



ACADEMIA ROMÂNĂ  
INSTITUTUL NAȚIONAL DE  
CERCETĂRI ECONOMICE  
"COSTIN C. KIRIȚESCU"  
INSTITUTUL DE CERCETARE  
A CALITĂȚII VIEȚII



Centrul pentru Educație și  
Dezvoltare Profesională  
**Step by Step**



**CONSILIUL**  
TINERILOR ȘI  
INSTITUTUL DE ANALIZĂ



**Terre des hommes**  
Sprijin copiilor.



**THE WORLD BANK**  
IBRD • IDA | WORLD BANK GROUP



unicef  
for every child

# RAPID ASSESSMENT OF THE SITUATION OF CHILDREN AND THEIR FAMILIES WITH A FOCUS ON THE VULNERABLE ONES IN THE CONTEXT OF THE COVID-19 OUTBREAK IN ROMANIA

PHASE I

ROUND I



© UNICEF/CYBERMEDIA – March 2020

Bucharest  
April 2020

**Coordinators for the UNICEF Country Office in Romania**  
Gabriel Vockel, Deputy Representative  
Viorica Stefanescu, Child Rights Systems Monitoring Specialist

**External Research Team:**

Claudia Petrescu, Team Leader, Research Institute for Quality of Life  
Alexandra Deliu, author, Research Institute for Quality of Life  
Flavius Mihalache, author, Research Institute for Quality of Life  
Adriana Neguț, author, Research Institute for Quality of Life  
Laura Tufă, author, Research Institute for Quality of Life

**Data collection was conducted by:**

**the staff of the UNICEF Country Office in Romania**

**Center for Education and Professional Development Step-by-Step**

Bianca Gheorghiu  
Emil Ionescu  
Daniela Florescu  
Mihaela Kerekes  
Gabriela Albu  
Mariana Boicu  
Cristiana Boca

**Terre des Hommes Romania**

Marian Damoc  
Marius Cernușcă  
Mihai Enache

**Council of Institutionalized Youth**

Andreeas Novacovici

## **Acknowledgements**

This Rapid Assessment has been undertaken as a partnership between the UNICEF Country Office in Romania, the Centre for Education and Professional Development Step-by-Step, Terre des Hommes Romania, the Center for Health Policies and Services, the Council of Institutionalized Youth.

Special appreciation is due to The World Bank and the World Health Organization for having provided technical input to the concept note as well as the data collection tool.

This report also includes insights from the minutes of the meeting “How COVID-19 will be impacting Roma communities” with the Roma Sounding Board and other local NGOs made available by the World Bank in Romania.

Special thanks are also due to Human-DataScience Consulting, to Diana Pirjol, Executive Director, and Francesco Teo Ficarelli for the pro bono work in view of the development of the online questionnaire, programming, piloting and validation with UNICEF and partners conducting data collection and for providing trainings for data collectors.

## CONTENTS

Abbreviations.....	6
List of figures .....	6
List of tables.....	6
Executive summary.....	8
Context .....	11
Public policies during the covid-19 outbreak .....	11
Socio-economic context .....	12
Main public policies in healthcare, social protection and education.....	13
Healthcare .....	13
Social protection.....	14
Education.....	15
Goal and objectives of the Rapid Assessment.....	16
Methodology .....	17
Findings of the Rapid assessment .....	18
Affected vulnerable groups .....	18
Roma children.....	19
Children in residential care.....	20
Utilities and access to basic products.....	21
Medical services .....	22
Medical services affected by the COVID-19 outbreak.....	23
Barriers preventing access to medical services .....	24
Measures to improve access to medical services .....	24
Education services .....	26
Education services impacted by the COVID-19 outbreak.....	27
Elements of access to education - access to internet, equipment and affected educational services...	28
Barriers to the access to educational services .....	29

Measures to improve access to education.....	30
Social services.....	31
Social services affected by the COVID-19 outbreak.....	31
Barriers to social services.....	33
Measures to improve access to social services.....	35
Services for children with parents in isolation, quarantine or hospital.....	36
Supplementary measures.....	37
Conclusions.....	37
Impacted vulnerable groups.....	37
Utilities and access to basic goods.....	38
Healthcare.....	38
Education services.....	39
Social services.....	39
Recommendations.....	40
Healthcare services.....	40
Educational services.....	40
Social services.....	41
References.....	42
Annexes.....	43
Annex 1. methodology.....	43
Annex 2. interview guide.....	46

## ABBREVIATIONS

CC	County Council
CCREA	County Centre for Resources and Educational Assistance
CEPD	Centre for Education and Professional Development Step-by-Step
CSI	County School Inspectorate
GDSACP	General Directorate for Social Assistance and Child Protection
LPA	Local Public Administration
MER	Ministry of Education and Research
MLSP	Ministry of Labour and Social Protection
NARPDCA	National Authority for the Rights of the Persons with Disabilities, Children and Adoptions
NCSE	National Committee for Special Emergencies
NIS	National Institute of Statistics
PHD	Public Health Directorate
SAD	Social Assistance Directorate

## LIST OF FIGURES

Figure 1. Which are the most vulnerable groups affected by the COVID-19 pandemic in your community?	19
Figure 2. Which utilities and basic products are most difficult to procure in the context of the COVID-19 outbreak? .....	21
Figure 3. Do you consider that the provision of education services in your community has been affected?	27

## LIST OF TABLES

Table 1. Distribution of respondents by counties, residence, categories of respondents.....	18
Table 2. Distribution of answers to the question "Do you believe that the provision of medical services in your community was impaired?" .....	23
Table 3. Types of medical services affected by the COVID19 crisis.....	23
Table 4. Barriers to the provision of medical services.....	24
Table 5. Measures to improve access to medical services.....	25
Table 6. Impact of COVID-19 on the provision of education services, distribution of answers by county .....	27
Table 7. Access to equipment and Internet affected by COVID-19.....	28
Table 8. Barriers to accessing educational services .....	29
Table 9. Measures to improve access to education .....	30

Table 10. Distribution of answers to the question “Do you consider that the provision of social services at the level of your community has been affected?” .....	32
Table 11. Types of impacted social services.....	32
Table 12. Distribution of answers to the question “Do you consider that the provision of special protection services at the level of your community has been affected?” .....	33
Table 13. Types of impacted special protection related services .....	33
Table 14. Barriers to the provision of social services .....	34
Table 15. Barriers to the provision of special protection related services.....	35
Table 16. Measures to improve social services.....	35
Table 17. Measures to improve special social protection services.....	36
Table 18. What services are provided to children whose parents are isolated, quarantined or hospitalised	37
Table 19. What supplementary measures should be taken? .....	37

## EXECUTIVE SUMMARY

In the context of the current COVID-19 pandemic also affecting Romania, the population is confronted with a number of economic and social issues caused by the shrinking of the private and public sectors' operations and the reorganisation of health, social and educational services. Under these circumstances, the vulnerabilities of children, families and communities may exacerbate any pre-existing risks – limited access to social services, health care services, inequalities in access to education, poverty, etc.

The Rapid Assessment (RA) of the situation of children and their families, with a focus on vulnerable groups, in the context of the COVID-19 outbreak in Romania, is undertaken as a partnership between UNICEF, the Centre for Education and Professional Development Step-by-Step, Terre des Hommes Romania, Centre for Health Policies and Services and the Council of Institutionalized Youth. The World Bank and World Health Organisation provided technical input to the concept note and the data collection instrument. This report also includes insights from the minutes of the meeting “How COVID-19 will be impacting Roma communities” with the Roma Sounding Board and other local NGOs made available by the World Bank in Romania.

The objective is to assess the situation of children and their families, with a focus on the vulnerable ones, in the context of the COVID-19 pandemic, to enable UNICEF and other relevant stakeholders to design informed prevention and response actions that address the impact of the COVID-19 outbreak, with a view to minimizing the human consequences of the pandemic.

The Rapid Assessment is based on qualitative data collected from key informants at community and county levels: community workers (social worker, community nurse, health mediator, school counsellor, school mediator), relevant local (mayor, doctor, school principal and teachers, priest) and county (General Directorates for Social Assistance and Child Protection - GDSACP, Public Health Directorates - PHD, County School Inspectorates - CSI, County Centres for Resources and Educational Assistance - CCREA) stakeholders, civil society (working with vulnerable groups) and staff of the residential care institutions (manager, social worker and educators). Given the existing restrictions, the RA is conducted by phone using an online instrument. Principles of ethics in research (e.g. informed consent, voluntary participation, etc.), data protection regulations (General Data Protection Regulation - GDPR), anonymization of data before being processed are all observed.

The main aspects covered by the online instrument are identification of the most vulnerable groups impacted by this situation, main challenges faced the most vulnerable children and families, barriers in accessing health, social and education services, and solutions to overcome them.

The assessment covers communities from Bacău County (Moinesti, Corbasca, Buhusi), Braşov County (Sacele, Braşov, Budila), Ilfov County (Pantelimon, Mogosoiaia, Stefanestii de Jos) and Dolj County (Goiesti, Cotofenii din Fata, Vartopu) and residential care institutions from the above-mentioned counties. It will be conducted in four rounds of interviews to track the developments.

During Round 1 of the Rapid Assessment, 125 respondents were interviewed by using an online tool, out of which 121 questionnaires were validated. Distribution is as follows:

- County: Braşov -38, Bacău – 40, Ilfov – 25, Dolj – 18;
- Residence: urban – 75, rural – 46;
- Categories of respondents: community workers – 42, local authorities/key informants – 49, county authorities – 13, representatives of civil society – 10, staff from residential care institutions - 7.

## Vulnerable Groups

The COVID-19 pandemic impacts most on children from families living in poverty, Roma children and children left behind by migrant parents and children with disabilities. The children from the groups indicated by the respondents are most often affected by multiple vulnerabilities: they live in multigenerational households or in single parent families, at risk of poverty, in overcrowded dwellings. The measures taken to limit the negative effects of the COVID-19 pandemic may contribute to the exacerbation of pre-existing risks among such vulnerable groups: reduced access to education, social and healthcare services, limited work opportunities for adults, increased incidence of domestic violence.

## Healthcare

A third of the respondents believe that the onset of the COVID crisis impacted the provision of healthcare services in their communities, in particular those provided by general practitioners. The reduced presence of general practitioners in the communities and the shifting of focus on telemedicine, as strategies to adapt to this new context, may, however, limit the access to services for significant vulnerable groups (in particular, for disadvantaged communities, poor families, persons with chronic diseases and disabilities or elderly). The perception is more moderate when it comes to the immediate effects of the outbreak on the specialised services provided in hospitals and other types public and private healthcare facilities. However, some services, such as outpatient, rehabilitation or specialist examinations were negatively impacted.

The main barriers to the provision of services identified by the assessments describe first a more difficult access to general practitioners' services and then a more difficult access to specialist or dental care.

The main solutions outlined to deal with these issues include an improved involvement in the community of the staff working in the general practitioners' individual practice, in conjunction with the development of complementary telemedicine services (both for general practitioners and specialist physician examinations), as well as increasing the cooperation between healthcare personnel, social workers and other local administration staff, in order to identify optimal solutions for the various situations that occur in this period.

## Education

Education services are primarily impacted by the shifting of teaching to online, mainly because this furthers the inequalities in the access to education of children from disadvantaged families who lack the technology and have no or poor Internet connection. Online education can meet the needs of children with no access to these services only to a limited extent. At the same time, the effort to provide online educational services for children makes the digital training of teachers and parents to be very important for educating children in this context, but in certain situations, as shown by the findings of the Rapid Assessment, the authorities or schools address very little these needs. The TV school programme is addressed as a matter of priority to the students in the 8<sup>th</sup> and 12 grades to train them for the national exams.

Whereas, in the context of the COVID-19 outbreak, the teaching paradigm changes rapidly, the lack of strategy at national level to take unitary measures to coordinate implementation is seen as the main structural barrier that causes interventions to be localised and differently developed, depending on the teachers' capacity or the parent's availability to provide support. Most barriers are grouped under four types of digital inequalities: 1) physical access; 2) utilisation – reduced or insufficiently addressed and developed digital skills of children, parents and teachers; 3) access to adequate educational resources for every

educational cycle to comply with the new curriculum; 4) lack of consistent and unitary national planning for implementing the transfer to digital learning and teaching platforms.

The short term measures to improve the access to and the quality of the online educational services include: 1) identify solutions for funding, purchasing or free distribution of IT equipment for low income families; 2) establish support networks and practice communities of children, parents and teachers, to facilitate the transfer of digital skills and support the use of technology for educational purposes. At the same time, on a long run, it is necessary to develop a unitary national plan for the implementation of online teaching and educational resources that are adequate for different educational cycles that comply with the new curricula and are accessible for the reaching staff.

### **Social services**

Provision of social services was impacted by the COVID-19 crisis both directly, by individuals contacting the disease, and indirectly, as a follow-up of the measures taken by the authorities to limit the spreading of the virus. At times, the pre-existing problems in the system were deepened by the new situation, a good example here being the shortage of personnel in residential care centres and primary services. Moreover, the activity of the day care centres has been reduced or even suspended, impacting on children from vulnerable families.

In other cases, specific issues come up, such as the limited geographic mobility of personnel in the social assistance area (social assistants, community nurses, social workers), mainly on account of the lack of adequate protection equipment. In a nutshell, building the public sector capacity to provide social services is the measure that should be taken to optimally overcome this crisis. This is a multidimensional measure that includes: additional personnel, training and hiring qualified personnel that is adequately equipped; establishing operational cooperation relationships of the relevant entities that provide social assistance services at county and local levels (GDSACP, PHD, SAD, local authorities); digitalisation, where possible and useful to continue operations, by ensuring access of both direct services providers and beneficiaries to the required infrastructure. Furthermore, local partnerships with civil society organisations should be strengthened, to respond more effectively to the social issues identified in times of crisis.

## CONTEXT

### PUBLIC POLICIES DURING THE COVID-19 OUTBREAK

The first measures to limit the spreading of the COVID-19 epidemic were taken by the National Committee for Special Emergency Situations (NCSE) as of the 9<sup>th</sup> of March 2020 and included: imposing traffic limitations to and from states affected by COVID-19 infection; a ban on public or private events in open or closed venues with more than 1,000 participants; limiting events with less than 1000 participants; a ban on hospital internships of medicine and pharmacy students, except when volunteering to support doctors; a ban on visits to patients in hospital.

Other measures were adopted in the same NCSE meeting of March 9<sup>th</sup>, as follows: temporary closure of early childhood, lower and upper secondary, non-university tertiary and vocational schools **as of 11<sup>th</sup> of March 2020**; suspend all road and rail passenger transport to and from Italy; suspend the study programmes, such as exchanges of experience and practice in the hospitals for students in universities and post-high schools courses, except when started before the 9<sup>th</sup> of March 2020; requirement for food and drink serving establishments and public and private passenger transporters to frequently disinfect surfaces, avoid crowding in venues and frequently disinfect the driver's cabin; possibility for public and private entities to have part of the personnel working from home.

On the 16<sup>th</sup> of March, the state of emergency was declared in Romania by Decree no. 195/2020. The first COVID-19 infection case was recorded on the 26<sup>th</sup> of February 2020 and, at the time the state of emergency was instated, 168 persons were confirmed to have been infected with the COVID-19 virus. The following rights were restricted by the state of emergency: free movement; right to personal, family and private life; inviolability of residence; right to education; freedom of assembly; right to private property; right to strike; economic freedom. Decree no. 195/2020 included immediate and gradual measures.

According to Decree no. 195/2020, the national defence, public order and security system, healthcare and social welfare establishments were permitted to hire temporary personnel for the duration of the state of emergency. Also, according to Article 19 of the same decree, the managers of healthcare facilities, public health directorates, health insurance funds, ambulance services and local and national social welfare and assistance authorities and agencies may be suspended from office for failing to fulfil their duties.

The recommendations of the central public authorities for reducing the risk of COVID-19 spreading were mainly aimed at limiting the mobility and avoiding direct contact of persons. The following measures were instated to limit the exposure of the personnel in public institutions and of the citizens to the risk of infection: use of e-mail and teleconference facilities to reduce physical contact and travelling unless imperiously necessary; suspension of audiences and introducing alternative means of submitting requests, such as phone and e-mail; reducing to a minimum the waiting time during the working hours with the public, by submitting requests by e-mail where possible (MLSP, 2020). Where it is impossible to avoid the contact between the employees of public institutions and citizens, the public authorities are required to provide protective equipment.

For DGASPCs, the National Authority for the Rights of the Persons with Disabilities, Children and Adoptions (NARPDCA) has formulated a series of recommendations for the provision of social services (NARPDCA, 2020):

- make available disinfectants and/or masks for the personnel and beneficiaries of the residential care services;
- train the personnel and the beneficiaries on how to apply and observe the protection measures;
- repeated cleaning of the surfaces and common spaces from the social services with disinfectants;
- suspend leisure time activities organized for the groups of beneficiaries or their contact with crowded areas;
- suspend visitors admission to social services;
- suspend permission slips/ beneficiaries' visits to their families;
- periodical check-ups of the beneficiaries of the special protection services by the general practitioner;
- elaborate a plan to ensure continuity of the residential care services when a staff member is in isolation at home or in quarantine.

The National Authority for the Rights of the Persons with Disabilities, Children and Adoptions (NARPDCA) has also elaborated a series of specific measures for child social assistance: extend the validity of the disability certificates during the state of emergency; conduct the assessments to establish the degree of disability based on a folder and by phone or online; provide days off according to the law for the parents of children with disabilities who are not enrolled in schools; extend the validity of the maternal assistant certificates under way to expire for the period of the state of emergency; continue the activity of GDSACPs by using alternative means to the direct contact with beneficiaries; suspend the activities of practical matching between the child and the adopting family; suspend field activities related to monitoring of the circumstances based on which a decision for a special protection measure has been taken and the activities related to the return to the country; suspend activities with beneficiaries of the day care services at the premises of the service (NARPDCA, 2020 b).

With a view to make more effective the provision of social services and limit the spread of the virus, NARPDCA has issued a series of recommendations and measures to prevent and manage the general situation created by the Covid-19 pandemic: for the relation with the beneficiaries in the community (communication with them, more flexible procedures, organising/managing the in and out flows, internal controls), for the residential care services (organising, managing the in and out flows of the residential care services, support for beneficiaries, prevention measures for beneficiaries, internal controls, different approaches in the situation of suspect cases, use of disinfectants) (NARPDCA, 2020 c). This document also includes recommendations, measures, work procedures and can be used by all the social assistance services.

## SOCIO-ECONOMIC CONTEXT

Before the COVID-19 outbreak, Romania had the second highest share of population at risk of poverty or social exclusion (32.5%, according to Eurostat data for 2018). Even though the share of population at risk of poverty or social exclusion decreased between 2016 and 2018, it remained high when compared to the EU average. The share of children at risk of poverty or social exclusion was the highest in Europe: 38.1% in 2018. In case of an economic crisis, these children are the most exposed, given their vulnerabilities.

The gross enrolment rate in pre-university education (pre-school to high school) in the population aged 3-18 in the school year 2017-2018 was 88.1%, with a significant difference between urban (99.9%) and rural (77.1%). The gross enrolment rate in primary and lower secondary education in the school year 2017-2018 was 88.3%, with a difference of more than 19 percentage points between urban and rural (80.5% rural and 99.2% urban) (MER, 2020).

The school drop-out rate in school year 2017/2018 was 1.7% for the primary and lower-secondary education and 2.6% for high schools and vocational education. In the counties covered by the survey, the school drop-out rate in primary and lower-secondary education in the 2017-2018 school year was: Bacau – 2%, Brasov – 2.9%, Ilfov – 2%, Dolj – 1.7% (MER, 2019).

On the 16<sup>th</sup> of April 2020, the MLSP reported 901,623 suspended and 233,798 terminated employment contracts. At the end of February 2020, the unemployment rate in Romania was 3.9%, that is 352 thousand persons (NIS, 2020). After the COVID-19 outbreak, the number of suspended contracts increased almost four times compared to February 2020.

## MAIN PUBLIC POLICIES IN HEALTHCARE, SOCIAL PROTECTION AND EDUCATION

### HEALTHCARE

According to Decree no. 195/2020 establishing the state of emergency in Romania, besides the measures addressing COVID-19, the immediate measures taken in the health system were: medical services and drug prescriptions provided without the need to use the national health insurance card and elimination of the 3 working days deadline for reporting such services; medical services rendered in primary healthcare and outpatient clinics reimbursed at the level of effective work, with maximum 8 patients examined per hour; general practitioners are permitted to prescribe drugs to chronic patients, including the restricted medicines from the List of Medicines approved by Government Decision no. 720/2008.

The gradual measures stipulate that the amounts of money for medical services, drugs and paraclinical examinations provided during the state of emergency will not be limited to those approved for the 1<sup>st</sup> quarter of 2020. Also, the operations of public hospitals were limited to admitting and dealing with emergencies: level I emergencies – patients admitted to emergency units/wards who may lose their life within 24 hours; level II emergencies – patients who need treatment immediately after admission (once diagnosed cannot be discharged); patients infected with SARS-CoV-2, diagnosed with COVID-19.

Considering the recommendations on limiting movement and interaction with other persons and the requirement to implement Decree no. 195/2020, with a view to ensuring the safety of patients and medical staff in the provision of healthcare services, the National Health Insurance House issued the following clarifications laid down in Government Ordinance 252/2020:

- 1) medical services, home care, drugs, sanitary materials, medical devices, assistive technologies and devices may be rendered/prescribed and validated without the use of the national health insurance card;
- 2) it is no longer mandatory to upload medical services, home care, drugs, sanitary materials, medical devices, assistive technologies and devices to the IT platform of the health insurance system within 3 days from the date of off-line rendering/prescription;
- 3) possibility for the general practitioners to issue prescriptions to patients with chronic diseases and established treatment schemes without re-evaluation by a specialist and without the need to renew the medical letter;
- 4) remote primary healthcare via any means of communication for acute and subacute respiratory conditions or other suggestive clinical manifestations of the Coronavirus infection; the general

- practitioner shall record remote consultations in the patients record and in the practice's register of consultations, indicating the means of communications used and the time interval when provided;
- 5) general practitioners and specialist physicians permitted to issue online electronic prescriptions for fully and partially subsidised drugs.

---

## *SOCIAL PROTECTION*

Decree no. 95/2020 allows the submission of electronic applications for social benefits and support. It also includes provisions on the extension of the validity of accreditation certificates and licences of social services providers.

Emergency Ordinance no. 30/2020 provides clarifications on social benefits:

- ✓ social protection benefits conditional on children and youth attending school shall continue to be disbursed, irrespective whether they participate or not in online learning activities;
- ✓ the daily food allowance granted to children with special educational needs shall be granted throughout the validity of the education guidance certificate, unconditional on the number of school days and attendance;
- ✓ the education incentives provided for by Law no. 248/2015 on incentives for participation in education of children from disadvantaged families, as amended, shall not be conditional on the regular attendance of kindergarten by the beneficiary children;
- ✓ continue to provide the insertion incentive for a 90 days period to the parents who return to work before the end of the parental leave and the benefit for the care of a child with disability;
- ✓ continue to provide the parental leave benefit during the state of emergency even in the situation when the child has reached 2 years old, respectively 3 years old in the case of children with disabilities.

Emergency Ordinance no. 32/2020 provides that: 1) recipients of the minimum guaranteed income are exempted from carrying out any local community work; 2) subsidies shall continue to be paid out to Romania registered associations and foundations that establish and manage social assistance facilities for the duration of the state of emergency.

---

## *SOCIAL SERVICES*

Military Ordinance no. 8/9.04.2020 lays down measures for the organisation and operation of residential care services:

- ✓ Prohibition of closure or suspension of public and private social services, such as residential care and assistance centres for the elderly, residential care centres for children and adults with and without disabilities, as well as for other vulnerable categories.
- ✓ Possibility to transfer such beneficiaries of social services from residential care centres to their homes or, if the case, to the residences of relatives / caregivers / legal representatives, if they assume that they can provide suitable temporary accommodation and care.
- ✓ Preventive isolation of the employees of public or private residential care centres for 14 days at the workplace or in designated areas where no outside persons have access. The preventive isolation at the workplace or in designated areas shall be reiteratively followed by 14-day preventive isolation at

home. Thus, the personnel shall be present in the centres in shifts. During the preventive isolation at the workplace, the local authorities shall be required to provide the personnel with food daily.

- ✓ Mandatory provision of hygiene, sanitary and personal protection materials and equipment to the personnel of such centres.
- ✓ Prohibited access in residential centres of visitors / relatives / caregivers / legal representatives of beneficiaries of social services.

MLSP and NARPDCA have formulated a series of recommendations to support GDSACPs in the implementation of the provisions of the Military Ordinance no. 8 (NARPDCA, 2020).

---

## EDUCATION

Classes in educational establishments were suspended as of 11<sup>th</sup> of March 2020, as a first preventive measure against the spreading of the COVID-19 epidemic. After the state of emergency was declared, the suspension of education activities continued.

In the context of the temporary closure of schools and limitation of movement (in particular, the elderly who took care of grandchildren), Law no. 19/2020 was adopted laying down the general framework for granting of days off from work to parents / caregivers / guardians and Emergency Ordinance of the Government no. 30/2020 from 18 March 2020 amending art. 1, para. (1) of the *Government Decision no. 217/2020 for enforcing the provisions of Law no. 19/2020* that stipulates granting of days off to the parents during the school holidays. According to this law, parents of children aged up to 12 shall be granted time off from work, including during school holidays, throughout the state of emergency.

On 10.03.2020, the Ministry of Education and Research has launched a public appeal to the primary and lower-secondary teachers to contribute with open educational resources to the website of the CRED Project ([red.educared.ro](http://red.educared.ro)) and deliver video lessons broadcasted by the Romanian Television (<https://www.edu.ro/ministerul-educa%C8%9Biei-%C8%99i-cercet%C4%83rii-face-apel-c%C4%83tre-cadrele-didactice-s%C4%83-contribuie-cu-resurse>).

Furthermore, MER entered a series of educational partnerships to support online teaching:

- partnership with the Romanian Television to deliver the TV-learning programme for the students in the 8<sup>th</sup> and 12<sup>th</sup> grades; teaching lessons for the students in the 8<sup>th</sup> and 12<sup>th</sup> grades take place in the context when they learn to get ready for the National Assessment and baccalaureate.
- the initiative “Reaction for education”, implemented in partnership with the NGO Narada (physical support, online course modules for teenagers, digital resources for teachers, workspace for online courses); as per the information provided by Narada, in the first stage of needs assessment it came out that over 7,000 students out of 100,000 do not have access to Internet and cannot continue the online classes, while 10% of the teachers do not have their own laptop that is needed to continue teaching (<https://www.edu.ro/primele-rezultate-ale-ini%C8%9Biativei-%E2%80%9Eereac%C8%9Bie-pentru-educa%C8%9Bie%E2%80%9D>). Narada consolidates all the requests received from the counties either from teachers or students and tries to identify funding sources or support.
- As part of the campaign #Ido CARE #Schoolfrom HOME (#ÎmiPASĂ #ȘcoaladeACASĂ) launched by the Ministry of Education and Research partnership was concluded with the University of Agronomic Sciences and Veterinary Medicine of Bucharest to support distance learning for high school students

in rural areas through provision of Internet-connected tablets. The first 500 tablets have been delivered in the beginning of April 2020.

## GOAL AND OBJECTIVES OF THE RAPID ASSESSMENT

**The Rapid Assessment (RA) of the situation of children and their families, with a focus on vulnerable groups, in the context of the COVID-19 outbreak in Romania**, is undertaken as a partnership between UNICEF, CEPD Step-by-Step, Terre des Hommes Romania, Centre for Health Policies and Services and the Council of Institutionalized Youth. The World Bank and World Health Organisation provided technical input to the concept note and questionnaires.

In the context of the current COVID-19 epidemic, the vulnerabilities of children, families and communities will exacerbate any pre-existing risks (e.g. limited access to social services, economic shocks). This Rapid Assessment (RA) aims to provide an initial understanding the situation of the most vulnerable children and their families. Information is collected from selected key informants at community and county levels. The process is reiterated four times, every 10 days, to provide a preliminary review and understanding of the situation.

### Goal

To assess the situation of the most vulnerable children and families amidst the Covid-19 pandemic, such as to enable UNICEF and other stakeholders to design informed prevention and response actions that address the impact of the COVID-19 outbreak, with a view to minimizing human consequences of the pandemic.

### Specific Objectives

- Gain better understanding on how the Covid-19 pandemic is (and will potentially be) impacting the lives of the most vulnerable communities/children and their families;
- Identify how children/families are currently served (continued access to services amid pandemic), with special focus on most vulnerable groups (Roma children, children with disabilities, children and families living in poverty, marginalized communities, pregnant women and infants, multi-generational households, children isolated or quarantined, hospitalized, left without care provider (including those in residential centres), children from families with migrant parents (returning to Romania), children at risk of violence and neglect, etc.);
- Provide evidence not to inform the crisis response of the Government and its national partners (civil society and private sector) and guide the support provided by UNICEF to partners;
- Understand the impact on the social services (child, maternal, new-born health services, HIV, vaccination, nutrition, including safe delivery of education and child protection services, such as prevention of separation or violence against children), health and educational services and their capacity to respond to the needs of vulnerable children and their families.

## METHODOLOGY

The Rapid Assessment is based on qualitative data collected from key informants at community and county levels: community workers (social worker, community nurse, health mediator, school counsellor, school mediator), relevant local (mayor, doctor, school principal and teachers, priest) and county (GDSACP, PHD, CCREA, CSI, CC) stakeholders, civil society (working with vulnerable groups) and residential care institutions (manager, social worker and educators). Given the existing restrictions, the Rapid Assessment is conducted by phone using an online instrument. Principles of ethics in research (e.g. informed consent, voluntary participation, etc.), data protection regulations (GDPR), anonymization of data before being processed are all observed. The principles of ethics in research are applied (informed consent, voluntary participation, etc.) data is anonymised before being processed, in observance of the data protection regulations (GDPR).

The RA will be conducted in four rounds, every 10 days. The data will be collected based on a semi-structured interview guide available on an online survey platform. In conducting the RA, UNICEF is supported by its partner organisations: CEPD Step-by-Step, Terre des Hommes Romania, Centre for Health Policies and Services and the Council of Institutionalized Youth.

The main aspects covered by the online instrument are identification of the most vulnerable groups impacted by this situation, main challenges confronting the most vulnerable children and families, barriers in accessing health, social and education services, and solutions to overcome them.

The assessment covers communities from urban and rural areas from Bacau County (Moinesti, Corbasca, Buhusi), Brasov County (Sacele, Brasov, Budila), Ilfov County (Pantelimon, Mogosoaia, Stefanestii de Jos) and Dolj County (Goiesti, Cotofenii din Fata, Vartopu). The methodology is detailed in Annex 1.

The data collected from the online interviews will be analysed by a small team of researchers, and the results will be provided within 3-4 days from the completion of the interviews for all the four rounds.

Four reports will be produced, one after every round of data collection, and the information will be updated depending on any future developments. All reports will be disseminated to partners, other international organisations and to the county/national authorities for discussion and further action.

Another component of the Phase I of the Rapid Assessment will consist of a survey conducted with children via U-Report (a platform for consultations with children developed by UNICEF) related to the key priorities for children/youth living across the country in the context of the COVID-19 pandemic. It will be included in the report for the second or the third round.

During the round 1 of the Rapid Assessment, 125 respondents were interviewed by using an online tool, out of which 121 questionnaires were validated. Distribution is as follows:

- County: Braşov -38, Bacău – 40, Ilfov – 25, Dolj – 18;
- Residence: urban – 75, rural – 46;
- Categories of respondents: community workers – 42, local authorities/key informants – 49, county authorities – 13, representatives of civil society – 10, staff from residential care institutions - 7.

**Table 1. Distribution of respondents by counties, residence, categories of respondents**

		Braşov	Bacău	Ilfov	Dolj	Total
Residence	Urban	31	32	11	1	75
	Rural	7	8	14	17	46
	Total / county	38	40	25	18	121
Categories of respondents	Community workers	14	13	10	5	42
	Local authorities/key informants	15	11	11	12	49
	County authorities	6	4	2	1	13
	Civil society organisations	3	5	2	0	10
	Staff in residential care institutions	0	7	0	0	7
	Total	38	40	25	18	121

Source: UNICEF database for the Rapid Assessment COVID19, round 1

The limitations of the methodology are mainly related to the pandemic: 1) the interviews will be conducted only by phone or online (Skype, WhatsApp or similar) and 2) the situation may change in only a few days, if new restrictions are imposed or some restrictions are removed. Nevertheless, the four rounds of data collection will ensure that the situation is described in its dynamics. Since data is collected by third parties, the results rely on their insight into and knowledge of vulnerable families' conditions. However, this limitation will be overcome in the second stage of the RA, to be conducted post-COVID-19 pandemic, when children and their families will be the key informants.

## FINDINGS OF THE RAPID ASSESSMENT

### AFFECTED VULNERABLE GROUPS

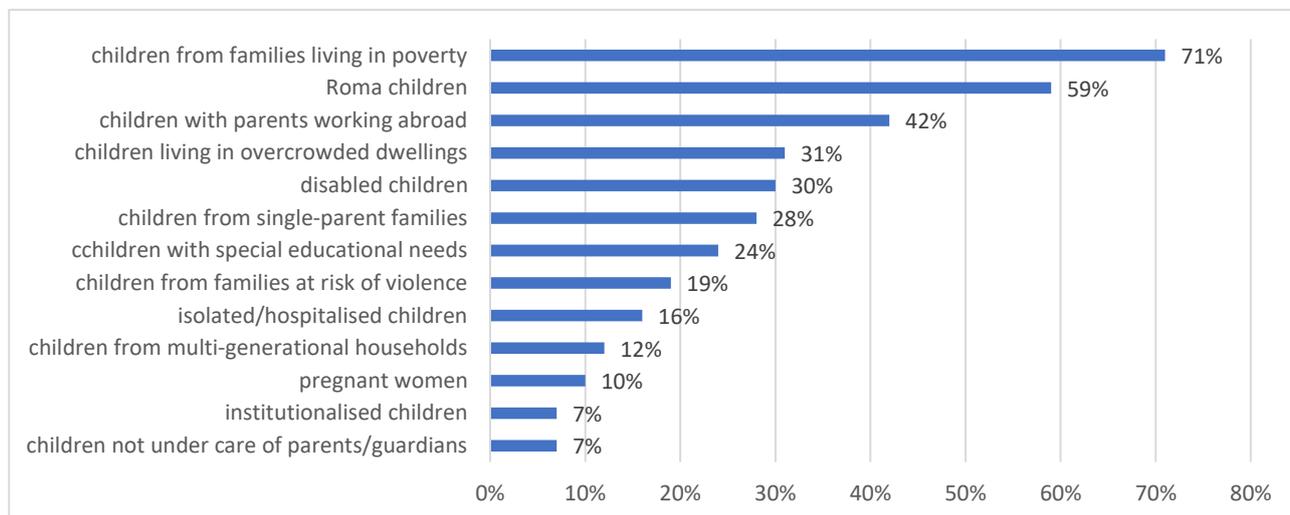
According to the respondents, the COVID-19 pandemic affects mostly children from families living in poverty, followed by Roma children, children left behind by migrant workers and children with disabilities (Figure 1). The children from the groups indicated by the respondents are most often affected by multiple vulnerabilities: they live in multigenerational households or in single parent families, at risk of poverty, in overcrowded dwellings. The measures taken to limit the negative effects of the COVID-19 pandemic contribute to the exacerbation of pre-existing risks among such vulnerable groups: reduced access to education, social and healthcare services, limited work opportunities for adults, increased incidence of domestic violence.

Most likely, the grandparents, caregivers of children whose parents migrated for work lack the knowledge and skills required to guide and support them in distance learning (home schooling). Likely, parents who have recently returned from abroad did so for having lost their jobs. In the context whereby the movement of persons is limited, and many businesses have closed, the chances of getting a job are extremely low, which aggravates the risks faced by the household members.

Schools closure affects in a disproportionate way various categories of children, with those living in poverty or in Roma families finding impossible in a higher weight to attend online classes because they do not have the necessary equipment (IT devices, Internet connection), parents have poor digital skills to support their

children’s learning from home or because of their involvement more on household chores than on their children’s participation to education. Children in these groups are more vulnerable now, since they no longer benefit from the various measures taken and efforts made by teachers to prevent them from dropping out of school, which can no longer be taken in the current context.

**Figure 1. Which are the most vulnerable groups affected by the COVID-19 pandemic in your community?**



Note: Multiple choice question. Percentages add up to more than 100%.

The respondents also indicated other groups that are vulnerable in the context of the pandemic. By the number of times they were mentioned, they are: the elderly (mentioned 7 times), children in the care of grandparents or other relatives (4 times), children without access to the Internet (3 times), children of unemployed parents, children whose parents work in healthcare or social protection, children with emotional issues (each mentioned twice), children from numerous families, preschool children, children in the areas most impacted by COVID-19, children with chronic diseases, working teenagers, recipients of social benefits and social workers who are more exposed in this period (each mentioned once).

The elderly are more exposed to risks in this period: beyond their higher vulnerability to the virus, the elderly are affected by the reduced presence of general practitioners in the community and the shift to phone or online consultations, by the limitation of social contacts and by the suspension of religious activities.

## ROMA CHILDREN

The meeting of the Dialogue and Cooperation Group for the Inclusion of Roma on „The impact of COVID-19 on Roma communities” organized by the World Bank on the 23<sup>rd</sup> of March 2020 highlighted the main challenges confronting these communities in the context of the COVID-19 outbreak:

- ✓ **Insufficient information about the epidemic is available in the Roma communities and, in certain places, whatever information exists is poorly understood.** Local authorities have displayed posters in Roma communities about the adopted protection measures and socially responsible conduct, but the information is either misunderstood (including because some community members cannot read) or ignored. Moreover, there are many members of Roma communities who have returned from EU countries from the yellow areas and who disregard the isolation measures. Considering these

aspects, the required measures include an information, education and awareness raising campaign, including production of audio and video materials, specifically addressed to Roma communities.

- ✓ **Meeting the basic needs** – food, water and hygiene products. Very many Roma from vulnerable communities are day labourers, and the restrictions on the freedom of movement will make impossible for them to travel for obtaining financial resources. The reduction or lack of financial resources obtained as day labourers causes a decrease in the quantity and quality of food available to the family. The operations of social canteens have also been reduced and some have been even closed, due to the limitation of movement and direct contact of public entities' workers with the public. Moreover, some communities have poor access to water, which makes it difficult, if not impossible, to observe the personal hygiene recommendations issued by the authorities. Access to hygiene products is scarce in these communities confronted with multiple social and economic problems. It is necessary to provide food and hygiene products to Roma communities confronted with financial hardship.

The Rapid Assessment also highlighted similar problems faced by the Roma in the surveyed communities. To these problems are to be added lack of information about available support measures, in particular in the communities without health mediators, school mediators or Roma experts. The limited communication between the vulnerable Roma communities and the public authorities is one of the main perceived barriers.

- ✓ **Poor access to social, health and education services.** In many communities, the day care centres, and support services provided to the Roma have been subject to significant cutbacks or altogether closed. This made that vulnerable Roma people no longer benefit from these. Also, the general practitioners work less in the community and have transferred consultations online or on the phone, making more difficult Roma's access to healthcare. To receive online medical services, the Roma should have the required digital skills. Online education is difficult to be provided to Roma children, because they either lack the devices or children and parents lack the digital skills.

These barriers to the access to social, health and education services have also been pointed out by the respondents in the Rapid Assessment. Another important aspect related to access to health and educational services is the presence of health and school mediators in the communities.

- ✓ **Discrimination of the Roma.** On the background of the fairly high number of Roma migrating back to Romania and some of them violating the self-isolation rules, Roma marginalisation and discrimination cases have been revealed, which may be addressed by improved communication.
- ✓ **Interinstitutional coordination of public institutions and civil society organisations** – the Roma organisations want to be involved in the interventions undertaken by the local authorities for the Roma communities. A mechanism is required to coordinate all the efforts of the authorities and NGOs, for a more effective distribution of hygiene products and food.

---

#### *CHILDREN IN RESIDENTIAL CARE*

Only two of the respondents out of 7 working in residential centres believe that institutionalised children are among the groups most impacted by the COVID-19 pandemic. The main issues mentioned by the respondents of the Rapid Assessment working in residential care centres are: lack of hygiene and sanitary materials for

the young/children in residential care centres or protected accommodation and for the personnel of the centres; limitation of interventions in the communities and in apartments where youth are accommodated; impossibility to provide integrated services to institutionalised children/youth. On the other hand, there is also the issue of adolescents/youth failing to understand the importance of limiting their movement.

Institutionalised children's access to healthcare services has been significantly reduced by the limitation of direct consultations provided by doctors in centres and the switch to online or telephone, as well as by the closure of dental practices. Difficulties were also mentioned in getting medicines for institutionalised children with chronic, self-immune conditions. The measures proposed by the personnel of the centres are reopening medical practices, since sending children to hospital emergency rooms poses much higher contamination risks; reopening dental practices for emergencies; introducing work procedures for emergency situations.

The access to education was made more difficult for students in final years of educational cycles (8<sup>th</sup> or 12<sup>th</sup> grades) who should sit exams this year. Moreover, vocational counselling provided for these adolescents/youth in schools was suspended, with potential negative future impacts. The main barriers to accessing education services are insufficient number of tablets; phones adapted to children's educational needs; teachers' poor digital skills. For these reasons, the authorities should procure and provide IT devices to institutionalised children.

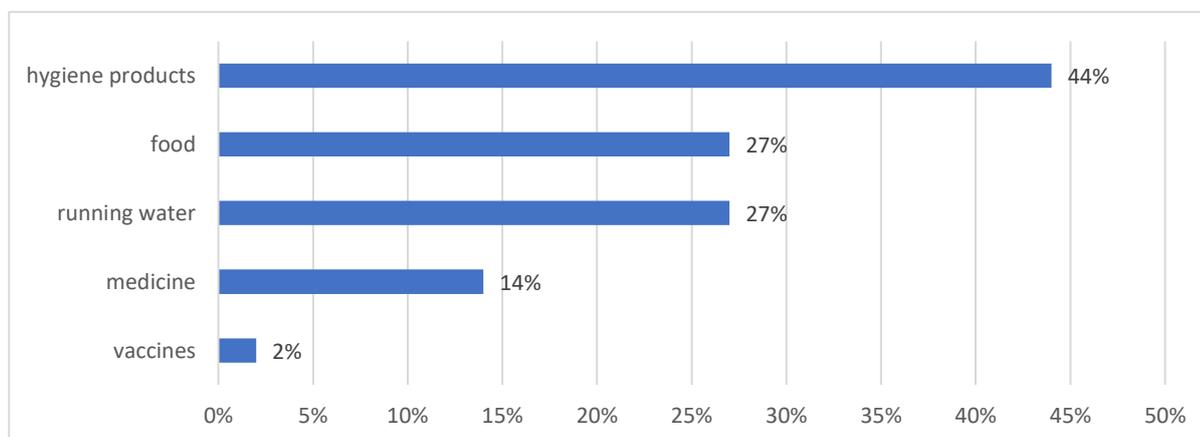
## UTILITIES AND ACCESS TO BASIC PRODUCTS

The respondents consider that the current situation has mostly affected the communities that don't have running water (27%). Considering that personal hygiene is the main method of protection against the virus, the lack of running water further enhances the risk for persons living in these households.

**The already known national shortage of certain hygiene products, unavailable in shops and/or pharmacies, is also highlighted in the surveyed communities (**

Figure 2). Thus, most respondents (44%) mentioned difficulties in accessing hygiene products, followed by difficulties in obtaining food and medicines.

**Figure 2. Which utilities and basic products are most difficult to procure in the context of the COVID-19 outbreak?**



Note: Multiple choice question. Percentages add up to more than 100%.

## MEDICAL SERVICES

The health crisis generated by the COVID-19 pandemic has multiple implications on the provision of healthcare services for the entire population. Although medical assistance is available countrywide, a significant part of the health system resources (human, physical or logistics) were reassigned to COVID19 treatment centres, which overall affected the availability and quality of the needed resources for other types of healthcare services. Moreover, the changes in the general practitioners' operating patterns (working hours and presence in communities) reduced the general population's access to these services.

In this context, children are one of the most affected groups, especially when they live in vulnerable families, disadvantaged communities (especially Roma), have chronic diseases or disabilities, are beneficiaries of the special protection system or are at risk situations. Limitations of the access to healthcare services occurred, on one hand, as a result of restructuring of the working hour of medical doctors (both general practitioners and specialist doctors) and, on the other hand, by the changes in the provision of services.

The limitations of the individual movement and imposing safety regulations prompted in many situations various changes in the provision of services by the general practitioners' practices. Promoting provision of basic health care services on the phone and online can show, besides the positive effects related to limitation of COVID19 transmission, some negative implications in case of poor communities related to the specificity and accessibility of the new forms of communication between the doctor and patient. The adjustments in the working hours of the general practitioners' private practice have been made in most of the communities. In 25 answers received (14 in Braşov, 7 in Bacău, 4 in Dolj and 1 in Ilfov), it was pointed out that there are significant barriers as concerns the access to the services provided by the general practitioners in their family medicine practice in the classical system of appointments. At the same time, limitation of the activity of general practitioners and of the field visits by medical staff are important causes that impact on the quality of the healthcare services provided to the people. The patients' fear of being contaminated lead them to postpone the visits to general practitioners, wherever their health status allowed such deferrals.

Significant changes have also occurred in the area of specialist medical services provided in public and private facilities. Although there have been no major breakdowns, the need to adapt hospitals to the new situations significantly limited the specific activities they used to carry out before the pandemic. The rules imposed in this new context, as well as the population's fears related to the protection provided in healthcare facilities, were the main causes for this development. The designation of certain hospitals as exclusive COVID-19 centres, especially in small towns, impacted the local communities which, when in need, should go to other medical centres, outside the area of their residence. Outpatient and rehabilitation services were among the most exposed in this new context, with the patients (children and adults) having to either discontinue treatment or find alternative solutions.

This rapid assessment provides an insight on the repercussions that the current health crisis has on the provision of medical services, with a focus on children. The data collected in April 2020 show that, in the first month after outbreak, the perceptions about the state of the healthcare system and the access to medical services describe very diverse situations.

## MEDICAL SERVICES AFFECTED BY THE COVID-19 OUTBREAK

One third of the respondents believe that the provision of medical services in the communities was affected by the pandemic. About an equal share of respondents believe that the recent developments had no notable impact (Table 2). A significantly higher share of respondents from urban areas answered 'yes' to this question (26 out of 68) compared to those from rural areas (10 out of 45). In Brasov, Bacau and Ilfov counties, the number of respondents who believe that the crisis had negative effects on the provision of medical services is higher than those who do not see such effects. However, the high number of non-responses in Bacau and Ilfov counties should be highlighted, inferring that many respondents do not have a clear picture of the situation.

**Table 2. Distribution of answers to the question "Do you believe that the provision of medical services in your community was impaired?"**

Category	Yes	No	DN/NR	Total
Total (=121)	42	45	34	121
Residence area (N = 113; 8 non-responses)				
Rural	10	22	14	46
Urban	26	23	26	75
County (N = 121; 2 non-responses)				
Brasov	18	15	5	38
Bacau	15	12	13	40
Ilfov	6	5	14	25
Dolj	3	13	2	18

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

By types of services (Table 3), the consultations to general practitioners stand out as the category of services that respondents believe to have been the most affected (27 answers) followed by consultations of specialist physicians (13 answers), rehabilitation (4 answers), vaccination (4 answers), parental services (2) and postnatal care (1). When addressed the open question that allowed the respondents to identify other types of services that are affected, the services for disabled children and persons with chronic diseases were mentioned twice each and dental care, school healthcare, psychotherapy and emergency care were mentioned once each. However, when compared to the sample (125 persons) these figures imply a more reserved view, based on which we may argue that most respondents either do not believe that these services have been impacted or do not have a material opinion on this matter.

**Table 3. Types of medical services affected by the COVID19 crisis**

Type of services	Total	Brasov	Bacau	Ilfov	Dolj
Consultations of general practitioners	27	13	9	2	3
Consultations of specialist physicians	13	6	6	1	0
Parental services	2	1	1	0	0
Vaccination	4	1	2	1	0
Postnatal care	1	0	1	0	0
Rehabilitation services	4	4	0	0	0

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

## BARRIERS PREVENTING ACCESS TO MEDICAL SERVICES

The main barriers to accessing medical services identified by the respondents are mainly related to the difficulty in accessing general practitioners' services and to a lower extent the healthcare services provided in specialized health care facilities, such as public or private hospitals and clinics and dental practice (Table 4). The 25 respondents (10 in rural and 15 urban areas) who indicated difficulties in accessing the general practitioners' services are distributed as follows: 14 in Brasov, 7 in Bacau, 4 in Dolj and 1 in Ilfov. The 6 respondents who believe that the access to specialist services has worsened are from Brasov (3), Bacau (2) and Ilfov (1).

In this context, the disadvantaged communities (mainly those with high a share of Roma population, remote or with aged population) that before the crises had a serious shortage of medical staff, prove to be the most affected by the limitation of the services provided by general practitioners. The alternatives available during the pandemic (in the telemedicine spectrum) are not effective for these communities and do not match their practices and habits. In these cases, the need to have medical doctors providing primary care in the communities (complying with all the rules meant to limit the spreading of the virus) requires the GPs to have a working schedule as close as possible to that before the outbreak. Online consultations system may be functional in towns and developed villages, but in poor areas with high shares of vulnerable groups these measures are more difficult to be applied in practice considering the access to technology and the limited skills in using these devices.

The reduction in the face to face activities of the general practitioners by adjusting the number of working hours and cancelling home visits, may have serious consequences that are difficult to estimate at this moment on the families with children and other categories of population in these communities, particularly considering the possibility that the current healthcare crisis may be prolonged.

**Table 4. Barriers to the provision of medical services**

<b>Barriers</b>	<b>No. of responses</b>
Blocked access to dental care	3
Difficult access to general practitioners	25
Lack of financial resources	1
Cancelling of services provided in schools	1
Access to medicines	1
Risk of infections in healthcare establishments	1
Lack of support measures for disadvantaged persons and families	1
Limited/difficult access to specialist healthcare	6
Doctors and patients' fear of contracting COVID	2
Lack of information and fear	1
Closure of GDSACP and private care centres	2
Stopping vaccinations in communities	1

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

## MEASURES TO IMPROVE ACCESS TO MEDICAL SERVICES

Considering the barriers identified in the Rapid Assessment, the first step to improve access to healthcare even in the current challenging context is to ensure that general practitioners continue to work in the

communities at least at the same parameters as before the COVID-19 outbreak. In fact, medical doctors are needed in communities more than ever, hence any limitation of their work is actually in discordance with the current challenges.

Other complementary measures, which may significantly contribute to increasing the direct impact of the medical staff activity in local communities refer to the work of health mediators (where present) to provide accurate records of the cases, social workers and NGOs experts to identify and intervene immediately in cases where collaboration between the medical and social staff need is required. The cooperation between these two support services (medical and social) should be substantially developed nowadays, such as to limit as much as possible the direct and indirect impact of the pandemic on vulnerable persons.

Other measures identified that complement a better involvement of the general practitioners in the community include a wide range of interventions (Table 5). To this effect, the system of phone and online consultations may compensate to some extent (and for certain groups of the population) the traditional visits to the doctor. However, in the absence of clear protocols and standardised mechanisms for the delivery of these forms of telemedicine, the implementation in the field of such alternative consultation methods depends on contextual factors. The need to develop these practices foremostly requires the development of relevant standards and procedures meant to clarify important aspects, such as the types of interventions available via telemedicine or the ratio between the field work and the work performed in these alternative forms.

Among the identified solutions to improve access to specialist services are: a) more efficient allocation of medical resources for the treatment of non-COVID cases in existing hospitals and establishment of new campaign-type hospitals; b) ensuring good operation of emergency services to respond rapidly to various requests; c) developing work procedures that meet the new challenges posed by the risk of spreading pandemic; d) continue the provision of rehabilitation and recovery services to all patients requiring such services complying with all the protection measures applicable in this situation.

The closure of most dental practices is another major healthcare issue related to the access to medical services. If the restrictions in this area are to be maintained for a longer period, it is necessary to implement at least in cities and medium-sized towns an emergency system for interventions that cannot be postponed. The current insufficient dental care services are even more severe if we consider the children who require specialised interventions.

**Table 5. Measures to improve access to medical services**

<b>Measures</b>	<b>No. of responses</b>
Open emergency dental centres	3
Implement an on-duty schedule in medical centres	1
Improve involvement of doctors in communities	6
More doctors and improve allocation of tasks in the health system	2
Reopen schools or reallocate personnel to community-based services	1
Activate campaign hospitals for non-COVID cases	2
More funding for the health system	1
Develop online counselling services	5
Involvement of volunteers	1
Develop online healthcare	7
Involve health mediators	2

Develop specific procedures	1
Registration with general practitioners	1

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

## EDUCATION SERVICES

The Romanian education system underwent major changes immediately after the COVID-19 outbreak with the schools closing and learning transferred online. Physical interactions between teachers and students were also excluded, as part of the social distancing measures. Lacking clear procedures for distance learning, individual teachers used procedures and tools previously agreed for communicating with part of their students as strategies to deliver online learning as recommended by the authorities.

The online consultation with children, parents and teachers: *Assessment of the access to education in lower and upper secondary schools* conducted by UNICEF in partnership with HoltIs Association, Community Development Agency IMPREUNA, the Centre for Education and Professional Development Step-by-Step and National Federation of Parents Associations included three questionnaires addressed to students, teachers and parents. The findings indicate that 91% of the students and over 91% of the teachers have access to an IT device. The very high percentages may be explained by the data collection way (online), which favoured respondents that had access to such resources to fill-in the questionnaires. The differences in access to electronic devices between urban and rural communities, and even within the same community or school, were also highlighted by school principals. The lack of devices to access online education has the strongest impact on children from rural communities, families in financial hardship and communities with poor Internet connections.

Although 91% of respondents state that they have Internet access, only 63% of the students stated that they attended online courses, mostly in mathematics, Romanian Language and foreign languages. The main reasons stated by the students for not attending online classes were that teachers do not deliver online courses (50 %), difficulties in using the online platform (13%), no Internet access (10%), online courses are unattractive (8%). Other reasons: rural students do household work or find it impossible to access certain online resources.

Regarding teachers, 74% of the respondents stated that they delivered online courses. Physics and technology classes could not be organised and delivered (for vocational schools or technological high schools). Teachers also stated the need to improve their digital skills to produce and deliver online contents, as well as their reduced access to digital educational resources. It should be mentioned that the methodology has certain limitations, such as: a) use of online questionnaires, which limited the profile of respondents to children, parents and teachers who actually have online access, and b) discussions and consultations were limited to 55 school principals involved in the models implemented in Bacau county.

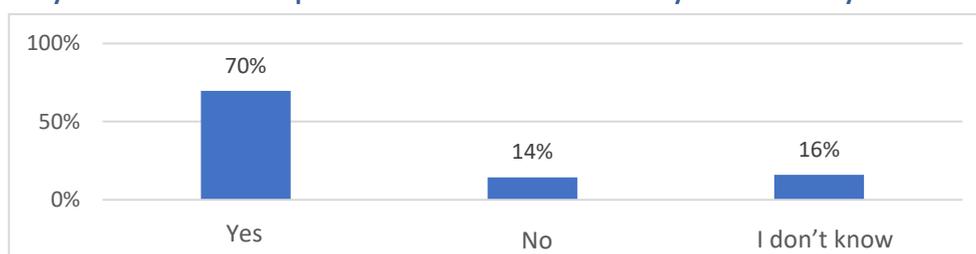
The main measures to be adopted cover students' access to IT devices (50%), digital educational resources (30%) and procurement of IT equipment by schools (16%). The same measures were mentioned in this Rapid Assessment.

The section on the affected education services of this report reviews the obstacles identified and solutions provided by respondents of the Rapid Assessment (community workers, county authorities, local authorities, NGOs representatives) to the issues generated by the closure of schools and provision of online teaching.

## EDUCATION SERVICES IMPACTED BY THE COVID-19 OUTBREAK

Most of the respondents to the rapid assessment believe that the education services have been affected by the COVID-19 pandemic. Thus, 83 respondents stated that the educational services were affected by the COVID19 pandemic, while 19 did not know and 17 said that the education services were not impacted upon in the community (121 responses to this question, out of which there were 2 non-answers). The quick social changes taking place during medical crises and emergencies may make it difficult for individuals to evaluate the real situation, particularly when the changes involve massive formal restructuring in the centralised provision of services and when the social organisation of work in such services undergoes rapid, daily changes as suggested by the fairly large number of “don’t know” answers (Figure 3).

**Figure 3. Do you consider that the provision of education services in your community has been affected?**



Source: UNICEF Rapid Assessment COVID19 Round 1 Database

Note: Total no. of valid answers N=119, NR=4.

According to UNESCO, 91.4% of the global student population was affected by the closure of schools, with disproportionate impacts on disadvantaged groups (UNESCO 2020). In Romania, schools were closed as of the 12<sup>th</sup> of March 2020. The very short time available for adapting to online teaching involved a fast transfer and, sometimes, confusing changes for many teachers, parents and children, with differences between communities and categories of population in terms of unitary access to digital learning portals, most likely reflected in the local provision of educational services.

The uneven distribution of digital skills influences the capacity of individuals to adapt without extra support to the rapid changes entailed by the transfer of most activities to online.

The answers to the question about the impact on education services are relatively unevenly distributed by county: 38 from Brasov, 40 in Bacau, 25 from Ilfov and the least, 18, from Dolj. Most respondents that don't know if the education services were impacted are from Bacau (11). Most respondents who believe that the educational services were affected by the COVID-19 pandemic are from urban areas; in fact, the distribution of answers indicates higher participation in urban (75) than rural (46) communities (Table 6).

**Table 6. Impact of COVID-19 on the provision of education services, distribution of answers by county**

	Yes	No	Don't know	Total
Brasov	30	4	4	38
Bacau	25	4	11	40
Ilfov	19	0	6	25
Dolj	9	9	0	18
Total	83	17	19	121

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

## ELEMENTS OF ACCESS TO EDUCATION - ACCESS TO INTERNET, EQUIPMENT AND AFFECTED EDUCATIONAL SERVICES

This Section reviews a series of processes and elements which contribute to increasing the access to educational services for students, teachers and parents. The problems with the access to the Internet and technology might make more difficult provision of education in the context of the changes caused by the COVID-19 pandemic. These changes pertain to 1) the switch to online education, via digital learning platforms; 2) teachers, parents and children's mobility limitations, reconfiguring the working lives of education personnel and the possibility that parents get involved in supporting their children. Furthermore, the problems in accessing ITC are also emphasized in the open answers of the respondents who also pointed out what other educational services were affected.

Research data show that 71% of the respondents consider that the access of children to devices that will facilitate participation to online education is hampered, 60% think that children have limited access to Internet, and 17% consider that the access of the teachers to educational materials for distance/online learning is quite limited (Table 7).

**Table 7. Access to equipment and Internet affected by COVID-19**

	Share of respondents
Children's access to devices (mobile phones, tablets, laptops)	71%
Children's access to the Internet	60%
Teachers' access to educational resources for distance/online learning	17%
Teachers' access to devices	14%
Teachers' access to the Internet	11%
Don't know	6%
Others	24%

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

Note: Multiple choice question. Percentages add up to more than 100%.

The answers provided for "Others" (20 answers) highlighted some additional elements that affect the provision of educational services in the context of the COVID-19 pandemic:

1. the level of teachers' digital skills is estimated as inadequate for the switch to online learning;
2. closure of vocational and career counselling services due to closure of schools;
3. impossibility to implement interventions to prevent school drop-out of children from vulnerable families; these children are further deprived of their relationship with their teachers, which might have supported the school reintegration efforts
4. transferring the responsibility for the online learning to parents who are not prepared for this process and who often have themselves very digital skills.

Digital inequalities as reflected by the distribution of answers indicate that of the two categories of participants in education (Table 7), children are seen as being mainly affected by the lack of equipment and Internet access and then, at a considerable distance, teachers' access to online teaching resources and connectivity is seen as also being affected. Furthermore, the answers to the open question about other education services affected reflect the second component of digital inequalities, which goes beyond the mere access issues and illustrates the differences in the **distribution of digital skills and competencies**, both between different groups of children and between teachers. Thus, children from poor families who have no

access to up to date equipment or whose parents don't know how to connect to online teaching platforms to support their children are mentioned. As concerns teachers, the responses underline individualisation of the online teaching process, which depends very much on teachers' digital skills and on the specificities of the online teaching platforms.

#### BARRIERS TO THE ACCESS TO EDUCATIONAL SERVICES

The main barriers identified to the access to educational services at in the context of the COVID-19 pandemic are related to the lack of access because of economic reasons, including scarcity of financial means for the families (

Table 8).

As the findings of the *Online consultation with children, parents and teachers: Evaluation of access to secondary and upper secondary education*, the most affected categories by the lack of access to educational services are children from poor families. In many cases, the family income is insufficient to prioritise the purchase of digital equipment or an Internet subscription. In fact, this main barrier is also the one that determines in many cases the cumulative occurrence of other problems mentioned by the Rapid Assessment respondents, such as the lack of technology or of internet access for the family. In the consultation conducted by UNICEF and partners, the main barriers mentioned by children as barriers in accessing online courses relate the lack of training, and to the fact that no online classes were organised by the schools (50%). The differences in identifying the barriers between the findings of the Round 1 of the Rapid Assessment and the Online Consultation result from the fact that the two sample groups were different. Children who responded in the Online Consultation had access to technology and Internet and their capacity to use technology and equipment is different compared to children from families who do not have the means to purchase equipment or don't have access to the Internet. Nevertheless, both sets of data from the Online Consultation and from Round 1 of the Rapid Assessment underline the community influence as concerns access when they mention that the most affected are those who do not have a proper access to Internet at community level.

**Table 8. Barriers to accessing educational services**

<b>Barrier</b>	<b>Responses</b>
<b>Lack of devices at home</b>	<b>27</b>
Physical distance	4
No Internet access at home	15
Poor previous experience of distance schooling	3
Parent's digital skills	4
Lack of community access to Internet and IT devices	9
<b>Family/children income</b>	<b>30</b>
Teachers' lack of knowledge about adapted materials for distance/online learning	6
Teachers' digital skills	5
Teachers' lack of IT devices	4
Children's digital skills	4
Inconsistent teaching management and interventions	9
Lack of parental support	2
Teachers' income level	9
Teachers' lack of Internet access	4

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

Moreover, the practices in using the IT equipment when children and families have it, reflect once more the fact that they do not have prior experience in distance learning that could have developed abilities to use different work methods, of the Internet and of the devices for educational purposes. The perception of the respondents is that, when available, such equipment is mainly used for entertainment and dealing with daily issues and not so much for schoolwork.

Teachers' knowledge about online teaching methods and their digital skills were mentioned by 10 respondents as supplementary barriers to education, which illustrates the importance of adequate training for teachers. A teacher without the required digital skills will find it impossible to help students with poor digital skills and the effects of failing to address this issue cumulate and further deepen the inequities at the systemic level. Although the development of children's digital competencies is not in the direct responsibility of the teachers, this can be supported indirectly through further training programmes meant to enhance the digital competencies of teachers. These responses match the statistics on the individual digital skills in Romania. According to Eurostat (2019), 43% of adults have low digital skills, assessed under the Digital Competence Framework of the European Commission. Enhancing the digital skills of the population is very slow in Romania compared to other European countries, which may be the cause of the reduced capacity to switch to online courses. Another barrier mentioned is the inconsistent teaching management and intervention, which as indicated by the respondents includes the lack of common agreed school strategies to manage online teaching, in many situations all the efforts being left to the availability of teachers. Barriers are seen more significant in Roma communities where the lack of access to technology, Internet and digital skills is a community problem.

#### MEASURES TO IMPROVE ACCESS TO EDUCATION

The solutions mentioned by the respondents to improve the educational services that are affected refer to the barriers to educational services identified in the previous section that focus on digital challenges. In many cases, implementing these solutions may have a synergic effect by simultaneously addressing several barriers. They complement the series of solutions adopted by the authorities and the Ministry of Education and Research to reduce disparities in access to technology, such as the Euro 200 Programme (Table 9)

As it comes out from the *Online consultation with children, parents and teachers: Evaluation of access to secondary and upper secondary education* conducted by UNICEF and its partners, the areas of intervention refer first to the importance to provide equipment for children (50% of the teachers). As next priorities are mentioned teaching materials for teachers to make the online courses more attractive (34% of the teachers) and support for the teachers/schools with equipment in order to be able to have online classes (23 % of the teachers).

**Table 9. Measures to improve access to education**

<b>Measures</b>	<b>Resp.</b>
Subsides for procurement / distribution of free devices to children from low income families	26
Collective / community learning	2
Facilitate families' access to the Internet	18
Local or national strategies and programmes to fill the learning gaps	6
Improve parents' involvement / digital skills	2
Increase the involvement of communities and local authorities (allocation of funds, monitoring access)	17
Adopt measures to ensure decent income for families	8

Psychological / psychotherapy support and counselling	2
Training/developing teachers' digital abilities and skills	12
Facilitate teachers' access to devices	7
Improve children's digital skills	11
Ensure consistency of digital teaching and learning methods	6
Facilitate teachers' access to the Internet	4
School involvement in reducing digital inequality	8

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

The findings of Round 1 of the Rapid Assessment confirm that these areas of intervention appear in the answers of community workers and of the authorities, but as in the case of barriers the distribution of different options show that experiences and the assessment of what educational services are affected and need intervention are different.

Although seen as a solution, distance/online learning cannot substitute on a long run the development of children's digital skills, which are also cross-skills beyond educational settings. The perception is that most teachers and children organise social media groups or WhatsApp and use GSuite for learning. An alternative, when children don't have access to the Internet, the use of telephone communication can only address a fraction of the participation options offered by digital learning platforms or even online groups. Although seen as opposite, these two strategies can be used as alternatives or complement each other according to the needs in the current context. When this channel is also unavailable, the respondents of the Round 1 of the Rapid Assessment that in certain cases the mediators, although they don't have the responsibility or the needed competencies, can help to keep children from vulnerable families (such as Roma) connected with the school by sending them homework to do and certain papers, disseminating the programme for the TV school for children who do not have access to the Internet. This solution may create a confusion as concerns the mediator's role, but can also be an indication of the important role of the mediator in providing inclusive services in the communities where they are active, such as supporting children from vulnerable families to keep in contact with school.

One of the solutions aimed at restructuring the strategies of the educational system is the coordination of digital teaching and learning methods, such as to minimise the impact of teachers' (un)availability. The respondents suggested that plans and scenarios should be prepared in advance for situations when distance learning is required before a systemic need may come up. To such effect, national online teaching plans validated and monitored by the Ministry of Education and Research are seen as critical. The practice communities organised between schools are useful, but any local intervention should be doubled by adequate management of teaching resources by the teachers by integrating monitoring systems in the learning platforms to effectively organise the teaching processes.

## SOCIAL SERVICES

### *SOCIAL AND SPECIAL PROTECTION SERVICES AFFECTED BY THE COVID-19 OUTBREAK*

The current situation generated by the pandemic and the State reactions to it brought about a series of significant limitations, restrictions and reshuffles in the provision of social services in communities, whether by public or private service providers. Provision of the services to prevent separation of the child from family has been limited or suspended, while the services related to the special protection of the child separated

from family continued their activity and have adapted to the new social context. The most significant impact of the current situation on social services is that several social services (services to prevent separation of the child from family – day care centres) have been discontinued for the duration of the state of emergency, exposing the beneficiaries to increased risks of exclusion and marginalisation.

41 respondents identified the provision of social services in communities as an issue, while 42 do not consider that this area was affected and 38 don't know or cannot answer. The most optimistic are in Dolj County, where 15 out of 18 respondents believe that provision of social services at community level was not impacted. The opposite situation is in Ilfov County where, at the same time, respondents were not sure. It should be noted that there were less respondents from these two counties than from Brasov and Bacau (Table 10).

**Table 10. Distribution of answers to the question “Do you consider that the provision of social services at the level of your community has been affected?”**

<b>Category</b>	<b>Yes</b>	<b>No</b>	<b>DN/NR</b>	<b>Total</b>
Total (=121)	41	42	38	121
<b>Area of residence</b>				
Rural	6	23	16	45
Urban	29	19	18	68
DN/NR	6	0	2	8
<b>County</b>				
Brasov	19	15	4	38
Bacau	15	12	13	40
Ilfov	7	0	18	25
Dolj	0	15	3	18
<b>Total</b>	<b>41</b>	<b>42</b>	<b>38</b>	<b>121</b>

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

The most often mentioned social services affected (Table 11) are the day care centres whose activity is sometimes associated to school, home care services, and rehabilitation services for disabled children.

**Table 11. Types of impacted social services**

<b>Service</b>	<b>Responses</b>
Day care centre	15
Respite/crisis centre	1
Home care	11
Parental education	2
Services for teenagers and youth	4
Enabling-Rehabilitation services for disabled children	6
Mobile teams for disabled children	2
Home care services for disabled children	5
Donations	1
Identification of beneficiaries	2
Social assistance	5
Multicultural centre	2
Counselling	1
Granting benefits	1
Residential services	2

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

Based on the available data, it seems that special protection related services have been the least mentioned by the respondents during the interviews (Table 12). In rural areas, the provision of these services is not seen as having been impacted by the COVID-19 crisis, with only 14 of the 121 who responded to this question answering “yes”, out of which 11 from Brasov County and 3 from Bacau County.

**Table 12. Distribution of answers to the question “Do you consider that the provision of special protection services at the level of your community has been affected?”**

Category	Yes	No	DN/NR	Total
Total (=121)	14	52	55	121
Area of residence				
Rural	0	25	20	45
Urban	11	27	28	66
DN/NR	3	0	7	10
County				
Brasov	11	21	6	38
Bacau	3	15	22	40
Ilfov	0	1	24	25
Dolj	0	15	3	18
<b>Total</b>	<b>14</b>	<b>52</b>	<b>55</b>	<b>121</b>

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

The most often mentioned special protection related service (Table 13) is the night and day shelters (6 respondents) followed by the emergency reception (3) and family placement services.

**Table 13. Types of impacted special protection related services**

Service	Responses
Emergency reception service	3
Night and day shelters	6
Mother-child centres	2
Other residential care services for children	1
Maternal assistance service	1
Family placement service	3
Adoption service	2
Complex evaluation services	1
Centres for the elderly	1

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

## *BARRIERS TO SOCIAL SERVICES*

Most often, the barriers encountered by the professionals in providing social services are caused by the limitation of human interactions during the state of emergency, similar with the barriers for other services, such as medical or educational services. This further led either to suspension of the services (e.g. services to prevent separation of the child from family) or to finding alternatives ways to continue the provision of services (e.g. replacing face-to-face counselling with technology-mediated counselling). However, replacing face-to-face interaction with remote interaction requires resources for both the beneficiaries and professionals in this area, respectively available devices (phone, tablet) and digital skills to use them on a regular basis.

A common problem faced in provision of community-based services is that they had to be discontinued as a measure to prevent direct human contact and thus reduce the spreading of the virus. In many cases, the respondents said that the barriers to the provision of social services are caused by the rules imposed by the authorities in this period (social distancing, limitation of face-to-face interactions), and things will go back to normal after the pandemic. Though it is to be expected that things will go back to normal and restrictions lifted, it is important to continue to provide as many services as possible to vulnerable groups since they are most often at risk of contracting the virus.

The lack of protective equipment is also a barrier to the provision of services. It should be mentioned, by law, social workers should have been provided with personal protective equipment. Another issue is the shortage of personnel (mentioned nine times by the respondents), which implicitly limits the number of beneficiaries that may be served (Table 14). Despite the needs identified at local level, local authorities have not implemented yet the provision to hire temporary social assistance personnel, as permitted by law.

Mobility was also affected by the measures taken by the authorities during this period. However, besides the legal provisions, which allow movement for specific purposes and routes, mobility is also affected by the lack of protective equipment, which, in turn, generates the fear of contamination among beneficiaries and professionals alike.

Furthermore, the respondents pointed out the failure to adapt to the current circumstances (e.g. when at times it is necessary to connect face-to-face with the authorities to submit documents). The deadlines for various dues by the beneficiaries also become an issue since they cannot be observed because of the mobility restrictions.

**Table 14. Barriers to the provision of social services**

<b>Barrier</b>	<b>Responses</b>
Limited capacity of the public sector	11
Low mobility of employees	9
Inadequate access to services of beneficiaries	3
Lack of resources for remote communication	2
Inaccessible services	23
Correct identification of vulnerable groups	1
Return migration	1

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

Special protection related services are the most specific ones among the services analysed in this Rapid Assessment. The respondents defined them as closed circuit services, with clearly defined beneficiaries. These services are accessed based on court orders or other official decisions (instatement of a protection measure) and the correct identification of beneficiaries is crucial.

A stringent problem is the shortage of personnel (Table 15). Four out of the 23 de respondenți who mentioned barriers to provision of special protection services referred to insufficient staff. One of the respondents specified that this is generated by the fact that part of the supervisory personnel from the centres under the local authorities (night centres, homes for elderly, residential care centres for children and emergency reception centres) have decided to resign for the fear of being exposed to the virus. Thus, the capacity to implement the services and monitor the beneficiaries is limited.

The need to isolate the new beneficiaries for 14 days is also an issue, given the shortage of supervisory personnel and the impossibility to constrain the beneficiaries.

**Table 15. Barriers to the provision of special protection related services**

<b>Barriers</b>	<b>Responses</b>
Limited capacity of the public sector	8
Inaccessible services	8
Need to isolate beneficiaries	1
Poor access to information	1

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

### *MEASURES TO IMPROVE ACCESS TO SOCIAL SERVICES*

According to the data analysed, the measures required to improve access to social services range from the correct identification of the beneficiaries for every type of services to the provision of all the resources needed for the professionals to perform their duties in an adequate way that is also in line with the current safety requirements (Table 16).

**Table 16. Measures to improve social services**

<b>Measure</b>	<b>Responses</b>
Correct identification of beneficiaries	3
Capacity building for public social services	21
Information and counselling	1
Lifting restrictions and ensure access for beneficiaries	5
Safe home visits	1
Outsourcing services to the not-for-profit sector	1

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

One of the most frequently suggested measures is to strengthen the institutional capacity to provide services. At the same time, this is also an umbrella for many directions of action, such as investments in digitalisation or increase in the number of beneficiaries (increase the capacity to provide services). Mayoralties were also mentioned, either in terms of what their social assistance directorates (SADs)/Social Assistance Public Services (SAPS) are already doing, or in terms of the need to increase the involvement of SADs and conclude functional public – private partnerships. An example of SAD mobilisation in support of homeless persons, a category with a high degree of vulnerability in the COVID-19 context, is from Brasov where the City Hall provided a venue (a home) to shelter these persons and compensate for the disruption in social services.

Supplementary personnel, better training and competency-based hiring are also integrant parts of the institutional capacity building to provide services, universally applicable and not necessarily limited to maintaining the social services during the pandemic. The need to invest in digitalisation though seems to have a higher degree of specificity during the COVID-19 crisis, which would ensure a minimum access to certain social services (education, counselling), even in the absence of direct interaction. The respondents pointed out that, although communication between beneficiaries and professionals is limited and depends on the specific environment where it takes place (e.g. absence of non-verbal language/communication), technology-mediated interaction would ensure a minimum contact between professionals and beneficiaries. Investing in digitalisation includes both equipment and staff training and support to beneficiaries to have access online communication devices. The support provided to beneficiaries to purchase the needed devices

would also contribute to a better mobilisation of parents from poor areas, who have to often share very limited resources to several family members/children.

Although it is desirable to better equip the personnel in any situation, in the current context, there is a pressing need to buy protective equipment that would allow the professionals to make home visits protecting both themselves and the beneficiaries. The shortcomings in this area have immediate (home visits cannot be carried out if the minimal safety requirements of all persons are not met) and long-term impacts (potentially influencing the professionals represent their own activity, its limitations and how to respond in crisis situations). Distribution of in-kind support, such as hygiene products delivered to beneficiaries at home to avoid mobility in the community would contribute to effectively overcome this crisis (Table 17).

Another type of measures identified to overcome the problems associated with this crisis is to have flexible deadlines for the submission of documents. In this respect, it has to be specified that all the deadlines for the documents issued by the public authorities have already been extended by 90 days after the end of the state of emergency by the Emergency Ordinance of the Government no. 34/2020 from 26 March 2020 to amend and supplement the Emergency Ordinance of the Government no. 1/1999 on the regime of curfew and the regime of the state of emergency (art. 33, index 2).

As concerns special protection related services, the measures identified to overcome the current barriers refer to better equipping the services and supplementing the personnel and implicitly increasing the capacity of the special protection centres/venues, as well as providing them with better equipment.

**Table 17. Measures to improve special social protection services**

<b>Measures</b>	<b>Responses</b>
Increase the capacity of the services	13
Lift beneficiaries' mobility restrictions	3
Partnerships with NGOs	2
Hire more personnel from among the beneficiaries	1

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

In order to have the mobility restrictions (14 days of isolation) imposed to the personnel lifted, their testing before their access to the facilities where the special protection related services are provided (residential care centres, family-type homes, etc.) is mentioned as a possible measure.

Supplementing the personnel, providing them with adequate equipment and building the response capacity of local authorities in order to ensure the access of the beneficiaries to the needed services contribute to the institutional development required to deliver optimal special protection services.

## SERVICES FOR CHILDREN WITH PARENTS IN ISOLATION, QUARANTINE OR HOSPITAL

Only slightly over a quarter of the respondents answered the question on the services provided to children whose parents are in isolation, quarantine or hospital after having contracted the virus (Table 18). Most likely, the respondents only considered the serious cases, where the parent is hospitalised, and did not refer explicitly to general isolation cases. Of the 36 responses, 14 indicated the provision of basic goods to the children and their families (food, medicines and hygiene products), 10 mentioned the social assistance services delivered in specialised residential care centres, 7 referred to various forms of phone or online support and counselling and 5 mentioned the online education services.

**Table 18. What services are provided to children whose parents are isolated, quarantined or hospitalised**

<b>Services</b>	<b>Responses</b>
Supply of food, medicine and hygiene products	14
Services in centres, shelters	10
Online or phone support services	7
Online education services	5
<b>Total</b>	<b>36</b>

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

## SUPPLEMENTARY MEASURES

Five directions for action stand out when looking at the supplementary measures required to improve the situation of children (Table 19): a) provide basic goods and financial support to families in need; b) provide support to community workers and protective equipment to provide community-based services; c) closer supervision of children by the parents; d) develop online learning and increase disadvantaged children's access to such content; e) inform and educate the public on the implications of the COVID-11 pandemic. The data show that it is necessary to continue and expand the initiatives in this direction and suggest a significant deficit of measures, particularly when considering the likelihood that the pandemic might last for a long time.

**Table 19. What supplementary measures should be taken?**

<b>Services</b>	<b>Responses</b>	<b>Share</b>
Distribute hygiene products and food	14	21%
Closer supervision	13	10%
Financial support	8	6%
Distribute medicines	1	1%
Support services in centres	3	2%
Inform and educate the public	12	10%
Support community workers	16	13%
Protective equipment for community workers	12	10%
Develop adequate content for online teaching	2	2%
Access to electronic devices (tablets)	5	4%
Develop digital skills	2	2%
Funds for local authorities	3	2%
Relax distancing measures	4	3%
Extend / defer academic year	2	2%
Disinfect common spaces and public transportation means	3	2%
Partnerships among local stakeholders	9	7%

Source: UNICEF Rapid Assessment COVID19 Round 1 Database

## CONCLUSIONS

### IMPACTED VULNERABLE GROUPS

- ✓ The main groups affected by the current situation are children from poor families, Roma children, children left behind by migrant workers, children living in overcrowded dwellings and disabled children.

- ✓ Another vulnerable group is the elderly, who are affected by the cutbacks in the general practitioners' work in communities and by the limited social contacts.
- ✓ The lack of information on the epidemic and a poor coverage of basic needs are more frequent in the case of Roma children. The limitation of mobility made it impossible to work as daily labourers, which is one of the main sources of income for the Roma population.
- ✓ In the context whereby the services to prevent the separation of the child from family and other primary social services have substantially reduced their activity or were suspended, Roma children's access to social, medical and educational services is more difficult.
- ✓ The access to health and education was less affected in communities where health and school mediators are present.

#### UTILITIES AND ACCESS TO BASIC GOODS

- ✓ As concerns utilities, the respondents mentioned difficulties in accessing running water, which makes it difficult to maintain personal hygiene and prepare food safely both being very important aspects in this period.
- ✓ As concerns the basic goods, the most affected is the access of the persons in the surveyed communities to hygiene products, followed by food and medicines.

#### HEALTHCARE

- ✓ Distribution of the responses on the limitation of access to healthcare are relatively evenly distributed between the three possible answers (yes – access was affected; no – access was not affected; don't know/no response). Thus, only about one third of the respondents in the first round of the rapid assessment believe that notable changes have occurred in this area.
- ✓ The most affected category of services by the changes caused in practices and procedures by the COVID crisis (almost a quarter of the respondents) are those provided by the general practitioners. The perception of the shrinking of general practitioners' activities in an important weight the adjustments in the working hours and procedures. Online consultations are a necessary solution in the present context, involving the limitation of physical contact between people, yet for some groups (poor families, elderly, disabled) this may be a significant barrier to access the services. Direct intervention by medical staff in communities is the optimal way to provide healthcare services to disadvantaged groups.
- ✓ The changes produced by the health crisis and the response measures taken in the health system may, in some situations, have a negative impact on the access of vulnerable people to specialised services. Rehabilitation, outpatient examinations and specialist interventions are among the directly impacted services. However, people tend to postpone medical interventions, on the background of uncertainties about the crisis developments and the problems the healthcare system is facing in limiting the spreading of the virus. A special mention should be made related to the access to dental care services caused by the limited activities of different practices.
- ✓ In the current context, children living in poverty and at risk of poverty, as well as children with chronic diseases are the most vulnerable groups that face problems related to the access to medical services.

## EDUCATION SERVICES

- ✓ Children from poor and vulnerable families are the most affected by the recent adjustments in the delivery of educational services. The limited access to IT devices and Internet affects the most the delivery of online educational services for children from poor and vulnerable families.
- ✓ Teachers' poor digital skills may deepen the inequalities related to children's access to educational content.
- ✓ The findings of the Rapid Assessment point out the existence of several barriers in providing online educational services caused by:
  - the access to Internet and equipment;
  - inequalities in the use of the Internet and equipment by children, parents and teachers;
  - ineffective utilisation of digital learning programmes and platforms;
- ✓ Roma children from poor areas face additional difficulties since the lack of access to technology and Internet is a problem for the whole community and digital skills are poorly developed in families and in the community at large (including in the school). Systemic measures are needed to address these issues.

## SOCIAL SERVICES

The most important barriers in accessing social services include:

- ✓ limited capacity to provide these services caused by insufficient personnel or personnel that require further training to adapt their activity to the current needs;
- ✓ suspension of the services to prevent child separation from family activity during the state of emergency;
- ✓ impossibility to compensate face-to-face interaction by remote communication because of the specificity of the service (therapy) or the limited access of specialists and patients to IT devices.
- ✓ geographic mobility – limited by the legal provisions, but also by the lack of transportation means and protective equipment;
- ✓ lack of clear work procedures that are adapted to the state of emergency.

The measures identified to deal with these barriers mainly refer to increasing the capacity to provide these services, including:

- ✓ supplementing the existing personnel;
- ✓ suitable equipment and access to protection equipment with a view to limit the exposure to the virus;
- ✓ investments in digitalisation to replace where possible face-to-face communication with technology-mediated communication;
- ✓ conclude inter-institutional partnerships to optimise access to services by the beneficiaries.

Special protection related services have also been affected by the current crisis that deepened the existing shortcomings:

- ✓ shortage of personnel in the context where many decided to quit jobs for fear of infection;
- ✓ lack of protective materials;
- ✓ the need to isolate the personnel for 14 days, which is problematic in the context of the shortage of personnel.

Potential measures include:

- ✓ supplement the existing personnel;
- ✓ provide protective materials to ensure the adequate continuity of activities;
- ✓ test beneficiaries before isolation, which would contribute to lifting the mobility restrictions.

## RECOMMENDATIONS

### HEALTHCARE SERVICES

- ✓ A better involvement of general practitioners' personnel in communities by extending the working hours for consultations and, where necessary, visiting patients at home. It is of utmost importance to take all the measures to limit the exposure of the medical personnel and patients to the risk of infection (Ministry of Health, County Public Health Directorates, LPAs).
- ✓ Continued collaboration between the medical personnel, authorities and social workers to make sure that the specific needs of the people are known (LPAs, County Public Health Directorates, NGOs).
- ✓ Where possible, activate the health mediators' network to support the activities of the general practitioners (County Councils, NGOs)
- ✓ Develop the telemedicine system that is complementary to the general practitioners' presence in the communities, and extend as much as possible the access to specialised healthcare provided by hospitals and clinics (Ministry of Health, County Public Health Directorates)
- ✓ Open emergency dental centres with a countrywide coverage (Ministry of Health, County Public Health Directorates)

### EDUCATIONAL SERVICES

- ✓ The proposed measures address three levels of access to educational services:
  - Implement programmes aiming at distributing free electronic devices or at facilitating the purchase at subsidized prices for children from low income families and provide such equipment to teachers (mayoralities, national authorities, UNICEF and other international organisations).
  - Develop adequate educational resources that are in line with the national curriculum.
  - Establish support networks and practice communities of children, parents and teachers to support compensation of the existing inequalities in using the electronic devices in education (local authorities/ county authorities and NGOs).
  - Develop a national plan for distance education that includes online teaching (national authorities).
  - Develop practice communities at local level, between the schools (local authorities/ county authorities).
  - Coordinate implementation of the online teaching plans at national level. At the same time, it is needed to develop adequate educational resources for different education cycles that will be in line with the new curricula and accessible to teachers (national authorities).
- ✓ For Roma children in disadvantaged areas are needed:

- Measures to ensure the access to technology and Internet for children and teachers from disadvantaged communities.
- Development of programmes that either support the strengthening of digital skills or provide inclusive alternatives to the educational process (UNICEF, other international organisations and national authorities).
- Supporting the community support networks to increase the access to online educational services for the children from disadvantaged communities (local authorities/ county authorities and NGOs).

## SOCIAL SERVICES

With a view to improve the current situation of the access to social and special protection related services and based on the data analysed, the common recommendations for both types of services are:

- ✓ supplement the existing personnel;
- ✓ provide adequate equipment for the personnel, with a focus on protective materials;
- ✓ make more effective the implementation of the procedures on the delivery of social and special protection services with a view to be adapted to the state of emergency;
- ✓ conclude inter-institutional/public-private partnerships to optimise access to and the quality of services delivered;
- ✓ invest in digitalisation – access to remote communication devices;
- ✓ Inter-institutional cooperation to provide community-based services (SAD, GDSACP, NGOs).

At national level, recommendations have been made for the provision of social services, but the respondents consider that detailed procedures that can be easily implemented are needed for the delivery of social and special protection related services during the state of emergency.

Institutional stakeholders from all levels, public and private, may contribute to the investments in digitalisation: national, county and local authorities; national, regional and local NGOs; international organisations.

County and local authorities may contribute to supplement the existing personnel, training of the personnel and provision of protective equipment for the personnel in line with the legal provisions.

Partnerships and cooperation between various institutions to facilitate access to services and increase the quality of services is a dimension that equally involves the public authorities and non-governmental, not-for-profit organisations or international organisations.

One recommendation that is specific for the special protection services is to test beneficiaries before placing them in centres in order to avoid the 14 days isolation period.

## REFERENCES

- NARPDCA (2020). Methodological Order no. 6377/9.03.2020. <http://andpdca.gov.ro/wp-content/uploads/2020/03/Dispozitie-metodologica.pdf>
- NARPDCA (2020 b). Methodological Order no. 6912/12.03.2020. <http://andpdca.gov.ro/wp-content/uploads/2020/03/Dispozitie-metodologica-6921-din-12.03.2020-COVID-19.pdf>
- NARPDCA (2020 c). Recommendations for prevention and management of the situation generated by the Covid-19 pandemic. <http://andpdca.gov.ro/wp-content/uploads/2020/03/Recomand%C4%83ri-privind-prevenirea-%C8%99i-managementul-situa%C8%9Biei-generate-de-Epidemie-de-Covid.pdf>
- NARPDCA (2020 d). Recommendations on the enforcement of the provisions of the Military Ordinance no. 8/09.04.2020. <http://andpdca.gov.ro/wp-content/uploads/2020/04/Recomandari-privind-aplicarea-prevederilor-OM-nr.-8.pdf>
- Eurostat Data Explorer [Individuals' level of digital skills](#), data available on 16.04.2020
- Hatos, Adrian (2020). *Educatia la distanta în perioada starii de urgenta* (Distance education during the emergency situation). Available on 16.04.2020
- NIS (2020). Press release. ILO Unemployment, monthly. Available online on 16.04.2020 [https://inse.ro/cms/sites/default/files/com\\_presa/com\\_pdf/somaj\\_bim\\_feb20r.pdf](https://inse.ro/cms/sites/default/files/com_presa/com_pdf/somaj_bim_feb20r.pdf)
- MER (2019). Raport privind starea învățământului preuniversitar din România 2017-2018 (Report on the situation of pre-university education in Romania, 2017-2018). Available online on 16.04.2020 [https://www.edu.ro/sites/default/files/Raport%20privind%20starea%20%C3%AEenv%C4%83%C8%9B%C4%83m%C3%A2ntului%20preuniversitar%20din%20Rom%C3%A2nia\\_2017-2018\\_0.pdf](https://www.edu.ro/sites/default/files/Raport%20privind%20starea%20%C3%AEenv%C4%83%C8%9B%C4%83m%C3%A2ntului%20preuniversitar%20din%20Rom%C3%A2nia_2017-2018_0.pdf)
- MLSP (2020). Recommendations of the Ministry of Labour and Social Protection with a view to prevent the spread of Coronavirus pandemic, 10 March 2020. <http://www.mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/5827-recomand%C4%83rile-ministerului-muncii-%C8%99i-protec%C8%9Biei-sociale-%C3%AEen-scopul-prevenirii-%C4%83sp%C3%A2ndirii-infect%C4%83rii-cu-coronavirus>
- UNESCO (2020). Global [Monitoring of School Closures caused by COVID-19](#), data available on 16.04.2020

## ANNEX 1. METHODOLOGY

**1/ Data collection and processing**

The Rapid Assessment aims at collecting primary qualitative data from vulnerable communities via key informants at community and county levels, such as community workers, key stakeholders at local and county levels and civil society/community-based organizations. Considering current movement restrictions, the RA will be made via phone/Skype/ WhatsApp calls. Ideally, the enumerators will have two calls with the respondents. In the first call, the enumerators will explain the purpose and what type of information they're hoping to get from the respondents and then set a day and time call back from the interview. This will support collection of more accurate information because it gives time to the respondents to have additional information about the situation.

The Rapid Assessment will be conducted in a short period of time and be repeated four times in coming weeks, respectively every 10 days. Data will be collected by UNICEF Programme team and staff of participating partner organizations (CEPD Step-by-Step, Terre des Hommes Romania, Centre for Health Policies and Services, Council of Institutionalized Youth, and possibly others) using an instrument (semi-structured interview guide) available on an online survey platform (Kobo Toolbox) created pro bono by a research company. The same company also assisted with formulating the questions, such as to ensure that they are easily recorded and fit for analysis, what details to collect from the key informants, analyse the collected data and produce a short report with key conclusions and recommendations for every round. The enumerators were trained in two webinars.

The online instrument includes data quality checks that will minimize errors in the case of semi-structured questions. The data from the open questions will be validated by the enumerator and by an analyst from the research team to be contracted. Feedback on the quality of data will be provided to the enumerators. As soon as data collection is completed, the open questions will be transformed in semi-structured questions by coding the data collected. At the end of the data collection, data will be anonymized before being analysed, such as to meet data protection/GDPR requirements.

**Key questions/issues to be covered by the online instrument**

1. Which do you think are the most vulnerable groups affected by this situation??
2. What do you know / what have you heard about challenges for the most vulnerable children/families in the mounting Covid-19 pandemic?
3. How do you think this (crisis) is affecting the most vulnerable groups (by group)?
4. Are there current limitations and barriers in provision of services at community level? Is there access to basic supplies (water, hygienic materials, medicines, food, etc.)?

5. Solutions and ideas on “how to solve challenges”: What additional measures should be taken (social, health, education, economic, public policy) to protect the most vulnerable children during the COVID-19 pandemic?

### **Geographical coverage**

1. **Bacau County**; 3 communities: 1.) **Moinesti**; 2.) **Corbasca**; 3.) **Buhusi**

The list of key informants was produced in-house by UNICEF Programme team.

(N.B.: UNICEF’s had an extensive investment in the county over past years, both in community teams and dedicated coordination mechanisms as well as trainings for local/county decision makers)

2. **Brasov County**; 3 communities: 1.) **Sacele** 2.) **Brasov city**, 3.) **Budila**

The list of key informants was produced in-house by CEPD Step-by-Step (NGO) in collaboration with UNICEF Programme Team. CEPD Step-by-Step has been implementing grassroots projects in the selected communities and has direct contact with relevant informants.

3. **Ilfov County**; 3 communities: 1.) **Pantelimon**; 2.) **Mogosoia**; 3.) **Stefanestii de Jos**

The list of key informants was produced in-house by UNICEF Programme team in close collaboration with Ilfov County School Inspectorate that is working in the selected communities.

4. **Dolj County**; 3 communities: 1.) **Goiesti** 2.) **Cotofenii din Fata**, 3.) **Vartopu**

The list of key informants was produced by Terre des Hommes Romania (NGO). Terre des Hommes Romania has been implementing grassroots projects in the selected communities and has direct contacts with relevant informants.

**Selection criteria of communities:** Significant presence of Roma children, children with disabilities, children/families living in poverty, marginalized communities, pregnant women and infants, multi-generational households, children isolated/quarantined, hospitalized, left without care provider, children from families with migrant parents (returning to Romania), children at risk of violence and neglect, etc.

### **Respondents of interviews (key informants)**

The Rapid Assessment will focus on collecting primary qualitative data from these categories of respondents:

1. **Community workers** (social worker, community nurse, health mediator, school counsellor, school mediator);
2. **Key stakeholders at local level** (mayor, medical doctor, school principal and teachers, priest, etc.);
3. **Key stakeholders at county level** (e.g. Directorate General for Social Assistance and Child Protection, Public Health Directorate, County School Inspectorate, County Council, etc.);
4. **Civil society/community-based organisations** leaders/workers (working with most vulnerable groups);
5. **Residential care institutions** (manager, social worker and educators).

### **2/ Data analysis**

analysis will be conducted by a small team of researchers (sociologist, public health expert, a psychologist and possibly an education expert) for every of the four rounds, based on the interviews filled in for every county in the online platform, within 3-4 days from the completion of the interviews from every county. As part of the data analysis, the team of researchers will come up with a comparative analysis of the data collected for different counties/communities.

### **3/ Reporting and dissemination**

Based on the data analysis, four reports will be produced, one after every round of data collection, starting with an initial report with first key conclusions and recommendations and subsequent reports providing updates to the situation and further insights, conclusions and recommendations. The structure of the reports will be agreed in consultation with the key partners based on a proposal submitted by UNICEF. The draft reports will be shared with UNICEF and partners for feedback and revised by the research team based on the inputs received.

The first report will include insights from the minutes of the meeting of the Dialogue and Cooperation Group for the Inclusion of Roma on “How COVID-19 will be impacting Roma communities”, made available by the World Bank, and the findings of the online consultation with children and teachers “Assessing access to education in lower and upper secondary schools”, conducted by UNICEF.

All reports will be disseminated to partners, other international organisations and to the county/national authorities for discussion and further action.

All the reports will include the logos of UNICEF, the company conducting the data analysis and all partners directly involved in the Rapid Assessment process. All these and additional contributions will be acknowledged on a separate page of the report.

**N.B.:** Apart from direct interviews informants, a **second component of the Phase I of Rapid Assessment consists of a survey conducted with children** via U-Report (a platform for consultations with children developed by UNICEF by means of which children and youth are encouraged to talk about the most important things for them) related to the key priorities for children/youth living across the country in the context of the COVID-19 pandemic. There are over **10,200 registered U-Reporters (85% between 15-19 y.o.)** who will receive a **tailored survey** (guidelines suggest around 10-12 questions max, preferably with predefined answers). Current plans already include a U-Report survey for assessing children’s access to online education that is expected to be launched in the coming days. A dedicated U-Report survey, in line with the RA interview questionnaire on Covid-19 is being developed over the next few days and will be sent after the Facebook approval will be received. The findings will also be included in the final report.

## ANNEX 2. INTERVIEW GUIDE

**1.1 Which do you think are the most vulnerable groups of groups affected by the COVID-19 pandemic in your community? Please refer to the children and their families.**

*The operator selects one or more categories according to the respondent's answers. If you need to direct the respondent read the answer options.*

- Roma children
- Children with disabilities
- Children with special educational needs
- Children from families living in poverty
- Children left behind by migrant parents (returning to the country, including countries with high risk of infection)
- Children from multigenerational households
- Children from single-parent families
- Children from families at risk of violence
- Pregnant women (including minor girls) and / or young children (under 1 year old)
- Children isolated, quarantined or hospitalized (COVID-19)
- Children living in overcrowded dwellings (overcrowding means 2.5 persons / room)
- Children who do not benefit from the care of legal caregivers (parents, guardians) because of COVID-19
- Institutionalized children
- Other (please specify)
- I don't know

You have selected "Other", please specify: \_\_\_\_\_

**2. Having in view of the crisis generated by COVID-19, what are the problems faced by the community where you work by illustrating with some examples?**

*The operator writes the respondent's answers*

\_\_\_\_\_

### » 3. UTILITIES AFFECTED

**3. In the context of the crisis generated by COVID-19, please mention what are the utilities and basic products to which the access was affected in your community?**

*The operator reads the answer options only if necessary. Choose one or more answers.*

- Running water
- Hygiene products
- Medicines
- Vaccines
- Food
- None
- Others (please specify)

You have selected "Other", please specify: \_\_\_\_\_

### » 4. MEDICAL SERVICES AFFECTED

**4.1 Do you consider that the provision of medical services in your community has been affected?**

*The operator chooses one of the two answer options.*

- Yes
- No
- Don't know

!!! Warning !!!: You have selected "Medicines" or "Vaccinations" at the Q3 question, indicating that they have been affected. The answer to Q4.1 must be "Yes".

**4.2 If so, please mention which medical services are the most affected by the context generated by the current COVID-19 pandemic.**

*The operator selects one or more response options. Read the answer options below only if necessary*

- Check-ups with the family doctor
- Check-ups with specialized doctors
- Prenatal services
- Vaccination
- Postnatal services
- Rehabilitation Services
- Don't know
- Others (please specify)

You have selected "Other", please specify: \_\_\_\_\_

**» Barriers faced for each selected medical service**

**For each of the selected social services: indicate the barriers to its provision.**

*The operator writes the respondent's answers*

---

**What measures should be taken to address the issues related to the delivery of the services you mentioned in your community?**

*Operator: this is an open answer. Please summarise the information received from the respondent.*

---

**5. SOCIAL SERVICES AFFECTED**

**5.1 Do you consider that the provision of social services at the level of your community has been affected?**

*The operator chooses one of the two answer options.*

- Yes
- No
- Don't know

**5.2 If yes, please mention which social services are most affected by the context generated by the current pandemic COVID-19**

*The operator selects one or more response options. Read the answer options only if necessary.*

- Day centre (information, counselling, after school, etc.)
- Respite centre / crisis centre
- Service / shelter for victims of violence
- Home care service
- Parental education service

- Services for teenagers and young people
- Enabling-rehabilitation services (incl. physiotherapy, speech therapy, others) for children with disabilities
- Mobile teams for children with disabilities
- Home care services for children with disabilities
- Don't know
- Others (please specify)

You have selected "Other", please specify: \_\_\_\_\_

**» Barriers faced for each selected social service**

**For each of the selected service: indicate the barriers faced in providing this service.**

*The operator writes the respondent's answers*

**What measures should be taken to address the issues in the delivery of the services you mentioned in your community?**

*Operator: this is an open answer. Please summarise the information received from the respondent.*

**5.4 Do you consider that provision of special protection services at the level of your community has been affected?**

*The operator chooses one of the two answer options.*

- Yes
- No
- Don't know

**5.4.1 If yes, please mention which special protection services are the most affected by the context generated by the current COVID-19 pandemic.**

*The operator selects one or more response options. Read the answer options only if necessary.*

- Emergency reception service
- Night and day shelters
- Mother-child centres
- Other residential services for children
- Maternal assistance service
- Family placement service
- Adoption service
- The complex evaluation services
- Don't know
- Others (please specify)

You have selected "Other", please specify: \_\_\_\_\_

**» Barriers faced for each selected special protection service**

**For each of the selected services: indicate the barriers faced in providing this service.**

*The operator writes the respondent's answers*

**What measures should be taken to address the issues in the delivery of the services you mentioned in your community?**

*Operator: this is an open answer. Please summarise the information received from the respondent.*

---

**6. EDUCATION SERVICES AFFECTED**

**6.1 Do you consider that the provision of education services in your community has been affected?**

*The operator chooses one of the two answer options.*

- Yes
- No
- Don't know

**6.2 If yes, please mention which education services are most affected by the context generated by the current pandemic COVID-19**

*The operator selects one or more response options. Read the answer options only if necessary.*

- Children's access to the Internet
- Teachers' access to the Internet
- Children's access to devices for connection (mobile phones, tablets, laptops)
- Teachers' access to devices for connection (mobile phones, tablets, laptops)
- Access of teachers to educational materials adapted for distance learning / online
- Don't know
- Others (please specify)

You have selected "Other", please specify: \_\_\_\_\_

**» Barriers faced for each selected education service**

**For each of the selected services: indicate the barriers faced in providing this service.**

*The operator writes the respondent's answers*

---

**What measures should be taken to address the issues in the delivery of the services you mentioned in your community?**

*Operator: this is an open answer. Please summarise the information received from the respondent.*

---

**7. OTHER SERVICES AFFECTED**

**7. Please specify which services are available for children whose parents are in isolation, quarantined, become ill or are hospitalised:**

*Operator: this is an open answer. Please summarise the information received from the respondent.*

---

**8. What other additional measures should be considered, as a whole, except for the issues mentioned above.**

*Operator: this is an open answer. Please summarise the information received from the respondent.*

---

**9. PERSONAL INFO ABOUT THE RESPONDENT**

**9.1** Respondent's name \_\_\_\_\_

*Operator: this section you can fill in by yourself or by requesting the data of the respondent.*

**9.2** Respondent's first name \_\_\_\_\_

**9.3** Respondent's phone number \_\_\_\_\_

**9.4** Respondent's e-mail address? \_\_\_\_\_

**10.** For operator: If you have general comments about the interview, please write them here. Whatever you think would be necessary or useful for the person analysing the data to know.

\_\_\_\_\_

**11.** For operator: Do you consider the respondent answered honestly?

Yes

No