

INTEGRATION AND INCLUSION LESSONS LEARNED REPORT Romanian Red Cross



The participants of the Lessons Learned Workshop, Bucharest, Romania 23-24 October 2026. Credits: RRC

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A. Context

Since the onset of the international armed conflict in Ukraine in 2022, Romania has received a significant number of displaced people seeking safety, stability, and access to essential services. In the early months of the response, over 1.6 million Ukrainians were reported to have crossed into Romania since February 2022, with a substantial share initially recorded at the border, according to UNICEF Romania and operational displacement data¹. As of late 2025, approximately 200,000 displaced Ukrainians were registered under temporary protection or refugee status in Romania², reflecting a shift from mass movement to longer term presence and integration needs. Within this context, the Romanian Red Cross (RRC), working in close coordination with national authorities, has played a central role in the national response under the Ukraine and Impacted Countries Emergency Appeal, addressing both immediate humanitarian needs and emerging integration challenges faced by displaced people from Ukraine and other vulnerable migrant groups.

Under the Emergency Appeal response, the initial focus of the Romanian Red Cross (RRC) was on addressing urgent and immediate needs of displaced people from Ukraine, including basic assistance, protection, and psychosocial support. As the conflict continued and displacement became increasingly protracted, the RRC progressively strengthened its focus on inclusion and integration, expanding a network of community and multicultural centres across several counties, including Bucharest, Braşov, Constanţa, Iaşi, Satu Mare, Suceava, Tulcea, Sălaj, and Galaţi. These centres delivered a range of inclusion focused services, such as Romanian language courses, Mental Health and Psychosocial Support activities, employability and livelihood support, educational initiatives, community events, and assistance with documentation. These interventions aimed at reducing vulnerability, mitigate social isolation, and support social cohesion between displaced people from Ukraine and host communities.

As inclusion and integration activities were implemented across branches, the National Society recognised the importance of reflecting on experience gained, capturing good practices, and identifying lessons learned to inform ongoing and future Emergency Appeal implementation. In this context, the Learning Workshop on Integration and Inclusion was held in Bucharest on 23–24 October, bringing together RRC branches implementing or planning inclusion activities, RRC headquarters staff, the IFRC, and Movement partners. The lessons learned report consolidates the key findings from the workshop to support evidence-based decision making, strengthen coherence across branch level interventions, and guide the continuation and adaptation of core inclusion and integration activities, particularly in medical, social, and Mental Health and Psychosocial Support services, which remain critical in the next phase of the response. By capturing practical experience and insights from the field, the report contributes to enhancing the quality, relevance, and accountability of the RRC's integration and inclusion programming under the Emergency Appeal.

B. Methodology

The lessons learned exercise draws on a participatory Learning Workshop draws on a participatory Learning Workshop on Integration and Inclusion conducted by the Romanian Red Cross, with the support of the IFRC Romania and Regional Office, in Bucharest from 23 to 24 October 2025. The workshop was facilitated by staff from the IFRC Regional Office for Europe and Central Asia, IFRC Romania, and the Romanian Red Cross.

¹ [UNICEF support in Romania for refugee children, women and families coming from Ukraine | UNICEF Romania](#)

² [Situation Ukraine Refugee Situation](#)

The workshop followed a structured and facilitated learning process to support collective reflection on branch level experience and identify practical lessons to inform future inclusion and integration work across the National Society. Discussions and outputs were guided by the IFRC Integration and Inclusion Framework for Europe and Central Asia and were structured around its four pillars: socio economic integration and inclusion, socio cultural integration and inclusion, well-being and protection, and accountability and meaningful participation.

A range of participatory learning methods was used to support reflection, analysis, and discussion on inclusion and integration activities. Initial discussions were focused on inclusion and integration programming, but remained broad and did not consistently distinguish between different types of interventions or areas of practice. To address this, the approach was refined during the workshop to guide discussions more explicitly by sector and thematic area, including MHPSS, employability, and community engagement. This refinement enabled more focused analysis and improved the practical usefulness of the findings. These methods facilitated cross branch exchange, encouraged open and honest discussion, and supported the consolidation of field based experience into actionable learning. Workshop outputs were documented through group work products and plenary discussions and form the primary evidence base for this report.

C. Lessons Learned

This section presents the key lessons learned from the implementation of inclusion and integration activities across Romanian Red Cross branches. Findings are organised into three thematic areas: Service Delivery, Programme Management and Internal Systems, and Partnerships and Sustainability, and are analysed using four learning dimensions: relevance, effectiveness, efficiency, and coverage. This structure supports a balanced reflection on what worked well in practice and what could be improved, while also capturing crosscutting observations that did not fit under a single criterion. The lessons presented reflect the collective experience of workshop participants and highlight patterns observed across branches rather than assessments of individual projects or locations.

The first area focuses on Service Delivery, examining how inclusion and integration services were designed and implemented at branch level. It captures lessons related to the relevance of services in responding to community needs, their effectiveness in supporting inclusion outcomes, the efficiency of delivery models, and the extent of coverage across different groups and locations.

Area 1 – Service Delivery	Worked Well	To be Improved
Relevance	<ul style="list-style-type: none"> • Integrated medical, MHPSS, social assistance services matched the priority needs of displaced people and host communities, with strong appreciation from beneficiaries. • Hybrid activities (e.g., support groups for mothers, people with chronic diseases such as oncological and diabetes conditions) emerged organically from multidisciplinary collaboration and were highly relevant. • After-school activities and Romanian language classes for children directly 	<ul style="list-style-type: none"> • Adult Romanian language courses need stronger alignment with practical, daily-life communication priorities and more flexible schedules/formats (evening, online). • Some services (e.g., individual counselling) should be offered only based on demand analysis.

	<p>addressed social integration and family needs while supporting parents' employability.</p> <p>Support for obtaining social or medical documentation represented an enabler for the displaced people in accessing wider social and medical services</p>	
Effectiveness	<ul style="list-style-type: none"> • Health promotion centers delivered measurable results in improving physical and mental well-being. • Participants engaged in multiple complementary activities, making integration more effective and multimodal. • Recreational activities (such as community dinners, cooking, painting and crochet classes) and camps effectively improved well-being and strengthen community ties, while also facilitated volunteer recruitment from the Ukrainian community. 	<ul style="list-style-type: none"> • Vocational counseling and career guidance require better adaptation to labour market needs and stronger links with public institutions (AJOFM, job fairs). • Some branches lack qualified staff (e.g., psychologists, certified language classes), reducing the quality and consistency of services.
Efficiency	<ul style="list-style-type: none"> • Specialized staff doctors, psychologists, and social workers ensured high quality and efficiency in service delivery. • CASH assistance was efficiently implemented thanks to flexible selection criteria. 	<ul style="list-style-type: none"> • Access to specialized medical services is limited in some counties, requiring expanded partnerships with clinics and specialists to improve referral efficiency. • Significant variation between branches with experts and those without resulted in unequal levels of efficiency across counties.
Coverage	<ul style="list-style-type: none"> • Health and social services reached diverse vulnerable groups, with unique, integrated service models not available elsewhere in the country. • Collaboration between branches allowed expansion of certain services and the replication of good practices. 	<ul style="list-style-type: none"> • Coverage of specialized medical services is uneven; some areas lack adequate providers or referral pathways. • Language courses, especially for adults, do not yet cover different proficiency levels or diverse work schedules.
Findings not linked to a specific criterion	<ul style="list-style-type: none"> • The stability and visibility of dedicated service spaces strengthened trust and continuity at local level. 	<ul style="list-style-type: none"> • Public communication and social media presence require improvement to avoid negative perceptions and better showcase achievements.

While service delivery outcomes are closely linked to the quality of activities provided, their effectiveness is also influenced by internal coordination, systems, and ways of working. The second area therefore shifts the focus from services themselves to the programme management and internal systems that support their implementation.

Area 2 – Programme Management & Internal Systems	Worked Well	To Be Improved
Relevance	<ul style="list-style-type: none"> • Activities were adapted through branch-level experience sharing and local needs 	<ul style="list-style-type: none"> • Some activities should be discontinued or redesigned depending on regional needs (e.g.,

	<p>assessments.</p> <ul style="list-style-type: none"> • Cooperation between branches enabled the adaptation of activities to highly localized needs. 	<p>employability in Constanța needed; not relevant in Brașov).</p>
Effectiveness	<ul style="list-style-type: none"> • Inter-branch cooperation and peer learning increased programme effectiveness and allowed rapid identification of successful approaches. • Multidisciplinary teams encouraged more effective planning and implementation. 	<ul style="list-style-type: none"> • Internal communication between HQ and branches requires strengthening, including more timely guidance and clearer protocols. • Reporting procedures can be simplified and standardized to reduce bureaucracy and delays.
Efficiency	<ul style="list-style-type: none"> • Shared material resources and dedicated spaces improved coordination and reduced duplication of efforts. • Integrated service centers helped streamline workflows and reduced costs associated with separate facilities. 	<ul style="list-style-type: none"> • Delays in approvals and administrative procedures slowed implementation. • Limited human resources—especially certified instructors and medical specialists—hampered efficiency in some branches.
Coverage	<ul style="list-style-type: none"> • Branches implementing integration programming increased geographic spread and outreach to displaced groups across multiple counties. 	<ul style="list-style-type: none"> • Some branches lacked capacity to broaden their coverage due to limited staff or inconsistent access to technical support.
Findings not linked to a specific criterion	<ul style="list-style-type: none"> • Knowledge sharing across branches encouraged innovation and provided models that can be replicated. 	<ul style="list-style-type: none"> • Recruitment of specialized human resources remains difficult, particularly for medical and language-teaching profiles.

Although internal systems influence how activities are delivered, their sustainability is strongly shaped by partnerships. The third area therefore focuses on partnerships and sustainability, examining how collaboration with communities, public institutions, and other stakeholders supports continuity and longer-term inclusion and integration efforts.

Area 3 – Partnerships & Sustainability	Worked Well	To Be Improved
Relevance	<ul style="list-style-type: none"> • Partnerships fostered access to local networks and helped tailor activities to community realities. • Strong recognition from local stakeholders reinforced the relevance of RRC’s integrated model. 	<ul style="list-style-type: none"> • More strategic partnerships with medical specialists nationwide are needed to respond to complex health needs.
Effectiveness	<ul style="list-style-type: none"> • Collaboration with Ukrainian community members (including volunteers) strengthened participation and trust. • Branches such as Sălaj and Sector 6 developed sustainable models (social shops, home-care services) that demonstrated strong effectiveness in supporting long-term inclusion. 	<ul style="list-style-type: none"> • Greater collaboration with public institutions is required for employability activities to be fully effective (AJOFM, vocational centers, private sector). Some activities need to be reconsidered in relation to their relevance and sustainability, for example, individual counselling could only be offered on request
Efficiency	<ul style="list-style-type: none"> • Local partnerships enabled resource-sharing and avoided duplication, especially in community activities and 	<ul style="list-style-type: none"> • Inconsistent coordination with external actors in some counties reduced the efficiency of referral mechanisms.

	<ul style="list-style-type: none"> events. Sustainability-oriented models (paid services) demonstrated efficient cost-recovery approaches. 	
Coverage	<ul style="list-style-type: none"> The involvement of multiple stakeholders enabled a broader reach, including community-level activities open to both migrants and host populations. 	<ul style="list-style-type: none"> Some counties lack established partnerships, limiting coverage of medical and MHPSS services.
Findings not linked to a specific criterion	<ul style="list-style-type: none"> Sustainability models developed in some branches can form the basis for future institutional strategies. 	<ul style="list-style-type: none"> Need to strengthen RRC's positioning and communication with external stakeholders to better articulate the unique value of its integrated service model. <p>Identifying additional funding opportunities to further support and sustain the integrated service model</p>

Across the three thematic areas, lessons indicate that inclusion and integration efforts were most effective where services were integrated, flexible, and delivered through coordinated approaches at branch level. Strong results in service delivery were closely linked to the presence of multidisciplinary teams, stable service spaces, and collaboration across activities, highlighting the interdependence between what is delivered and how it is organised. Where internal coordination, communication, and access to qualified human resources were strong, activities tended to be more consistent, efficient, and responsive to community needs.

At the same time, findings point to structural and organisational factors that limited effectiveness and coverage in some contexts. Variations in staffing, administrative processes, internal guidance, and partnership availability resulted in uneven quality and access across branches. Lessons from partnerships and sustainability further underline that long term relevance and reach depend not only on service design, but also on strategic collaboration with public institutions, specialised providers, and community actors. Overall, the analysis highlights the need to move from individual good practices toward more coherent and supported approaches, where service models, internal systems, and partnerships reinforce each other and are adapted to local contexts.

D. Activities and practices for review

Building on the lessons identified across service delivery, internal systems, and partnerships, this section moves from reflection to prioritisation. In addition to identifying what worked well and what could be improved, participants also considered which activities and practices may no longer be appropriate or effective in their current form. The following section summarises practices identified for discontinuation or redesign in order to strengthen relevance, efficiency, and sustainability of future programming.

Area	Review of activities and practices for phase out
Service Delivery	<ul style="list-style-type: none"> Not to apply a standard national package of activities, across all branches, since needs differ significantly between branches, decisions on which activities to

	<p>discontinue or retain should be based on local needs assessments, allowing branches to keep what is relevant and drop what is not</p> <ul style="list-style-type: none"> • Individual psychological counselling should not be offered as a default service, as it is more effective when provided on request or when a clear need is identified, while group activities can remain in the standard format • For beneficiaries engaged over longer periods, activities that risk maintaining a protective or dependency-based approach should be reconsidered, as the organization should focus on fostering autonomy, dignity and personal development
<p>Programme Management & Internal Systems</p>	<ul style="list-style-type: none"> • Duplication of services already available in the community (language classes, in kind assistance etc.) should be avoided, RRC should prioritize referrals, coordination, and complementary roles • Attempts to cover all beneficiary needs internally should be discontinued, regular and structured coordination with other NGOs is more effective than parallel interventions • The social store and in-kind distributions should be phased out as CVA programs (with clear selection criteria) provides more dignity and flexibility to the vulnerable population
<p>Partnerships & Sustainability</p>	<ul style="list-style-type: none"> • Assistance programs that are designed exclusively for one population group should be reconsidered, and instead building services and capacities that can be extended to other vulnerable groups • In kind assistance approaches without integration into wider systems • Short-term activities implemented without a transition or exit perspective should be avoided, the focus should be placed on linking beneficiaries to public services, local organizations, and longer-term support mechanisms

The practices identified for discontinuation or redesign reflect a shift from standardised and internally driven approaches toward more context specific, coordinated, and autonomy focused programming. Lessons indicate that applying uniform activity packages across all branches is not effective in contexts where needs, capacities, and local systems vary significantly. Similarly, default service models, such as individual psychological counselling or prolonged assistance without transition pathways, risk limiting efficiency, sustainability, and beneficiary autonomy when not guided by demand or clear criteria.

Across programme management and partnerships, findings highlight the importance of avoiding duplication of services already available in the community and moving away from attempts to address all needs internally. Greater emphasis on referrals, coordination with other actors, and complementary roles was consistently identified as more effective than parallel service delivery. In the area of sustainability, practices that rely on in kind assistance without integration into wider systems, population specific service models, or short-term activities without exit perspectives were identified as limiting long term inclusion outcomes. Overall, the practices proposed for discontinuation point toward a more differentiated, partnership based, and systems-oriented approach that prioritises dignity, autonomy, and sustainable access to services.

E. Challenges and Gaps per Inclusion and Integration Framework Pillars

This section outlines the key challenges and gaps identified during the Learning Workshop, providing context to the lessons learned and practices proposed for discontinuation or redesign. The challenges are structured

according to the pillars of the Inclusion and Integration Framework and distinguish between constraints encountered at activity level and those related to organisational systems, capacities, and ways of working. Together, these challenges highlight structural, operational, and contextual factors that affected the delivery, quality, and sustainability of inclusion and integration activities, and they help explain why certain approaches were difficult to maintain, scale, or adapt across different branch contexts.

Pillar	Challenges in implementation	Organisational challenges
Health & Well-Being	<ul style="list-style-type: none"> • For health caravans, the short duration of activities limited continuity and made it difficult to recruit medical specialists for brief engagement periods • Medical referrals implied additional out-of-pocket costs for patients • The demand for translation and accompaniment in medical and psychological contexts often exceeded available human resources, with a high emotional and workload burden on staff and volunteers involved in sensitive cases (e.g. oncology or psychological consultations) 	<ul style="list-style-type: none"> • The authorization and accreditation processes for health-related services were complex and time-consuming • While the need for staff and volunteer care and well-being was identified, branches lacked sufficient financial and logistical resources to systematically support this component • Project writing and resource mobilisation are specialised skills, and many branches do not have the dedicated human or financial resources to develop funding proposals independently
Socio-Economic Integration	<ul style="list-style-type: none"> • Beneficiaries faced difficulties in accessing and navigating online platforms used for employability and socio-economic support activities • Language barriers significantly affected participation in employability-related activities, highlighting the need for translation and interpretation support. • The requirement for official, legalized translations of personal and professional documents represents a major limiting factor in accessing jobs, services and institutions • Romanian language activities were delivered as non-accredited language classes, which sometimes created unrealistic expectations among beneficiaries regarding certification and formal recognition • Inconsistent attendance at language courses affected learning outcomes and made it difficult to maintain group cohesion and structured progression • Social cohesion events that lacked a clear facilitation design risked reinforcing group separation, with participants clustering by language or 	<ul style="list-style-type: none"> • Internal and external communication and follow-up mechanisms could be improved, in some cases, follow-up was managed centrally (rather than by branches which reduced continuity and contextual understanding) • Multiple NGOs implemented language courses using different curricula and approaches, leading to fragmentation and a lack of standardisation at local level • Negative narratives within host communities limited outreach and participation, especially for activities perceived as targeting only displaced populations

	<p>nationality rather than engaging interculturally</p> <ul style="list-style-type: none"> • Demand for translation and accompaniment to institutions exceeded available capacity, particularly in emotionally demanding contexts (medical and psychological services) 	
<p>Participation and Community Engagement</p>	<ul style="list-style-type: none"> • Meaningful community consultation proved challenging, particularly when identifying culturally specific needs (religious items, traditional foods) • Feedback collection and follow-up faced low response rates, due to beneficiaries' reluctance to complete feedback forms, limited time during activities, and the high number of parallel interventions. • Post-feedback data processing and analysis remains a vulnerable area, with limited time and capacity to systematically use collected feedback for programme adaptation 	<ul style="list-style-type: none"> • Internal mechanisms for giving and receiving feedback among staff and volunteers require strengthening a learning-oriented organisational culture • There is a need to better sensitise beneficiaries on the importance of feedback, ensuring that this is done ethically and transparently • A good practice identified was linking feedback completion to the continuation of support, which significantly increased response rates and could be further explored and standardised • Limited availability of appropriate spaces

The challenges identified across the three framework pillars show that many operational difficulties were recurrent across different branches, activities, and areas of work, rather than being confined to individual projects or isolated implementation issues. Similar constraints were observed in multiple contexts, indicating that these challenges were shaped by broader organisational capacities, coordination arrangements, regulatory environments, and external systems within which activities were implemented.

In the area of Health and Well Being, implementation challenges such as the short duration of health caravans, high demand for translation and accompaniment, and out of pocket costs associated with referrals were reported across several branches. These issues were closely connected to organisational constraints, including complex accreditation and authorisation procedures, limited resources for staff and volunteer care, and gaps in resource mobilisation capacity. Together, these factors affected continuity of care and placed sustained pressure on staff and volunteers, particularly in sensitive medical and psychological cases.

For Socio-Economic Integration, activity level challenges highlighted barriers related to language, digital access, documentation requirements, and inconsistent participation. These challenges were compounded by organisational issues such as fragmented coordination among service providers, limited standardisation of approaches, and gaps in communication and follow up mechanisms. As a result, even well designed activities faced limitations in achieving consistent outcomes across different locations.

In the area of Participation and Community Engagement, challenges in conducting meaningful consultations, collecting and using feedback, and ensuring adequate spaces for engagement were influenced by both implementation realities and organisational capacity. Limited time, parallel interventions, and insufficient systems for feedback analysis reduced the ability to systematically incorporate community input into programme adaptation. Internal mechanisms for learning and feedback among staff and volunteers also require strengthening to support a more consistent learning-oriented culture.

Overall, the analysis shows that challenges were not primarily linked to the relevance of inclusion and integration activities themselves, but to the conditions under which they were delivered. Addressing these challenges therefore requires attention not only to activity design, but also to organisational systems, coordination with partners, and engagement with wider institutional and regulatory frameworks.

F. Recommendations

This section compiles the key recommendations identified to strengthen and optimize future humanitarian assistance operations in similar contexts. The objective is to support reflection and enable the National Society to improve the quality, relevance, and sustainability of its interventions in assisted communities.

To translate these recommendations into actionable next steps, the table below identifies the responsible teams and assigns a priority level using a “priority traffic light” (low, medium, medium-high, high). It is recommended that these actions be further operationalized into tasks and deliverables that can be monitored over time. The thematic areas mirror those used in the Lessons Learned analysis.

Recommendation	Responsible Team	Priority Level
Area 1 – Health and MHPSS Services		
Continue and further develop medical, social and MHPSS services in a standardized manner to respond to ongoing needs of displaced groups.	Health Unit, MHPSS Unit, Social Services	High
Maintain dedicated service spaces/centers for a minimum of one year to ensure continuity of interventions and support planning of new activities.	Logistics, Branch Management	High / Medium
Ensure sufficient specialized human resources (social workers, nurses, doctors, psychologists, counsellors) to maintain and strengthen service quality.	HR Department, Branch Leadership	High
Provide translation support during medical and legal consultations through volunteers from the displaced community.	Volunteer Management, Protection Unit	Medium
Introduce evaluation tools for language and vocational training to measure outcomes and identify challenges (including beneficiary follow-up after course completion).	PMER Unit, Livelihoods/Education Teams	High / Medium
Ensure flexible delivery of activities (hours, formats, course types) adapted to the diverse needs of beneficiaries.	Education Unit, Branch Teams	Medium
Area 2 – Community Participation and Social Integration		
Organise regular consultations with both host and displaced communities to ensure participatory and responsive programming.	CEA Unit, Branch Teams	High / Medium
Continue and expand mixed-format cultural and recreational activities to support social integration.	Social Services, Youth Department	Medium
Strengthen partnerships to support the continuity of medical and MHPSS activities at national level.	HQ Leadership, Partnerships Unit	High
Continue offering language and vocational training, linking participation in vocational courses to language course attendance.	Education Unit, Livelihoods Team	High / Medium

Area 3 – Institutional Systems, Standardisation and Sustainability		
Develop a standardized list of “must-have” and “nice-to-have” activities at National Society and branch levels to guide project planning and proposals.	HQ Programmes, Branch Coordination	High / Medium
Implement a central monitoring and reporting system (quantitative and qualitative) to support evaluation, donor reporting, and future project design.	PMER Unit, Information Management	High
Conduct regional training sessions on feedback collection and analysis, project writing, and monitoring.	PMER Unit, HR/Training	Medium
Explore financially sustainable models such as social business approaches, paid services, corporate partnerships, and voucher-based support.	Finance Department, Partnership Unit	High / Medium
Simplify approval and reporting procedures to reduce administrative burden.	Admin & Finance Departments	Medium

Priority Levels



The recommendations reflect a deliberate shift from activity specific adjustments toward more coherent, system supported approaches to inclusion and integration programming. Across all three areas, priority actions focus on strengthening continuity, quality, and adaptability of services while addressing the organisational and structural constraints identified in the lessons learned and challenges analysis.

In Health and MHPSS Services, the recommendations emphasise continuity and quality as core priorities. High priority actions related to specialised human resources and the standardisation of core services directly respond to gaps in staffing, uneven access, and variability in service quality across branches. Medium and medium high priorities focus on enabling conditions, such as maintaining dedicated service spaces, providing translation support, and introducing outcome-oriented evaluation tools. Together, these actions aim to move service delivery from short term or fragmented interventions toward more predictable, needs responsive models that can adapt to diverse beneficiary profiles.

Recommendations under Community Participation and Social Integration highlight the importance of structured participation and meaningful engagement as drivers of relevance and social cohesion. Medium high priority actions related to regular consultations and the linkage between language and vocational training respond to challenges around inconsistent participation, unmet expectations, and limited employability outcomes. The emphasis on mixed format cultural activities and strengthened partnerships reflects lessons that social integration is most effective when activities intentionally bring together displaced and host communities and are supported by coordinated external collaboration.

The recommendations in Institutional Systems, Standardisation and Sustainability address the systemic factors that influenced performance across all pillars. High priority actions related to monitoring, reporting, and information management reflect the need for stronger evidence, learning, and accountability to inform decision making and future design. Medium and medium high priorities focus on reducing administrative burden, building staff capacity, and diversifying funding and delivery models. These recommendations recognise that sustainable inclusion and integration outcomes depend not only on what services are delivered, but on how organisational systems support consistency, learning, and long-term planning.

Overall, the prioritisation of recommendations indicates a balanced approach that combines immediate operational needs with medium term organisational strengthening. Rather than proposing expansion of activities, the recommendations focus on consolidation, coordination, and quality improvement, ensuring that future inclusion and integration efforts are realistic, scalable, and responsive to both community needs and institutional capacity.

After consolidating these recommendations, it is advised that the National Society develop an action plan detailing concrete tasks, deliverables, responsible teams and proposed timelines. This will help ensure effective follow-up and implementation of lessons learned in future interventions. This action plan can also be included in the annexes of this report.

G. Annexes

Agenda

Day 1 (23/Oct/2025)	
SCHEDULE	TOPICS
9:30 - 10:00	▪ Welcome & Coffee
10:00 - 10:45	▪ Workshop objectives ▪ Inclusion & Integration Framework overview
10:45 - 11:15	▪ Romanian RC Overview of activities on Inclusion and Integration
11:15 - 12:00	▪ Achievements and Progress: Group Work and Gallery Walk
12:00 - 13:00	Lunch
14:00 - 14:30	▪ Achievements and Progress: Presentation
14:30 - 15:00	▪ Challenges and Gaps per Inclusion and Integration Framework Pillars
15:00 - 15:30	Coffee Break
15:20 - 15:50	▪ Challenges and Gaps: Presentation of Groups
15:50 - 16:40	▪ Building Recommendations (by Framework Pillar)
16:40 - 17:00	▪ Recap of the end of the day
Day 2 (24/Oct/2025)	
9.30 - 10:00	▪ Welcome & Coffee
10:00-10:30	▪ Recap of Day 1
10.30 - 11:20	▪ Validation of the recommendations from Day 1 ▪ Next steps of recommendations
11:10 - 12:00	▪ Sustainability in the Integration and Inclusion programs: Group Work ▪ Presentation of groups
12:00 -13:00	▪ Evaluation of the workshop ▪ Briefing & Closing

List of Participants

Name	Position
Romanian National Society	
Andreea Furtună	Programs Director - HQ

Raluca Buzea	Health Programme Manager – HQ
Alina Gârleanu	MHPSS National Coordinator - HQ
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Cătălina Grecu	PGI/CEA Focal Point - HQ
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Alice Mihăilescu	Project Manager - HQ
Mykola Koltun	Project Manager - HQ
Cătălin Ilieș	PMER Officer – HQ
Denisa Vasilescu	PMER Officer - HQ
Anca Mihăilă	Health Programme Assistant - HQ
Valentin Mărișoiu	Branch Director – Bucharest Sector 4
Cristina Fodor	Branch Director – Constanța County
Gabriela Cercel	Branch Director – Brașov County
Lorena Filip	Branch Director - Sălaj County
Ana Derumeaux	Branch Director – Bucharest Sector 6
Andra Barbarie	Branch Director – Iași County
Doina Schimpf	Consultant
Ana-Maria Branovici	Branch Centre Coordinator – Constanța County
Emanuel Pop	Branch Director – Maramureș County
Carmina Ursache	Branch Volunteer Coordinator - Iași County
Andra Dragoi	Branch Social Worker - Brașov County
Aliona Kabanova	Branch Community Worker – Suceava Branch
Corina Ghiurco	Branch Psychologist - Sălaj County
George Golita	Branch Social Worker – Sector 6
Bianca Radulescu	Branch Social Worker – Sector 4
British Red Cross	
Ana de Castro Palomo	CVAP Delegate
Swedish Red Cross	
Karina Leptava	Country Representative
IFRC	
Gulzira Kamyztzhanova	Senior Officer, Planning, Monitoring, Evaluation, and Reporting (PMER), IFRC Regional Office for Europe
Miruna Teleasa	Officer, Planning, Monitoring, Evaluation, and Reporting (PMER), IFRC Romania
Sanja PUPACIC	Delegate, Mental Health and Psychosocial Support, IFRC Romania

Facilitators:

The Lessons Learned Workshop was jointly organized and facilitated by the following team:

- **Gulzira Kamyztzhanova**, Senior Officer, Planning, Monitoring, Evaluation and Reporting (PMER), IFRC Regional Office for Europe, provided technical guidance for the workshop, with overall responsibility for the methodology, content and learning process.

- **Andreea Furtuna**, Programs Director, Romanian Red Cross Society, provided programme context and guidance, contributing to the shaping of discussions and supporting contextual analysis based on operational experience and programme dynamics.
- **Miruna Teleasa**, Officer, Planning, Monitoring, Evaluation and Reporting (PMER), IFRC Romania Country Cluster, provided overall support to the workshop, including coordination and organisation, time management, facilitation support, and documentation of discussions and learning outcomes.



Gallery:

→ [Integration and Inclusion Workshop Pictures](#)

Flipcharts:

→ [Flipcharts](#)

Presentation

→ [Presentation](#)