EXECUTIVE SUMMARY

In 2020, the whole world experienced a challenge without a precedent in recent history, caused by the health crisis due to the COVID-19 pandemic. Almost all levels of social functions suffered enormous and core changes. The most visible and immediate changes hit the healthcare system, but also the financial systems of all countries, as well as the lifestyle, education and work routines of all people.

The COVID-19 health crisis struck the most vulnerable groups to the greatest extent. Households with lower income and those that are socially deprived were endangered at many levels.

UNICEF and the Social Inclusion and Poverty Reduction Unit of the Government of Serbia (SIPRU) remain committed to exploring and implementing solutions that address difficulties faced by the most vulnerable groups of society as a result of the COVID-19 pandemic in the Republic of Serbia.

The key jointly identified priorities are related, but not limited to the:

- Need for targeted one-off social assistance for the most vulnerable households;
- Need for addressing the mental health of the overall population, particularly of youth;
- Need for ensuring optimal conditions for continued quality learning process, at schools and through distance modalities;
- Need for ensuring continuity of primary and/or specialized health service provision, particularly for vulnerable groups.

BACKGROUND

In 2020/21, UNICEF conducted a longitudinal survey of families with children in Serbia in 3 waves, with the aim to enable identification of: a) areas most severely struck by the pandemic and the prolonged crisis; and b) groups that have been most hit by the effects of the pandemic. It aimed to highlight areas that would require further attention in the recovery period.

SITUATION ANALYSIS

The findings of UNICEF’s Survey on the Socio-Economic Impact of COVID-19 on families with children show that the negative effects of the pandemic are significant and persistent. Across all observed parameters, the most negative effects of the pandemic in all three research waves were registered in households from Belgrade. South and East Serbia regions report economic difficulties to the highest degree.

Economic instability is most striking in the poorest households (those with the lowest total monthly income), which cannot cope with sudden financial expenses equivalent to approximately 100 EUR. In terms of changes in income, the following can be noticed: a) a drop in income in at least one wave of research is more often stated by households with the lowest total monthly income and those who cannot cope with sudden expenses; b) a drop in income in two research waves is most often reported by households with the lowest income; and c) an increase in income in the third wave is most often reported by households with the highest income.

Primary and/or specialized health services during at least one wave, were the most unavailable for the youngest children up to the age of 6 (21%), while they were slightly more available for older children (12% of children aged 7–12 and 11% of children aged 13–17 did not have access to the necessary healthcare institutions during at least one research wave).

Children’s access to healthcare services during the COVID-19 pandemic, in the last month and the last three months – comparison of waves; data in percentages

<table>
<thead>
<tr>
<th></th>
<th>Wave 1 (April 2020)</th>
<th>Wave 2 (July 2020)</th>
<th>Wave 3 (March 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>The question does not apply to us because the child has not required health services</td>
<td>45</td>
<td>67</td>
<td>77</td>
</tr>
</tbody>
</table>
COUNTERING THE COVID-19 PANDEMIC

SITUATION ANALYSIS – Cont.

Distance learning problems – comparison of the second and the third wave; data in percentages

What is the biggest problem for your child during distance learning? Base: Children aged 7–17 years who have studied using distance learning, n=713 for second wave (95% of population aged 7 to 17 years), n=699 for third wave (93% of population aged 7 to 17 years)

Mood (in this situation, learning was not his/her first priority) 21 19
Lack of work atmosphere at home 18 18
Technical problems with devices or the internet 14 11
High expectations and requirements from teachers 11 14
Inconsistency of teachers regarding scheduling online classes and… 9 14
Inability to organize his/her time 7 9
Lack of skills to use digital devices 2
Unavailability of the internet 1
Something else 6 12
There were no problems 14

The effects of the pandemic on children’s mental health were noticeable even when observed through the transition from one research wave to the next.

Mental well-being of children – comparison of second and third waves; data in percentages

In the past month has the child been faced with any of these difficulties? Has the child been faced with any of these difficulties in the last 3 months? – Answer YES;
Base: Households with children aged 0 to 17 years for two waves, n=986

Feeling of loneliness 20 21
Restlessness and anxiety 17 18
Nervousness and irritability 30 32
Difficulty focusing 22 29

The full UNICEF survey report lists longer list of detailed recommendations, UNICEF has together with SIPRU identified four important policy options that should be considered in the COVID-19 recovery period and are particularly important for families with children belonging to vulnerable groups:

1. Targeted one-off cash assistance for vulnerable groups of the population could be introduced to mitigate the impact of the COVID-19 pandemic on the reduced income and increased household costs of households living in poverty.

2. Ensure continuity of routine immunisation for children and regular preventive and curative health care for the entire population in prolonged crisis periods.

3. Ensure that children and pupils requiring an individualised approach to learning (IEP-1, IEP-2 and IEP-3) and children who are beneficiaries of social welfare services (drop-in, day care, respite care and safe house) are provided with appropriate online content, materials and work assignments.

4. Further enhance and monitor teacher’s competencies related to functioning in multiple learning environments and using modern ICT in managing the teaching process

5. Increase availability of specialized mental health services for adolescents and youth as well as the general population, including the introduction of tele-medicine.

REFERENCES