-45 year old Ukrainian woman, Bucharest

Although CEA guidelines were displayed in the branches, communication on how to raise concerns or how feedback would be used was missing during observation visits.



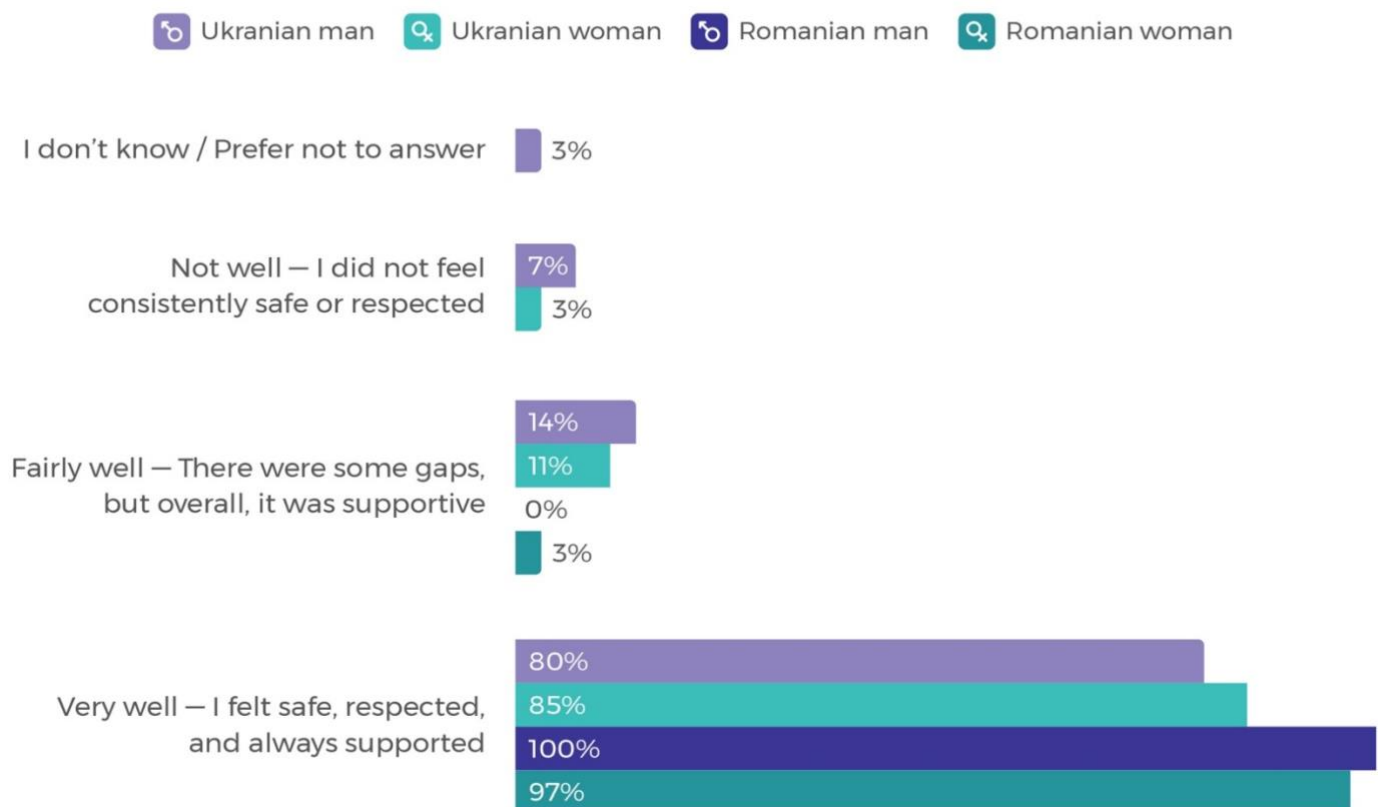
Q6. How adequately did the project safeguard the wellbeing, rights, and physical or emotional safety of individuals (refugee and host communities) concerned?

While formal frameworks for Prevention of Sexual Exploitation and Abuse (PSEA), CEA and PGI were still under development throughout the implementation, RRC operated under IFRC standards.

Activities were held in centres designed for accessibility and transparency, with glass-walled ground-floor rooms and child-safe play areas to ensure trust and visibility. The evaluation team confirmed their safety during observation visits. Staff and volunteers were instructed never to be alone with children, and parental consent was

required for offsite activities. All personnel were trained in PFA and PGI, signed a Code of Conduct aligned with IFRC standards, and followed strict protocols on handling sensitive information, prohibiting unauthorized sharing. A CVA risk register existed to track programmatic, institutional, contextual, and reputational risks, though it was not regularly updated. Progress toward internal capacity-building was visible later in the project, with the appointment of a PGI/CEA Coordinator⁴² in 2025.

To what extent did the support from the Red Cross ensure your physical and emotional safety, dignity, and rights?



Survey data indicated high confidence in RRC's protection measures. 86% of respondents (97% Romanian women, 100% Romanian men, 85%

⁴² It is important to note that these recruitments were not specific to DEC funding (none 100% dedicated). As RRC maintains a long-term

presence in Romania, sustainability influences HR decisions and recruitments for project roles are minimal.





Ukrainian women, 80% Ukrainian men) said RRC support ensured their safety, dignity, and rights. 10% (3% Romanian women, 11% Ukrainian women, 14% Ukrainian men) felt fairly supported. Majority of the FGD participants confirmed that RRC ensured a safe and respectful environment.

"Honestly, everything was perfect. They treat us so well, they're so kind."

- FGD, 61+ year old Romanian woman,
Braşov

3% of Ukrainian women and 7% of men did not consistently feel safe or respected, half reporting disability in the family. Reported issues both by survey and FGD participants included lack of needed treatment, not receiving assistance, registration problems, language barriers⁴³ and AccessRC technical issues.

⁴³ One survey participant mentioned that volunteers spoke only Russian, which was not a major issue but the family preferred

speaking Ukrainian or English, and their preference was not considered



Effectiveness

Summary



The project exceeded most of its targets, delivering large-scale support that was highly valued by participants with 98% satisfaction rate. MPCA and CVA for health were especially effective, contributing both to basic needs while MHPSS and language initiatives enhanced integration and wellbeing. However, employability outcomes were not measured and effectiveness of the response faced systemic barriers in the Romanian labour market.

The project was largely effective in responding to the needs of women, children, and older people through targeted approaches. The inclusion of Roma was a positive feature that supported cohesion. Despite, some accessibility and inclusion gaps persisted, especially for persons with disabilities, newcomers and individuals with limited digital access.

The referral system has been largely effective with 78% of respondents receiving the support they needed but remains uneven and fragmented across Branches. The critical gaps exist in consistency, integration, and follow-up, including a disconnect with MPCA, that limits the response effectiveness.

RRC's capacities in PMER improved throughout the life of the project. Monitoring and feedback mechanisms strengthened accountability and drove useful adaptations, particularly in language and cash programming. However, timeliness, practical feasibility, and data system design limited their effectiveness.

Q7. To what extent has the intervention achieved its objectives/intended outcomes stated in the Phase 2b project plan document?

The DEC Phase 2b project supported over 18,000 Ukrainian refugees and 5,500 host community members in Romania, surpassing targets by reaching 127% of refugees and 126% of hosts. More than 9,000 people received MPCA, 3,600 accessed health and MHPSS, and over 2,000 joined employability and language activities.

Targets were exceeded due to high demand, branch-level scale-ups, additional resources, and flexible funding.

Underachievement was linked mainly to capacity constraints in certain RRC Branches (e.g., shortages of social workers, volunteers, and interpreters), lower-than-expected demand from the host community, and sectoral shifts (e.g., some services moving to food/WASH programming). Another operational challenge was identifying newcomers among Ukrainian refugees. With 79% crossing back and forth multiple times, the distinction between new arrivals and returnees was blurred.⁴⁴

⁴⁴ International Organization for Migration (IOM). (2024). *Displacement tracking matrix (DTM): Romania—Access to services, quarter 2 report*. International Organization for Migration.

<https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/IOM%20DTM%20Romania%20Q2%20Access%20to%20services.pdf>



Table 6 Project Outputs

Outcome	Activity	Host Community		Refugee Community	
		Target	Reach	Target	Reach
Outcome D – Humanitarian Assistance and Protection	In-Kind (WASH – hygiene kits for mothers and babies)	150	119 (79%)	600	730 (122%)
	In-Kind	60	47 (78%)	2,730	3,212 (118%)
	In-Kind (Food)	150	119 (79%)	300	464 (155%)
	Information sharing, interpretation and accompaniment	N/A	N/A	710	955 (135%)
	Social Cohesion	496	1,152 (232%)	1,600	1,741 (109%)
	MPCA	3,500	4,072 (115%)	3,550	5,086 (143%)
Outcome E – MHPSS and Health	CVA for Health	N/A	N/A	1,164	1,164 (100%)
	MHPSS	N/A	N/A	1,830	2,470 (135%)
Outcome F – Livelihoods and Social Integration	Employability Workshop	N/A	N/A	1,045	1,152 (110%)
	Language class	N/A	N/A	620	974 (157%)

94% of the survey respondents (all Romanians, 94% of Ukrainian women and 92% of Ukrainian men) were fully (55%) or mostly (39%) satisfied with the assistance they received. Older people particularly valued companionship, continuity of visits, and the social dimension of activities, which helped reduce isolation and stress. Among the small share of respondents (6%) who were only partly satisfied or dissatisfied (all Ukrainian), half were families with disabilities. Reported reasons were rejection despite later providing proof of disability and residence, unavailability of tailored support, and technical barriers when trying to access AccessRC.

MPCA exceeded targets and was considered as a meaningful support with 98% of recipients reporting satisfaction.⁴⁵ FGD participants described MPCA as a “lifeline” that allowed them to cover essential expenses such as deposits, rent, utilities, or transportation costs. Cash enabled

greater flexibility by allowing them to choose according to their own priorities.

“And for us that money was like a lucky ticket. Because yes, we could also pay for housing here. Even though we were already moving under the programme, the landlord still wanted a deposit, and then also realtor fees. And this money was also spent on living costs.”

-FGD, 31-45 year old Ukrainian woman, Iași

CVA for health supported over 1,100 people, meeting caseload targets. A PDM showed high satisfaction (94% of women, 88% of men), with recipients mainly spending funds on medication (88%), diagnostics (50%), and medical exams (34%).⁴⁶ FGD participants reported that it allowed them to cover not only prescriptions but also preventive items such as vitamins.

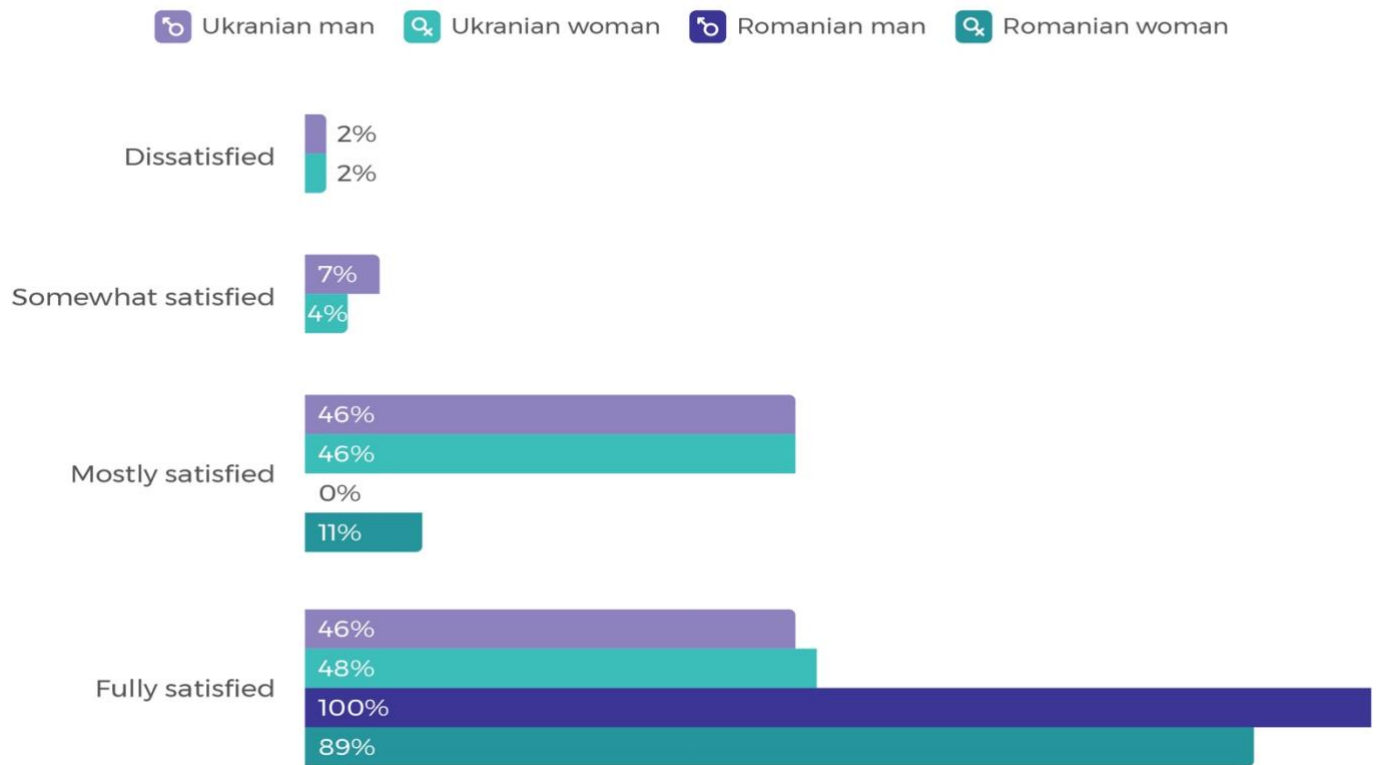
⁴⁵ Romanian Red Cross. (2025). *Romania MPC Post-distribution Monitoring (PDM) report*. Romanian Red Cross.

⁴⁶ Romanian Red Cross. (2025). *Cash for Health Post-distribution Monitoring (PDM) Questionnaire Data Report*. Romanian Red Cross.





How satisfied are you with the assistance you received?



"You can buy not only the medicines you need. For example, some vitamins, some preventive care. And some preventive things you normally cannot afford. And when you receive assistance, you can finally buy something that helps you, your health."

-FGD, 31-45 year old Ukrainian woman, Iași

However, broader health needs far exceeded available support. An IFRC survey found that more than 50% of Ukrainian refugees in Romania reported unmet health needs, with older people twice as likely to face access barriers.⁴⁷ RRC advocated within the Cash WG for expanded CVA health coverage and additional funds were requested from DEC to increase CVA for Health caseloads. Integrated Health Centres functioned as entry points, where doctors provided basic care and referrals for longer-term treatment.

Demand for MHPSS, integrated with health, education, and protection services, was very high, with participation exceeding targets by 135%. Activities included individual counselling, group sessions, and referrals to specialized psychiatric services when required.

Language learning exceeded targets (157% reach), showing strong motivation among Ukrainian refugees to learn Romanian. Classes were praised for being free, accessible, and welcoming. Teachers were described as supportive, with practical teaching methods (e.g., quizzes, listening tasks). Small class sizes (8-13) and session length (90 minutes) supported progress.

RRC Branches applied different models. For instance, in Suceava, courses were split into beginner and advanced groups, while most branches used pre- and post-tests depending on team capacity. Still, a few FGD participants noted

⁴⁷ British Red Cross. (2023). *Romania Phase 2b interim report: 6 months*. British Red Cross.



challenges in placement and scheduling, even while appreciating the courses.

"When we applied, I asked what level it would be, and they told me it was suitable for absolutely everyone. So even people with B1 level would be sitting with beginners. Now, I don't know which level I am studying. We are usually 8-10, with one or two people absent. It would be great if before the courses start there were initial tests to check our knowledge. That would make it easier to form groups."

-FGD, 31-45 year old Ukrainian woman,
Bucharest

While language classes supported social integration, they fell short in enabling access to jobs. The absence of official certification limited the value of these courses for employment, as only the Ministry of Education or accredited schools

could issue recognised certificates. Despite these limitations, classes were highly valued for daily communication and integration with few FGD participants noting advanced speaking and presentation skills in Romanian.

Employability workshops reached 110% of target but refugees often faced "systemic" barriers such as Romanian language requirements, job mismatches with their skills, or showed reluctance to restart careers under uncertain circumstances. Moreover, many Ukrainian refugees preferred self-employment or continuing entrepreneurial paths from Ukraine. In response, legal experts held practical workshops on starting a business in Romania by covering taxes, legislation, permits, and procedures.⁴⁸ These were positively received and resulted in a few small business start-ups. A handful of refugees also gained employment after vocational, or computer training combined with career counselling.

Q8. To what extent were programs and services responsive to the needs of vulnerable groups, including women, children, the elderly, persons with disabilities, and other at-risk individuals from host community and refugee newcomers' groups? Was any group excluded from the services?

Branches actively prioritized women, especially single or young mothers. PSS groups offered safe spaces to share challenges and receive professional support. Child-focused activities (art, yoga, dance) were scheduled in parallel to allow mothers to attend courses without childcare concerns.

"I have a child, and I take him to an art class. So while our course lasts an hour and a half, the art class lasts an hour. And Tetiana, who teaches dance, and the ladies from the art class, they allow children whose mothers are in courses to stay and play, and they look after them."

-FGD, 31-45 year old Ukrainian woman,
Bucharest

Children were easily reached through accessible centers and schools, with activities ranging from camps and excursions to zoo trips and cultural visits. Some branches also deliberately included Roma children as part of social cohesion. Several RRC Branches, such as Suceava, implemented outreach to isolated older people (70+), including social gatherings, educational sessions, excursions, and targeted material support such as vouchers and hot meals.

Engagement was mixed. Some RRC Branches adapted with accessible spaces, dedicated social workers, and family sessions. However, participation in PSS remained low, as many preferred individual assistance. Staff and

⁴⁸ British Red Cross. (2025). *Romania Phase 2b interim report: 18 months*. British Red Cross.





volunteers provided home visits to ensure inclusion in cash programmes.

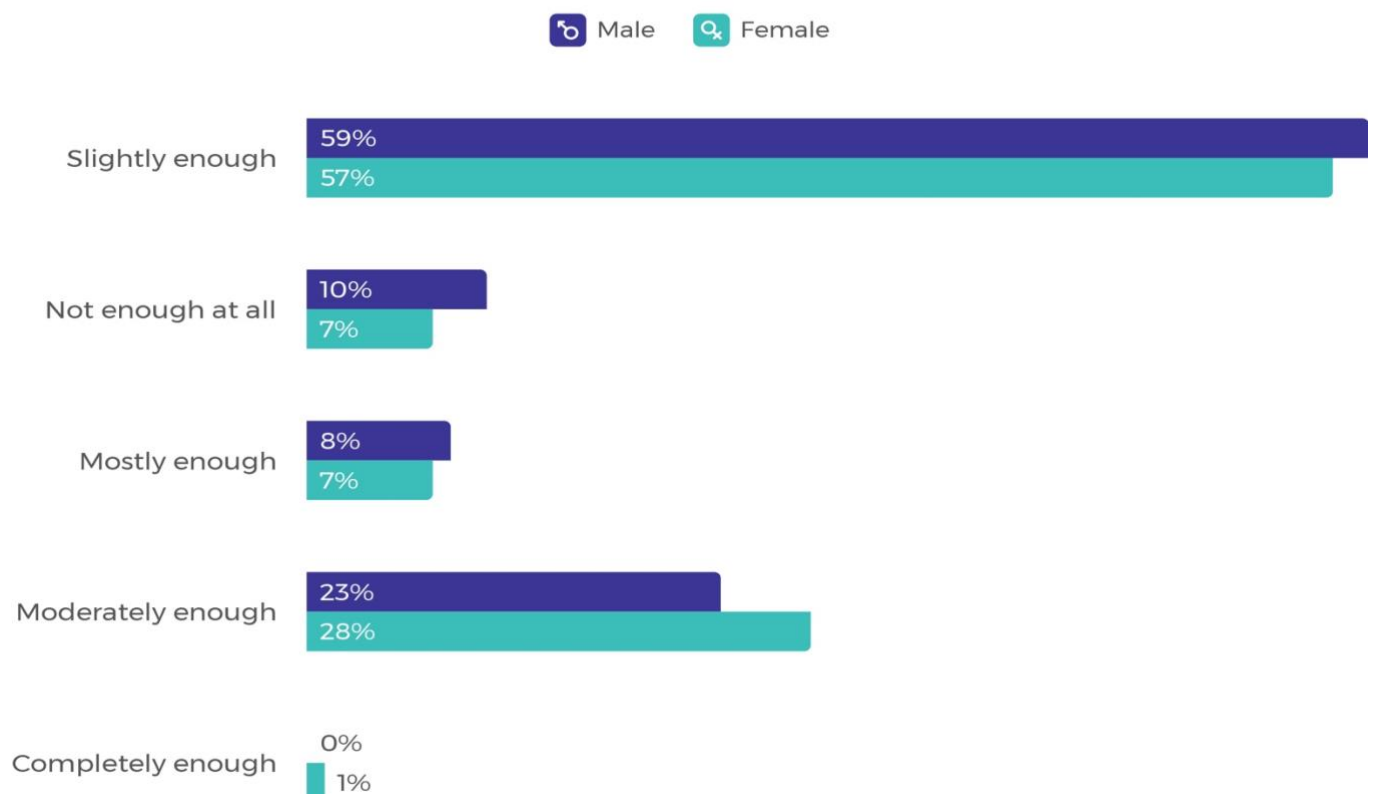
Newcomers were reached mainly through volunteer networks, community leaders, language-skilled staff, and digital platforms such as Telegram. While effective for many, reliance on digital tools excluded those without smartphones or connectivity.

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To what extent was the cash support from the Red Cross enough to cover your and your family's needs?



Q9. How effective has the signposting or referral system been for host and refugee project participants?

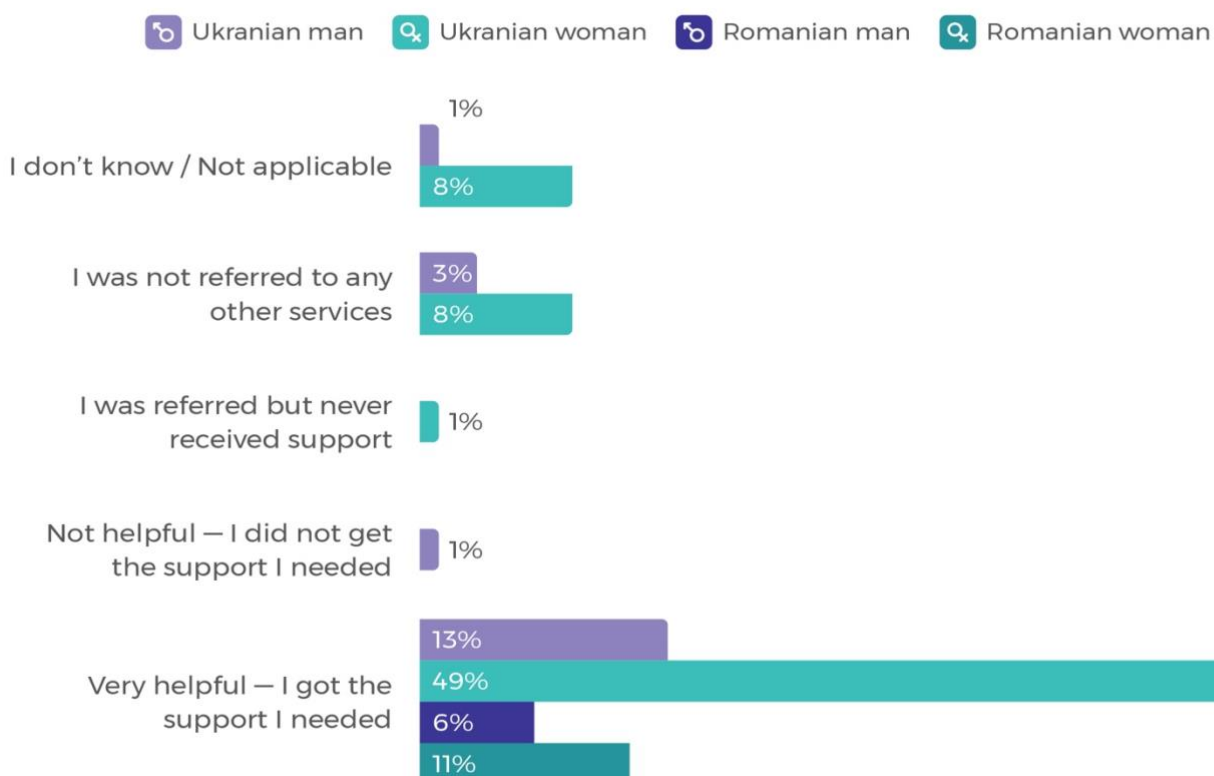
With DEC funding, RRC expanded its multi-sectoral support (e.g., psychologists, doctors, PSS, health, language classes), creating more holistic internal services. In Branches such as Iași, staff assessed needs and referred people to services, though referrals were overall not integrated with MPCA, which left the assistance fragmented.

For external referrals, RRC Branches developed service mappings and built networks with hospitals, clinics, schools, NGOs, INGOs, and authorities. These were often ad hoc but in places like Brașov, dedicated refugee hubs helped strengthen cooperation. In smaller branches, referrals were more limited and sometimes reduced to sharing contacts without structured follow-up. Effective referrals were strongly influenced by the branch leadership in locations like Brașov, Iași, and Bucharest ensuring smooth cooperation and follow-up. 78% of respondents (11% of Romanian women, 6% Romanian men, 49% of Ukrainian 13% women, Ukrainian men,

21% of persons with disabilities in families) reported being referred and receiving the support they needed. Only a small share of Ukrainian participants (about 2%) reported not receiving support or not being connected after referral, while 20% were either not referred or unaware of referral options. FGDs showed that Romanians were often referred to medical services, while Ukrainians sometimes felt referrals were incomplete or informal.

RRC branches also noted that the referral system requires updates, including the establishment of a clear timeframe for participant follow-up (e.g., determining how long a case should remain active and under review). High geographical mobility among Ukrainian communities has further hindered consistent follow-up and monitoring, making it difficult to maintain continuity of support after the initial referrals.

How helpful was the information or referral you received from the Red Cross to access other services (e.g., health, housing, legal aid)?



Q10. To what extent did the project use monitoring, community engagement and feedback mechanisms, and internal learning to adapt and improve its activities, and outcomes over time? Were there any challenges to actioning community feedback?

PDMs were mainly carried out for MPCA and CVA for health, but not systematically for food parcels. Where conducted, PDMs were valued but one third was delayed sometimes months after distribution and limited their usefulness while IFRC guidelines recommend completion within three weeks.⁴⁹ One RRC team member also described confusion over responsibilities, reporting, and indicators, reflecting internal management issues. Another challenge with the PDMs was related to conducting phone-based surveys. One Branch Director reported that after voucher distribution, collecting beneficiaries' phone numbers for follow-up was difficult.

"In reality, when I asked for numbers, people looked at me strangely. With the first three, I reacted poorly—"How can you not have a phone?" One woman said, "I don't have food—what phone? I have no gas, no TV, no radio." That opened my eyes. Looking at the list, it appears that about 15% had a phone. This is why I stress contextual adaptation."

-KII, RRC Branch

DEC's emphasis on accountability at the outset strengthened awareness of the importance of feedback. This encouraged the systematic integration of tools such as call centre reports, testimonials, and FGDs into monitoring processes, particularly during the later stages of implementation under the oversight of the RRC PMER Officer. Negative feedback was generally limited and often took the form of requests for additional assistance. When raised, it was communicated to the Branches for follow-up. Examples include replacing a language teacher in Suceava, switching structured language classes to conversational practice in Constanța, adjusting activity schedules in Brașov to avoid school pick-

up times, setting up in-person support for beneficiaries struggling with AccessRC, planning activities for men in Bucharest branches after reports of isolation. And expanding health cash support in Constanța to cover more conditions. Data management systems posed another challenge. EasyMedical, designed for medical activities, was considered duplicative. At least two branch staff noted repetitive and time-consuming data entry and cumbersome photo documentation. RRC introduced a multi-donor Excel format for immediate reporting needs during the PMER workshop, replacing the earlier Kobo reporting tool while keeping EasyMedical as the primary reporting system for reporting unique reach by activity and project, ensuring GDPR compliance.

One PMER Officer also reported that EasyMedical was challenging for extracting data. She argued that indicators prioritised counting unique participants over measuring retention, even though community-based activities like language or belonging depend on regular engagement. As the project aims to enhance social cohesion, tracking retention is as important an indicator as the number of unique participants.

"Indicators put a lot of emphasis a lot of on unique participants and are not showing the retention. You cannot get results with only coming once. There are activities that you need to see how many people retain more than how many people are reached. When you do community-based belonging activities and language, they are long term activities."

-KII, RRC HQ

⁴⁹ British Red Cross. *Cash in emergencies toolkit*. Cash Hub. <https://cash-hub.org/guidance-and-tools/cash-in-emergencies-toolkit/me/>



Efficiency

Summary



The project achieved timely delivery overall, particularly in direct assistance to participants, despite initial administrative delays and systemic challenges in fund transfers and reporting. The strong performance at Branch level and improvements in financial coordination over time enhanced delivery efficiency and credibility, laying a stronger foundation for future cash-based and multi-sectoral programming.

The project's strong resource management and accountability systems enhanced credibility and donor confidence. However, limited financial staffing and complex reporting processes reduced efficiency. Continued investment in financial capacity and simplified systems is essential to sustain performance, while building local fundraising and project design skills will be critical for long-term sustainability beyond donor funding.

Red Cross staff and volunteers were well prepared, with strong training and the presence of Ukrainian staff creating vital trust and cultural empathy for refugees. While technical skills and professionalism were praised, staff often faced overwhelming workloads and traumatic cases that required further psychosocial support for themselves.

Q11. To what extent has the assistance to Ukrainian refugees and host population been delivered in a timely manner?

The project delivery was largely timely, with no major delays reported by project teams and participants. However, the short implementation period for non-cash activities likely limited deeper community participation and impact across multiple locations.

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The main delay stemmed from late signing of Grant Agreements between the RRC, IFRC and BRC, compounded by IFRC's transition to a new Enterprise Resource Planning (ERP) system, which slowed the initial transfer of funds to RRC. As a result, several cash assistance transactions from 2023 were not booked under DEC funding in time

which delayed financial reporting and, in some cases, payments processing.

The delays in fund disbursement also created operational strain, sometimes forcing branches to rely on their own limited resources to keep activities running. Branch Directors noted that while budgets looked sufficient on paper, the late arrival of funds undermined planning and strained trust between branches and RRC HQ.

Additional delays arose from IFRC's global cash transfer systems (AccessRC and RedRose/MoneyGram). While these ensured robust compliance, traceability, and security, they introduced additional layers of approval at both regional and global levels and slowed the release of funds. RRC had limited experience managing the full cycle of large-scale cash programmes also meant that staff training and establishment of new coordination structures took longer than RRC anticipated.



In some cases, Ukrainian refugees faced difficulties withdrawing funds due to lack of access to bank accounts, limited digital literacy, or return to Ukraine, which led to uncollected payments that had to be reallocated. Since DEC funds could only be booked once transfers were withdrawn, this created further knock-on effects on both delivery and financial reporting.⁵⁰

At the same time, RRC's internal capacity was stretched by absence of a programme manager role and high staff turnover in key positions. By mid-2024, however, under BRC and IFRC guidance, RRC HQ and branches improved their systems and this enabled 7th and 8th allocations to be planned timely under the RRC's leadership.

Branch-level activities, including language classes and psychosocial support, faced no major delays despite late budget alignment, fund transfer challenges, and the loss of a language teacher, as confirmed by the project participants and evaluation team's observation visits to the activities.

"When I arrived here, we registered for the program, did all the procedures, and literally within two days the money came. What I meant was, the money I had given to the realtor for her services - that was reimbursed. That was a year ago."

-FGD, 31-45 years old Ukrainian woman, Iași

Q12. How well were the project resources used and accounted for?

The project resources were reasonably well used and accounted for, with budgets developed and approved through clear processes involving RRC HQ, RRC Branches, IFRC, and BRC. Branches developed their own plans within their budget envelopes, and these were formalized through agreements with RRC HQ. This system allowed resources to be distributed according to local needs and capacity. Budget reallocations were approved quickly. Oversight improved over time, with BRC validating initial budgets and RRC HQ later introducing systems to better align donor funding with monthly implementation.

"We had more money allocated to transport. I allocated more funds for the transportation line in the budget. I hadn't thought about whether I could move it to activities, meaning to do more trips. When I asked, there was no problem. I wrote a note and sent it, and it was approved."

-KII, RRC Branch

Oversight and accountability structures were strengthened over time. IFRC reviewed and validated branch budgets before agreements were finalized, while RRC HQ coordinated with IFRC to manage donor alignment. Later, a new system linked implementation to specific donors by month, which helped reduce earlier confusion around which donor funded which activity. This improved transparency and reduced risks of activities falling outside the DEC scope.

Despite these mechanisms, several issues limited efficiency and created reporting challenges. Branches often relied on multiple funding sources for similar activities, which complicated financial reporting. Branch reports were frequently delayed, and narrative and financial reports were not always submitted together, leading to inconsistencies. Many branch teams lacked clarity about which donor funded specific activities. The absence of dedicated financial staff at branch level exacerbated these problems, as staff were overstretched and struggled to submit timely,

⁵⁰ British Red Cross. (2025). *Romania Phase 2b interim report: 18 months*. British Red Cross.



accurate reports. This issue was highlighted by both IFRC and RRC staff as a persistent challenge throughout the implementation.

While many branches acknowledged flexibility in reallocating budget lines, internal financial monitoring and reporting requirements at times felt rigid in comparison to field realities. One branch director expressed frustration at being judged for not managing her time properly, despite juggling multiple responsibilities. At the same time, RRC HQ and partners stressed the need for consistent financial reporting to ensure accountability and transparency, which created a tension between field-level constraints and institutional requirements.

"Romanian Red Cross didn't allow flexibility regarding the internal process of monitoring. Although I tried to explain it to them, I was told that I don't know how to schedule my time or organise myself. They ignore the fact that I am doing a lot more besides reporting... They keep saying that I am a manager, and I have to do this."

-KII, RRC Branch

Another challenge was that delays in receiving funds created operational strain and sometimes forced branches to rely on their own limited resources to keep activities going.

"Additionally, the budget was limited when there was no money in the account. Good luck spending! The branch has already invested a significant amount of its resources in this project. Not getting the money on time it is also a factor that

influences trust. If you have sufficient resources at your disposal, you can efficiently implement the budget. Otherwise, you have this number on paper."

-KII, RRC Branch

Staffing challenges further affected financial management and overall efficiency. Branches experienced high turnover, short-term contracts, and uneven workloads, which led to stress and burnout among staff. Reporting particularly became more challenging, as branches struggled to retain personnel with the technical skills required for timely and compliant financial monitoring. The absence of IFRC staff dedicated to cash activities added pressure, though this gap was partially filled by a BRC Delegate with IFRC's approval. While this support helped, branches consistently emphasized the need for more staff to manage workload and improve efficiency.

"Branches lacked dedicated finance staff for managing financial reporting and are usually understaffed as they did not have sustained resources for a regular set up."

-KII, IFRC

At the same time, the project faced unusually high staff costs compared to similar programmes. This reflected RRC's limited prior experience in the refugee response and the need to build a human resource capacity from scratch. While costly in the short term, this investment was seen as essential for establishing systems and procedures that would strengthen long-term sustainability in RRC's refugee response in Romania.

Q13. To what extent have local staff and volunteers' experience and competencies been adequate to implement the project?

RRC staff and volunteers were generally well prepared and equipped to implement the project, with most Romanian and Ukrainian participants confirming they had the right skills and

experience. All Romanian and majority of Ukrainian survey respondents (87% of women and 81% of men) reported that RRC staff and volunteers adequately skilled and experienced. The remaining reported either somewhat





prepared, not well prepared or not being sure as they did not interact enough to assess, including 19% of persons with disability.

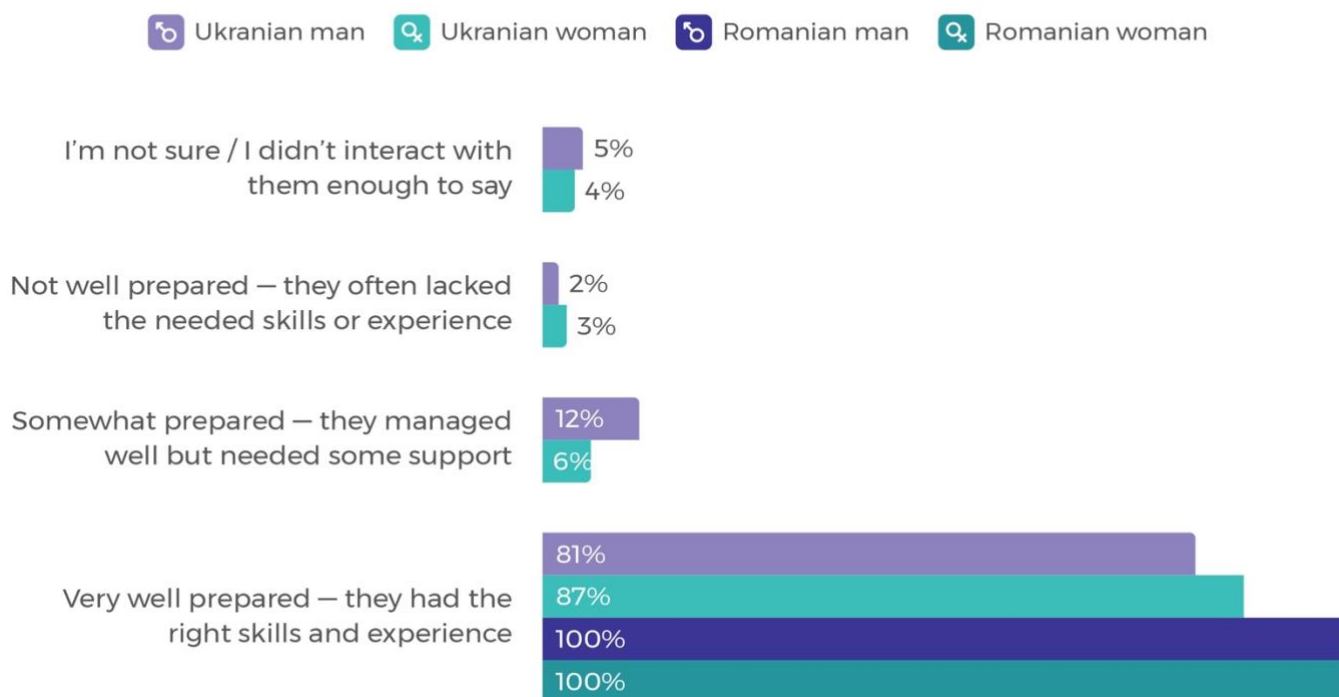
Training in PSEA, CEA/PGI, PFA, PSS, and job-related skills (e.g., CV writing, interview preparation), use of AccessRC self-registration was highly valued, and orientation plus international peer-to-peer exchanges further strengthened capacity of staff and volunteers. Orientation before deployment was standard, and long-term staff benefitted from international peer-to-peer exchanges and learning opportunities, which

reinforced both technical capacity and confidence. One volunteer explained how this wide training offer translated into a sense of readiness.

"I've attended many trainings—both in medical first aid, psychological first aid, MHPSS in emergencies, and more. Everything I needed was offered, so I never had the feeling that I didn't know what to do."

-FGD, 18-30 year old Volunteer Romanian woman, Suceava

How well do you think Red Cross staff and volunteers were prepared to support the community during the project?



Alongside training, the composition of RRC teams was itself a major factor in the adequacy of staff and volunteer capacity. The presence of Ukrainian staff and volunteers was repeatedly described as critical to trust-building and effective support. Ukrainian refugees emphasised that their ability to relate to Ukrainian staff on the basis of shared experiences and language created a sense of safety that went beyond material aid. The importance of cultural and experiential empathy came through strongly in FGDs.

"For me it's very valuable that people from Ukraine work in the Romanian Red Cross, who are in the context and understand the needs of those who arrive. I think if it weren't people who also experienced and are experiencing what people in Ukraine go through, maybe they wouldn't understand the needs enough. They understand that these are not just people in need of social or material help, but people who are really standing on the edge of a cliff and don't know what to do"



next, because they are in a foreign country."

-FGD, 18-30 year old Ukrainian woman, Iași

FGD participants further highlighted how staff and volunteers demonstrated attentiveness and reliability, for example by consistently carrying essentials, offering guidance, and accompanying refugees during difficult procedures. Such behaviour reinforced their perceptions of professionalism and compassion, which, combined with the presence of Ukrainian staff, increased the credibility and accessibility of the services.

However, despite these strengths, many RRC Branches experienced heavy workloads, short-term contracts, and high staff turnover, which created instability and placed constant pressure on those remaining. The burden was particularly acute for staff and volunteers exposed to traumatic situations such as repeated displacement, family separations, and suicide attempts. Several staff and volunteers noted that while staff and volunteers were highly dedicated, they lacked structured systems to protect their wellbeing.

Requests for access to psychosocial support for staff themselves were raised frequently⁵¹:

"I think training should be tailored to activities and objectives. Personally, I'd benefit from psychological support myself—working with refugees and trauma cases daily is heavy. Perhaps staff should have access to a psychologist monthly. At Suceava, we don't have a psychologist for staff, but we'd like to hire one part."

-FGD, 46-60 year old Romanian man, RRC field staff, Suceava

While first aid and PSS trainings were robust, many staff and volunteers expressed a desire for more frequent and advanced training in disaster preparedness. Branches often acted as first responders during floods, fires, and other emergencies, yet volunteers felt that their training in this area was not sufficiently practical or predictable to prepare them for such sudden demands. This was framed less as a critique of existing trainings and more as an acknowledgment of the broader range of crises Branches are called upon to respond to, beyond refugee assistance

⁵¹ During the time of the evaluation, it was reported that RRC has prioritised this issue and is currently working on solutions. It recently

adopted the MHPSS Framework, placing staff and volunteer wellbeing high on the agenda.



Impact

Summary



The project made a meaningful contribution to promoting social cohesion, particularly through inclusive community activities and mixed-group participation. The host community overwhelmingly reported improved community harmony (97% of women and 95% of men), while Ukrainians had mixed experiences (43% of women and 34% of men reporting improved social cohesion) due to language barriers and short-term interactions.

Tensions occasionally arose around aid distribution and perceptions of unequal support, though these are unfounded and IFRC's integrated programme approach helped mitigate wider conflict. Social cohesion and integration were strongest when Ukrainian refugees had sustained support networks involving both Ukrainians and host community members.

Q14. How has the project contributed to social cohesion among refugee and host community groups in Romania?

Q15. What unintended outcomes (positive and negative) were produced at community, Romania Red Cross Headquarters and branch levels?

Q16. To what extent has the project contributed to a system level change for Ukrainian refugees, host communities, Romania Red Cross branches? (integration and localisation)

The project created meaningful opportunities for interaction between refugees and host communities, especially through cultural events, children's camps, and excursions. Romanians largely perceived these activities as strengthening harmony, while Ukrainians' experiences were more mixed, reflecting language barriers and short-term interactions. Despite challenges, RRC's dedicated resources helped reduce competition for services and mitigate wider social tensions.

Translators facilitated communication, and RRC Branches later included more Romanian participants to encourage mixed groups in social cohesion activities. Larger events attracted more diverse participation.

Survey results showed a contrast between groups. 97% of Romanian women and 95% of Romanian men felt that the project improved community harmony, while Ukrainian respondents were more divided. About one-third reported stronger connections, but a significant share felt little or no impact (43% of women, 34% of men). FGDs

suggested that Romanians experienced harmony through shared cultural activities, even with limited communication, while Ukrainians often felt that interactions were short to build relationships.

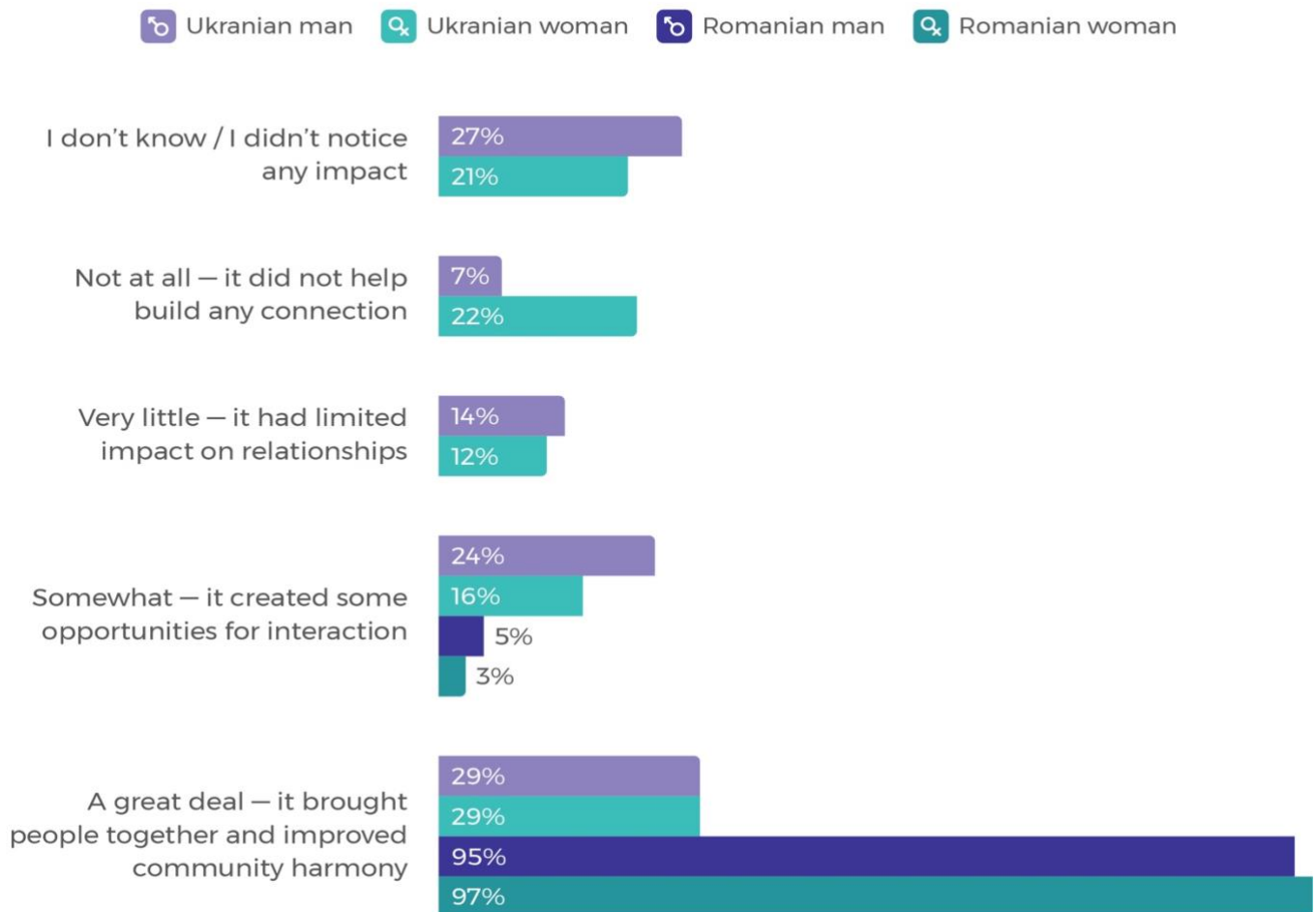
"With Ukrainians we didn't talk much, just exchanged smiles. There wasn't much time. We got off the bus, and each went their own way. However, we explained things, such as writing prayer notes in church, and they understood."

-FGD, 61+ year old Romanian woman, Braşov

However, the project indicators focused on counting unique participants. The absence of outcome-level indicators made it difficult to measure changes in attitudes or inter-community relationships over time while noting that the change is possible in the longer-term intervention. One RRC staff member recommended going beyond satisfaction surveys and incorporating behavioral change analysis to better.



To what extent do you think the project helped build positive relationships between refugees and host community members?



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connections, but a significant share felt little or no impact (43% of women, 34% of men). FGD discussions suggested that Romanians experienced harmony through shared cultural activities, even with limited communication, while Ukrainians often felt that interactions were short-term and insufficient to build meaningful relationships.

Language barriers persisted despite translation support, and Ukrainians perceived few sustained opportunities for integration. Branches noted

tensions during aid distributions (e.g., limited clothing options, perceptions of unfairness), and branches observed occasional resentment from locals who believed refugees received disproportionate support.

At the same time, external stakeholders emphasized that RRC's dedicated resources, particularly in healthcare due to IFRC's integrated programming, reduced competition for services and helped mitigate wider social tensions. Branch staff also intervened to address bullying or discrimination against refugees in schools and public spaces.

Finally, social cohesion depended not only on shared activities but also on the availability of support structures. As one volunteer explained, integration was easier when supported by both





fellow Ukrainians and host community members, showing the importance of sustained networks of support.

"My sister. She didn't go through integration. If I take my sister as an example – even though she speaks Romanian and English fluently, she didn't integrate. She didn't manage it at all, not with a psychologist's help or with any other support. She's 24 years old and

returned to Ukraine. I, without knowing the language, did integrate. I think it was a bit easier for me because I had support, I was helped, and support means a lot.

Especially when you're supported not only by your own people."

- FGD, 31-45 year old Volunteer Ukrainian woman, Bucharest



Sustainability

Summary



The project left clear benefits. Cash assistance was critical for refugees' basic needs and security, while language learning and MHPSS showed potential for longer-term integration. RRC branches gained visibility, partnerships, and systems that strengthen their role in future crises, though reliance on informal practices and uneven capacity limits sustainability.

Looking ahead, smaller-scale activities such as MHPSS and referrals may continue, but large-scale cash support is unlikely. Branches are testing co-payments, fundraising, and fee-based services, while keeping reliance on external donors high with limited local fundraising opportunities. A 2024 French Red Cross study on health and MHPSS sustainability offers some direction, but uncertainty beyond 2025 persists as donors wind down their focus on the Ukraine Response.



Q17. To what extent the benefits to Ukrainian refugees, host populations and Romania Red Cross branches last in time? Which activities are likely to sustain and support community resilience?

Cash-based assistance was rated as the most critical support by both Ukrainian and Romanian survey respondents for a longer-term positive change. MPCA was seen as essential for housing security, covering rent and basic survival costs, and preventing debt.

In-kind support was more positively rated by Romanians (63–69%) than Ukrainians (19–37%), reflecting differences in perceived sustainability of the impact. While language classes were valued by Ukrainians (21–27%), critical for integration, with limitations in long-term impact without official certification. MHPSS was noted as valuable by a smaller share Romanian women (10%), Ukrainian women (10%) and Ukrainian men (8%). Its integration into health centers suggests potential for more durable impact if scaled.

For RRC Branches, the intervention produced lasting benefits in the form of institutional strengthening, systems development, and partnerships.

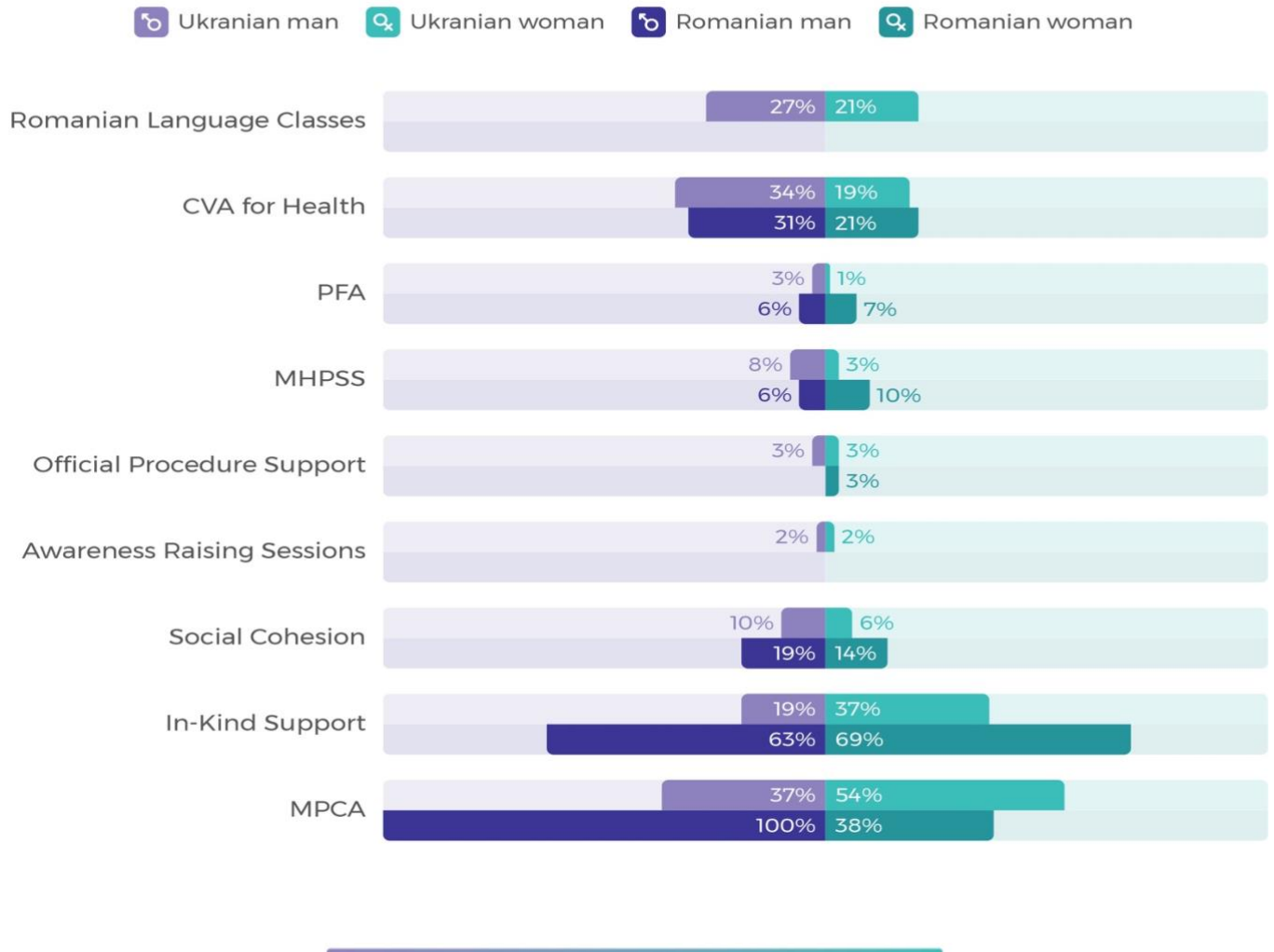
A bottom-up, branch-led model allowed RRC to design activities suited to their communities. These systems are durable skills that branches can reuse in future emergencies. However, the bottom-up branch led approach had its limitations and these have been highlighted in previous sections, around data systemisation and an over reliance on informal unstructured analysis of needs and feedback.

Implementing such systems and balancing these with the branch-led approach would have a better impact on RRC's sustainability and RRC's ability to provide quality programming for all groups.





Is any of the Red Cross support likely to provide
longer term positive changes in your life?



Q18. To what extent is the project's exit strategy designed to ensure the continuity of benefits, services, and local capacities after external support ends?

Some smaller-scale activities, such as MHPSS and referrals, are expected to continue after DEC funding ends, sustained through bilateral agreements, volunteers with longstanding involvement, and modest branch resources. However, large-scale interventions, especially MPCA, are unlikely to persist.

"At the very least, some psychosocial activities, through volunteers who have been involved over the past two years, will continue. Maybe not as consistently, but enough to maintain contact with

beneficiaries, to identify needs and to provide referrals."

- KII, RRC Branch

Branches have experimented with sustainability approaches such as introducing co-payments for uncovered medical tests, small-scale fundraising events, fee-based trainings, and extending activities to the wider public. These efforts generated some revenue but remained insufficient to cover high fixed costs like salaries and rent. Sponsorship attempts with companies and local authorities faced limitations, as donors



often prioritized child-focused projects and public institutions lacked adequate budgets.

On the positive side, capacity assessments were underway to build branch resilience, and RRC's

increased visibility and credibility were widely recognized as a key project outcome.

While Branch Directors recognized the value of international donor funding, they expressed strong interest in learning from other National Societies that had diversified funding through sponsorships, fundraising, and local partnerships. Linked to this was a need for more training in project design and proposal writing. Many Branches were reliant on RRC HQ to apply for funding or secure partnerships, which limited their

independence. Staff saw project writing skills as a pathway to access EU or municipal resources and to design initiatives more tailored to local community needs.

Local fundraising is limited, dependence on external donors continues, and uncertainty beyond 2025 is high. Branches are adapting unevenly, with some preparing participants for reduced or cost-shared support to avoid abrupt service disruption.

In addition, in 2024 the French Red Cross commissioned a sustainability study on health and MHPSS services involving 4 branches from the DEC project, with branches beginning to test some of the proposed options.



Localisation

Summary



The project has made meaningful progress on localisation. RRC branches increasingly influenced leadership, decision-making, and project design, supported by IFRC and BRC in ways that built confidence rather than imposed control. Partnerships were well aligned to context and needs, with IFRC and BRC providing complementary strengths while allowing RRC to expand its visibility, capacity, and credibility.

The trajectory is significant progress particularly in leadership, decision-making, and partnership alignment, while deeper institutional independence, more systematic capacity sharing, and stronger accountability to Branches and communities are still needed to reach a mature model of localisation.

The future localisation opportunities should focus on continuing to support RRC to increase its capabilities to use systemised ways of working across Branches.

Q19. To what extent has the project progressed along key dimensions of localization such as leadership, decision-making, resource control, and capacity strengthening?

Localisation in has been assessed in accordance with the ten areas of the LMM. This places localisation progress on a scale from immature to

mature – recognising the non-static nature of progress and the different areas of focus. See Annex D for scoring criteria.

Localisation Maturity Model Baseline



BRC
ave (4.05)



INGO
ave (2.9)

Immature

Fully mature



Localisation
ambition



Leadership & cultural
orientation



Local humanitarian
leadership



Collaborative
capacity



Decision making



INGO systems



Risk & due diligence
for L/N partners



Funding



Partner selection



Learning &
accountability

Ambition

This attribute of the LMM considers whether Red Cross had a clear and intentional localisation

ambition that is precise enough to guide their responses in DEC phase 2b. A mature ambition would include funding amounts, decision making



equity standards and objectives for capacity sharing and joint decision making.

Localisation is central, with IFRC's Agenda for Renewal and BRC's International Strategy 2025-30 committing to "shifting and sharing power" across National Societies. In Romania, this translated into significant investment in RRC through IFRC coordination, which was a pragmatic adaptation to RRC's limited initial capacity. Branches played a visible role in delivering community-driven, flexible activities, expanding their volunteer base and local credibility. While Branch-level ambition was evident, for example, RRC's plan to scale cash programming to 40% of aid by 2028⁵², the institutional localisation strategy remains under progress. Reliance on IFRC for coordination and grant management highlighted both progress and limits: the ambition is present but not yet embedded into a fully independent RRC agenda.

Score: 3.5 out of 5

Leadership and Orientation

This attribute of the LMM considers whether the leaders of the DEC Phase 2b response and Branches were supportive of localised implementation approaches.

During implementation, IFRC's leadership role evolved and shifted toward a more participatory, RRC-centred model, with stronger investment in institutional capacity-building.

Branches were encouraged to design their own plans and budgets based on local needs and capacities, with RRC HQ providing coordination rather than imposing directives. While some Branches actively engaged with local authorities and adapted to community feedback, others remained cautious and reliant on HQ or IFRC guidance. In some cases, localisation was interpreted by Branches more as external

"capacity building" than as a genuine transfer of decision-making power.

Score: 4 out of 5

Humanitarian Leadership

This attribute of the LMM considers whether RRC was supported to participate meaningfully in coordination forums.

The response significantly strengthened local humanitarian leadership, with RRC gradually taking on a central role in operational and strategic coordination. Early in 2023, IFRC maintained a stronger presence, deploying delegates to establish systems, but progressively shifted toward technical advice and facilitation. BRC complemented this role by providing funding, mentoring, and experience-sharing.

At Branch level, RRC leadership was visible in needs identification, planning, and budgeting, coordinated through HQ but without heavy imposition. The transition was not without challenges: many Bes described the model as "co-leadership," with IFRC and BRC offering critical expertise, especially in newer areas like cash assistance, while deliberately avoiding directive control. RRC staff viewed this balance as supportive, helping build confidence and capacity without undermining ownership.

Score: 4.5 out of 5

Collaborative Capacity Sharing

This attribute of the LMM assesses how collaborative capacity sharing is along with how well adapted capacity development is to the unique needs and ambitions of RRC.

Collaboration between BRC, IFRC, and RRC combined one-way capacity transfer with two-way exchange. Early IFRC focus on urgent delivery left limited space for structured learning, though over time technical expertise was combined with recognition of RRC's own adaptations. Beyond DEC, IFRC continued to provide National Society Development support with dedicated budgets, complementing bilateral PNS contributions.

From the IFRC side, the early focus on urgent delivery decreased the room for structured capacity sharing in the initial phases of the

⁵² RRC institutional strategy is currently under development, triggered in 2025.



implementation, despite IFRC support to RRC dates prior to the Ukraine crisis. Over time, IFRC increased its technical capacity-sharing, while also acknowledging the value of learning from RRC's own adaptations.

In addition, Branches built informal peer networks, sharing practices and broadening skills through trainings and exchanges. For instance, at a regional event in Budapest (September), National Societies engaged in social integration and inclusion shared good practices, with RRC showcasing its achievements—including those linked to the DEC-funded project. While some described the relationship with RRC HQ as supportive and collaborative, others still viewed it as hierarchical.

Score: 4.5 out of 5

Decision Making

This attribute of the LMM considers the extent to which RRC HQ and Branches were involved in response decision making.

Branches played an active role from the design stage, shaping proposals, identifying needs, and influencing budgets. Requests for activity or budget changes were usually accommodated, with BRC and IFRC framing their role as supportive rather than directive. Donor constraints, such as renovation rules, were openly discussed and negotiated.

However, perceptions varied. Some Bes felt well included, while others saw decision-making as driven mainly by RRC HQ, IFRC, and BRC. Volunteers also contributed: in Suceava, long-time RRC volunteers proposed most activities, while in Iași, weekly meetings gave volunteers a platform to provide input directly to Branch directors.

Score: 4.5 out of 5

Red Cross Systems & Processes Support Localisation

This attribute of the LMM considers the extent to which Red Cross systems were barriers or enablers of localised ways of working.

Channeling DEC funds through IFRC built on existing in-country systems from the Ukraine Appeal, with BRC acting mainly as a technical advisor. Decision-making on staffing, activities, and budgets largely sat with RRC and Branches, while IFRC ensured donor compliance and quality standards. Standardisation improved over time, with the PMER workshop clarifying reporting requirements and introducing frameworks (PMER, CEA, PGI) for wider Branch use. In cash assistance, migration of electronic delivery systems from IFRC to RRC, supported by BRC, was a shift toward local ownership.

Constraints nevertheless tempered localisation. Staffing gaps at IFRC and RRC created limitations; late transfers strained Branch trust and planning; and donor ceilings limited admin hires, delaying reporting. Branches also faced heavy, repetitive data entry and confusion from multiple funding streams though this was gradually mitigated as systems became clearer.⁵³

Score: 3 out of 5

Risk and Due Diligence

This attribute of the LMM assesses the extent to which Red Cross teams were adapting their risk management controls and mitigations to localised ways of working.

Risk for the DEC-funded response was primarily assumed by IFRC, in line with its established presence in Romania since 2022 and its role as grant holder in this multilateral partnership. BRC relied on IFRC's risk framework and processes, which included financial oversight, risk registers and mitigation measures, and adaptation of global tools to the Romanian context.

By sharing risk, this provided greater flexibility for RRC to operate in a more autonomous way, a major goal of localisation.

Score: 4 out of 5

⁵³ In July 2025, with IFRC financial support, RRC recruited a Senior Officer for Organizational Development to lead an inclusive process for developing the 2026–2030 RRC Strategy. Supported by IFRC

onboarding and training, the process builds on lessons from the past three years of Ukraine-related response (incl. DEC) and is expected to conclude in the first half of 2026.



Funding

This attribute of the LMM considers the extent to which DEC Phase 2b funding was allocated equitably between RRC Branches.

The proposal was led by IFRC with input from RRC HQ, while Branches were consulted and their budgets integrated. At HQ, RRC signed agreements with Branches, ensuring accountability and distributing funds according to capacity and needs. DEC's flexible approach allowed unusually high staff cost coverage, which was vital for Branches scaling up teams.

However, Branches were not directly involved in high-level donor negotiations and often lacked clarity on how allocations were decided at IFRC level. While some saw the process as transparent, others felt visibility was limited beyond their own Branch envelope. Despite this, once agreements were signed, most Branches had the resources needed to deliver.

Score: 4.5 out of 5

Partner Selection

This attribute of the LMM assesses whether Red Cross selected RRC and Branches that matched their stated Localisation Ambition and whether those Branches matched the capacity and likelihood of Red Cross to adapt their systems.

The IFRC's decision to establish a permanent office in Romania in 2022 was shaped by the Ukraine crisis and Romania's border position. Government openness facilitated this step, enabling IFRC to take on responsibilities for grant management, oversight, and institutional development.

BRC's role followed a different structure. Its collaboration with IFRC was tied to the Emergency Appeal, while its medium-term partnership with RRC aligned with its regional strategy. BRC focused on migration and CVA preparedness, while IFRC led on MHPSS—together complementing RRC's growing expertise in cash, first aid, and psychosocial support. Partnership arrangements reflected both Movement dynamics and contextual needs, with IFRC's presence justified by mandate and geography, and BRC's role linked to its thematic priorities and bilateral agreement with RRC.

Score: 5 out of 5

Learning & Accountability

This attribute of the LMM considers how accountable the Red Cross is to RRC and how well the Red Cross is able to generate and internally share learnings on localisation to improve

Accountability and learning were uneven, with ad-hoc valuable exchanges and the evaluation did not identify systematic framework. Structured opportunities were rare, few of which were 2025 PMER Workshop and May 2024 Budapest lessons-learned workshop. RRC staff valued the respectful, trust-building approach of IFRC and BRC, though accountability largely flowed upwards rather than downwards. Branches voiced a need for more interactive spaces to co-develop ideas, share experiences, and shape strategy, as current feedback remains fragmented and mediated by HQ.

Score: 3 out of 5



Conclusion

The DEC Phase 2b project in Romania sits at an intersection of urgent humanitarian need and the longer-term challenge of building resilient, locally led systems of response. By adapting to Romania's shifting policy and operational context, RRC not only addressed urgent needs but also built institutional capabilities essential for future emergencies. The project's integrated model - linking cash assistance, health and psychosocial support, and community inclusion - demonstrated the Red Cross's potential to operate as both a frontline responder and a key national partner in humanitarian coordination.

RRC's operational achievements translated into improved readiness to scale assistance, coordinate multisector responses, and deliver through decentralized, Branch-led structures. The successful delivery of the seventh and eighth MPCA allocations evidenced operational efficiency and a growing ability to manage complex cash programs. Likewise, the expansion of MHPSS and community-based services enhanced RRC's visibility as a trusted national actor, capable of reaching vulnerable populations across both refugee and host communities.

The evaluation also highlights critical preparedness gaps. The sustainability of response systems remains constrained by dependence on external funding, limited institutional data management, and uneven accountability mechanisms. Without further investment in early

assessment, feedback integration, and risk-informed planning, RRC risks losing the momentum toward a self-sustaining and anticipatory response posture. The transition from emergency assistance to resilience building will depend on embedding systematic PMER processes, establishing a unified complaints and feedback mechanism, and developing locally generated financing and fundraising capacities.

Equally, preparedness will hinge on advancing localisation maturity. Branches have shown they can design and implement context-appropriate interventions, yet they still require capacity strengthening, tools, and decision-making authority to act rapidly in future crises. Strengthening their financial management, proposal writing, and coordination capacities will enable faster, evidence-driven mobilization when new shocks arise.

DEC Phase 2b has elevated RRC from a primarily implementational role to a more strategic, nationally recognized humanitarian actor. The project's legacies - stronger systems, improved partnerships, and expanded service models - represent tangible assets for RRC's preparedness framework. To consolidate these gains, RRC should now focus on institutionalizing learning, formalizing coordination and data systems, and diversifying resources. This will ensure that future responses are not only rapid and accountable but also locally led, sustainable, and resilient.



Recommendations

Recommendation 1

Continue institutionalising evidence-based and inclusive targeting.

RRC should institutionalise the multi-sector needs assessment conducted in early 2025 by developing a standardised needs assessment toolkit for all Branches, with mandatory **disaggregation quotas** by age, gender, disability, and displacement status at minimum. Short, repeatable but **structured** tools that enable completion of these assessments in a few days would enable Branches to run this assessment at project start-up and update periodically, to inform targeting criteria and services provided.

In addition, CFMs should be periodically analysed to identify emerging trends and needs. Short trainings/webinars should also be provided to Branches on basic data analysis for so that they can interpret their own data for Branch-level decision-making.

Recommendation 2

Establish a structured, Branch-level CFM tracking system to ensure all feedback and complaints are systematically tracked, and resolved

Branches should develop CFM log to record all feedback, date of receipt, action taken, and closure status in line with the CFM protocols developed in the PMER workshop in 2025. CFM tracking should also be integrated into PMER reporting, ensuring accountability and enabling monitoring of the trends, response times, and recurring issues.

Recommendation 3

Develop community participation mechanisms by leveraging on existing volunteer networks

Volunteers should be trained as community activators who can periodically facilitate dialogue (e.g., co-design or reflection sessions) and systematically gather feedback through short and structured tools and ensure that community perspectives are represented in Branch decision-making.

Recommendation 4

Improve project integration and complementarity

RRC should integrating referral to and from health, psychosocial, and protection activities into cash programming through formal SOPs and standardised tools with clear case handling protocols. Strengthening these linkages would make interventions more holistic, reinforce participants' dignity and well-being, and improve coordination and overall effectiveness of support packages.

In addition, the CVA risk register should be regularly updated to help tracking interconnected risks (e.g., duplication, data gaps, or missed referrals) and therefore supports better integration between services.

Recommendation 5

Provide pathways to certify language and vocational trainings provided to Ukrainian refugees

RRC can introduce a dedicated budget line within the project's social cohesion component to cover certification exam fees for language and vocational courses (e.g., Romanian language level B1-B2, computer skills, or trade qualifications) for tangible employability and inclusion outcomes.

Recommendation 6

Scale up staff and volunteer well-being through structured psychosocial support, rotations, and workload management.

RRC should extend existing MHPSS staff care systems to include Branch leaders, managers, and



coordination teams, ensuring they participate regularly in emotional discharge and reflective sessions. RRC can also dedicate a budget line for staff-well-being within the future projects.

Recommendation 7

Continue strengthening Branch autonomy

RRC Branches should be empowered to make day-to-day operational decisions such as reassigning small funds, adjusting schedules, or tailoring activities to local needs. The provided autonomy can be paired with sustained capacity building, including training in financial management, procurement, donor compliance and PMER, per learning exchanges between stronger and smaller Branches and periodic coaching on risk management and reporting. Decentralisation will work better if Branches have the skills, systems, and confidence to manage funds responsibly. Capacity-building will ensure that autonomy translates into efficiency, accountability, and institutional maturity, not fragmentation.

Branches should also be empowered in resource mobilisation, proposal writing and donor relationships to increase diversified income sources and reduce donor dependence, which will eventually improve signal genuine local ownership as a cornerstone of localisation maturity.

Recommendation 8

Adopt outcome level indicators to measure social cohesion and integration

Future projects should develop and include specific, measurable outcome indicators in future project designs to capture changes in social cohesion, community integration, and intergroup relations among refugees and host communities. These should go beyond counting participants and activities to track attitudinal, behavioural, and relational outcomes.

Recommendation 9

Introduce joint inception workshops at the start of new projects to clarify roles, financial flows, and project requirements across all Movement partners.

Hold a joint inception or start-up workshop whenever a new project begins, bringing together all key Movement actors - RRC, IFRC, BRC and any other partner National Societies - to establish a shared understanding of project scope, responsibilities, reporting systems, and financial procedures.





Annexes



Annex A – DEC Allocations and Timeline

DEC Allocation	Indicative upcoming allocation announcement by DEC to members	Confirmation of allocation acceptance by BRC	Final confirmed DEC allocation £	Cumulative DEC programme budget
4th DEC allocation (planning)	Jun-23	Jul-23	822,353	822,353
Start of implementation phase	1st Sep 2023			
5th DEC allocation	Mar-24	Apr-24	685,294	1,507,647
7th DEC allocation	Jan-25	Feb-25	809,565	2,317,212
8th DEC allocation	May-25	Jun-25	194,623	2,511,835
End of DEC programme implementation phase in Romania	31st July 2025			
Total (DEC grant)			2,511,835	



Annex B – Evaluation Matrix

DAC Criteria	CHS	Evaluation Questions	Desk Review	KIIs with Red Cross	KIIs with Stakeholders	FGDs with Project Participants	FGD with Red Cross	Surveys with Project Participants	Field Observations
Coherence	CHS 6	Q1. To what extent does the project align with the broader humanitarian response frameworks, such as those set by the Government of Romania and UNHCR (regional refugee response strategies), and how has this alignment (or lack) impacted the programme?	✓	✓	✓				
		Q2. To what extent was the project aligned with national coordination mechanisms to ensure complementarity with the broader refugee response in Romania?	✓	✓	✓				
	CHS 6	Q3. How effective has communication between BRC, IFRC, Romania Red Cross HQ and local branches been?	✓	✓			✓		
Relevance	CHS 2	Q4. To what extent did the project assess and design its activities according to the actual and evolving priority needs of Ukrainian refugees and host communities in Romania?	✓	✓	✓	✓	✓	✓	
	CHS 1 CHS 5	Q5. How appropriate, and accessible was the community engagement approach—including communication, participation, feedback, and complaints mechanisms—in addressing the needs and context of Ukrainian refugees and host communities in Romania during the Ukraine crisis?	✓	✓		✓	✓	✓	✓
	CHS 4	Q6. How adequately did the project safeguard the wellbeing, rights, and physical or emotional safety of individuals and refugee and host communities concerned?	✓	✓		✓	✓	✓	✓
Effectiveness	CHS 2	Q7. To what extent has the intervention achieved its objectives/intended outcomes stated in the Phase 2b project plan document?	✓	✓	✓	✓	✓		
	CHS 1 CHS 2 CHS 4	Q8. To what extent were programs and services responsive to the needs of vulnerable groups, including women, children, the elderly, persons with disabilities, and other at-risk individuals from host community and refugee newcomers? Was any group excluded from the services?	✓	✓	✓	✓	✓	✓	✓
	CHS 6	Q9. How effective has the signposting or referral system been for host and refugee project participants?	✓			✓		✓	





Efficiency	CHS 5 CHS 7	Q10. To what extent did the project use monitoring, community engagement and feedback mechanisms, and internal learning to adapt and improve its activities, and outcomes over time? Were there any challenges to actioning community feedback?	✓	✓		✓	✓	✓
	CHS 2	Q11. To what extent has the assistance to Ukrainian refugees and host population been delivered in a timely manner?	✓			✓	✓	✓
	CHS 9	Q12. How well the project resources were used and accounted for?	✓	✓				
	CHS 8	Q13. To what extent have local staff and volunteers' experience and competencies been adequate to implement the project?	✓	✓		✓	✓	✓
Impact	CHS 4	Q14. How has the project contributed to social cohesion among refugee and host community groups in Romania?	✓	✓	✓	✓	✓	✓
		Q15. What unintended outcomes (positive and negative) were produced at community, Romania Red Cross Headquarters and branch levels?	✓	✓		✓		
		Q16. To what extent has the project contributed to a system level change for Ukrainian refugees, host communities, Romania Red Cross branches? (integration and localisation)						
Sustainability	CHS 3	Q17. To what extent the benefits to Ukrainian refugees, host populations and Romania Red Cross branches last in time? Which activities are likely to sustain and support community resilience?	✓	✓		✓	✓	✓
		Q18. To what extent is the project's exit strategy designed to ensure the continuity of benefits, services, and local capacities after external support ends?	✓	✓				
Localisation	CHS 8	Q19. To what extent has the project progressed along key dimensions of localization such as leadership, decision-making, resource control, and capacity strengthening? To what extent have the Romania Red Cross branches had ownership of resources, analysis, and decision-making within the project? To what extent has the management of human resources and support to local Romania Red Cross branch staff been appropriate? To what extent have branch capacities been strengthened by the project?	✓	✓				



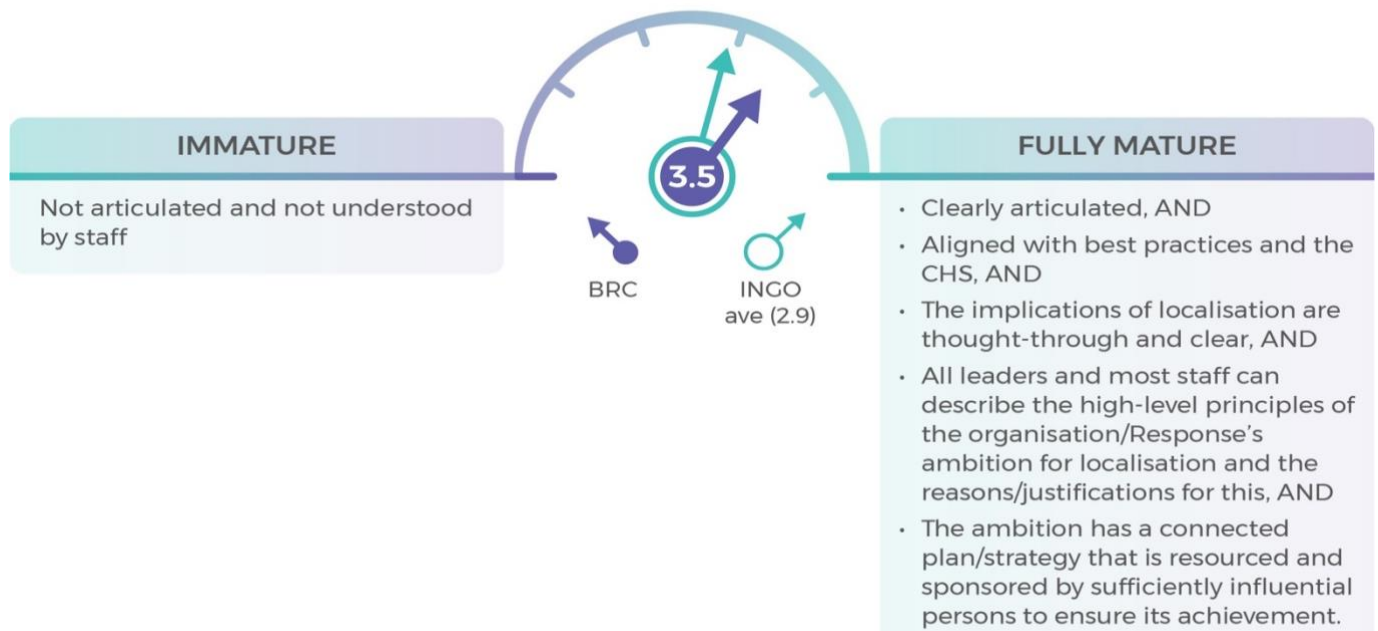
Annex C – Evaluation Matrix

No	Document
1.	BritishRedCross_DECPh2a+b_Outputs_UHA22
2.	BritishRedCross_DECPh2b_Finance Plan_UHA22_final
3.	BritishRedCross_Ph2b_Narrative_Plan_UHA22
4.	BritishRedCross_Ph2b_Plan Risk_UHA22
5.	FINAL IFRC Romania Budget with phasing 25.08.2023
6.	Project Implementation Guidelines
7.	PMER Workshop Report
8.	Initial Proposed Budget Compiled
9.	Compiled branch proposals
10.	Ukraine Longitudinal Survey
11.	RRC Needs Assessment March 25
12.	CB MHPSS Activity Process Flowchart_ro
13.	CBMHPSS Facilitators-Guide
14.	IFRC Integration and Inclusion Framework_Europe and Central Asia
15.	NAVIGATING HEALTH AND WELL-BEING CHALLENGES FOR REFUGEES FROM UKRAINE - 2nd Edition
16.	221206 DEC UHA RTR CMC Romania Draft Report
17.	BRC_Romania_DEC_Phase 1 Final _Risk_UHA22
18.	BRC_Romania_DEC_Phase 1 Final_Narrative Plan_UHA22_141022
19.	BRC_Romania_DEC_Phase 1 Final_Outputs_UHA22_221122
20.	Romania M2205101-PRO014-Final - signed
21.	6-month interim report
22.	12-month interim report
23.	18-month interim report
24.	BRC_UHA_LOA_7th&8th Allocation_signed
25.	20240115 BRC - Field Monitoring RRC IFRC (Romania) #4
26.	20240705 BRC - Field Monitoring RRC BRC (Romania) #5
27.	Q1+Q2 CVA Distribution
28.	Q2 + Q3_2025 MPC
29.	DEC_CVA_Concept Note
30.	CEA data, reports, and SOPs
31.	Kick of meeting presentation
32.	RRC progress reports examples
33.	British Red Cross International Strategy 2025-30
34.	Cash for health - questionnaire data PDM
35.	Romania_MPC_PDM_-_all_versions_-_English_en_-_2025-07-31-11-24-40
36.	Call Centre Reports
37.	BRC_DECPh2b_Outputs_UHA22_Romania_final



Annex D – LMM Scoring Criteria

1. The Localisation Ambition is...



2. Localisation Leadership & Cultural Orientation is...

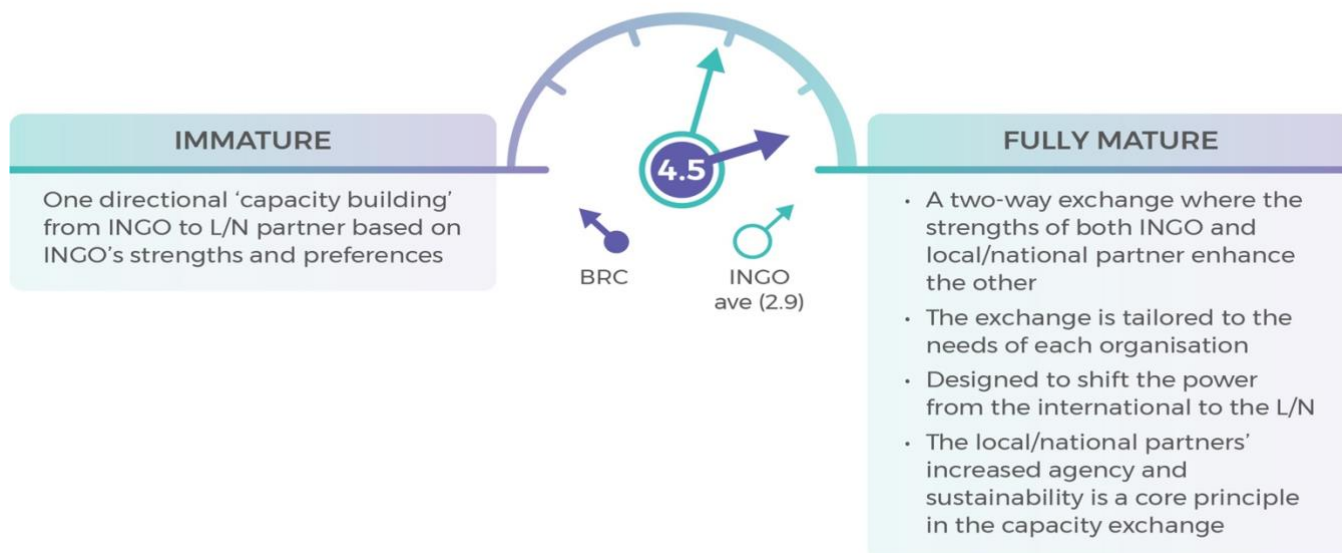




3. Local Humanitarian Leadership is...



4. Collaborative Capacity is...



5. Decision Making is...



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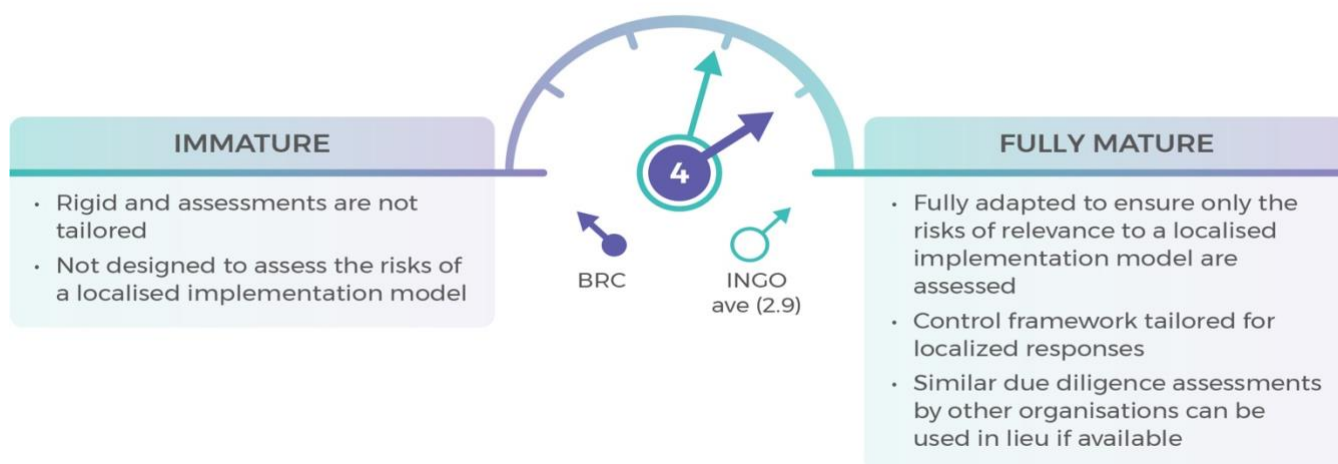




6. British Red Cross Systems...



7. INGO Risk Management & Due Diligence for L/N Partners is...



8. Funding...





9. Partner Selection is...



10. Learning and Accountability...





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