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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 2

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ABBREVIATIONS

CC	County Council
CCREA	County Centre for Resources and Educational Assistance
Step by Step CEPD	Step by Step Centre for Education and Professional Development
CSI	County School Inspectorate
GDPR	General Data Protection Regulation
GDSACP	General Directorate for Social Assistance and Child Protection
GMI	Guaranteed minimum income
ICT	Information and communications technology
LPA	Local Public Administration
MER	Ministry of Education and Research
MLSP	Ministry of Labour and Social Protection
NARPDCA	National Authority for the Rights of Persons with Disabilities, Children and Adoptions
NCEPE	National Centre for Education Policies and Evaluation
NCSES	National Committee for Special Emergency Situations
NIS	National Institute of Statistics
NIPH	National Institute of Public Health
PHD	Public Health Directorate
PSSA	Public Service of Social Assistance
SAD	Social Assistance Directorate
SIIIR	Integrated Information System for Education in Romania

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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.

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, Step-by-Step Centre for Education and Professional Development, Terre des hommes Romania, Centre for Health Policies and Services and the Council of Institutionalised Youth. The World Bank and World Health Organisation provided technical input to the concept note and the data collection instrument.

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 minimising 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, the main challenges faced by the most vulnerable children and families, barriers in accessing health, social and educational services, and solutions to overcome them.

The assessment covers communities 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) and residential care institutions from the above-mentioned counties. It will be conducted in four rounds of interviews to track the developments. This report analyses the data collected in Round 2 of the Rapid Assessment, along with data from the U-Report survey 'Situation of children in the context of the COVID-19 pandemic' conducted by UNICEF in Romania, in April 2020.

U-Report Romania[1] – Situation of children in the context of the COVID-19 pandemic

Out of the 10,345 U-Reporters registered in Romania, 2,230 responded to the UNICEF survey. Respondents are distributed as follows: 71% are female and 29% are male; 11% are under 15 years old, 85% are between 15 and 19 years old, 2% are aged 20-24, and 1% of them is over 35.

According to the interviewed adolescents and youth, the main problems for them and for their communities are the difficulties in complying with lockdown rules, parents' job insecurity and lack of hygiene and protective supplies. The main personal problem indicated by respondents is social distancing, being mentioned by 43% of those who completed the questionnaire. The following two problems, in order of mentions, concern school closure and lack of concrete information about the current situation. Practically, compliance with social distancing rules and school closure, involving the limitation of students' social contacts, constitute the main obstacles these days for almost two thirds of the surveyed population. The main measures identified by the adolescent and young respondents for the problems affecting the communities are distribution of supplies (food, medicines, etc.), the need for stricter monitoring of compliance with social distancing rules, disinfection of streets and public transportation vehicles, information about risks and protective measures in the current context, support for Internet access, development of technology-assisted learning, development of mechanisms to ensure support from the authorities (including material support) and provision of services in specialised centres (day care centres, residential care centres).

Rapid Assessment of the Situation of Children and Families, with a Focus on Vulnerable Groups – Round 2

In Round 2 of the Rapid Assessment, 122 subjects responded to the online questionnaire and 120 questionnaires were validated. The distribution of respondents by county, area of residence and category is as follows:

- County: Brașov – 41, Bacău – 35, Ilfov – 23, Dolj – 21;
- Area of residence: urban – 80, rural – 40;
- Respondent category: community workers – 42; local authorities/relevant local stakeholders – 45; county authorities – 17; civil society representatives – 12; staff of residential care institutions – 4.

The Rapid Assessment is carried out in a period featuring a socio-economic context marked by phenomena like rising unemployment, technical unemployment based on a newly introduced scheme, reduction of business activities, social distancing, unequal access to healthcare and education, etc. triggered by the restrictions introduced with the state of emergency declared to contain the spread of the virus. Given the restrictions on movement and the limitation of direct interpersonal contacts, some adjustments were made to the provision of the main public services (healthcare, educational services, social services), such as opting for the online or phone delivery of services, where possible, suspending all services involving group activities, limiting the delivery of non-essential services to the population in the current context or even introducing the preventive workplace confinement of the staff and the preventive home confinement of social service employees from the residential care system. The public policy measures adopted by the authorities while Round 2 was being implemented focused mainly on education, with a new obligation to

[1] https://romania.ureport.in/opinion/1680/

organise technology-assisted learning activities. Under these circumstances, a set of measures was also developed to reduce inequalities in access to education for children from vulnerable families, more precisely identifying students and teachers with no access to IT devices and to the Internet and ensuring that school units or local authorities provide them with the needed devices.

Vulnerable groups

The groups of children most affected by the COVID-19 pandemic are children from families living in poverty and Roma children, who were also considered the most vulnerable during Round 1 of the Rapid Assessment. In the second round, respondents place children living in overcrowded dwellings as the third among the groups affected by the pandemic. Furthermore, it is noted that all the vulnerable groups on the list get significantly more mentions in Round 2 than in Round 1.

The main problems affecting the communities in the context of the COVID-19 pandemic are associated with the considerable reduction of business activities: job loss and lack of day labour opportunities and – mentioned to a smaller extent, yet a consequence of the first two – difficulties in paying the bills for utilities. To these adds a series of problems specific to the current epidemiological context, such as lack of protective supplies for the local public authorities' employees and the population or community members' non-compliance with lockdown rules. Respondents also include precarious housing (e.g. overcrowding) and the increase in domestic violence cases among the problems encountered in the community/county where they work.

Health services

As the COVID-19 crisis deepens, a larger number of respondents believe that the current crisis has affected the provision of health services in the communities/counties where they work. This includes negative effects that have mostly impacted the services delivered by general practitioners (GPs), the specialised services provided in hospitals or specialist outpatient clinics (including recovery and rehabilitation services) and dental services (suspended during the state of emergency). The main barriers to the delivery of these services are, once again, linked to the population's difficult access to the healthcare provided by general practitioners and hospitals following the adjustment of their activities to the pandemic. At the same time, the population has become more reluctant to seeking health services for the obvious reason that some of the healthcare facilities could present a risk of COVID-19 transmission. The measures identified by respondents as solutions to the current problems involve a wide range of actions, from distributing hygiene and protective supplies (masks) to vulnerable children and families and providing adequate protective equipment to healthcare workers in the communities (general practitioners, general practice nurses, community health nurses) to developing the online consultation system and extending the working hours of medical staff in GP offices.

Educational services

As seen in the findings of Round 1, educational services are mainly affected by the fact that teaching, learning and assessment activities have moved to the online environment. Hence, Round 2 shows that the educational services most affected by this transition are the teaching process, the assessment and evaluation of children's academic performance. The main barriers to teaching and assessment are poor access to technology and to the Internet for children from families living in poverty and for some of the teachers. Additionally, in the COVID-19 context, the lack of parental support for completing remote schoolwork is even more apparent in Round 2. As in Round 1, the data collected during Round 2 indicate

the need for coordinated efforts to build the digital skills of every participant in the education process: parents, children and teachers.

Social services

In these times of pandemic when restrictive measures are being taken to limit the spread of COVID-19, changes are fast-paced. The two rapid assessment rounds show different pictures of how the relevant community stakeholders perceive the effects of the COVID-19 crisis on the provision of social services aimed at preventing children's separation from their families and special protection services for children that are temporarily or permanently separated from their families. This time, respondents have mentioned more service delivery barriers, more measures for improving service access and also more types of social services affected by the pandemic. A larger number of respondents than in Round 1 believe that both types of services (those aimed at preventing children's separation from their families and special protection services for children that are temporarily or permanently separated from their families) have been impacted, with a visible decrease of those who either do not know or do not answer. As regards the social services aimed at preventing children's separation from their families, the barriers most often indicated in this round refer to the need to isolate beneficiaries, the generally limited capacity of the public sector to deliver services in the current context and service employees' fear of contracting the virus. Complementarily, the suggested measures include providing the staff with protective equipment, increasing the number of staff in the social services aimed at preventing children's separation from their families and assessing the needs of the community. As for the social services providing special protection to children that are temporarily or permanently separated from their families, the biggest barrier seems to be the need to isolate the new beneficiaries entering the residential care system, followed by the employees' fear of contracting the virus, lack of protective equipment for the staff and lack of financial resources for the social services delivered by NGOs. Respondents name measures like providing protective equipment, establishing partnerships between local authorities and NGOs to better address the challenges posed by the emergency and providing public funding to the social services delivered by NGOs to solve the different problems caused by the COVID-19 pandemic.

CONTEXT

PUBLIC POLICY CONTEXT DURING THE COVID-19 PANDEMIC

The first measures to limit the spreading of the COVID-19 pandemic were taken by the National Committee for Special Emergency Situations (NCSES) as of the 9th 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 NCSES meeting of March 9th, as follows: temporary closure of early childhood, lower and upper secondary, non-university tertiary and vocational schools **as of 11th 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 9th 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 16th 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 26th 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 services 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 pubic 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 GDSACPs, the National Authority for the Rights of Persons with Disabilities, Children and Adoptions (NARPDCA) has formulated a series of recommendations for the provision of social services (NARPDCA, 2020a):

- 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 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 making the provision of social services more effective and limiting 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 suspected cases, use of disinfectants) (NARPDCA, 2020 c). This document also includes recommendations, measures, work procedures and can be used by all residential social 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 study, 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 16th 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.

At the end of April 2020, the MLSP reported 725,200 suspended employment contracts and 276,459 terminated employment contracts (MLSP, 2020, Press briefing: Updates on suspended/terminated employment contracts as of 30 April 2020). Compared to the situation on the 16th of April 2020, the number of suspended employment contracts decreased by 176,423, whereas terminated contracts increased by 42,661. Compared to the situation as of 1st of April 2020, the number of terminated contracts increased by 120,784 (MLSP, 2020, press releases on suspended/terminated employment contracts).

DATA ON COVID-19 PANDEMIC INCIDENCE IN ROMANIA

According to the data of the National Institute of Public Health (NIPH), on 6 April 2020, Romania had 4,057 confirmed COVID-19 cases, 406 recovered cases and 181 deaths. As of that date, the number of infected children was 71 in the age group 0-9 years and 100 in the age group 10-19 years.

On 16 April 2020, official records showed 7,707 confirmed cases, 1,357 recovered cases and 392 deaths. As of that date, the number of infected children was 191 in the age group 0-9 years and 245 in the age group 10-19 years[2].

On 30 April 2020, Romania had 12,240 confirmed COVID-19 cases. The number of recovered cases was 4,017 and that of deaths was 717. As far as children are concerned, official data indicated a number of 299 confirmed COVID-19 cases in the age group 0-9 years and 418 cases in the age group 10-19 years[3].

NARPDCA data showed that, on 10 April 2020, there were no cases of infected children in residential care institutions. That was also valid for children placed with professional caregivers (NARPDCA, 2020 e[4]). On 30 April 2020, the number of children infected with COVID-19 was 9 in residential care institutions and 1 placed with a professional caregiver. As of that date, 2 children had been declared recovered (NARPDCA, 2020).

[2] https://datelazi.ro/
[3] Idem
[4] http://andpdca.gov.ro/w/situatia-raspandirii-covid-19-la-nivelul-serviciilor-sociale-rezidentiale-pentru-categorii-vulnerabile-10-aprilie-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 health services, drugs and paraclinical examinations provided during the state of emergency will not be limited to those approved for the 1st 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) Health 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 COVID-19 infection; the general practitioner shall record remote consultations in the patient's 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. 195/2020 allows the submission of electronic applications for social benefits. It also includes provisions on the extension of the validity of accreditation certificates and licences of social service 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. 8/09.04.2020 lays down measures for the 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 protective 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.

The MLSP and NARPDCA have formulated a series of recommendations to help GDSACPs implement the provisions of Military Ordinance no. 8. These recommendations are as follows: the responsibility of the centre manager to decide which staff members need to enter preventive workplace confinement and to organise the shifts accordingly; consulting the employees about shift organisation; isolating the staff at the premises of the social service, provided that adequate conditions are available; the obligation for the

employees who are isolated at work to take the required precautions to avoid COVID-19 contamination (NARPDCA, 2020 f).

EDUCATION

Classes in school units were suspended as of 11th 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 educational 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 holydays, throughout the state of emergency.

On 10.03.2020, the Ministry of Education and Research launched a public appeal to the primary and lower-secondary teachers to contribute with open educational resources to the website of the CRED[5] Project and deliver video lessons broadcasted by the Romanian Television[6].

The Order of the Minister no. 4135 of 21 April 2020 for the approval of the instruction on ensuring continuity of learning in pre-university education system provides a set of measures for the online learning process. The most important ones are as follows[7]:

- ✓ develop the National Plan for educational Intervention in case of classes suspension in pre-university education;
- ✓ ensure that the National Centre for Education Policies and Evaluation (NCEPE) makes the portal *Digital on educred.ro platform*[8] operational, reuniting all e-learning platforms and online learning resources provided and, where applicable, validated and recommended by the Ministry of Education and Research;
- ✓ ensure that school units enter relevant information into the Integrated Information System for Education in Romania (SIIIR) (availability of functioning desktop terminals, laptops, tablets; Internet connection; number of teachers with access to desktop terminals, tablets, laptops, smartphones connected to the Internet; number of students with access to desktop terminals, tablets, laptops, smartphones connected to the Internet; access to learning platforms, tools and resources needed for online learning activities) to monitor, support and improve students' access to learning;

[5] red.educred.ro
[6] 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
[7] https://www.edu.ro/sites/default/files/_fi%C8%99iere/Minister/2020/inv.preuniversitar/ordine%20ministru%20inv.preuniversitar/Ordin%204135_2020.pdf
[8] https://diaital.educred.ro

- ✓ involve county school inspectorates in the activities aimed at: monitoring the information entered into SIIR by subordinated school units; monitoring the organisation and implementation of online learning support activities by subordinated school units; providing support to teachers/methodologists in designing the online teaching-learning-evaluation activities; recommending open educational platforms, applications and resources that can be used; staying in touch with students' parents; counselling students to ensure they attend the learning activities carried out online;
- ✓ ensure that school units facilitate online learning by: entering the information into SIIR; informing parents/legal guardians about the online learning support activities; ensuring teachers' and students' access to educational platforms; assessing teachers' needs for digital skills development; setting a weekly schedule that includes online learning activities for each subject; monitoring teachers' online activities;
- ✓ teaching staff are obliged to plan and carry out online teaching-learning-evaluation activities;
- ✓ students are obliged to attend the online learning activities held by the school unit.

On 27 April 2020, the Ministry of Education and Research announced a set of measures for resuming the activities at the level of school units, as follows[9]:

- ✓ maintain class suspension in pre-school, primary, lower secondary, upper secondary, vocational and post-secondary education;
- ✓ continue classes based on technology-assisted learning until the 12th of June;
- ✓ ensure support from school units and school inspectorates to students and teachers with no access to technology by sending educational resources and assignments to those students;
- ✓ ensure that school units carry out activities that offer counselling and preparation for national examinations to 8th, 12th and 13th graders and to students in the final years of vocational and post-secondary education, starting with the 2nd of June;
- ✓ ensure the curricular adaptation of all content and develop educational materials, specific working and evaluation tools to ensure equal access to education for the pre-school/school children with special educational needs integrated into mainstream education.

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 8th and 12th grades; teaching lessons for the students in the 8th and 12th 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

[9] https://www.edu.ro/ministerul-educa%C8%9Biei-%C8%99i-cercet%C4%83rii-anun%C8%9B%C4%83-m%C4%83surile-luate-%C3%AEn-sistemul-rom%C3%A2nesc-de-%C3%AEnv%C4%83%C8%9B%C4%83m%C3%A2nt-%C3%AEn

teaching[10] (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 #IdoCARE #SchoolfromHOME (#ÎmiPASĂ #ȘcoaladeACASĂ) launched by the Ministry of Education and Research, a 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.

Having in view a series of problems that may arise as a result of long-distance teaching, the first COVID-19 psychological counselling helpline was launched for teachers, students and parents. It was set up under the "AMBASSADOR for COMMUNITY" project, implemented by the Ministry of Education and Research in partnership with Proacta EDU Association, with support from DIGI, the Federation of Free Education Unions, the Federation of Parent Associations – Pre-university Education, the 'Spiru Haret' Federation of Education Unions and the National Students' Council. The phone numbers 0771.141.767 and 0771.141.750 are toll-free numbers that teachers, students and parents can call to contact psychologists for counselling.

Toll-free numbers were assigned to county school inspectorates for informing students, teachers and parents about the reopening/continuation of school in the 2019-2020 school year.

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 Institutionalised Youth. The World Bank and World Health Organisation provided technical input to the concept note and data collection tool.

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.

[10] https://www.edu.ro/primele-rezultate-ale-ini%C8%9Biativei-%E2%80%9Ereac%C8%9Bie-pentru-educa%C8%9Bie%E2%80%9D

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 educational 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/outreach 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 Institutionalised 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 educational services, and solutions to overcome them.

The assessment covers communities from urban and rural areas from Bacau County (Moinești, Corbasca, Buhuși), Brașov County (Săcele, Brașov, Budila), Ilfov County (Pantelimon, Mogoșoaia, Ștefănești de Jos) and Dolj County (Goiești, Coțofenii din Față, Vârtopu). **The criteria used to select the communities involved in the Rapid Assessment** focused on a strong presence of Roma children, children with disabilities, children

and families living in poverty, marginalised communities, pregnant women and infants, multigenerational households, isolated or quarantined children, hospitalised children, children deprived of parental care, children left behind by migrant parents (returning to Romania), children at risk of abuse, neglect, exploitation and any other form of violence, etc. (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.

During Round 1 of the Rapid Assessment, 125 respondents were interviewed by using and online tool and 121 questionnaires were validated. The distribution of respondents is shown in Table 1.

Table 1. Distribution of respondents by county, area of residence, position

		Brașov	Bacău	Ilfov	Dolj	Total
Area of residence	Urban	31	32	11	1	75
	Rural	7	8	14	17	46
	Total/county	38	40	25	18	121
Position	Community workers	14	13	10	5	42
	Local authorities/relevant local stakeholders	15	11	11	12	49
	County authorities	6	4	2	1	13
	Civil society organisations	3	5	2	0	10
	Staff of residential care institutions	0	7	0	0	7
	Total	38	40	25	18	121

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1

In Round 2 of the Rapid Assessment, 122 subjects responded to the online questionnaire and 120 questionnaires were validated. The distribution of respondents by county, area of residence and category is as follows (Table 2):

Table 2. Distribution of respondents in Round 2 of the Rapid Assessment by county, area of residence, position

		Brașov	Bacău	Ilfov	Dolj	Total
Area of residence	Urban	33	27	14	6	80
	Rural	8	8	9	15	40
	Total/county	41	35	23	21	120
Position	Community workers	10	13	14	5	42
	Local authorities /relevant local stakeholders	21	8	5	11	45
	County authorities	7	5	2	3	17
	Civil society organisations	3	5	2	2	12
	Staff of residential care institutions	0	4	0	0	4
	Total	41	35	23	21	120

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2

The second component of the Rapid Assessment includes a survey conducted among children and young people via U-Report and it is part of this report for Round 2 of the Rapid Assessment. U-Report is a consultation mechanism developed by UNICEF, allowing children and youth to talk about the things that truly matter to them. U-Report is based on the RapidPro platform and includes members that voluntarily sign up as U-Reporters via Facebook Messenger. Survey questions are formulated by the UNICEF team, together with partners and other key stakeholders interested in children's and young people's opinions. U-Report survey answers are anonymous, with results being grouped by age, gender and region and findings are used to make citizens more aware of children's and young people's views, their problems and the solutions they propose. The answers are displayed in real time on the U-Report website: https://romania.ureport.in and this allows everyone (users and the general public) to access general information about the community of U-Reporters and their views. Romania has 10,345 U-Reporters who receive messages about the various surveys that are conducted and in which they can participate. The survey 'Situation of children in the context of the COVID-19 pandemic', conducted in April 2020, gathered answers from 2,230 U-Reporters (22% of registered U-Reporters).

METHODOLOGICAL LIMITATIONS OF THE RAPID ASSESSMENT

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 applications) 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 also rely on their insight into and knowledge of vulnerable persons/families' conditions. Interviewers' organisational affiliation may involuntarily influence the answers received. However, these limitations will be addressed in the second phase of the RA, to be conducted post-COVID-19 pandemic, when the key respondents will be children and families and the data will be collected by professional enumerators.

As the assessment is carried out over a very short period of time, with four consecutive data collection rounds, some risks are inevitable: difficulty in re-contacting the subjects due to time constraints; the involvement of a larger number of data collection operators; instrument design allowing rapid application; decreasing engagement from respondents throughout data collection rounds and, possibly, more refusals in the final rounds.

As specified above, there were 121 respondents in the first round of the Rapid Assessment and 120 respondents in the second round (community workers, local authorities and relevant local stakeholders, relevant county stakeholders, civil society representatives and representatives of residential care institutions). In terms of territorial distribution, respondents come from 4 counties. Hence, a major methodological limitation is the lack of probability sampling since the 4 counties were chosen from among the counties and communities where the organisations involved in the data collection process implemented/implement projects and most respondents were selected based on the contact lists that partner organisations had from previous projects/activities carried out in the 4 counties.

Having in view the low number of respondents and the fact that they were selected from only 4 counties, the Rapid Assessment is not intended to be nationally representative, but it seeks to identify any problems

impacting the provision of the services that children and their families need (health services, educational services, social services) in the communities/counties/centres where the respondents work, along with a number of measures to address those problems. Considering all this and the fact that the measures for improving service delivery at local level are devised based on the answers received from the interviewed subjects, the data cannot be extrapolated to the national level. Nonetheless, the value of the information collected lies in the fact that it is collected in real time – in the midst of a crisis – and from relevant stakeholders involved in the delivery of services at local level during the COVID-19 pandemic. Consequently, the conclusions of the Rapid Assessment can serve as a great starting point for developing more thorough situation analyses and for formulating responses that can increase the effectiveness of service delivery in similar situations.

The approach for Round 1 was an exploratory one and sought to identify the main barriers to the provision of any type of service affected by the pandemic according to the respondents, along with the required support measures for improving the delivery of services in the community/county/centre. In Round 2, after analysing the answers to the open-ended questions included in the questionnaire used in Round 1, predefined answers were formulated for those open-ended questions used in the first round of the Rapid Assessment. Because the data collection tool was modified after Round 1, it is not possible to compare the findings of the two Rapid Assessment rounds for the questions related to the barriers preventing service provision and to the proposed measures. These limitations will be addressed in rounds 3 and 4 by using the same questionnaire, which will allow to make comparisons and analyse any changes that may occur in time.

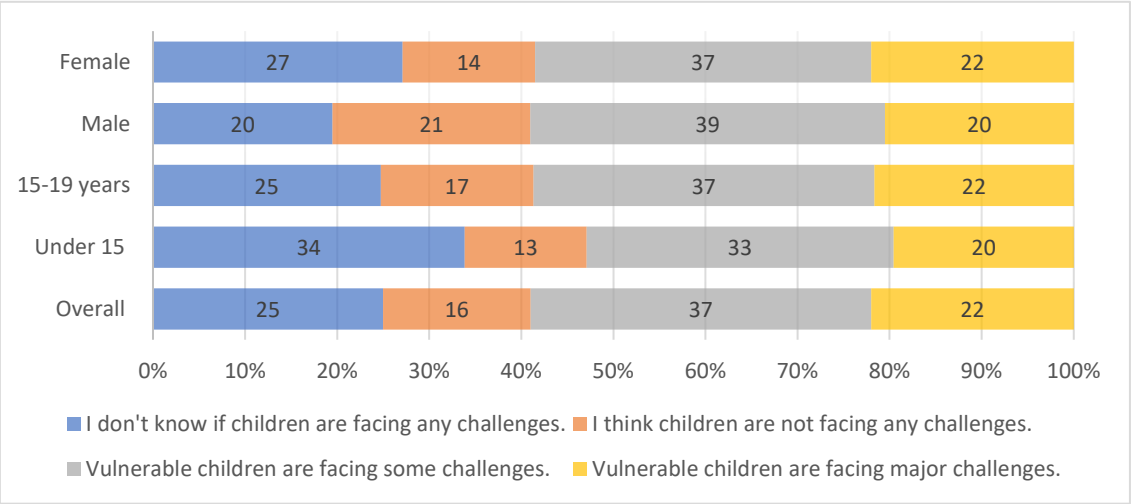
FINDINGS OF THE U-REPORT SURVEY

The U-Report online survey[11] targeted, in particular, children under 15 years old and adolescents aged 15 to 19 years and it aimed to assess their situation in the context of the COVID-19 pandemic. Respondents from all the counties and from the Municipality of Bucharest responded to the online questionnaire, in variable numbers. The largest number of respondents came from Suceava County (656), Timiș County (146), Iași County (130), Bucharest (84), Bacău County (71), Dâmbovița County (62) and Sibiu County (61). Out of the 10,339 U-Reporters, 2,230 completed the questionnaire (availability sampling, response rate: 22%), with 71% female respondents and 29% male respondents. As far as age is concerned, 11% of respondents were under 15 years old, 85% were between 15 and 19 years old, 2% were aged 20-24 years and 1% of them were over 35.

Thirty-seven percent of survey respondents believe that children from their communities are facing “some challenges” in the context of the COVID-19 pandemic, while 22% of them think that they have to deal with “major” challenges. At the same time, 16% of respondents believe that there are no challenges for children in their community and 25% of them do not know if there are any challenges. The answers do not vary significantly based on respondents’ gender or age (Figure 1). The only thing worth mentioning is that respondents under 15 tend to be less aware of such challenges.

[11] https://romania.ureport.in/opinion/1680/

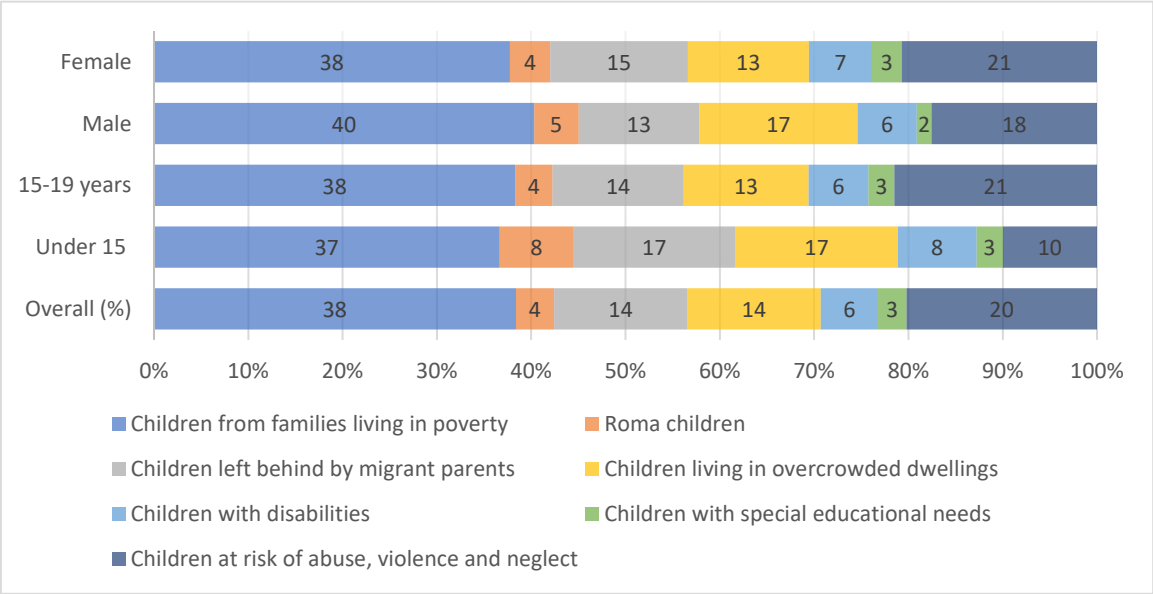
Figure 1. What do you know about the challenges children in your community are facing in the context of the COVID-19 pandemic?



Source: U-Report Romania Survey, UNICEF, 2020

Among the most affected vulnerable groups in their communities, 38% of the respondents mentioned children living in poverty, 20% – children at risk of violence, abuse or neglect, 14% indicated children living in overcrowded dwellings and 14% – children left behind by migrant parents (Figure 2). While respondents' answers show minor variations by gender, there are differences by age. Thus, children under 15 identify to a greater extent children living in overcrowded dwellings and children left behind by migrant parents as vulnerable groups affected by the COVID-19 pandemic in their communities, compared to those aged 15-19 years who indicate in a higher weight children at risk of violence and neglect as vulnerable groups.

Figure 2. Which of the following vulnerable groups do you think are most affected by the COVID-19 pandemic in your community?

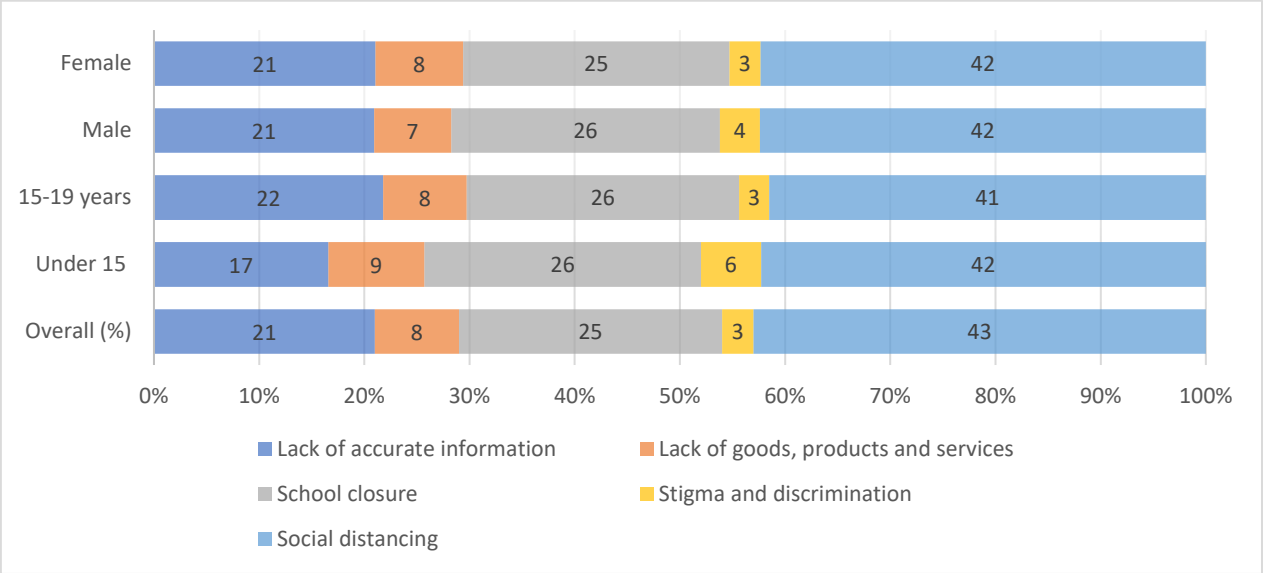


Source: U-Report Romania Survey, UNICEF, 2020

The main personal problem indicated by respondents is social distancing, being mentioned by 43% of those who answered the questionnaire (Figure 3). The following two problems, in order of mentions, concern

school closure and lack of concrete information about the current situation. Practically, compliance with social distancing rules and schools closure, involving the limitation of students' social contacts, constitute the main obstacles these days for almost two thirds of the surveyed population. Only 8% of U-Report survey participants declared they had problems determined by the lack of goods or services. It should also be mentioned that data highlight a strong symmetry between the answers to this question, based on both gender and age, which means that there are no significant differences in respondents' perceptions.

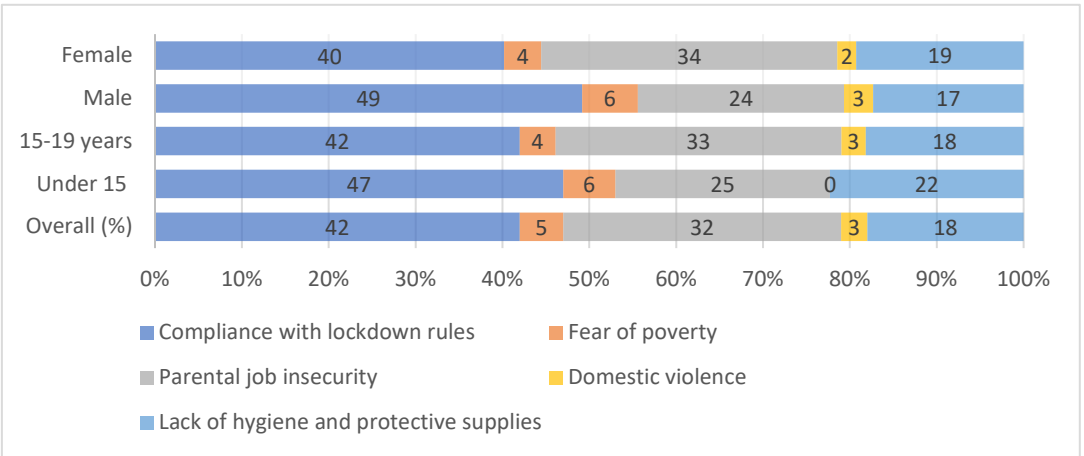
Figure 3. In the COVID-19 context, what is the main problem/difficulty for you (1)? (%)



Source: U-Report Romania Survey, UNICEF, 2020

Directly linked to the findings presented above, another major problem in the current context for 42% of the respondents is compliance with lockdown rules (Figure 4). Almost half of male respondents (49%) gave that answer, whereas the proportion was significantly lower among female subjects (40%). The following problem, in order of mentions, was parents' jobs insecurity (32% of the overall sample, with the following variations: 25% of children under 15, 33% of youth aged 15-19 years, 34% of girls and 24% of boys).

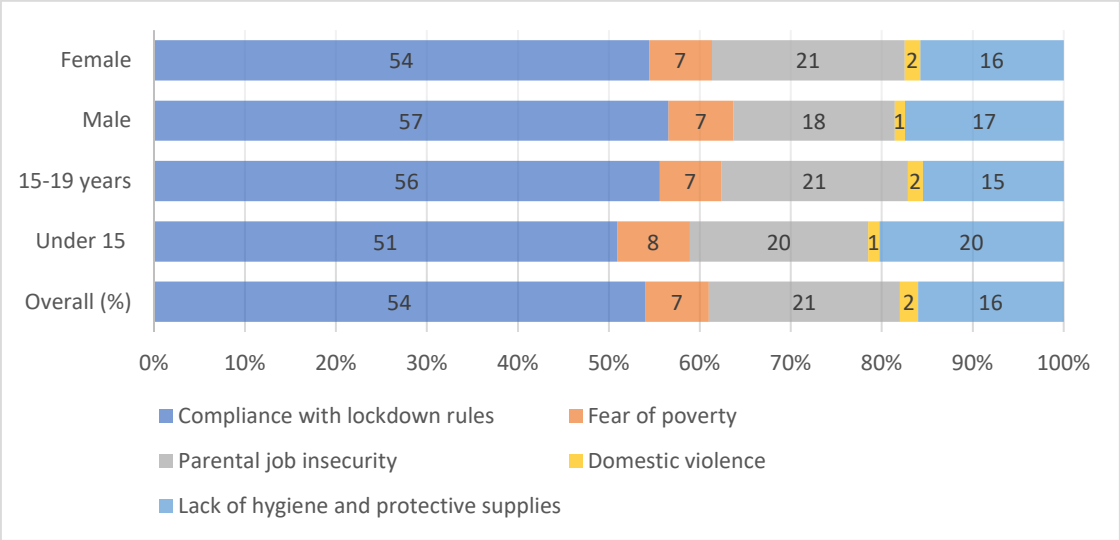
Figure 4. In the COVID-19 context, what is the main problem/difficulty for you (2)? (%)



Source: U-Report Romania Survey, UNICEF, 2020

Regarding the main problem/difficulty for the communities where the children and youth are living, more than half of respondents (54%) mentioned compliance with lockdown rules, 21% of them talked about parents' jobs insecurity and 16% indicated lack of hygiene and protective supplies. Fear of poverty was mentioned by only 8% of respondents (Figure 5).

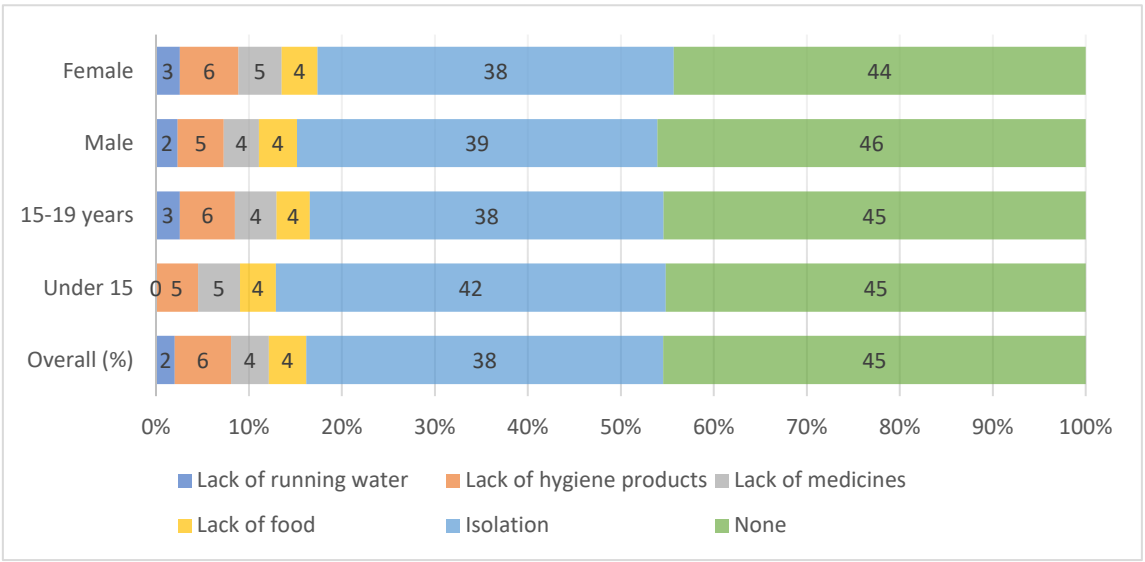
Figure 5. In the COVID-19 context, what do you think is the main problem/difficulty for your community? (%)



Source: U-Report Romania Survey, UNICEF, 2020

Access to products and goods does not seem to be a widespread problem among U-Report survey respondents: only around 16% of them mention such issues (6% bring up the lack of hygiene products, 4% – the lack of medicines, 4% – the lack of food and 2% – the lack of running water). A significant share of subjects (45%) declared that they either weren't facing any problems or that their problems had to do with isolation and distancing rules (38%), with no variations by gender and age (Figure 6).

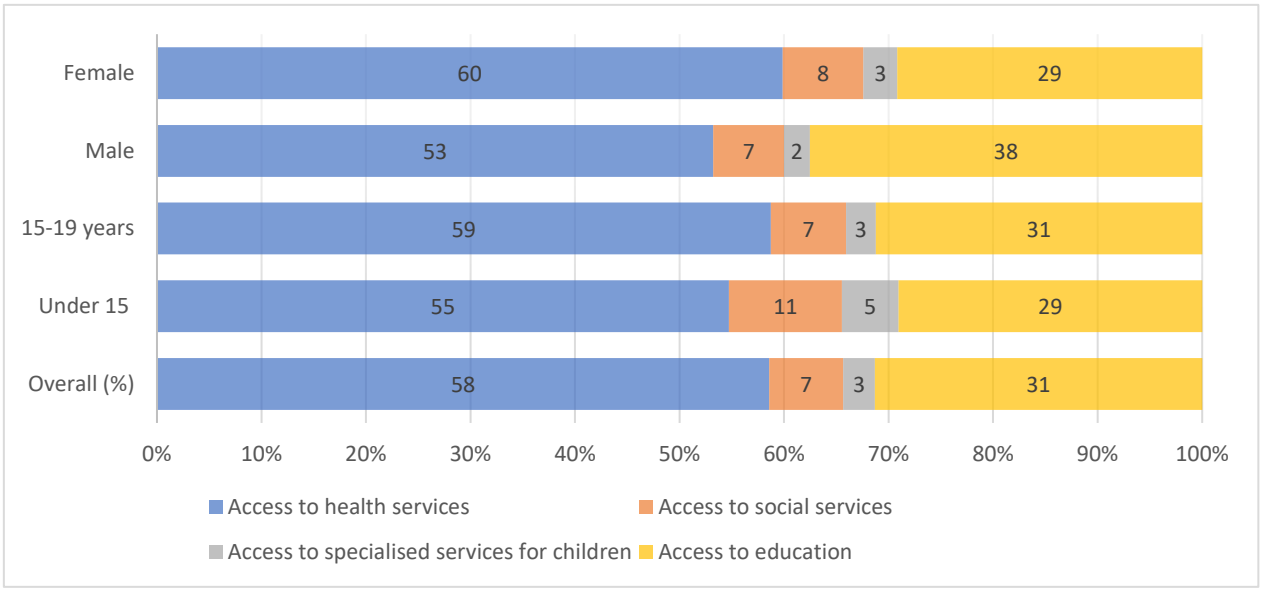
Figure 6. In the COVID-19 context, what is the greatest problem for you in terms of access to the goods and products you need? (%)



Source: U-Report Romania Survey, UNICEF, 2020

As concerns the access to services, the answer choices most often selected were those concerning access to health care services (58%) and access to education (31%).

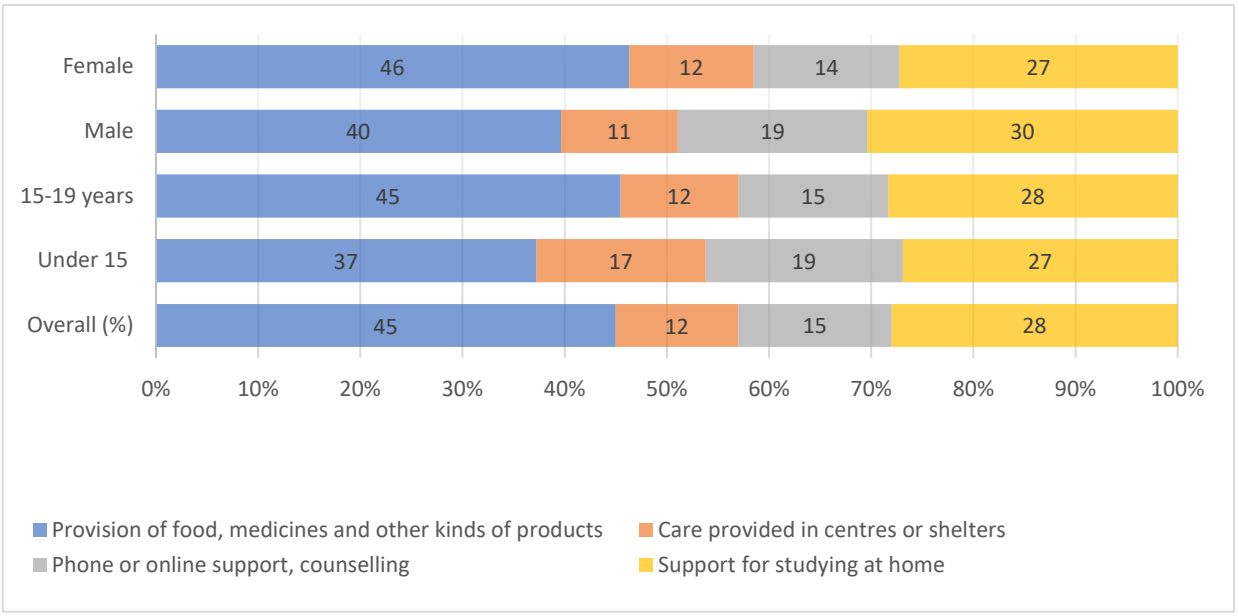
Figure 7. In the COVID-19 context, what is the main difficulty for you in terms of access to the services you need? (%)



Source: U-Report Romania Survey, UNICEF, 2020

According to U-Report respondents, the main types of support that should be offered to children separated from their isolated, quarantined or hospitalised parents are provision of food, medicines and other kinds of products (45% of answers) and support for studying at home (28% of answers) (Figure 8).

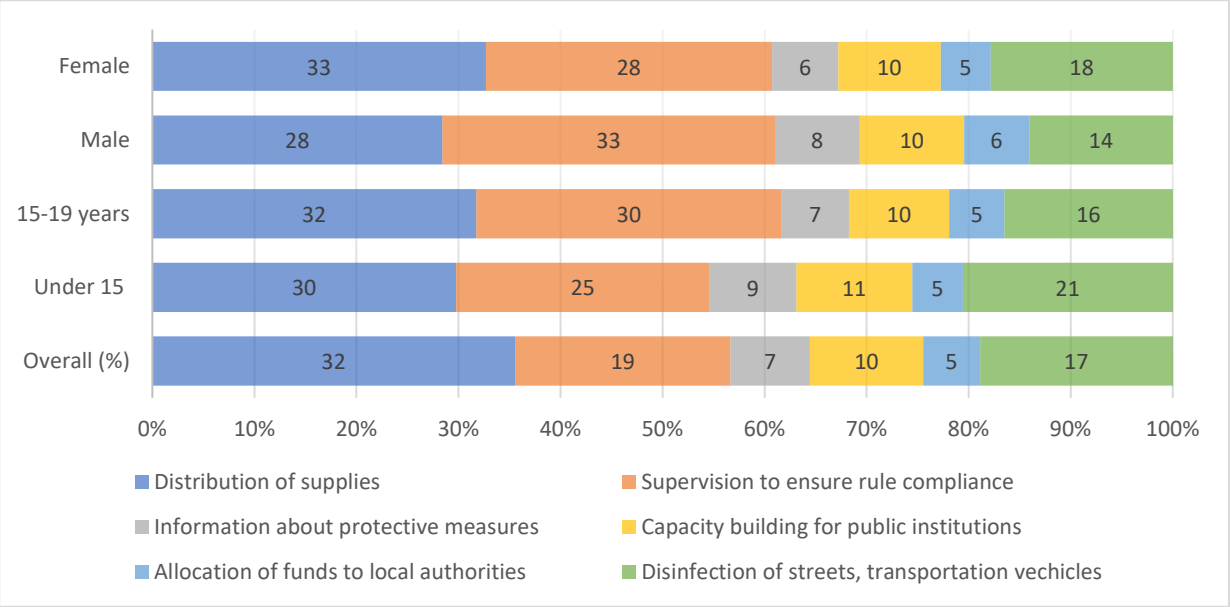
Figure 8. What do you think would be most helpful for those children in your community who are separated from their parents (whose parents are isolated, quarantined, ill or hospitalised)?



Source: U-Report Romania Survey, UNICEF, 2020

As for the measures needed to alleviate the existing problems of the communities, 32% of U-Report respondents considered distribution of supplies as most important, whereas 19% of them mentioned the need for supervision to ensure compliance with the rules and 17% thought that priority should be given to the disinfection of streets and public transportation vehicles (Figure 9).

Figure 9. What do you think is the most important measure that should be taken to address the problems of your community?



Source: U-Report Romania Survey, UNICEF, 2020

As regards the open-ended question asking the respondents to name other solutions or ideas they had for the protection of the most vulnerable children during the COVID-19 pandemic, the greatest number of the answers received marked the need to provide food and hygiene products (22%), the need to comply with lockdown rules (17%) and information about risks and protective measures in the current context (14%). Other answers that appeared more frequently were: providing support for Internet access (9%), developing technology-assisted learning (9%), material support – social benefits (8%), developing mechanisms to ensure support from the authorities (7%) and providing services in specialised centres (day care centres or residential care centres, in particular for children whose parents are quarantined or for homeless children) (7%).

FINDINGS OF THE RAPID ASSESSMENT – ROUND 2

IMPACTED VULNERABLE GROUPS

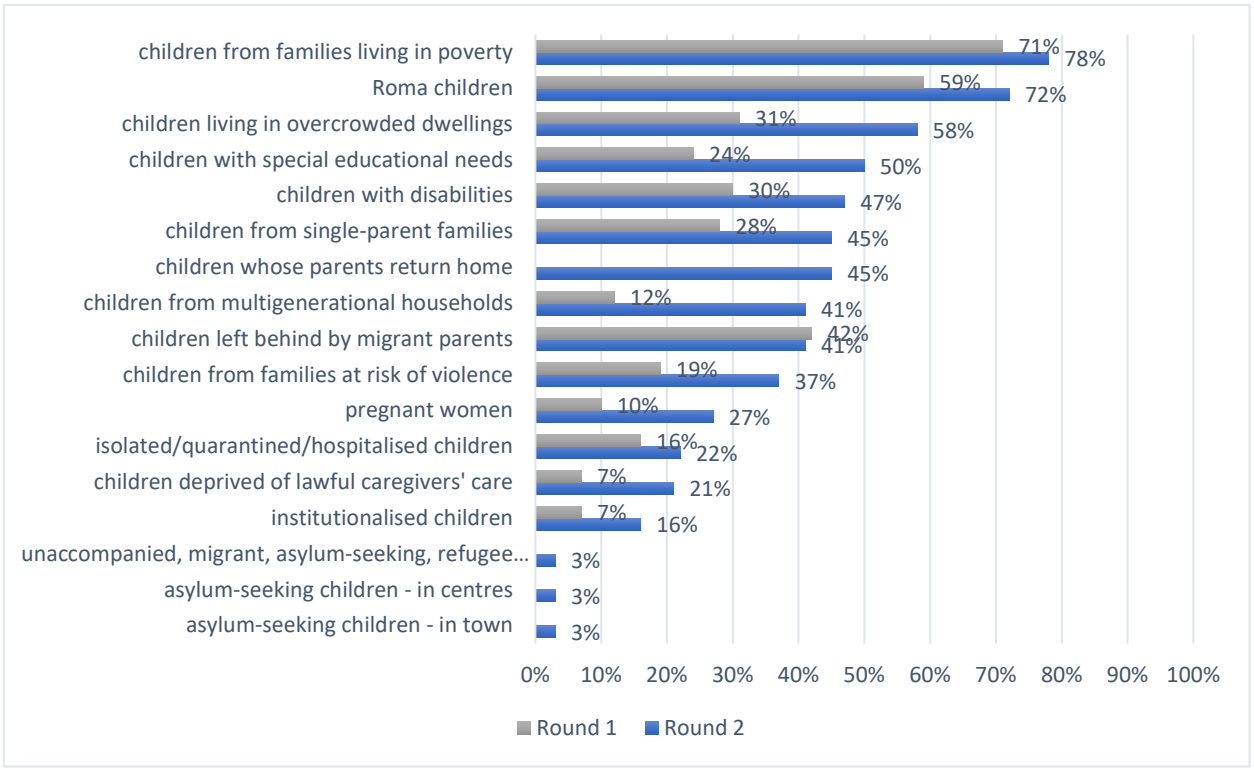
More than two thirds of the respondents to the online questionnaire during Round 2 of the Rapid Assessment said that the main vulnerable groups in the context of the COVID-19 pandemic were children from families living in poverty and Roma children, while almost half of them mentioned children living in overcrowded dwellings and those with special educational needs (Figure 10). In this round, respondents place children living in overcrowded dwellings third among the groups affected by the pandemic (58% of respondents). Housing was already problematic for these families before the pandemic, impacting

numerous aspects of children's lives, like their health, school performance, social life, and these impacts could be enhanced in the context of the current lockdown measures.

Over 40% of respondents think that the most affected groups in the current context are children with disabilities, children from single-parent families, children left behind by migrant parents or whose parents return home, including from COVID-19 high-risk countries, and children from multigenerational households. According to respondents, another group that is visibly impacted in the current context comprises children from families at risk of violence. If, in Round 1 of the Rapid Assessment, 19% of respondents included children from families at risk of violence among the groups affected by the pandemic, the data from Round 2 mark an almost twofold increase in the number of those who mention this group of children (37%). The current restrictions on movement and having to live with the aggressor for a longer period of time, correlated with difficult access to specialised services, counselling and support, can exacerbate the risks already affecting children who are victims of domestic violence.

For all the vulnerable groups included in the questionnaire, we can see an increase in the number of respondents that identified children in these groups as being affected by the current context, compared to Round 1 of the Rapid Assessment. This may be explained by the increasing problems faced by these groups due to the extended state of emergency and by a better identification of the needs of children and their families at community level.

Figure 10. Which of the following vulnerable groups do you think are most affected by the COVID-19 pandemic in your community/county/centre?



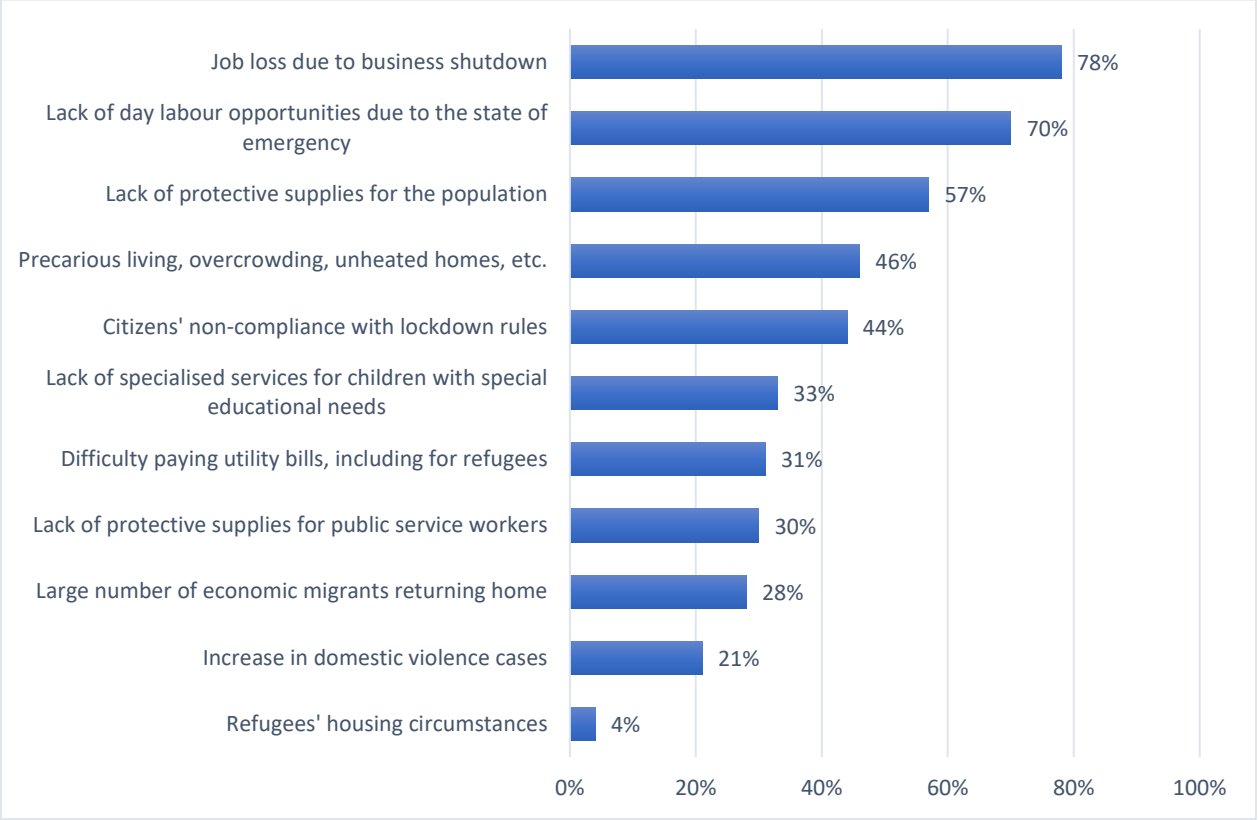
Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2
Notes: 1) Multiple choice question. Percentages add up to more than 100%. 2): The groups missing Round 1 data were added to the questionnaire in Round 2.

MAIN PROBLEMS AT COMMUNITY LEVEL

The main problems generated by the COVID-19 pandemic in the communities/counties/centres where the respondents from Round 2 of the Rapid Assessment work are associated with the strongly impacted economic context: job loss and lack of day labour opportunities. In a smaller proportion, respondents also mention the difficulty paying the bills for utilities as a problem encountered in the communities, although it is still too early to determine the scale of this phenomenon in correlation with the COVID-19 pandemic (Figure 11).

As for the problems that already existed before the pandemic and that are now affecting community members even harder, respondents mentioned precarious housing and domestic violence. To these adds a series of problems generated by the current situation and the protective measures required in this context: lack of protective supplies for community members and public service workers, lack of services for children with special educational needs and even non-compliance with lockdown rules.

Figure 11. Main problems affecting the community/county/centre



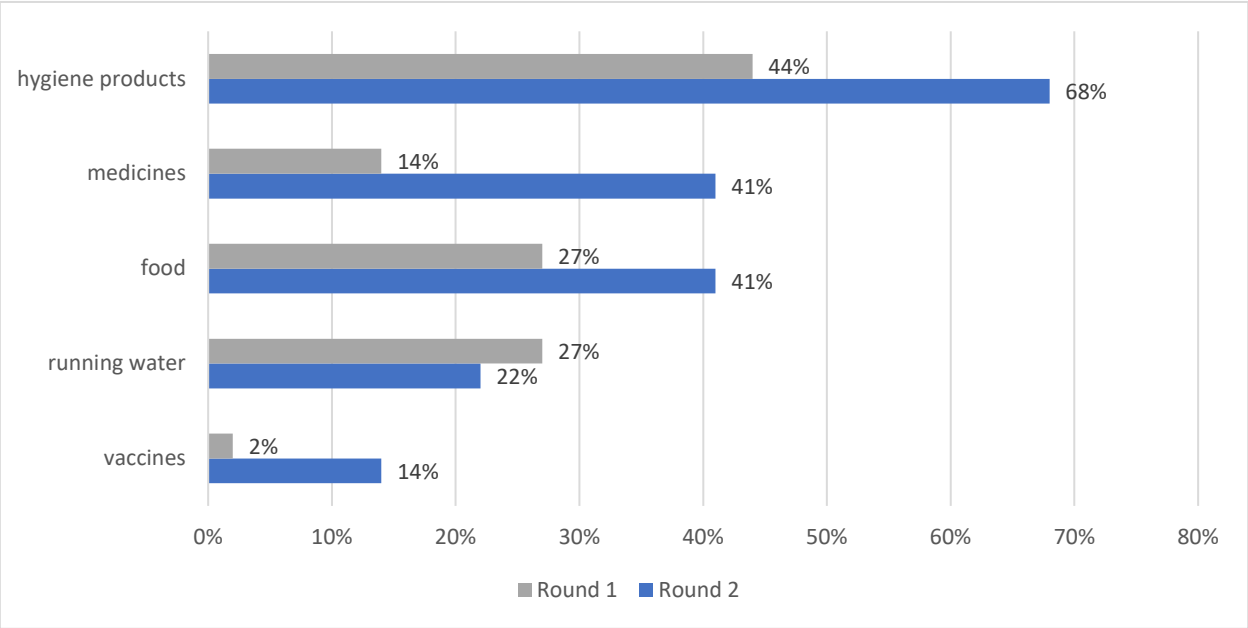
Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2
Notes: Multiple choice question. Percentages add up to more than 100%.

UTILITIES AND ACCESS TO BASIC PRODUCTS

Respondents indicated access to running water as one of the problems affecting the community where they worked (with a slight decrease from Round 1 of the Rapid Assessment), a problem which – though not caused by the COVID-19 pandemic – increases the risks to which vulnerable people are exposed now that hygiene measures are some of the most important precautions.

Compared to Round 1 of the Rapid Assessment, a higher number of respondents mentioned the provision of basic products as being problematic, with hygiene products ranking first, followed by food (Figure 12). Difficult access to certain products may be due, on the one hand, to shortages in stores (like with sanitisers, especially in the initial lockdown phase) and, on the other hand, to the lack of financial means to buy those products, as it happens with people living in poverty.

Figure 12. Access to basic products and utilities



Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2
Notes: Multiple choice question. Percentages add up to more than 100%.

Round 2 of the Rapid Assessment witnesses a major increase in the number of respondents pointing out the difficult access to medicines (41% versus 14% in Round 1) and vaccines (14% versus 2% in Round 1). Problematic access to vaccines is mostly correlated with the limitation of GPs activities and the significant reduction of direct contacts with the general practitioner under current circumstances.

HEALTH SERVICES

HEALTH SERVICES AFFECTED BY THE COVID-19 PANDEMIC

Almost half of the respondents said that the ongoing health crisis affected the provision of health services in the reference communities (Table 3). Thus, it can be noted a significant increase compared to the first round of the Rapid Assessment when approximately one third of the interviewed persons gave such answers. This development could be explained by the fact that the crisis continued, aggravating the problems related to healthcare access for various population groups and substantially impacting the disadvantaged groups from poor communities.

In Round 2 of the Rapid Assessment, 56 respondents (out of 120) said that the recent crisis affected the provision of health services in the communities. Forty of them are from urban areas and sixteen from rural areas. Their distribution by county is as follows: 27 are from Brașov, 17 from Bacău, 9 from Ilfov and 3 from Dolj. It should be pointed out the significant increase in the share of respondents from Brașov County

stating that access to healthcare was reduced. If, in the first research round, 18 respondents from Brașov answered that way, in the data collection for round 2, their number went up to 27 (out of 41 interviewees). The other counties see moderate developments: an increase by three in Ilfov, by 2 in Bacău and a constant number in Dolj.

Table 3. Do you think that the provision of health services has been affected in your community?

	Round 1	Round 2
Total percentage	34%	47%
Total number of cases	42	56
Number of cases in rural areas	10	16
Number of cases in urban areas	26	40
Number of cases in Bacău	15	17
Number of cases in Brașov	18	27
Number of cases in Ilfov	6	9
Number of cases in Dolj	3	3

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2

Obviously, the current crisis has impacted the provision of all types of health services. The study has revealed that the provision of three of them is strongly affected by the current context (Table 4). Thus, approximately one third of Rapid Assessment respondents identified visits to general practitioners, visits to specialist physicians and dental visits as being affected. Regarding the services provided by general practitioners and those delivered in hospitals and specialist outpatient clinics, the reduction of office working hours, more focus on online consultations and the limitation of certain specific activities are all part of the response strategy to contain the spread of the pandemic, but these adjustments strongly impact the access to such services. Furthermore, the shutdown of private dental practices also limits the access to specialised services. On the other hand, approximately 15% of subjects declared that, in the local communities, in-hospital medical interventions, abilitation/rehabilitation and recovery services or psychotherapy services were also affected. Hence, all types of health services tend to gather more answers highlighting negative impacts on the communities compared to the findings of the first round, which indicates that crisis implications have extended to larger and more diversified groups of population.

Table 4. Types of services affected by the COVID-19 pandemic

Types of services	Round 1	Round 2	Rural	Urban	Bacău	Brașov	Dolj	Ilfov
Visits to general practitioners	27	38	13	25	11	17	2	8
Visits to specialist physicians	13	42	8	34	16	19	0	7
Prenatal care	2	11	3	8	5	4	1	1
Immunisation services	4	11	5	6	5	2	0	4
Postnatal care	1	9	1	8	5	3	0	1
Rehabilitation services	4	19	4	15	10	7	0	2
Dental visits	1	40	11	29	16	16	1	7
Psychotherapy	1	19	1	18	9	8	0	2
In-hospital medical interventions	1	19	2	17	9	7	1	2
Medical services for children with disabilities	2	17	2	15	10	5	0	2
Emergency medical services	1	4	3	1	1	1	1	1

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2
Notes: Multiple choice question.

ACCESS BARRIERS TO HEALTH SERVICES

In Round 2 of the Rapid Assessment, the barriers to the provision of health services are complex and well-defined, highlighting notable changes in perceptions compared to the previous round (Table 5). Thus, almost 30% of respondents who participated in the study mentioned three major obstacles. These are: *difficult access to the services delivered by the general practitioner* (due to reduced office working hours and more focus on online services), *more difficult access to the specialised medical services provided in hospitals and specialist outpatient clinics as compared to the period before the pandemic* and *patients' fear of contracting the virus* (after interacting with the health system). At the same time, approximately 20% of those interviewed also mentioned as obstacles health workers' fear of contracting COVID-19, the difficult procurement of certain medication or the more difficult access to abilitation/rehabilitation services for children with disabilities. Lack of community health nurses and health mediators completes the list of barriers.

Considering the significant number of respondents indicating among the barriers the population's and health workers' fear of contracting COVID-19 during interactions in the health system, it is expected that people's reluctance will make some of them postpone accessing health services and wait for the general pandemic situation to improve.

Table 5. Barriers to the provision of health services (number of mentions)

Barriers	Round 2
Difficult access to the services delivered by the general practitioner (reduced hours, online and phone consultations, limited activities)	36
Limited access to the specialised medical services provided in hospitals and polyclinics	34
Difficult procurement of certain medication	21
Health workers' fear of contracting COVID-19	26
Patients' fear of contracting COVID-19 after interacting with the health system	34
Poor access to services for children with disabilities	20
Limited social and health services delivered by public and private centres	17
Disruption of immunisation services	10
Lack of community health nurses	17
Lack of health mediators for Roma communities	12

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2
Notes: Multiple choice question.

MEASURES FOR IMPROVING ACCESS TO HEALTH SERVICES

Regarding the measures identified by respondents for improving access to health services in the communities, various suggestions were made, indicating a wide range of possible actions (Table 6). Thus, *distributing masks and hygiene products to vulnerable children and families* is considered one of the top priorities. Also, *the safety of community health workers should be improved through the provision of adequate equipment*. As for the services delivered by the medical staff of GP offices, two types of measures are needed. *The working hours of community health workers need to be extended* since they were substantially cut at the onset of the pandemic and *the services assisted by online solutions (telemedicine)*

should be further developed as they do not yet fit the needs and actual circumstances of various population groups. Almost a quarter of study participants suggest *opening emergency dental centres* as a solution to the current problems, reflecting an urgent need. *A better involvement of health mediators and community health nurses*, where available, is another line of action that study participants frequently mentioned.

Table 6. Measures for improving access to health services

Measures	Round 2
Open emergency dental centres	26
Implement an out-of-hours GP care programme	27
Ensure better task division in the health system	22
Activate medical centres for major emergencies (non COVID-19)	20
Develop online counselling services	26
Develop online health services	25
Distribute adequate protective equipment to community health workers	30
Distribute masks and hygiene products to vulnerable children and families	34
Involve health mediators in the distribution of hygiene products and medicines, in the delivery of primary health care, in identifying the health issues of vulnerable families	22
Develop specific procedures for healthcare provision at community level during emergencies	20
Involve/hire community health nurses in/for the provision of primary health care during emergencies	20

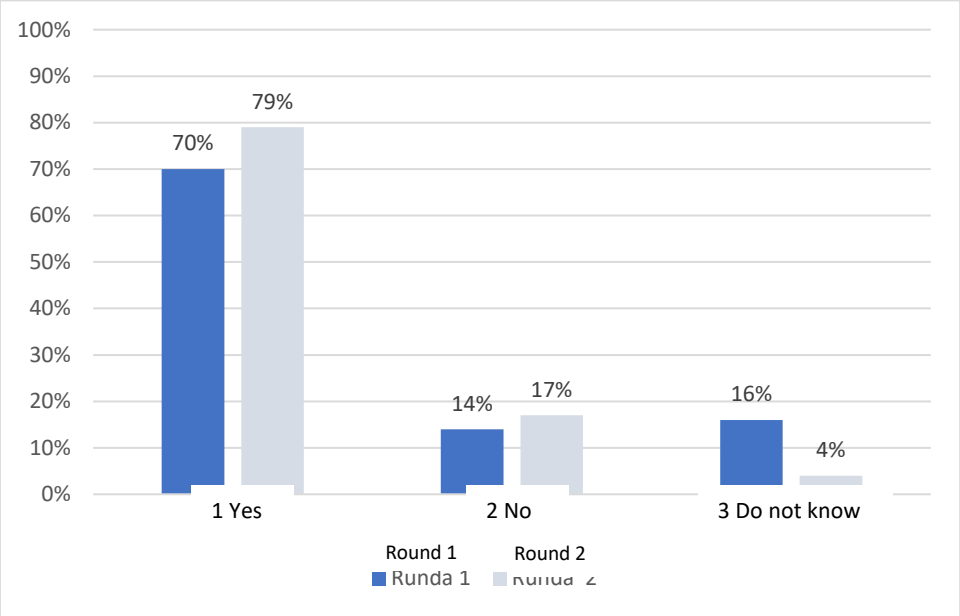
Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2
Notes: Multiple choice question.

EDUCATIONAL SERVICES

EDUCATIONAL SERVICES AFFECTED BY THE COVID-19 PANDEMIC

In Round 2 of the Rapid Assessment, just like in the first round, most respondents think that the current COVID-19 pandemic has affected educational services. Thus, 95 of the 120 respondents declare that educational services have been affected by the COVID-19 pandemic. Compared to the first round, it is to be noticed a slightly more generalised perception that service provision has been impacted. At the same time, a considerably lower proportion of respondents say they do not know whether the provision of education has been affected (4% in Round 2 versus 16% in Round 1). This change can indicate the fact that the impact on education has become more visible. The media have covered this topic in a more visible way, with a series of debates on school closure effects and the strategies adopted by the Ministry of Education and Research and non-governmental organisations to support technology-assisted learning.

Figure 13. Do you think that the provision of educational services has been affected in your community?



Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2
Note: Total number of valid answers N Round 2=120

Respondents are relatively unevenly distributed across the four counties based on their perception of the impact on the provision of educational services (Table 7). Compared to Round 1, when most of those who said they didn't know whether the educational services were affected came from Bacău (11), in Round 2, their number lowered, probably due to more visible changes produced in the education system between the two rounds of data collection. Most respondents who think that the COVID-19 pandemic has affected educational services come from urban areas, just like in Round 1 (when 75 respondents from urban areas and 46 respondents from rural areas made this statement).

Table 7. Impact of the COVID-19 pandemic on the provision of educational services, distribution of answers by county

	YES		NO		Do not know		Total	
	Round 1	Round 2	Round 1	Round 2	Round 1	Round 2	Round 1	Round 2
Brașov	30	37	4	3	4	1	38	41
Bacău	25	31	4	3	11	1	40	34
Ilfov	19	19	0	2	6	2	25	23
Dolj	9	8	9	12	0	1	18	21
Total	83	95	17	20	21	5	121	120

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2

Most respondents mentioned that the teaching process was the most affected (88% of respondents), followed by the opportunities to assess and evaluate students' school performance (74% of respondents) and support services for children with special educational needs (64% of respondents) (Table 8).

Table 8. Educational services affected by COVID-19

	Share of respondents mentioning the option
Teaching process	88%
Assessment/evaluation of students' school performance	74%
Educational and vocational evaluation and guidance	52%
Therapy for language disorders	42%
Support services for children with special educational needs	64%
School mediation	43%
Do not know	0%
Other	8%

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2
Notes: Multiple choice question. Percentages do not add up to 100%.

ACCESS BARRIERS TO EDUCATIONAL SERVICES

The main barriers to educational services, in the context of the COVID-19 pandemic, identified in Round 2 of the Rapid Assessment are – similar as in the first round – related to the socio-economic context of the families (Table 9). Hence, as reported in the previous round, a high proportion of respondents identify the limited access to IT equipment and to the Internet as the main barriers to the provision of education. Moreover, the lack of parental support for completion of school assignments comes up third in respondents' answers. In the context of the pandemic and school closure, parents' caregiving responsibilities are likely to have increased, which can explain their difficulty in managing children's remote education. Combined with the other barriers, like parents' and teachers' limited digital skills for remote education, we get a picture of multiple disadvantages which impact the delivery of education. As seen with the barriers identified in Round 1 of the Rapid Assessment, the responsibility lies with the parents, who are totally unprepared to manage the remote learning process. Compared to round 1 of the Rapid Assessment, parents' roles as participants in children's remote education become clearer in the second round.

Table 9. Access barriers to educational services

	Share of respondents mentioning the option
Children's limited access to connection devices (mobile phones, tablets, laptops)	84%
Children's limited access to the Internet	77%
Children's lack of support from parents/guardians/professional caregivers for completing school assignments	68%
Parents/guardians/professional caregivers limited digital skills for remote learning	54%
Children's limited digital skills for remote learning	53%
Uneven management and implementation of teaching activities	48%
Teachers' limited digital skills for remote teaching	43%
Teachers' limited access to educational materials adapted for remote/online learning	35%
Teachers' limited access to connection devices (mobile phones, tablets, laptops)	27%
Teachers' limited access to the Internet	25%
Involvement of children in household chores	19%
Limited access of children who are beneficiaries of international protection to Romanian language courses	9%
Children's lack of interest	2%
Do not know	2%

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2
Notes: Multiple choice question. Percentages do not add up to 100%.

Round 2 of the Rapid Assessment shows that another barrier identified by more than half of respondents (53%) is the uneven implementation of teaching activities which means, as reported by those interviewed, the lack of jointly agreed strategies at school level for managing the online teaching process, findings that are consistent with those identified in Round I. The involvement of children in household chores is brought up by 19% of respondents and it is an indication of precarious family context requiring their involvement in domestic chores to the detriment of education.

MEASURES FOR IMPROVING ACCESS TO EDUCATIONAL SERVICES

The solutions that the interviewed persons suggested for improving the impacted educational services include bridging the digital gaps that affect low-income families by facilitating Internet access and providing equipment and technology (Table 10). Respondents also stressed the need for programmes addressing the learning gaps accumulated during the pandemic (50 mentions).

Table 10. Measures for improving access to educational services

Measures	Round 2
Facilitate the purchase of devices/distribution of free devices and equipment to children from low-income families	**77**
Facilitate access to Internet services for low-income families	**74**
Local or national programmes and strategies addressing learning gaps	**50**
Organise training courses for parents on ICT use	48
Provide remote school counselling and guidance services (online/over the phone)	46
Build/develop teachers' digital skills and competencies	**46**
Facilitate teachers' access to devices for remote teaching and evaluation	**37**
Improve children's digital skills (a syllabus that incorporates more ICT-based courses and extracurricular activities)	**47**
Standardise strategies for the implementation of digital teaching and learning solutions	41
Facilitate teachers' access to Internet services	**28**
Facilitate access to remote/online educational and vocational evaluation and guidance	36
Increase support for school mediation (allocation of extra funding; planning alternative methods)	33
Develop adequate content for online schooling	54
Extend/delay the school year	20
English language courses for teachers	1
Increase parental support	2

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2

The measures recommended in Round 2 of the Rapid Assessment emphasise the need to prioritise programmes to address the learning gaps and the need for coordinated efforts from the Ministry of Education and Research, local authorities and NGOs to reduce inequalities in the access to education. As Round 2 data suggest (Table 10), respondents indicate as important – in approximately equal numbers – the need to improve the digital skills of children (47 mentions), parents/legal representatives (48 mentions) and teachers (46 mentions), which emphasize the need to address the skills of the three groups in an unitary manner with a view to reducing inequalities in education and ensuring quality remote education.

SOCIAL SERVICES AFFECTED BY THE COVID-19 PANDEMIC

In Round 2 of the Rapid Assessment, at least one third (45) of the 120 respondents said that the provision of social services (both for preventing children's separation from their families and special protection services for children that are temporarily or permanently separated from their families) in the county/community where they worked was affected by the COVID-19 pandemic, whereas 55 thought that the provision of social services was not affected and 20 didn't form an opinion on the matter (do not know/no response). Compared to Round 1, for a similar total number of respondents (120 in Round 2 and 121 in Round 1), the number of those who answered affirmatively increased by 4 and the number of those who gave negative answers grew from 42 to 55. Like in Round 1, the majority of respondents who believe that the provision of social services has been affected by the COVID-19 pandemic come from urban areas: 36 out of 45 in Round 2 and 29 out of 35 in Round 1 (Table 11).

Table 11. Do you think that the COVID-19 pandemic has affected the provision of social services in your community/county/centre? (By area of residence)

Category	Rural	Urban	DNK/NR	Total
Round 2 (N=120)				
Yes	9	36	0	45
No	29	26	0	55
DNK/NR	13	7	0	20
Total	51	69	0	120
Round 1 (N=121)				
Yes	6	29	6	41
No	23	19	0	42
DNK/NR	16	18	4	38
Total	45	66	10	121

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2

As for the distribution of answers to this question by county, in many aspects, it is similar to that from Round 1, with some differences: in Bacău County, although the total number of questionnaires applied has dropped from 40 to 35, the number of those who believe that provision of social services has been affected by the pandemic shows a slight increase, from 15 to 18.

Table 12. Do you think that the COVID-19 pandemic has affected the provision of social services in your community/county/centre? (By county)

Category	Bacău	Brașov	Dolj	Ilfov	Total
Round 2 (N=120)					
Yes	18	20	1	6	45
No	12	18	16	9	55
DNK/NR	5	3	4	8	20
Total	35	41	21	23	120
Round 1 (N=121)					
Yes	15	19	0	7	41
No	12	15	15	0	42
DNK/NR	13	4	3	18	38
Total	40	38	18	25	121

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2

Like in Round 1 of the Rapid Assessment, respondents believe that day care centres are the most affected services (35 mentions). In Round 2, this service is followed by abilitation/rehabilitation services for children with disabilities (28 mentions), mobile teams for children with disabilities (21 mentions), home care and home care services for children with disabilities (15 mentions each). The data presented in Table 13 show that, in this round, respondents indicated more types of services as being affected, with day centres care being followed by the larger category of services for children with disabilities and home care.

Table 13. Social services most affected by the current COVID-19 pandemic

Type of service (Round 2)	Mentions in Round 2	Type of service (Round 1)	Mentions in Round 1
Day care centre	35	Day care centre	15
Respite centre/crisis centre	6	Respite centre/crisis centre	1
Home care	15	Home care	11
Parent education	13	Parent education	2
Services for adolescents and youth	11	Services for adolescents and youth	4
Abilitation/rehabilitation services for children with disabilities	28	Abilitation/rehabilitation services for children with disabilities	6
Mobile teams for children with disabilities	21	Mobile teams for children with disabilities	2
Home care services for children with disabilities	15	Home care services for children with disabilities	5
Service/shelter for victims of violence	3		

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2

In the second round, 25 of the 120 interviewed persons think that special protection services have been affected by the pandemic, compared to 11 people in the first round. In both rounds, most of respondents come from urban areas (22 out of 25 in Round 2 and 11 out of 11 in Round 1). It is also seen an increase in the number of negative answers, in both rural and urban areas (overall, an increase from 52 to 66 answers), and a drop in the number of those who do not know or no do not answer (48 in Round 1, 29 in Round 2) (Table 14).

Table 14. Do you think that the COVID-19 pandemic has affected the provision of special protection services in your community/county/centre? (By area of residence)

Category	Rural	Urban	DNK/NR	Total
Round 2 (N=120)				
Yes	3	22	0	25
No	34	32	0	66
DNK/NR	14	15	0	29
Total	51	69	0	120
Round 1 (N=121)				
Yes	0	11	3	14
No	25	27	0	52
DNK/NR	20	28	7	45
Total	45	66	10	121

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2

Compared to Round 1 of the Rapid Assessment, in Round 2, respondents report more types of special protection services as being affected by the COVID-19 pandemic (Table 15). Day care and night shelters are mentioned 14 times in Round 2 compared to 6 times in Round 1, ranking first in both rounds. Emergency reception services are mentioned 14 times, comprehensive evaluation services – 13 times, mother and child centres – 12 times, other residential care services for children and adoption services – 10 times each.

Table 15. Types of special protection services affected

Type of service (Round 2)	Mentions in Round 2	Type of service (Round 1)	Mentions in Round 1
Emergency reception services	14	Urgent reception services	3
Day care and night shelters	14	Day and night shelters	6
Mother and child centres	12	Mother and child centres	2
Other residential care services for children	10	Other residential care services for children	1
Professional caregivers' services	5	Professional caregivers' services	1
Family placement services	8	Family placement services	3
Adoption services	10	Adoption services	2
Comprehensive evaluation services	13	Comprehensive evaluation services	1

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 1 & Round 2

ACCESS BARRIERS TO SOCIAL SERVICES

In Round 1 of the Rapid Assessment, service inaccessibility seemed to be the main barrier (23 mentions), which is also valid for Round 2 since the closure/reduced hours of certain social services (day care centres, recovery centres, etc.) is mentioned 28 times. In this round, respondents mention 24 times beneficiaries' inability to travel due to the restrictions imposed by the authorities (Table 16). Beneficiaries' poor access to remote communication technology came up 19 times, while their lack of digital skills was reported 16 times. Some of the predefined answer choices from Round 2 concern the limited capacity of the public sector, a code used to analyse the data from Round 1: insufficient outreach workers/social workers to cover the needs of the community/the number of beneficiaries (16 mentions), lack of resources for community visits conducted by social service employees and lack of protective equipment for the employees of social services aimed at preventing children's separation from their families (17 mentions each). Another barrier mentioned is the fear of contracting the virus felt by the employees of social services aimed at preventing children's separation from their families (21 mentions).

Table 16. Barriers to the provision of social services

Barriers	Number of mentions
Insufficient outreach workers/social workers to cover the needs of the community/the number of beneficiaries	16
Lack of resources for community visits conducted by social service employees	17
Lack of protective equipment for social service employees	17
Social service employees' fear of contracting the virus	21
Beneficiaries' inability to travel due to the restrictions imposed by the authorities	24
Social assistance employees' lack of digital resources for remote communication (Internet, tablets/laptops/PCs)	7

Beneficiaries' lack of digital skills for engaging in remote communication with social assistance employees and for accessing social benefits	16
Beneficiaries' poor access to remote communication technology (Internet, tablets, smartphones)	19
Closure/reduced hours of certain social services (day care centres, social canteens, etc.)	28
Incomplete needs analyses of vulnerable groups at community level	9
Lack of financial resources for the social services delivered by NGOs	10
Lack of cooperation between public institutions and NGOs for the delivery of social services	8

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2

The data collected in Round 2 of the Rapid Assessment show that the need to isolate the new beneficiaries entering the residential care system is considered a major barrier to the provision of special protection services (18 mentions) (Table 17). In Round 2, respondents also mentioned insufficient social workers/support staff for the number of beneficiaries (5 mentions) and lack of protective equipment for the employees of special protection services addressed to children temporarily or permanently separated from their families (11 mentions). The fear of contracting the virus felt by the employees of special protection services addressed to children temporarily or permanently separated from their families was mentioned by 14 respondents, while 10 respondents specified the lack of financial resources for the social services delivered by NGOs to provide special protection to children temporarily or permanently separated from their families and 8 of them spoke about the lack of cooperation between public institutions and NGOs for the delivery of social services.

Table 17. Barriers to the provision of special protection services

Barriers	Number of mentions
Insufficient social workers/support staff for the number of beneficiaries	5
Lack of protective equipment for the employees of special protection services	11
Need to isolate the new beneficiaries	18
Fear of contracting the virus felt by the employees of special protection services	14
Lack of financial resources for the services delivered by NGOs	10
Lack of cooperation between public institutions and NGOs for the delivery of social services	8
Poor organisation of emergency reception services	1
Increasing number of beneficiaries	1
Closure of certain services for the homeless	1

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2

MEASURES FOR IMPROVING ACCESS TO SOCIAL SERVICES

For improving access to social services, the measure that respondents mentioned most often in this second round of the Rapid Assessment is the provision of protective equipment to social service employees (25 mentions). Other measures proposed by respondents in Round 2 are: increasing the number of staff in social assistance services (SAD/PSSA) at community level (21 mentions), supplementing resources for community visits conducted by the employees of social services aimed at preventing children's separation from their families (15 mentions), training the staff of social services on how to use the new technologies for remote activities (17 mentions), providing the staff of social services with the technology required for remote activities (17 mentions). Assessing the social needs of each community (22 mentions),

supplementing social benefits (19 mentions), contracting services to the non-profit sector (16 mentions) and improving cooperation between local public authorities and NGOs (15 mentions) complete the list of most frequently indicated measures (Table 18).

Table 18. Measures to be taken to improve access to social services

Measures	Number of mentions
Assess the social needs of each community	22
Increase the number of staff in social assistance services at community level	21
Supplement resources for community visits conducted by social service employees	15
Lift restrictions and allow beneficiaries to access social services (day care centres, social canteens, etc.)	18
Train the staff on how to use the new technologies for the remote delivery of social services	17
Provide the staff with the technology required for the remote delivery of social services	17
Contracting services to the non-profit sector	16
Supplement social benefits	19
Provide protective equipment to social service employees	25
Improve cooperation between local public authorities and NGOs	15

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2

To improve access to special protection services for children that are temporarily or permanently separated from their families, the measures mentioned most frequently in the second round are: providing protective equipment to the employees of special protection services (14 mentions), establishing partnerships between local public authorities and NGOs (14 mentions) and providing public funding to the services delivered by NGOs (13 mentions) (Table 19). In Round 2 of the Rapid Assessment, 9 respondents saw increasing the staff of special protection services as a solution for making these services more efficient. This measure is linked to the provision of the equipment that the employees of special protection services need in order to perform their duties under optimal conditions.

Table 19. Measures to be taken to improve access to special protection services

Measures	Number of mentions
Increase the staff of special protection services	9
Provide protective equipment to the employees of special protection services	14
Establish partnerships between local public authorities and NGOs	14
Provide public funding to the services delivered by NGOs	13

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2

SERVICES FOR CHILDREN WHOSE PARENTS ARE ISOLATED, QUARANTINED OR HOSPITALISED

The exploratory approach adopted in the first round of the Rapid Assessment helped to identify the main types of services delivered in the communities for children with isolated, quarantined, ill or hospitalised parents. The vast majority of the respondents who completed the questionnaire in the second round highlight the fact that, in the communities where they work, the main service provided to these children is the delivery of food, hygiene products and medicines (Table 20). According to the respondents from Round 2, children whose parents are isolated, quarantined, ill or hospitalised also benefit from online or phone support services, online learning services and services delivered in centres or shelters.

Table 20. What services are available to children whose parents are isolated, quarantined, ill or hospitalised?

Types of services	Number of mentions
Provision of food, medicines and hygiene products	42
Services delivered in centres, shelters	15
Online/phone support services	32
Online learning services	17
Total	**106**

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2

ADDITIONAL MEASURES

The additional measures proposed by respondents as solutions to the problems of the community/county/centre where they work revolve around three main directions of action: (1) providing basic goods and medication to families in need; (2) supporting local authorities, on the one hand, by allocating funds from national level, capacity building and establishing partnerships between local stakeholders and, on the other hand, by providing protective equipment to the staff of local public authorities; (3) measures to address the risks associated with the COVID-19 pandemic, with three secondary directions of action: (a) informing vulnerable children and families about protective measures; (b) disinfecting public spaces (streets, public transportation vehicles); and (c) stricter monitoring of compliance with the rules imposed by the authorities (Table 21).

In line with the main problems identified in the communities, respondents place the provision of food, hygiene products and medicines on top among the measures that should be taken (74% of respondents). Given the extended state of emergency and, with it, the growing needs of community members, more significant (financial, human) resources need to be allocated to address the identified problems, resources that are not always available with local authorities. Thus, 62% of respondents think that government funds need to be disbursed to support local authorities and 41% see partnerships established between local stakeholders as a possible solution.

Table 21. What other measures should be taken to address the problems of the community/county/centre?

Measures	Number of mentions	Percent
Distribute hygiene products, food, medicines	84	74%
Allocate funds from national level to local authorities	69	62%
Stricter supervision to ensure rule compliance	60	54%
Inform vulnerable children and families about protective measures in the context of the COVID-19 pandemic	58	52%
Build the capacity of public institutions to deliver services	56	50%
Provide protective equipment to community workers, the staff of local public authorities	53	47%
Disinfect streets, public transportation vehicles	51	46%
Establish partnerships between local stakeholders	46	41%

Source: UNICEF database for the COVID-19 Rapid Assessment, Round 2

Notes: Multiple choice question. The number of mentions is greater than the total number of respondents (N=112).

Although brought up only by two respondents, it should be also mentioned the measures related to the economic component, strongly affected by the COVID-19 pandemic: support to small enterprises and job creation.

CONCLUSIONS

The Rapid Assessment is carried out in a period featuring a socio-economic context marked by phenomena (rising unemployment, technical unemployment based on a newly introduced scheme, reduction of business activities, social distancing, unequal access to healthcare and education, etc.) that are triggered by the restrictions introduced with the state of emergency declared to limit the spread of the virus. Given the restrictions on movement and the limitation of direct interpersonal contacts, some adjustments were made to the provision of the main public services (healthcare, educational services, social services), such as opting for the online or phone delivery of services, where possible, suspending all services involving group activities, limiting the delivery of non-essential services to the population in the current context or even introducing the workplace confinement requirement for the social service employees from the residential care system. The public policy measures adopted by the authorities while Round 2 was being conducted focused mainly on education, with a new obligation to organise technology-assisted learning activities. Under these circumstances, a set of measures was also developed to reduce inequalities in the access to education for children from vulnerable families, more precisely identifying students and teachers with no access to IT devices and to the Internet and ensuring that school units or local authorities provide them with the required devices.

The COVID-19 pandemic has determined an increase in the vulnerabilities of the persons at risk, as seen in the two rounds of the Rapid Assessment. With the reduction of business activities, an increasing number of people saw their earnings falling either after losing their jobs or due to the suspension of their employment contracts during the state of emergency or the inability to find day labour opportunities. On the other hand, restrictions on movement have heightened domestic violence risks for those where this risk was present before and the problems of those living in overcrowded dwellings have worsened.

CONCLUSIONS OF THE U-REPORT SURVEY

The young people who responded to the U-Report survey 'Situation of children in the context of the COVID-19 pandemic' think that in the current context:

- ✓ The most vulnerable children in their communities are those living in poverty (38% of respondents), at risk of violence, abuse or neglect (20% respondents), living in overcrowded dwellings (14% of respondents) and children left behind by migrant parents (14% of respondents).
- ✓ The main personal difficulties generated by the COVID-19 pandemic that respondents mentioned are social distancing (43% of respondents), compliance with lockdown rules (42% of respondents), parents' job insecurity (32% of respondents), school closure (25%), lack of accurate information (21%), lack of hygiene and protective supplies (18% of respondents).
- ✓ The main problems/difficulties generated by the COVID-19 pandemic in respondents' communities are identical to the personal ones: compliance with lockdown rules (54%), parents' job insecurity (21%) and lack of hygiene and protective supplies (16%).
- ✓ Difficult service access refers to access to health services (58%) and access to education (31%).
- ✓ The main types of support that should be offered to children separated from their isolated, quarantined or hospitalised parents are provision of food, medicines and other kinds of products (45% of answers) and support for studying at home (28% of answers).

- ✓ The measures needed to address the problems of the communities include the distribution of supplies (32% of respondents), the need for supervision to ensure rule compliance (19% of respondents) and the disinfection of streets and public transportation vehicles (17%). Other measures suggested are information about the risks and protective measures in the current context, support for Internet access, development of technology-assisted learning, support from the authorities (including material support) and provision of services in specialised centres (day care centres, residential care centres).

RAPID ASSESSMENT CONCLUSIONS

IMPACTED VULNERABLE GROUPS

- ✓ In the studied communities, the main groups affected by the COVID-19 pandemic are children from families living in poverty and Roma children, similar to Round 1 of the Rapid Assessment.
- ✓ In Round 2 of the Rapid Assessment, 58% of respondents include children living in overcrowded dwellings among the groups that are most affected by the current context.
- ✓ According to the respondents, another group impacted by the current context is the one of children from families at risk of violence, as the number of those mentioning this group almost doubled in Round 2 compared to Round 1 (37% in Round 2 versus 19% in Round 1).

MAIN PROBLEMS AT COMMUNITY LEVEL

- ✓ In the context of the COVID-19 pandemic, the main problems of the communities/counties/centres where respondents work are linked to the significant reduction of business activities: job loss, lack of day labour opportunities and – mentioned to a smaller extent, yet a consequence of the first two – difficulties in paying the utility bills.
- ✓ Other problems pointed out by the respondents during both rounds of the Rapid Assessment are generated by the current epidemiological context: lack of protective supplies for community workers, local public administration employees and the population or community members' non-compliance with lockdown rules.
- ✓ Respondents also include precarious housing (e.g. overcrowding) and the increase in domestic violence cases among the problems encountered in the community/county where they work.

UTILITIES AND ACCESS TO BASIC PRODUCTS

- ✓ Respondents indicated access to running water as one of the problems affecting the community/county/centre where they worked (with a slight decrease from Round 1 of the Rapid Assessment). While not caused by the COVID-19 pandemic, this problem can increase the risks to which vulnerable people are exposed now that hygiene measures are among the most important precautions.
- ✓ Compared to Round 1 of the Rapid Assessment, a larger number of respondents mentioned the provision of basic products as being problematic, with hygiene products ranking first, followed by food.

- ✓ Round 2 of the Rapid Assessment witnesses a major increase in the number of respondents pointing out the difficult access to medicines (41% versus 14% in Round 1) and vaccines (14% versus 2% in Round 1). Problematic access to vaccines is mostly correlated with the limitation of GP activities and the significant reduction of direct contacts with the general practitioner under current circumstances.

HEALTH SERVICES

The second round of the Rapid Assessment shows an increase to almost 50% increase of the number of respondents who believe that the COVID-19 pandemic has affected the provision of health services in the studied communities compared to the situation presented based on the data collected in round 1 (one third of respondents provided such answers).

- ✓ The most impacted types of services remain those delivered by general practitioners, the specialised services provided in hospitals and specialist outpatient clinics, and dental services (with one third of respondents pointing out problems in this area).

- ✓ The main barriers identified to service provision at community level remain the difficult access to the services delivered by general practitioners, hospital physicians and specialist outpatient care (caused by the adjustments in activities and working hours following the need to limit the spread of the virus). To these obstacles are to be added a new type of barriers, namely patients' and health workers' fears related to the risk of infection posed by direct interactions during medical procedures.

- ✓ The measures suggested by respondents to improve the provision of health services include the distribution of protective equipment and medicines in disadvantaged areas, provision of protective equipment to health workers who have direct contact with the patients (for the safe delivery of health services in the communities), a better involvement of health mediators and community health nurses and the further development of online health services.

EDUCATIONAL SERVICES

- ✓ Compared to Round 1 of the Rapid Assessment, Round 2 sees a growing perception that the provision of educational services has been affected.

- ✓ The main educational services affected in the context of school closure and remote education are the teaching, assessment and evaluation of students' school performance.

- ✓ Children's limited access to IT devices and to the Internet is one of the main barriers to education, findings that are consistent with Round 1 of the Rapid Assessment. Furthermore, in Round 2, it becomes clearer that, in order to reach the remote learning objectives, it is important for children to get support from parents/guardians/professional caregivers. Parents' overloading with caregiving and domestic responsibilities during the pandemic has made their absence from children's education more visible.

- ✓ The poor digital skills of teachers, parents and children can deepen the inequalities in the access to educational content. In a social context where the use of such skills depends first and foremost on the access to technology and Internet and on the financial means available to purchase them, this

lack of multiple resources may turn into cumulative disadvantages impacting children's access to quality education.

SOCIAL SERVICES

- ✓ Restrictions on movement associated with the state of emergency lead to a more difficult access to social services aimed at preventing children's separation from their families. Employees' fear of contracting the virus associated with the lack of protective equipment is also a barrier to the provision of these services. Another frequently mentioned barrier refers to insufficient number of professionals in the services aimed at preventing children's separation from their families.
- ✓ The provision of social services aimed at preventing children's separation from their families is also made more difficult by beneficiaries' lack of skills and resources for their remote communication with social workers. Another problem mentioned is lack of cooperation between local public authorities and NGOs in solving the various problems caused by the COVID-19 pandemic.
- ✓ To optimise beneficiaries' access to social services, respondents frequently mention measures like the provision of protective equipment to employees and building the capacity of social services by increasing the number of staff, allocating resources for community visits, mapping social needs more adequately in the community.
- ✓ Increasing the number of staff and providing protective equipment are fundamental to special protection services as well. To these are added establishing partnerships between local public authorities and NGOs and allocating public funding to the services delivered by the latter.

RECOMMENDATIONS

Recommendations are formulated based on the answers received from the interviewed key informants (community workers, local authorities/relevant local stakeholders, county authorities, civil society representatives, representatives of residential care institutions) interviewed in Round 1 and Round 2 of the Rapid Assessment. Considering the barriers mentioned by respondents with respect to the provision of each type of service and the measures that should be taken to improve beneficiaries' safe access to services, a set of recommendations addressed to various institutional stakeholders was formulated for each type of service. These recommendations draw on the experiences of all the above-mentioned categories of respondents from the four counties where the Rapid Assessment was conducted.

HEALTH SERVICES

- ✓ According to the findings of the two rounds of the Rapid Assessment, support is needed to ensure that the staff of GP offices gets more involved in the local communities, by extending their working hours and community visits. To this end, 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, Public Health Directorates, LPAs).
- ✓ Where possible, involve more the networks of health mediators and community health nurses in providing phone support to people with serious health and social risks, identifying high-risk cases,

informing about possible solutions. In the post-crisis period, it would also be useful to extend the network of community health nurses with a view to delivering basic health services in the communities (Ministry of Health, County Council, Public Health Directorates, NGOs, UNICEF).

- ✓ Continued collaboration between the medical personnel, authorities and social workers to make sure that the specific needs of the population are better known (LPAs, Public Health Directorates, 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 specialist outpatient clinics. According to respondents, continued efforts are needed in the future to develop the online check-ups system for the services delivered by both general practitioners and health professionals from hospitals and specialist outpatient clinics (Ministry of Health, Public Health Directorates).
- ✓ Open emergency dental centres covering the whole country and addressing the entire population (Ministry of Health, Public Health Directorates).

EDUCATIONAL SERVICES

- ✓ Based on the findings of the two Rapid Assessment rounds, it is recommended that programmes are developed for the distribution of free IT equipment or for facilitating the purchase of equipment/technology at subsidised prices and access to the Internet for children from low-income families and for teachers (local public authorities, Ministry of Education and Research, Ministry of European Funds, UNICEF and other international organisations).
- ✓ Development of digital skills for technology-assisted education should also be addressed via measures targeted at teachers and parents for an easier use of learning platforms. To this end, parents and teachers training programmes focused on a better management of IT and online resources for remote learning and teaching should be developed to develop specific competencies. It is recommended that such training will be based on a mixed approach, combining separate training courses for the two groups with joint courses for parents and teachers to support the common efforts aimed at children's education (Ministry of Education and Research, school inspectorates, UNICEF and other international organisations).
- ✓ In order to strengthen children's digital skills, it is recommended that specific courses are developed and included in the schedule of (IT-based) extracurricular activities. The role of these courses is to consolidate the use of ICT (Ministry of Education and Research).
- ✓ In order to manage effectively an equitable access to technology-assisted education, online teaching plans should be implemented in a coordinated manner at national level. At the same time, educational resources should be developed for different levels of education in line with curricular requirements and made accessible to teachers (Ministry of Education and Research).
- ✓ Establish support networks of parents, children and teachers to support compensation of the existing inequalities in using the electronic devices in education (local authorities/county authorities and NGOs).

- ✓ Develop practice communities at local level, between the schools (local authorities/county authorities).

SOCIAL SERVICES

For the adequate provision of social and special protection services during the COVID-19 pandemic, the findings of Round 2 of the Rapid Assessment support the recommendations from Round 1 to increase the number of staff and provide employees with protective equipment, to build partnerships and inter-institutional cooperation, to take action for digitisation.

- ✓ Local and county authorities can contribute to build the capacity to deliver social services aimed at preventing children's separation from their families by increasing the number of staff, allocating resources for community visits and providing protective equipment to employees. This can be achieved by earmarking a larger budget for these services and building public-private partnerships. The actions of the authorities can be doubled by the efforts of NGOs/international organisations.
- ✓ Authorities at all levels (local, county, central levels) as well as NGOs and international organisations can develop campaigns/actions to adequately inform the staff involved in the delivery of social services about virus transmission. This measure, coupled with the provision of protective equipment, would contribute to a better delivery of these services. Information activities and recommendations for the staff involved in the delivery of social services aimed at preventing children's separation from their families are considered useful and necessary by community workers.
- ✓ Access to devices for the remote implementation of certain activities specific to the social services aimed at preventing children's separation from their families and related staff training will be necessary in the future. This specific type of investment requires special budgetary allocations, but the contribution of the non-governmental sector and international organisations is just as important as that of the authorities.
- ✓ To ensure a better coverage of the needs for social services identified in the communities, local/county/national authorities, NGOs and international organisations should cooperate much more efficiently. Establishing partnerships between local authorities and NGOs to better address the challenges posed by the emergency and providing public funding to the social services delivered by NGOs to solve the different problems caused by the COVID-19 pandemic are measures that need to be taken.

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-day isolation period.

REFERENCES

Eurostat Data Explorer, Individuals' level of digital skills, data available on 16.04.2020

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%AEnv%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 preventing the spread of the 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%AEn-scopul-prevenirii-r%C4%83sp%C3%A2ndirii-infect%C4%83rii-cu-coronavirus

MLSP (2020). Updates on suspended/terminated employment contracts as of 30 April 2020, Press briefing. http://mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/5910-situatia-contractelor-individuale-de-munca-suspendate-incetate,-la-data-de-30-aprilie-2020

MLSP (2020). Updates on suspended/terminated employment contracts as of 16 April 2020, Press briefing. http://mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/5889-situa%C8%9Bia-contractelor-individuale-de-munc%C4%83-suspendate-%C3%AEncetate,-la-data-de-16-aprilie-2020

MLSP (2020). Updates on suspended/terminated employment contracts as of 1 April 2020, Press release. http://mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/5855-2020-04-01-cp-cim-suspendate

NARPDCA (2020a). Methodological Order no. 6377/09.03.2020. http://andpdca.gov.ro/w/wp-content/uploads/2020/03/Dispozitie-metodologica.pdf

NARPDCA (2020 b). Methodological Order no. 6912/12.03.2020. http://andpdca.gov.ro/w/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/w/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/w/wp-content/uploads/2020/04/Recomandari-privind-aplicarea-prevederilor-OM-nr.-8.pdf

NARPDCA (2020 e). Updates on the spread of COVID-19 in residential social services addressed to vulnerable groups as of 10 April 2020. http://andpdca.gov.ro/w/situatia-raspandirii-covid-19-la-nivelul-serviciilor-sociale-rezidentiale-pentru-categorii-vulnerabile-10-aprilie-2020/

NARPDCA (2020 f). Recommendations for the application of Military Ordinance no. 8 of 9 April 2020. http://andpdca.gov.ro/w/wp-content/uploads/2020/04/Recomandari-privind-aplicarea-prevederilor-OM-nr.-8.pdf

NIS (2020). Press release. ILO Unemployment, monthly. Available online on 16.04.2020 https://insse.ro/cms/sites/default/files/com_presa/com_pdf/somaj_bim_feb20r.pdf

UNESCO (2020). Global Monitoring of School Closures caused by COVID-19, data available on 16.04.2020

ANNEXES

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 anonymised 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 grassroot projects in the selected communities and has direct contact with relevant informants.

3. **Ilfov County**; 3 communities: 1.) **Pantelimon**; 2.) **Mogosoaia**; 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 grassroot 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, hospitalised, left without care provider, children from families with migrant parents (returning to Romania), children at risk of abuse, neglect, exploitation and all other forms of violence, 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 with 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. U-REPORT QUESTIONNAIRE

Dear U-Reporters,

UNICEF in Romania and partners are conducting a study on the situation of vulnerable children and their families in the context of the COVID-19 pandemic. The study will inform the actions taken by UNICEF and other national stakeholders to mitigate the impact of the COVID-19 pandemic on vulnerable children and their families.

We would like to find out how things are in your community and ask you a few questions. Do you agree to answer these questions?

Yes / No

1. **What do you know about the challenges children in your community are facing in the context of the COVID-19 pandemic?**
   A. I don't know if children are facing any challenges.
   B. I think children are not facing any challenges.
   C. I think vulnerable children are facing some challenges.
   D. I think vulnerable children are facing major challenges.

2. **Which of the following vulnerable groups do you think are most affected by the COVID-19 pandemic in your community?**
   A. Children from families living in poverty
   B. Roma children
   C. Children left behind by migrant parents
   D. Children living in overcrowded dwellings
   E. Children with disabilities
   F. Children with special educational needs
   G. Children at risk of abuse, violence and neglect

3. **In the COVID-19 context, what is the main problem/difficulty for you?**
   A. Lack of accurate information
   B. Lack of basic goods, products and services
   C. School closure
   D. Stigma and discrimination
   E. Social distancing

4. **In the COVID-19 context, what is the main problem/difficulty for you?**
   A. Compliance with lockdown rules
   B. Fear of poverty and of losing your home
   C. Parental job insecurity
   D. Domestic violence
   E. Lack of hygiene and protective supplies (soap, masks, gloves, sanitisers)

5. **In the COVID-19 context, what do you think is the main problem/difficulty for your community?**
   A. Compliance with lockdown rules
   B. Fear of poverty and of losing one's home
   C. Citizens' job insecurity
   D. Domestic violence
   E. Lack of hygiene and protective supplies (soap, masks, gloves, sanitisers)

6. **In the COVID-19 context, what is the greatest problem for you in terms of access to the goods and products you need?**
    A. Lack of running water
    B. Lack of hygiene products
    C. Lack of medicines
    D. Lack of food
    E. Isolation
    F. None

7. **In the COVID-19 context, what is the main difficulty for you in terms of access to the services you need?**
    A. Access to health services (visits to general practitioners, specialist physicians, etc.)
    B. Access to social services (day centre, shelter for victims of violence, services for children with disabilities, etc.)
    C. Access to special services for children (shelters, foster care, etc.)
    D. Access to education (access to the Internet, mobile devices, online classes and adequate content for online schooling, etc.)

8. **What do you think would be most helpful for those children in your community who are separated from their parents (whose parents are isolated, quarantined, ill or hospitalised)?**
    A. Provision of food, medicines, hygiene products
    B. Being looked after in centres or shelters
    C. Getting support, counselling and advice over the phone or online
    D. Access to mobile devices and Internet connection to study at home

9. **What do you think is the most important measure that should be taken to address the problems of your community?**
    A. Distribute hygiene products, food, medicines to vulnerable children and families
    B. Stricter supervision to ensure rule compliance
    C. Inform vulnerable children and families about protective measures in the context of the COVID-19 pandemic
    D. Build the service delivery capacity of public institutions (online classes, provision of information/working materials)
    E. Allocate government funds to local authorities
    F. Disinfect streets, public transportation vehicles

10. **Please tell us what other solutions and ideas you have for the protection of the most vulnerable children during the COVID-19 pandemic.**
    Open response

Thank you very much for your answers! The information provided by you and other children across the country will help UNICEF and other national stakeholders implement more efficient actions to protect vulnerable children and their families from the impact of the COVID-19 pandemic.

ANNEX 3. QUESTIONNAIRE – RAPID ASSESSMENT, ROUND 2

The operator will introduce himself or herself (name, position, institution) and the study:

UNICEF Romania, in partnership with the Step by Step Centre for Education and Professional Development, Terre des hommes Romania, the Centre for Health Policies and Council of Institutionalized Youth is conducting a study on the situation of children (with a focus on vulnerable ones) and their families in the context of the COVID-19 pandemic, between 23 March and 31 May 2020. The study will inform the actions taken by UNICEF and other national stakeholders to mitigate the impact of the coronavirus pandemic on vulnerable children and their families.

The study is being carried out in 4 counties, more precisely in 3 communities from each of these counties. Your community has been selected to participate in the study given your previous collaboration with UNICEF or partners during different projects and the presence of vulnerable groups of children. We have your contact details from the databases created during the projects or from partner institutions in your community/county or from the websites of your institutions.

Your contribution to the study involves granting an interview that will take approximately 15-20 minutes. The interview will be repeated every 10 days to get a picture of the changes that have occurred in your community. The ethical principles of scientific research and applicable laws require seeking your consent to study participation.

Your participation is voluntary and you can agree or decline to participate. All participants have the right to withdraw at any point during the study, without giving any reason. All the information collected will be anonymous and strictly confidential.

Your collaboration is key to the success of our study and we would therefore be grateful if you agreed to participate.

When you complete the questionnaire, please follow the directions included below the questions, where applicable.

Do you agree to participate in the study?

1. Yes
2. No

Data collection round:

1. Round 2
2. Round 3
3. Round 4

OPERATOR DETAILS

A.1. Name: _____

A.2. Organisation:

1. UNICEF
2. STEP by STEP
3. Terre des hommes

4. Centre for Health Policies and Services
5. Council of Institutionalised Youth
6. Other. Please specify: _____

A. County:

1. Bacău
2. Brașov
3. Dolj
4. Ilfov
5. Timiș
6. Suceava
7. Bucharest
8. Other. Please specify: _____

B. Area of residence

1. Urban
2. Rural

C.1. Urban municipalities

1. Bacău
2. Brașov
3. București
4. Buhuși
5. Craiova
6. Moinești
7. Pantelimon
8. Săcele
9. Voluntari
10. Other _____

C.2. Rural municipalities

1. Budila
2. Corbasca
3. Coțofenii din Față
4. Goiești
5. Ștefănești de Jos
6. Vârtopu
7. Other _____

RESPONDENT DETAILS

1.1. Position-based category

2. Community workers (social worker, community health nurse, health mediator, school counsellor, school mediator)
3. Local stakeholders (mayor, SAD/PSSA manager – relevant for towns/cities, physician, school principal, teacher, priest, etc.)

4. County stakeholders (County Council, GDSACP, PHD, CSI, CCREA, etc.)
5. Civil society representatives (NGOs working with vulnerable groups in the county)
6. Representatives of residential care institutions (manager, social worker, educator)

1.2. Position _____

PROBLEMS AFFECTING THE COMMUNITY/COUNTY/CENTRE

2.1 Which of the following vulnerable groups do you think are most affected by the COVID-19 pandemic in your community/county/centre? Please refer only to children and their families.

The operator will select one or more groups based on the respondent's answers.

1. Roma children
2. Children with disabilities
3. Children with special educational needs
4. Children from families living in poverty
5. Children left behind by migrant parents
6. Children whose parents have returned home, including from COVID-19 high-risk countries
7. Children from multigenerational households
8. Children from single-parent families
9. Children from families at risk of violence
10. Pregnant women (including underage girls) and/or small children (under 1)
11. Isolated, quarantined or hospitalised children (COVID-19)
12. Children living in overcrowded dwellings (overcrowding means 2.5 persons/room)
13. Children deprived of care from their caregivers (parents, guardians) due to COVID-19
14. Institutionalised children
15. Children who are asylum seekers and beneficiaries of international protection (refugees/subsidiary protection holders) living in town
16. Children who are asylum seekers and beneficiaries of international protection (refugees/subsidiary protection holders) living in the accommodation centres run by the Ministry of Interior
17. Unaccompanied migrant, asylum-seeking or refugee children
18. Other (please specify)

98. Do not know

2.2. In the context of the COVID-19 crisis, what are the problems affecting the community/county/centre where you work?

The operator will select one or more answers from the list.

1. Citizens' non-compliance with lockdown rules
2. Job loss due to business shutdown
3. Lack of work (day labour) opportunities due to the state of emergency
4. Large number of economic migrants returning home
5. Precarious housing (overcrowding, unheated homes, etc.)
6. Increase in domestic violence cases
7. Lack of specialised services for children with special educational needs
8. Lack of protective supplies (masks, gloves, sanitisers) for public service workers
9. Lack of protective supplies (masks, gloves, sanitisers) for the population
10. Refugees' housing circumstances (e.g. those who live in a rented place and risk being evacuated)
11. Difficulty in paying utility bills, including for refugees

12. Other. Please specify: _____

UTILITIES AND BASIC PRODUCTS AFFECTED

3.1. Could you please indicate the utilities and basic products whose accessibility has been affected by the COVID-19 context in your community/county/centre?

The operator will read the answer choices only if necessary. They will select one or more answers from the list.

1. Running water
2. Hygiene products
3. Medicines
4. Food
5. Vaccines
6. None
7. Other. Please specify: _____

HEALTH SERVICES AFFECTED

4.1 Do you think that the COVID-19 pandemic has affected the provision of health services in your community/county/centre?

The operator will select only one answer.

1. Yes
2. No

98. Do not know

4.2. If yes, please indicate the health services most affected in the context of the current COVID-19 pandemic.

The operator will select one or more answers from the list.

1. Visits to general practitioners
2. Visits to specialist physicians
3. Prenatal care
4. Immunisation services
5. Postnatal care
6. Rehabilitation services
7. Dental visits
8. Psychotherapy
9. In-hospital medical interventions/hospitalisations
10. Medical services for children with disabilities
11. Emergency medical services
12. Other. Please specify: _____

98. Do not know

Barriers to each health service selected

4.3. What are the reasons why the previously mentioned services have been affected?

The operator will select one or more answers from the list.

1. Closure of dental practices

2. Difficult access to the services delivered by the general practitioner (reduced working hours, online and phone consultations, limited activities, etc.)
3. Difficult procurement of certain medication
4. Limited access to the specialised medical services provided in hospitals, polyclinics
5. Health workers' fear of contracting COVID-19
6. Patients' fear of contracting COVID-19
7. Poor access to services for children with (physical and intellectual) disabilities
8. Limited social and health services delivered by GDSACP and NGO centres
9. Disruption of immunisation services
10. Lack of community health nurses
11. Lack of health mediators for Roma communities
12. Other. Please specify: _____
98. Do not know

4.4. What measures should be taken to address the problems you have indicated with respect to the provision of health services in your community/county/centre?

The operator will select one or more answers from the list.

1. Open emergency dental centres
2. Implement an out-of-hours GP care programme
3. Ensure better task division in the health system
4. Activate centres for major emergencies
5. Develop online counselling services
6. Develop online health services
7. Distribute masks and medical equipment to community health workers
8. Ensure that community health workers (general practitioner, nurse, community health nurse) and local authorities distribute masks and hygiene products to vulnerable children and families
9. Involve health mediators in the distribution of hygiene products and medicines, in the delivery of primary health care, in identifying the health issues of vulnerable children and families
10. Develop specific procedures for healthcare provision at community level during emergencies
11. Involve/hire community health nurses in/for the provision of primary health care during emergencies
12. Other. Please specify: _____
98. Do not know

SOCIAL SERVICES AFFECTED

5.1 Do you think that the COVID-19 pandemic has affected the provision of social services in your community/county/centre?

The operator will select only one answer.

1. Yes
2. No
98. Do not know

5.2 If yes, please indicate the social services most affected in the context of the current COVID-19 pandemic.

The operator will select one or more answers from the list.

1. Day care centre (information, counselling, after-school programmes, etc.)
2. Respite centre/crisis centre
3. Service/shelter for victims of violence
4. Home care services
5. Parent education services
6. Services for adolescents and youth
7. Abilitation/rehabilitation services (incl. physical therapy, speech therapy, other) for children with disabilities
8. Mobile teams for children with disabilities
9. Home care services for children with disabilities
10. Other. Please specify: _____

98. Do not know

Barriers to each social service selected

5.3. What are the main reasons why the previously mentioned social services have been affected?

The operator will select one or more answers from the list.

1. Insufficient outreach workers/social workers to cover the needs of the community/the number of beneficiaries
2. Lack of resources for community visits conducted by social service employees
3. Lack of protective equipment for social service employees
4. Social service employees' fear of contracting the virus
5. Beneficiaries' inability to travel due to the restrictions imposed by the authorities
6. Social assistance employees' lack of digital resources for remote communication (Internet, tablets/laptops/PCs)
7. Beneficiaries' lack of digital skills for engaging in remote communication with social assistance employees and for accessing social benefits
8. Beneficiaries' poor access to remote communication technology (Internet, tablets, smartphones)
9. Closure/reduced hours of certain social services (day centres, social canteens, etc.)
10. Partial assessment of needs/vulnerable groups at community level
11. Lack of financial resources for the social services delivered by NGOs
12. Lack of cooperation between public institutions and NGOs for the delivery of social services
13. Refugees' poor access to social benefits (e.g. rent assistance, utility bill assistance, GMI, child benefit, child-rearing allowance, refugee cash assistance, etc.)
14. Refugees' poor digital skills for accessing social benefits (e.g. rent assistance, utility bill assistance, GMI, child benefit, child-rearing allowance, refugee cash assistance, etc.)
15. Other. Please specify: _____

98. Do not know

5.4. What measures should be taken to address the problems you have indicated with respect to the provision of social services in your community/county/centre?

The operator will select one or more answers from the list.

1. Assess the social needs of each community
2. Increase the staff of social assistance services at community level

3. Supplement resources for community visits conducted by social service employees
4. Provide protective equipment to social service employees
5. Train the staff on how to use the new technologies for the remote delivery of social services
6. Provide the staff with the technology required for the remote delivery of social services
7. Supplement social benefits
8. Contract out services to the non-profit sector
9. Lift restrictions and allow beneficiaries to access social services (day centres, social canteens, etc.)
10. Improve cooperation between local public authorities and NGOs
11. Other. Please specify: _____

98. Do not know

SPECIAL PROTECTION SERVICES

6.1. Do you think that the COVID-19 pandemic has affected the provision of special protection services in your community/county/centre?

The operator will select only answer.

1. Yes
2. No

98. Do not know

6.2. If yes, please indicate the special protection services most affected in the context of the current COVID-19 pandemic.

The operator will select one or more answers from the list.

1. Emergency reception services
2. Day care and night shelters
3. Mother and child centres
4. Other residential services for children
5. Foster care services
6. Family placement services
7. Adoption services
8. Comprehensive evaluation services
9. Legal representation services for unaccompanied foreign children (migrants), refugee children and asylum-seeking children
10. Other. Please specify: _____

98. Do not know

Barriers to each special protection service selected

6.3. What are the main reasons why the previously mentioned special protection services have been affected?

The operator will select one or more answers from the list.

1. Insufficient number of social workers/support staff for the number of beneficiaries
2. Lack of protective equipment for the employees of special protection services
3. Fear of contracting the virus felt by the employees of special protection services
4. Need to isolate the new beneficiaries

5. Lack of financial resources for the services delivered by NGOs
6. Lack of cooperation between public institutions and NGOs for the delivery of social services
7. Other. Please specify: _____

98. Do not know

6.4. What measures should be taken to address the problems you have indicated with respect to the provision of special protection services in your community/county/centre?

The operator will select one or more answers from the list.

1. Increase the number of staff of special protection services
2. Provide protective equipment to the employees of special protection services
3. Establish partnerships between local public authorities and NGOs
4. Provide public funding to the services delivered by NGOs
5. Other. Please specify: _____

98. Do not know

EDUCATIONAL SERVICES AFFECTED

7.1 Do you think that the COVID-19 pandemic has affected the provision of educational services in your community/county/centre?

The operator will select only one answer.

1. Yes
2. No

98. Do not know

7.2 If yes, please indicate the educational services most affected in the context of the current COVID-19 pandemic.

The operator will select one or more answers from the list.

1. Teaching process
2. Assessment/evaluation of students' school performance
3. Educational and vocational evaluation and guidance
4. Therapy for language disorders
5. Support services for children with special educational needs
6. School mediation
7. Other. Please specify: _____

98. Do not know

Barriers to each educational service selected

7.3. What are the main reasons why the previously mentioned educational services have been affected?

The operator will select one or more answers from the list.

1. Children's limited access to the Internet
2. Teachers' limited access to the Internet
3. Children's limited access to connection devices (mobile phones, tablets, laptops)
4. Teachers' limited access to connection devices (mobile phones, tablets, laptops)
5. Teachers' limited access to educational materials adapted for remote/online learning

6. Limited access of children who are beneficiaries of international protection to Romanian language courses
7. Children's limited digital skills for remote learning
8. Teachers' limited digital skills for remote teaching
9. Parents/guardians/professional caregivers limited digital skills for remote learning
10. Children's lack of support from parents/guardians/professional caregivers for completing school assignments
11. Uneven management and implementation of teaching activities
12. Involvement of children in household chores
13. Other. Please specify: _____

98. Do not know

7.4. What measures should be taken to address the problems you have indicated with respect to the provision of educational services in your community/county/centre?

The operator will select one or more answers from the list.

1. Facilitate the purchase of devices/distribution of free devices and equipment to children from low-income families
2. Facilitate access to Internet services for low-income families
3. Local or national programmes and strategies addressing learning gaps
4. Organise parent training courses on ICT use
5. Provide remote school counselling and guidance services (online/over the phone)
6. Build/develop teachers' digital skills and competencies
7. Facilitate teachers' access to devices for remote teaching and evaluation
8. Improve children's digital skills (a syllabus that incorporates more ICT-based courses and extracurricular activities)
9. Standardise strategies for the implementation of digital teaching and learning solutions
10. Facilitate teachers' access to Internet services
11. Facilitate access to remote/online educational and vocational evaluation and guidance
12. Increase support for school mediation (allocation of extra funding; planning alternative methods)
13. Develop adequate content for online schooling
14. Extend/delay the school year
15. Other. Please specify: _____

98. Do not know

OTHER SERVICES AND MEASURES

8.1. Please indicate the services available to children separated from their parents (whose parents are isolated, quarantined, ill or hospitalised) in your community/county/centre.

The operator will select one or more answers from the list. They will read the answer choices only if necessary.

1. Provision of food, medicines, hygiene products
2. Services delivered in centres, shelters
3. Online/phone support services
4. Online learning services
5. Other. Please specify: _____

98. Do not know

8.2. What other measures (besides those already mentioned) do you think should be taken to address the problems of your community/county/centre?

The operator will select one or more answers from the list.

1. Distribute hygiene products, food, medicines to vulnerable children and families
2. Stricter supervision to ensure rule compliance
3. Inform vulnerable children and families about protective measures in the context of the COVID-19 pandemic
4. Build the service delivery capacity of public institutions (online classes, provision of information/working materials)
5. Provide protective equipment to community workers, the staff of local public authorities
6. Allocate government funds to local authorities
7. Disinfect streets, public transportation vehicles
8. Establish partnerships between local stakeholders
9. Other. Please specify: _____

98. Do not know

RESPONDENT'S PERSONAL DETAILS

9.1 What is your surname and first name?

_____

Operator, you can fill out this section alone or you can ask the respondent to give you the information.

9.2 What is your phone number? _____

9.3. What is your e-mail address? _____

FOR THE OPERATOR

10.1. For the operator: Do you think the respondent has answered truthfully?

1. Yes
2. No

10.2. For the operator: If you have general comments about the interview, please write them down below. It can be anything you think the person analysing the data should know or would find useful.

_____