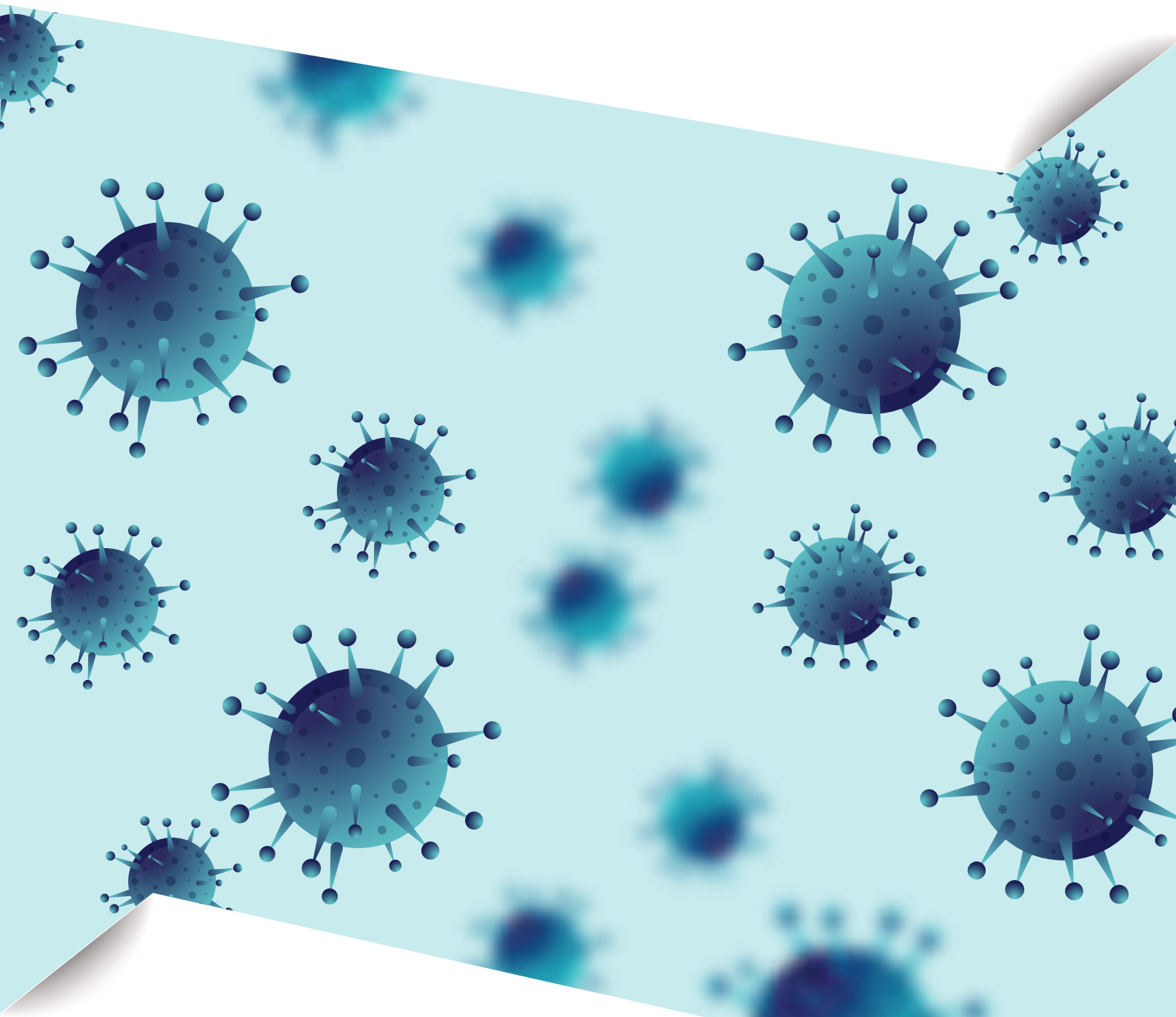


World Vision



Impact assessment of the **COVID-19** outbreak on wellbeing of children and families in **Albania**





Impact assessment of the COVID-19 outbreak on wellbeing of children and families in Albania

May 2020

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1. In alphabetic order.

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Executive Summary

This impact assessment aims to highlight the urgent, medium and long-term needs of families and children in Albania as a result of the Covid-19 pandemic in Albania. The assessment methodology has an exploratory approach that involved the collection of socio and economic data related to Albanian families during the lockdown period. Data were collected through the phone interview method from 28 April to 8 May 2020.

The survey gathered primarily quantitative data, not limiting the participant to express their opinions beyond the predefined options in the questions. The assessment included current operational areas where WVA works and additional locations, where projects are implemented in collaboration with other partner organizations. Overall, the sampling frame was composed of 1.199 households from 15 municipalities in Albania, mainly in rural areas and the majority of the sample consisted of females.

The following sectors were assessed during this process: health prevention knowledge regarding Covid-19, fulfilment of basic needs by interviewed families during the lockdown period, livelihood and employment before and during the pandemic and the wellbeing of families' in the time of Covid-19.

Key findings

Health prevention knowledge: The assessment reveals that all the participants (100%) have heard about the new coronavirus. The majority of participants are well-informed regarding the ways of transmission of Covid-19 as well as about the necessary prevention measures to limit the spread of the virus. The main source of information is television (98%) followed by internet (41%).

Basic needs: According to the extent that families fulfil basic needs, findings show that 75.5% of families do not fully meet food needs, 83.3% of them do not fully meet needs for disinfectants and face masks and 71.9% of families do not fully meet needs for necessary hygiene sets (shampoo, toothbrushes, feminine hygiene products, other personal care items) which are essential in the time of pandemic.

Livelihood and employment before and during the pandemic: Findings show that as the result of the pandemic, unemployment increased by 10%, full-time employment decreased by 9%. A decrease has been reported in occasional work by 14% and remittances by 8%. Forty-three percent of the participants who have agricultural land report that the situation created by COVID-19 has affected the sale of their agricultural products. The pandemic is expected to put further strains on family's finances and participants express concern about this issue. Around 68% of them report that the situation created by Covid-19 pandemic will affect their employment or self-employment.

Relationships in the family: The assessment findings reveal that during the pandemic 57.5% of parents report the frequent use of healthy parenting practices within their homes. During the Covid-19 time 48.6% of the participants report the presence of verbal abuse and 19.9% report the presence of physical abuse.

Education: Findings show that the majority of families (89%) included in the assessment reported that their children attended the online classes. The most used application during the pandemic for the learning process was WhatsApp (86.5%), followed by the Albanian Public TV (37%). 61% of participants believed that their children are at high risk from browsing the internet for long periods of time.

Mental health: About 35% of participants report high level anxiety symptoms experiences during the COVID-19 pandemic with female participants ($M = 9.32$) reporting higher levels of anxiety than males ($M = 8.41$).

Preferred solution by the communities: Participants were asked to express their opinion regarding the appropriate solutions to address the consequences of Covid-19 time during the pandemic and toward the future. Three most prevalent suggested solutions to address fulfilment of basic needs are Distribution of food packages (77.2%), Distribution of health and hygiene products (61.7%) and Distribution of technological equipment (49.3%). Amongst suggested solutions for overcoming the COVID-19 pandemic situation related to livelihoods and employment, 252 households or 52.4% reported the multipurpose cash as a solution in agriculture and livestock products. Whereas, according to the family relationships, participants has suggested as the most appropriate solution the support with materials that help to do activities with children by 59.6%. Related to education sector, especially home learning, participants rank as the first solution the support with technology equipment (764 HHs out of 1.117 or 68.4%). To address the mental health issues the psychosocial support is the first choice for the majority of the households (60.9%).

This assessment makes recommendations in four areas: social inclusion and protection, economic development, education and digitalization.

COVID-19 pandemic impact: A review of recent studies

The coronavirus outbreak, known as COVID-19, began in December 31, 2019 in Wuhan, China and quickly emerged to 212 countries and territories around the world and two international conveyances (Johns Hopkins University, 2020). With the coronavirus quickly spreading across the world, on March 12, 2020, the World Health Organisation (WHO) announced the COVID-19 a pandemic (WHO, 2020a) requiring countries to adopt appropriate measures.

As per May 7, 2020, WHO reported more than 3.6 million confirmed cases of COVID-19, including 251,446 deaths (WHO, 2020b). On 9 March 2020, Albania reported the first two COVID-19 cases (WHO, 2020c). As of May 8, 2020, 850 cases were confirmed in Albania with respectively 651 recovered and 31 deaths registered (Coronavirus Albania, 2020). The fatality rate in the country was at around 3.6% on May 8. Due to the testing approach adopted in Albania, the figures are indicative and not fully internationally comparable. The Albanian government declared national state of emergency until June 23, 2020 and implemented a number of measures enforcing isolation. These also included border closures, travel restrictions and lockdown procedures as well as a new set of monetary and fiscal policy measures (Decision of the Council of Ministers No.243 of 24 March 2020 “On the Declaration of Natural Disaster Situation”)².

Globally, concerns shifted over the weeks around the socio-economic impact of the situation, especially for low income and vulnerable groups. Early evidence indicated that the health and economic impacts of the virus were being borne disproportionately by poor people, increasing their risk for inequality, exclusion, discrimination and global unemployment in the medium and long term (UN DESA, 2020). It has been stated that the COVID-19 pandemic is bringing to a redefinition of vulnerable groups/categories depending on the country policy response (The Lancet, 2020a).

The objective of the assessment carried out by World Vision Albania is to identify effects of the COVID-19 situation into the children and families wellbeing in Albania. It focuses in particular in assessing the situation around health prevention behaviour, livelihoods, family relationships and violence, education, mental health and technology as a means to connection. The review presented here outlines the most recent and relevant research studies on the effects of disasters in these dimensions of life for children and their family members.

2. Normative Act No.3 of 15 March 2020 “On special administrative measures during the period of infection caused by COVID-19”, amended by Normative Act No.12 of 2 April 2020). All borders (air, sea, land) are closed until further notice. Only goods are allowed to pass through. <https://shendetesia.gov.al/wp-content/uploads/2020/03/VKM-nr.-243-date-24.3.2020.docx..pdf>

Statistics on Population in Albania

According to Institute of Statistics (INSTAT, 2020a) Albanian population on January 1, 2020 is 2,845,955 inhabitants with the median age of population 37.2 years old and sex ratio of the population 99.7 males for 100 females. Around 21% of population is under 18 years of age as per definition from the United Nations Convention on the Rights of the Child, or UNCRC - A child is any person under the age of 18). The reduction in family size has continued in the last decade between censuses up to an average of 3.9 members, which can be attributed to the decline in fertility, but also the reduction of families with several generations (INSTAT, 2014).

Related to household composition, the 2017-2018 Albania Demographic and Health Survey reports that 68% of women and 48% of men age 15-49 are married or living with a partner and that the majority of children under 18 (84%) live with both parents (INSTAT, 2018). Men head the majority of Albanian household (83%), while women head only 17%. Data reveal that 83% of Albanian households have access to improved source of drinking water and 96% use improved toilet facilities. Results from Household Budget Survey 2018 report that in 2018 the average monthly consumption expenditures of a household composed of 3.7 persons on average were 75,935 ALL where the largest expenses went for food and non-alcoholic beverages (42.4%).

Health prevention behaviour

In a pandemic, proper health knowledge and responsive behaviours among populations are of utmost importance. Latest observations during COVID-19 situation showed that poor health literacy among populations was being underestimated (Paakkari & Okan, 2020). Results suggested that good knowledge among populations regarding COVID-19 leads to positive attitudes and proper measures towards the disease (Zhong, et al., 2020).

According to the 2017-2018 Albania Demographic and Health Survey (ADHS), there are no data regarding the knowledge, practices and prevention of the population towards infectious diseases (INSTAT, 2018). No data were published either regarding the accessibility to information for the COVID-19 virus and the preferred channels for accessing information. Accessibility to information is of particular concern for people with disabilities. About 68% of people with disabilities reported that they lack communication opportunities tailored to their needs (WVA & ADRF, 2019).

Livelihoods

World Vision globally is concerned that millions of vulnerable people living in poorer countries are less prepared for an epidemic outbreak (WVI, 2020). Countries could witness increased levels of food insecurity, consequently higher malnutrition and potentially mortality rates. The following are anticipated:

- (i) decrease in livelihoods sources as a result of interrupted in-country economic activity leading to massive unemployment and declining wages directly impacting on the well-being of children;

- (ii) diminished food access as a result of reduced purchasing power (especially in urban slums where majority of residents take part in informal economy and are daily earners), rising food prices, reduced production, reduced and/or more expensive imports and suspension of school feeding programs;
- (iii) reduced food availability due to agricultural land left uncultivated because of labour shortages as well as reduced food supply due to import restrictions and interrupted trade, dysfunctional food markets being disrupted.

Albania's economy is expected to lose 1.4 percent of GDP in 2020, as the effects of steps taken to halt the spread of COVID-19 have severely hit the country's manufacturing, trade, tourism, and other non-tradable services (World Bank Albania, 2020).

Remittances are predicted to decrease because of COVID-19 pandemic. There is a projection of a sharp decline of about 20 percent in 2020 due to the economic crisis induced by the COVID-19 pandemic and shutdown (World Bank, 2020).

In 2019, the Labour Force participation rate for the population 15-64 was reported at a level of 69.6% while the unemployment rate was 12.2%, according to the Albanian Labour Force Survey (INSTAT, 2020b). Authorities have registered some 66,000 jobless individuals from the start of the crisis until April 10th (BIRN, 2020). According to a latest survey conducted with 175 members of the American Chamber (AmCham) of Commerce (2020) in Albania, business members expressed concern about the near future. Thirty of them (17%) had already made some cut-offs in jobs, and 16 of them (9%) are planning 666 layoffs (2.7%) in the next two months, if the situation does not improve. In addition, at least one of the AmCham members reported immediate plans to file for bankruptcy.

Income is another crucial component in looking at the effects that this pandemic is having in the households' (HHs) life. Income or earnings in the form of salary/ wages, social transfers such as pensions of the elderly, disability payments, or else, are most often types found in Albanian HHs. The ESPN thematic report on in-work poverty (Jorgoni, 2019) states that around 487,000 Albania workers live in households at risks of poverty. The higher risk of poverty is faced by those who are in informal or part-time employment, those residing in large households with young children, and those in low-wage jobs.

According to the Income and Living Conditions Survey (EU-SILC)³ the at-risk poverty rate is 23.4%, decreasing by 0.3 pp from 2017 (23.7%) making it the third country in rank (after, Serbia and Romania) with the highest value of relative poverty (INSTAT, 2019a).

During the most recent experience of the 2016 Ebola Virus Disease (EVD), the restriction measures adopted to limit the spread of the epidemic (closing weekly markets, borders, checkpoints on roads), caused disruption in agricultural market chains and trade, associated with interruptions of collecting and transporting agricultural products to areas of consumption (FAO, 2020). Smallholder producers were profoundly affected. Apart mitigating actions in the countries most affected by COVID-19, the crisis disrupted the value chains where smallholder producers play a crucial role and where their income derive (FAO, 2020).

3. Survey of Income and Living Conditions are based on the relative concept of poverty, which considers household disposable income, number of household members (household size) and income distribution among population groups. The main indicator is the at-risk of poverty (relative poverty), which indicates the percentage of individuals with incomes below 60% of the median equalised income, also defined as the relative poverty line.

The difficulties in exporting seasonal agricultural products due to the emergency created by Covid-19 are putting pressure on the dispatching of greenhouse products, causing sales to drop and creating an irrecoverable loss for farmers whose crops for this season the products are of the same intensity, even higher than in other years (Musabelliu, 2020).

According to FAO (2020), with the increase of food prices and the weakening of the financial capacity to provide food, poor households tend to limit their food consumption and shift to less balanced and diversified diets. During COVID-19, a shift in consumption patterns has been noted in Italy, with a reduction in the demand for fruits, horticultural and other perishable products, leading to a fall in prices.

Family relationships and violence

Evidences from most recent epidemics such as Ebola or Zika provide abundant information about the added levels of violence physical, sexual, toward women or children especially in poor settlements, conflict and fragile areas, disaster-prone areas.

Fear and uncertainty associated with the pandemics provide an enabling environment that may exacerbate or spark diverse forms of violence. The violence against women and children is widespread across the globe, and thus there is almost certain likelihood that pandemic effects will be an added burden to populations of women and children affected by violence (Peterman, et al., 2020).

The exposure of Albanian children to physical or emotional domestic violence is documented by national surveys which confirm that the proportion of children 2-14 years disciplined by means of some form of physical or psychological aggression is close to 50% (INSTAT, 2018).

In the World Vision Albania annual outcome monitoring of 2019, 66.4% of primary caregivers responded that they believe that any type of violence including physical, verbal, neglect, denial of right to know, is necessary to bring up a child properly, with an increase of 5.7 pp from 2018 (60.7%). In 2019, the General Directorate of Police of Albania recorded 4177 cases of domestic violence (INSTAT, 2020c), showing a continuous increase during the last five years. Children are often witnesses to domestic violence against women and such acts of violence are more likely to occur while families are confined at home and experiencing intense stress and anxiety (UN, 2020).

Education in times of a pandemic

The UN Educational, Scientific and Cultural Organization (UNESCO) estimated that 177 countries had implemented countrywide school closure as an action toward COVID-19, affecting 1,268,164,088 learners globally (UNESCO, 2020a).

School closure was adopted in Albania during the entire period of pandemics affecting 652,592 learners out of whom 482,048 children. Teaching and learning in home settings was introduced countrywide. The Ministry of Education, Sport and Youth (MESY) published the guidelines for learning at home setting due to COVID-19 outbreak (MASR, 2020) in 30 March and in the national television RTSH School broadcasted every day lessons for pre-university system.

Changing the setting of learning immediately took time in the adjustment of the new routines by students, teachers and parents. This global change carried new challenges, but also new opportunities. In a recent report focused on the quality education during the COVID-19 (Petrie, et al., 2020), the opportunities were seen in the new bridges built between teachers and parents, the frequent communication between professionals to share experience, accessing new learning opportunities and increase in creativity. Major emerging challenges were with problems with internet connection, home working parents that were between work and family needs, and difficulties faced in the learning of subjects like music, sport, and other fields that are related in learning-by-doing process. Children with learning difficulties or disabilities faced a major challenge as they found themselves struggling to work independently.

Two national surveys were undertaken by the MESY and the Pre-university Education Quality Assurance Agency for online learning. The first report (MARS & ASCAP, 2020a), conducted with 321,911 children, parents and teachers aimed to assess the engagement between partners, the effectiveness of the process and to gain learning based on based practises. Results were overall positive, with a high attendance in online teaching and learning and frequent communication between pupils, parents and teachers. The quality of online teaching and learning compared with classroom-based setting was reported with no big differences by 43.6% of parents and 37.8% of teachers. The second report (MARS & ASCAP, 2020b), conducted with 219,590 participants aimed also to assess the effectiveness of the teaching and learning process, the assessment of children and produce learning. The majority of participants reported the usage of smart phones as the primary tool for online learning (95.7% of pupils, 96.8% of parents, 95.9% of teachers).

Currently, because of a lack of disaggregated data and information, it is unclear how many students with disabilities are receiving inadequate educational support because of the COVID-19 pandemic (UNESCO, 2020b). In addition to the several challenges that children with disabilities and their families were facing before the pandemic outbreak regarding lack of quality services and limited access, socio-economic challenges of their families, children who used to attend school were negatively affected by the classroom shutdown in additional ways. They lost access to play/ socialise with their friends, activities that are equally important for the development and learning of the child (UN OHCHR, 2020), while another barrier was that, many teachers lacked ICT skills and knowledge to continue providing quality support for these children. Forty percent of teachers in OECD countries, on average, lack professional ICT skills (OECD, 2019).

Mental health

The WHO has expressed its concerns over the pandemic's mental health and psychosocial consequences, stating that the measures of quarantine will lead to increase in anxiety, loneliness, depression, insomnia and self-harm or suicidal behaviour (WHO, 2020d). Mental health professionals have raised the concern that the pandemic will follow with an increase in cases of depression, suicide, and self-harm, apart from other symptoms reported globally. Besides the psychological reactions of fear, avoidance and fear in meeting other people, fear of death, fear of getting isolated, stigmatization, fear of failing to provide essential items have been largely observed (Kumar & Nayar, 2020).

A study conducted with 7,142 college students showed that that 0.9% of the participants were experiencing severe anxiety, 2.7% moderate anxiety, and 21.3% mild anxiety (Cao, et al., 2020). Another study focused on anxiety symptoms, depressive symptoms, and sleep quality concluded that

people aged above 35 years old reported a higher prevalence of anxiety symptoms and depressive symptoms than people under 35 years old. In addition, healthcare workers had the highest rate of poor sleep compared with other occupations (Huang & Zhao, 2020).

In Albania, a poll conducted by IDRA (2020) on March 19, suggested that about 76% of participants report being worried about COVID-19 situation in Albania, respectively 40% were extremely worried and 36% worried.

Vulnerable groups, especially those with existing mental health problems are those to be affected the most by this pandemic (The Lancet, 2020b).

Children are also affected by these drastic changes in their everyday lives. Evidence shows that children are less active and more sedentary, with less consistent sleep patterns, on unstructured or non-school days (when they are not physically at school) than on school days (Guan, et al., 2020). Prior studies have shown that children who were isolated during pandemic disease were more likely to develop acute stress disorder, adjustment disorder and grief (Sprang & Silman, 2013).

It is argued that the disease-containment measures such as quarantine and isolation can be traumatizing to a significant portion of children and parents. Criteria for post-traumatic stress disorder were met in 30% of isolated or quarantined children based on parental reports, and 25% of quarantined or isolated parents (Sprang & Silman, 2013).

Technology as a mean of connection

Findings from World Vision Albania Rapid Assessment Earthquake Response (2019) suggested that the most preferred ways of receiving information during emergencies were TV (43%), local government authorities (35%) and organizations (23%). Similarly, results from 2017-2018 ADHS show that nine out of ten Albanians were exposed to mass media with television being the dominant medium: 91% of women and 88% of men reported watching television at least once a week following by other sources of information such as newspapers and radio.

Latest data published by DataReportal about internet usage in Albania, showed that in January 2020 there were 2.07 million internet users (75%) out of 2.8 million (Kemp, 2020). Among them, 49% (1.4 million) were social media internet users. DataReportal findings showed that internet users above 15 years old reported low levels of owning or using financial products or services. Thirty-nine percent had an account with financial institutions, 2.4% had a mobile money account and only 7.3% made online purchases or payments (Kemp, 2020).

The latest report on Information and Communication Technology (ICT) in Albania (INSTAT, 2019b) showed that in 2019, 68.6% of the population aged 16 – 74 and 94.1% of young individuals had used internet in the “last three months” of which 87.1% used it on a daily basis. ICT Survey findings confirmed that 82.2 % of Albania households had internet access. Moreover data suggested that more than half of households (56.6% or 359,884 households) had access to broadband network (optical or cable network, ADSL, etc.) whereas the percentage of households with internet access via the “mobile broadband” connection (smart phones 3G or 4G, tablet, etc.) was 88.9%. In terms of internet usage, this report confirmed that 50.2% searched for information on goods and services, 32.5% for e-mail communication and 38.2% for Internet streamed TV. The highest percentage reported among individuals aged 16 – 74 (92.3%) was related with the uses of video calls (via Skype, Viber, WhatsApp).

Methodology

This assessment has an exploratory approach, gathering information about the social and economic aspects related to families during the COVID-19 pandemic. The survey gathered primarily quantitative data, not limiting the participant to express their opinions beyond the pre-defined options in the questions.

Participants

There were 1,199 households part of this assessment, from 15 municipalities in Albania. Of the 1,199 surveyed participants, 70.8% were female (N = 837). The majority of participants (62.2%) were of the age group 36-60 years old, 29.4% of them were between 26-35 years old, followed by 6.7% who were between 18-25 years old and 1.4% above 60 years old. In terms of geographical representation, 54.2% (N = 650) were from rural areas, 25.5% (N = 306) from urban areas and 20.3% (N = 243) from sub-urban areas.

The assessment included current operational areas where WVA works and additional locations, where projects are implemented in collaboration with other partner organizations.

The sample for this assessment is representative at the municipality level, with CL 95% and CI 10%. The table 1 presents the number of participant for each municipality.

Table 1 Number of households participating in the assessment per Municipality

| | Frequency | Percent |
|----------|-----------|---------|
| Dibër | 96 | 8.0 |
| Durrës | 94 | 7.8 |
| Elbasan | 90 | 7.5 |
| Kamëz | 81 | 6.8 |
| Korcë | 31 | 2.6 |
| Kurbin | 95 | 7.9 |
| Lezhë | 82 | 6.8 |
| Librazhd | 64 | 5.3 |
| Maliq | 62 | 5.2 |
| Prrenjas | 74 | 6.2 |
| Shkodër | 94 | 7.8 |
| Belsh | 60 | 5.0 |
| Cërrik | 61 | 5.1 |
| Tiranë | 130 | 10.8 |
| Vlorë | 85 | 7.1 |
| Total | 1199 | 100.0 |

In terms of family profile, the 1.199 surveyed households were composed by 5.993 individuals, of whom 2.731 were children and adolescents aged 0-18 years old. The family size varied from one to 13 persons, while the number of children in the family was up to seven. Around 59% of the families had five to seven members and 86.6% of them had one to three children. Families with more than eight members were present in Shkodër (10.6%), Dibër (10.4%) and Lezhë (9.8%). The municipalities with the higher number of children (in a range of 4 to 5 children) were Shkodra (26.6%), Tirana 16.2% and Dibra (11.5%). One hundred sixty-four families (13.7%) had one person with disabilities in the family, among which 113 families reported having at least an adult with disability, while 67 had at least one child with disability.

Instrument

The instrument included different scales that WVA uses in the annual outcome monitoring as well as scales adopted from instruments in other studies.

The survey was organized in three main sections and 12 sub-sections that emerged from the latest literature review on COVID-19 pandemic and the needs of WVA to make informed decision-making for program implementation during this emergency.

1. *Demography section*: This section gathered information about the participant representing the household (gender, age, and municipality) and general information around the family, like the number of family members, number of children, and presence of disability in the family. In addition, the participants were asked about the status of livelihoods in their families prior and during the COVID-19 pandemic, exploring the means that were used to fulfil their needs.

2. *Health prevention section*: This section explored the ways the participants used to get informed about the COVID-19 pandemic (exploring different means of communication like TV, social media, internet etc.), the knowledge related to the means of virus transmission (7 questions) and the ways of prevention (8 questions).

3. *Response, early recovery and rehabilitation and transition section*: This section was constructed by 8 sub-sections around basic needs, relationships within the family and presence of violence, child education, general anxiety, employment, livelihoods (agriculture and livestock), the use of technology and digitalization, closing with religion and relationships with faith during the COVID-19 pandemic.

- *Basic needs section*: consisted of 16 questions that described basic needs as food, water, disinfectants, hygiene products, health services, protection services and internet connectivity for educational purposes. The scale measured the fulfilment of basic needs from “fully” to “not at all” during the COVID-19 pandemic.
- *Relationships within the family and presence of violence*: consisted of 10 questions (scored on a four-point Likert scale) around healthy parenting practises, that measure positive parenting practises (positive problem-solving, interactive practices and functional family practices) and negative ones (over-reactive parenting practices and negative problem solv-

ing). The questions are part of the scale constructed by Kahraman, Irmak, & Basokcu (2017) and are used by WVA&K in the annual outcome monitoring.

- *Child education*: this sub-section explored the participation of children in the online teaching and learning process and quality of the online teaching and learning process as perceived by caregivers.
- *General anxiety or GAD-7* (Spitzer, Kroenke, Williams, & Löwe, 2006): consisted of seven questions that measured worry and anxiety symptoms (scored on a four-point Likert scale of 0-3 with total scores ranging from 0 to 21). According to the authors of the scale, individuals scoring 10 or above in this scale are more likely to be diagnosed with a clinical condition of anxiety. Therefore, during the analysis, WVA adopted the recommended threshold of the 10-point score to identify the prevalence of individuals with high levels of anxiety.
- *Employment and Livelihoods (agriculture and livestock)*: consisted of one question about the perception of the participants about the impact of the pandemic in employment and eight questions (applicable only to participants that are engaged in agriculture and livestock) that aimed to identify the obstacles because of COVID-19 into their livelihoods.
- *Use of technology and digitalization*: consisted of 12 questions that explored the presence of equipment like tablets, computers or smartphones in the family, access to the internet and the usage of the internet to be informed during the pandemic.
- *Religion and relationship with faith*: the last sub-section of the survey explored the relationship with God and relatedness of participants with faith institution in their communities.
- As part of the accountability process, participants were asked about their opinion for the possible solutions that they would prefer for each of the section presented in the survey.

Data collection

The phone interview method was used to gather data for the assessment. The interviews took place from 28 April to 8 May, with an average duration of 44 minutes for an interview. Data were recorded in real time in the KoBocollect platform.

Twenty-one WVA&K Area Programs development facilitators (DFs) and eight staff from partner organizations: the Foundation “Spirit of Love”- Diakonia Agapes (FSoLDA), With Community for Change (Me Komunitetin per Ndryshim-MKPN) and the National Association Education for Life (SHKEJ) were engaged in the data collection.

Prior to the start of data collection process the enumerators were oriented through ‘Zoom’ around the phone interview elements, the informed consent, the sample and lists for random selection of families. Materials around the assessment were shared with all of the enumerators as the first step for quality assurance of the process.

WVA'S Evidence and learning Department provided oversight to the process of data collection in close collaboration with local program staff, by supporting, clarifying if issues arose and monitoring daily the progress of data collection and updating them daily on the progress.

Data analyses

Data gathered through KoBocollect was downloaded in an Excel file. The dataset went through the data cleaning process, codification and the transfer in SPSS for statistical analyses.

Descriptive statistics such as frequencies and means were used to describe the data and identify possible patterns emerging for each section of the survey. When appropriate, inferential analysis, such as Chi-Square test, Independent samples t-test and one-way analysis of variance (ANOVA) were used to assess statistically significant differences.

As for the qualitative question on the impact of COVID-19 in the employment situation of the assessment's participants, thematic analyses were used through identifying and analysing the emerging patterns.

Ethical considerations

This assessment has followed the internal ethical guidelines of World Vision (WV) for Evaluation and Research, which are in line with WHO (2011) guidelines and APA (2003) principles of research.

- All participants have been informed for the aim of this assessment; and informed consent was provided in the beginning of the interviews.
- Participation in the assessment was voluntarily. All the participants had the right to withdraw from the process.
- Anonymity and confidentiality of the individuals was assured.
- The data gathered from this assessment will be used only to draw statistical analyses in-group level and data protection is in place following the internal guidelines of WV.

Limitations

This assessment is subject to several limitations.

1. The assessment sample cannot be considered representative at the municipality level. In addition, the sample is selected within the population of communities with which

WVA works, which are among the most vulnerable in the country. Therefore, the findings are generalizable in the population of vulnerable communities.

2. The restrictions following the COVID-19 pandemic posed limitations to the assessment process, requiring for the interviews to be conducted via phone. Literature provides sustaining evidence that phone interviews are successful for short surveys, provide data in short time and are cost-effective. However, face-to-face interviews appear more satisfactory and effective. Our experience with prior assessments, evaluations and case studies suggests that participants prefer being asked through face-to-face interaction, as both parties are involved more in the process.

Findings

Knowledge and attitudes toward COVID-19

Previous studies have shown that good knowledge and proper behaviours among community members are of utmost importance during pandemic. Participants were asked about their knowledge and practices toward COVID-19. All surveyed caregivers (100%) reported that they had heard about Covid-19. The data gathered in this assessment shows that the participants are well-informed on the infections risks and on how to prevent the spread of the coronavirus.

Findings suggest that participants in the survey are well informed about the ways the virus is transmitted as shown in the table below.

Table 2 Knowledge around ways of COVID-19 transmission

| | Yes | | No | | Do not know | |
|--|-------|---------|-------|---------|-------------|---------|
| | Count | Percent | Count | Percent | Count | Percent |
| Inhalation of droplets from the air | 1141 | 95.5% | 19 | 1.6% | 35 | 2.9% |
| Shaking hands | 1108 | 94.5% | 33 | 2.8% | 32 | 2.7% |
| Hugging a contaminated person (virus carrier) | 1153 | 97.3% | 18 | 1.5% | 14 | 1.2% |
| Direct contact with someone who came from the affected areas (Italy or any other country affected already) | 1115 | 93.7% | 33 | 2.8% | 42 | 3.5% |
| Indirect contact with someone who came from the affected areas (Italy or any other country affected already) | 590 | 49.7% | 443 | 37.3% | 155 | 13.0% |
| From animals to humans | 288 | 24.6% | 566 | 48.4% | 316 | 27.0% |
| From contaminated surfaces | 948 | 82.3% | 97 | 8.4% | 107 | 9.3% |

Results from inferential analysis suggest that there are no substantial differences based on gender and caregivers' settings. Even though findings suggest that there are significant differences between municipalities, the data is very distributed and does not allow for generalizations.

Knowledge of Covid-19 transmission is not statistically different among different age groups. On three ways of transmission (hugging, shaking hands and direct contact with infected people) participants above 36 years old report higher level of knowledge of the ways of being infected by COVID-19 compared 18 to 35 years old.

In addition, participants were asked to name if they knew the measures how to prevent being infected by COVID-19. Assessment findings suggest that the participants are well informed about the necessary ways to prevent the spread of coronavirus. As shown in the table below, all responses score higher (above 90%) in eight listed ways of prevention.

Table 3 Knowledge of ways to prevent the spread of COVID-19

| | Yes | | No | | Do not know | |
|--|-------|---------|-------|---------|-------------|---------|
| | Count | Percent | Count | Percent | Count | Percent |
| Using face mask while being sick | 1149 | 97.0% | 31 | 2.6% | 4 | .3% |
| Using face mask while in public places no matter if you are sick or not | 1076 | 90.8% | 80 | 6.8% | 29 | 2.4% |
| Washing hands with soap and water for more than 20 seconds each time | 1174 | 99.0% | 7 | .6% | 5 | .4% |
| Keeping physical distance (one and a half meter from a person with whom you are talking) | 1152 | 97.3% | 18 | 1.5% | 14 | 1.2% |
| Use hand sanitizer more frequently | 1110 | 93.4% | 46 | 3.9% | 32 | 2.7% |
| Do not touch face (nose, eyes, mouth) | 1126 | 95.6% | 33 | 2.8% | 19 | 1.6% |
| Use elbow when sneezing or coughing | 1130 | 95.6% | 34 | 2.9% | 18 | 1.5% |
| Avoiding going to crowded places/gatherings and avoid taking public transportations | 1108 | 94.3% | 28 | 2.4% | 39 | 3.3% |

Analysis was run to assess if there are differences in all listed ways of prevention based on gender. The only difference found was that females (94.9%) are more aware than males (92.9%) regarding the importance of not frequenting any type of gatherings or crowded places. No differences were found between participant age-groups.

With regard to half of listed ways of Covid-19 transmission, sub-urban areas score lower compared to urban and rural areas, meaning that they are less informed about the necessary measures to prevent the spread of the virus.

Differences have been found between municipalities and findings show that in more than half of listed ways of transmission Kamëz and Tirana municipality score lower compared to other municipalities. Korçë and Cërrik municipality are listed among the municipalities that score higher in vast majority of the ways of prevention.

Accessibility to timely and reliable information is of particular importance for everyone during a pandemic. Participants were asked about the channels of information they have heard about the new coronavirus. As documented in previous studies and reports, television (97.7%) remains the main channel of information in Albania, followed by Internet (40.7%) and Social Media (34.9%). Likewise, even when participants were asked about the preferred channel of information to be informed about Covid-19 in the future, Television (94.5%) is listed as the most preferred, followed by Internet (37%) and Social media (27.6%).

Analysis was run to test if there were any differences between age groups and channels of information about Covid-19. Findings show that differences between age groups have been found only about Internet, where participants aged 18-25 score higher (46.3%) compared with those who are above 60 years old (11.8%). Thus, young people are being informed by the internet more than other age-groups. Even though the vast majority of participants 80.8% (N=961) report they have a smartphone, when asked if they have applications in their smartphone that inform them on COVID-19 only 26.3% confirm having such applications, while 73.7% say they do not.

Related with internet usage, during the Covid-19 pandemic citizens of Albania have been advised to use e-government platform to obtain various forms of permits as well as for other purposes. Participants were asked if they use the platform. 50.8% of the interviewed households report that they do not use it. Differences have been found based on participants' settings and findings suggest that the e-government platform is more used by people living in urban areas (63%) compared with those living in sub-urban areas (52%) and in rural areas (42.8%).

In addition, analysis was run to test if there are any differences between age-groups and their preferred channels (television, internet and social media) to be informed on COVID-19 from now on. Differences between age-groups have been found only around Television, where participants aged above 60 years old score higher (100%) compared with younger age groups, 18-25 years old (87.3%).

Accessibility to information is also very crucial for people with disabilities who struggle with the lack of communication opportunities tailored to their needs (WVA, 2019). Households with at least one member with disability were asked about the appropriate methods of communications on COVID-19 for the people with disabilities within their homes. The majority of participants (78.4%) suggest as appropriate formats for information delivery simple and easy materials to understand, followed by Video with audio (41.2%) and Materials or video with capital letters and text (14.4%).

Basic needs of the family

One of the main objectives of the assessment is to identify effects of the COVID-19 situation into the children and families' wellbeing in Albania. It focuses in particular in assessing the immediate needs that families face due to lockdown. Participants were asked to identify how well their household was currently able to meet a list of basic needs considered as vital during the isolation period. The Figure 1 presents to what extent families are fulfilling their basic needs during COVID-19 lockdown.

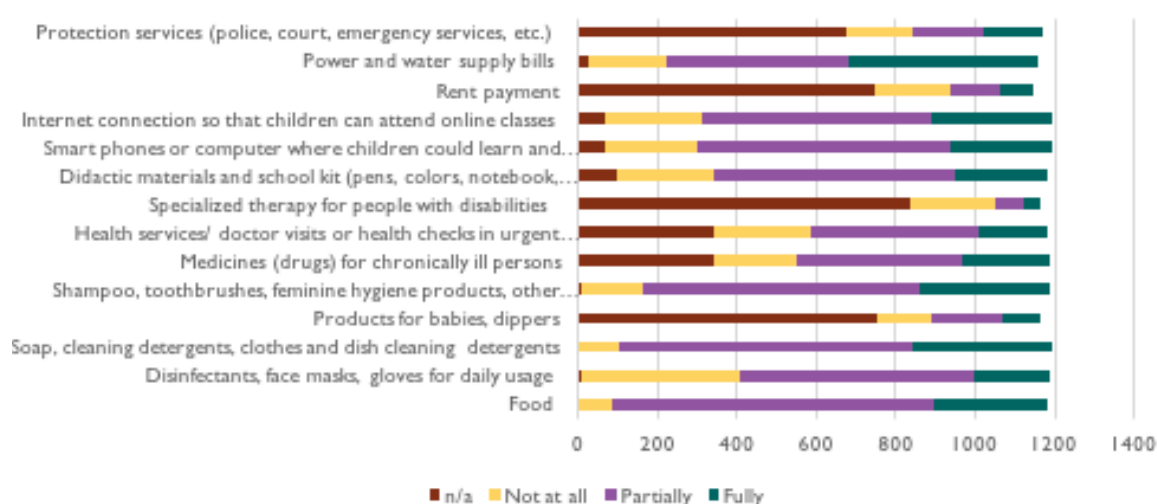


Figure 1 To what extent families were fulfilling their basic needs during COVID-19 lockdown

During the interview, the caregivers were presented with a list of 15 needs and facilities considered as essential during the pandemic. For a number of needs and facilities, participants reported that they did not fully meet. Inferential analysis was run to assess if there were any differences in completely fulfilling the needs based on gender, presence of people with disabilities within the family, place of living, source of family income, number of children and total number of people within the family. Only findings with significant differences are being presented in this section. A common finding is that there are no differences based on gender of respondent for all the basic needs. Moreover, results show that even though there are significant differences between municipalities regarding the solutions the data is scattered and does not allow for generalizations.

Results show that being able to fulfil basic food needs is less frequent among people living in sub-urban areas (16.1%) compared with those living in urban (26.8%) and rural (26.5%) areas.

Being able to fulfil basic food needs is less frequent among families with at least one family member with disability (8.6%) compared with families who do not have family members with disabilities at home (26.9%).

76%  of families report that they do not fully meet food needs.

Being able to fulfilling the need for disinfectants and face masks during pandemic was less frequently found among residents of sub-urban areas (11.6%) compared with those living in urban (20.3%) and rural (15.6%) areas.


83% 
of families report that they do not fully meet needs for disinfectants and face masks.

Being able to fulfil the need for disinfectants and face masks during pandemic was less frequently found among families with at least one family member with disability (7.3%) compared with families who have not a member with disability at home (17.4%).

71% 
of families report that they do not fully meet needs for necessary cleaning detergents.


Being able to fulfil the need for necessary cleaning detergents is less frequent among people living in sub-urban areas (20.6%) compared with residents of urban (29.6%) and rural (32.2%) areas.

Being able to fulfil the need for necessary cleaning detergents is less frequent among families with at least one member with disability (14%) compared with families who do not have a member with disability (31.6%).

72% 
of families report that they do not fully meet needs for necessary hygiene sets.

69% Differences in fully fulfilling the need for necessary hygiene sets were found between people living in sub-urban areas who report it less frequently (15.6%) compared with those living in urban (28.9%) and rural (31.1%) communities.

Being able to fulfil the needs for necessary hygiene sets is less frequent among families with at least one family member with disability (15.5%) compared with families who do not have a member with disability at home (29.2%).

69% 
of families report that they do not fully meet needs for internet service costs.

Being able to fulfil the needs for necessary hygiene sets is less frequent among families with 8 to 13 family members (12.5%) compared with families who have 1 to 4 total family members (28.6%) and those with 5 to 7 total family members (27.6%).

Data show that there are differences in fully fulfilling the need for internet connection based on participants' place of living. Being able to fulfil the needs for internet service costs is less frequent among those living in sub-urban areas (15.2%) compared with those living in urban (26.1%) and rural (28.4%) areas.

Being able to fulfil the needs for internet service costs is less frequent among families with at least one member with disability (13%) compared with families who have not any member with disability (27.1%).

Findings suggest that 56.9% of families do not fully access health services. Findings suggest that people living in rural areas (15.8%) face more difficulties in accessing health services compared with those living in sub-urban (12.9%) and urban areas (12.4%). Only 3.5% of households with at least one family member with disability report that they fully access types of therapies tailored to their needs.

Livelihood and employment before and during the pandemic

When it comes to livelihood and employment, the assessment data reveals the perceived situation before and during the pandemic as well as perception of the future. In the table below are presented the family income sources before lock-down and during lock-down.

Table 4: Income source for families before and during the COVID-19 pandemic

| Income source | Before COVID-19 | | During COVID-19 | |
|--------------------------------------|-----------------|---------|-----------------|---------|
| | Count | Percent | Count | Percent |
| Formal salary/wages | 347 | 28.9% | 238 | 20.0% |
| Unemployed | 294 | 24.5% | 405 | 34.0% |
| Casual (daily) labour | 272 | 22.7% | 111 | 9.3% |
| Subsistence farming | 255 | 21.3% | 249 | 20.9% |
| Aid from organizations | 186 | 15.5% | 327 | 27.4% |
| Remittances/ Emigration | 154 | 12.8% | 54 | 4.5% |
| Pension | 153 | 12.8% | 146 | 12.2% |
| Disability payment – KMCAP (payment) | 100 | 8.3% | 99 | 8.3% |

There is an obvious decline in income sources such as formal salary/ wage, and casual (daily) labour and remittances from emigrants' members. A rise is observed in the category of unemployment and households receiving aid from organizations. Continuous trend (with slight decline, almost negligible) is observed in households conducting subsistence farming, and those obtaining pensions and disability payment (KMCAP).

As data shows, employment appears to be the most affected by the pandemic of COVID-19. This is confirmed by participants answering in 801 households (or 67.9%) saying that their employment will be affected by the situation.

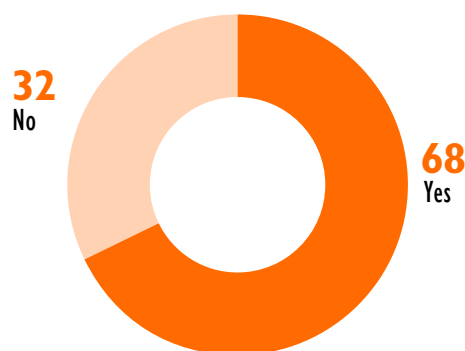


Figure 2: Perceived impact on the employment from the COVID-19 pandemic

There are no significant statistical differences on the perceived impact on the employment regarding gender, settings, member or child with disability and disability type. Expecting their employment being impacted by the pandemic was found more often among participants aged 36 – 60 years old (70.8%), compared with those age of 60 reporting lower (50.0%). Expecting their employment being impacted by the pandemic was found more often among residents in Kurbin (83.7%), while less commonly found in Lezha (43.6%).

“If there is no job, there is no life...”

(Quote from a surveyed HHs)

The above quantitative data are confirmed by the explanations that participating households gave in regard to ‘how’ their employment would be affected. Amongst the 469 answers, the below six categories were emerging amongst responses:

- Being unable to move freely because of the lock-down. Participants face challenges in finding employment/ self-employment opportunities and accessing local market (for sale or purchases purposes).
- Being in a continuous unemployed situation or unexpectedly being unemployed. Participants are feeling in risk that their status will be prolonged and are uncertain about duration.
- Feeling scared and insecure on this situation, how to react now and in the present and the future.
- Loss of jobs because of small family businesses closure, factories and small medium enterprise closure, because of bankruptcy and lack of liquidation.
- The only active working member (be that husband, wife, or grown up children) loosing work.
- Not able to go and find any work because of the need to care for other members within the household, like children/ adults with disability and older people (explained with kindergarten, school closure and unable for couple to go both working

Among households, there were those who conduct subsistence farming and livestock mainly for their personal households needs. The tables below provide information on households that conduct subsistence farming and livestock.

Table 5: Proportion of families that conduct subsistence farming and livestock

| | Count | Percent |
|---------------------|-------|---------|
| Subsistence farming | 477 | 39.8 |
| Livestock | 188 | 15.7 |

As shown in the table, surveyed households use products mostly for their needs, rather than for selling. For both categories, no significant statistical differences were observed in gender, group-age and settings in regard to impact in selling agricultural and livestock products.

Table 6: Impact of COVID-19 pandemic in selling of the agriculture and livestock products

| | Yes | |
|--|-------|---------|
| | Count | Percent |
| Do not sell agricultural products (use for households needs) | 393 | 84.2% |
| Do not sell livestock products (use for households needs) | 148 | 80.0% |
| Direct sell agricultural products local market | 71 | 15.2% |
| Direct sell at the local market | 41 | 22.2% |

Among all 477 households conducting subsistence farming, the following are the agricultural products cultivated the most.

Table 7: The most cultivated products by household that are engaged in agriculture

| | Count | Percent |
|------------|-------|---------|
| Vegetables | 357 | 75.0% |
| Corn | 182 | 38.2% |
| Vine | 169 | 35.5% |
| Wheat | 145 | 30.5% |
| Apple | 107 | 22.5% |
| Olives | 101 | 21.2% |

Significant statistical differences, were noticed among municipalities for the most cultivated agricultural products query where Maliq report higher (66.7%) and Elbasan secondly (53.4%).

Whereas in regard to corn as agricultural product, Dibra is the highest in reporting (80.0%) and Librazhd secondly (74.4%). Whilst for vegetables the highest reporting are Lezha (98.5%) and Elbasan (74.1%). For the apples, Përrenjas is the highest in reporting with (57.8%). Whilst Kurbin report higher amongst the municipalities for vine (60.6%) and for olives (42.4%).

Amongst the livestock products, the following are the most produced mostly for households' consumption rather than selling. There are differences between municipalities for the veal/ cow, where Librazhd report higher (86.7%), followed by Elbasan and Përrenjas reporting equally (70.0% each).

Table 8: The most produced products by household that are engaged in livestock

| | Count | Percent |
|-----------|-------|---------|
| Eggs | 112 | 60.2% |
| Veal/ cow | 94 | 50.5% |
| Poultry | 46 | 24.7% |

Wellbeing of the family during the pandemic

Relationships in the family

Frequent use of healthy parenting practices was found in 57.5% of parents (high frequency of positive problem-solving techniques, interactive practices, functional family practices and low frequency of over-reactive parenting practices and negative problem solving techniques), within their homes. There are no significant gender differences for the use of healthy parenting practices. In addition, families of children with disabilities show no different result in the use of healthy parenting practises compared with families with no children with disabilities.

Table 9: Proportion of caregivers that use healthy parenting practises

| | Frequency | Percent |
|---|-----------|---------|
| Rare use of healthy parenting practices | 22 | 2.0 |
| Some use of healthy parenting practices | 444 | 40.5 |
| Frequent use of healthy parenting practices | 631 | 57.5 |
| Total | 1097 | 100.0 |

Differences are present between urban, sub-urban and rural setting, with the rural setting scoring higher ($M_{\text{rural}} = 31.59$) in the use of healthy parenting practices, than the other settings ($M_{\text{urban}} = 30.30$; $M_{\text{sub-urban}} = 30.29$). In families where unemployment is present during the COVID pandemic the use of healthy parenting practices are rarer compared with those that are employed.

Intensive use of positive parenting practices, that include activities like spend extra time with the child, hugging the child, helping with homework, communication nice words are found among 42.6% of the caregivers. There are no significant differences about the use of positive parenting practices for parents that have children with disabilities, and parents that do not have children with disabilities.

Table 10: Proportion of caregivers that use positive parenting practises

| | Frequency | Percent |
|--|-----------|---------|
| Rare use of positive parenting practices | 133 | 11.8 |
| Some use of positive parenting practices | 515 | 45.7 |
| Frequent use of positive parenting practices | 480 | 42.6 |
| Total | 1128 | 100.0 |

Females reporting using slightly more positive parenting practises ($M = 14.97$) with their children than males ($M = 14.34$), with significant statistical differences. Results show that parents within the groupage of 26 – 36 rate higher ($M = 15.29$) in the use of positive parenting practises that other groupages ($M_{18-25} = 14.67$; $M_{36-60} = 14.57$) with significant statistical differences.

Differences are present between urban, sub-urban and rural setting, with the rural setting scoring higher ($M = 15.15$) and sub-urban scoring lower in the positive parenting practices ($M = 14.12$).

In families with unemployment during the COVID pandemic there is less use of positive parenting practices reported among caregivers (M = 14.44) compared with the families whose adults are employed (M = 15.00).

A comparative analysis of the last three years (2020, 2019 and 2018) on the use of positive parenting practises by the caregivers showed that in 2020 there is a decline in the use of positive practises, compared with the previous years.

Only 18.7% of participants report for some use of negative parenting practises (over-reactive parenting practices and negative problem solving) with their children, or within their home. Females reported using slightly more negative parenting practises (M = 8.89) with their children than males (M = 8.45), with significant statistical differences.

Table 11: Proportion of caregivers that negative parenting practises

| | Frequency | Percent |
|--|-----------|---------|
| Rare use of negative parenting practices | 946 | 81.3 |
| Some use of negative parenting practices | 210 | 18.0 |
| Frequent use of negative parenting practices | 8 | 0.7 |
| Total | 1164 | 100.0 |

Results show that use of negative parenting practices is more frequently found among parents within the groupage of “18 – 25” and “26 – 35” ($M_{18-25} = 9.06$; $M_{26-35} = 9.01$) compared with the groupage “36 – 60” (M = 8.61) with significant statistical differences.

Use of negative parenting practices is more frequently found among families that have a child with disability, scoring higher levels (M = 9.41) than the families that do not have children with disabilities (M = 8.71).

Differences are present between urban, sub-urban and rural setting, with the urban setting scoring higher (M = 9.24) and rural scoring lower (M = 8.51) in the use of negative parenting practises.

Parents were asked if children witnessed the presence of conflict between parents in the home. Results show that 19.9% report presence of physical abuse and 48.6% report presence of verbal abuse during the COVID-19 pandemic.

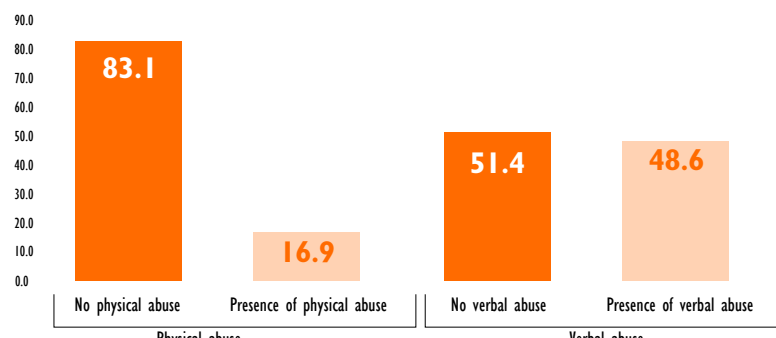


Figure 3: Presence of physical and verbal abuse in the household during the COVID-19 pandemic

This data is gathered consistently each year by World Vision Albania, in the same communities. An analyses of the last years showed that verbal abuse was significantly higher in 2020 during the COVID-19 pandemic (46.5%), compared with 2019 (37%) and 2018 (32.3%). Reporting on physical abuse had the same trajectory during the years, for 2020: 15.6% of caregivers reported presence of physical violence, in 2019: 20.8%, and 2018: 16.7% of caregivers.

Analyses for each question of the scale, reveal that there are gender differences in helping children with their school homework (always helping children: female 30.9% and male 22.9%), giving up from punishment to their child (often give up punishment: female 27.2% and male 20.0%) and in getting angry with their children (sometimes: female 62.6% and male 56.4%).

Differences between group ages have been observed in the time spent with children (always spending time: 26-35 years old 30.7% and 36-60 year old 19.4%), helping children with homework (always: 26-35 years old 39.7% and 36-60 year old 23.8%), and adults yelling at each other in front of their children (often: 18-25 years old 15.3% and 26-35 year old 16.5%).

Parents that are engaged in casual labour also score lower in positive practices like hugging your child often (always: casual labour 23.6% and not engaged 30.8%), and helping them with homework (always helping child with homework: casual labour 23.7% and not 30.4%). In addition they score higher in negative parenting practises like the presence of hitting between adults at home (sometimes: casual labour 16.9% and not 8.8%), presence of adults that yell at home (sometimes: casual labour 55.3% and not 38.5%) and threatening of the child when does something wrong (sometimes: casual labour 47.2% and not 37.6%).

The relationship between positive parenting practises and anxiety symptoms was significant, stating that parent that used less positive parenting practises, were in the range of experiencing higher level of anxiety (51% reporting higher anxiety symptoms, versus 48.1% reporting normal anxiety symptoms). This relationship is confirmed by a slight but significant negative correlation that exist between worry and anxiety experience and positive parenting practises ($r = -.224, p < .000$). In addition, worry and anxiety has a positive correlation with negative parenting practises ($r = .226, p < .000$). When the analyses is conducted only for the female population of this study, the relationship becomes stronger (respectively $r = -.232$ between worry and anxiety and positive parenting practices and $r = .254$ between worry and anxiety and negative parenting practices).

Education

Out of 1,146 households, 89.0% said that their children were attending online classes, and just 11.1% said that their children were not.

No significant differences between genders were observed when responding for children attending classes online. Significant statistical differences are observed in settings, where those from rural settings report higher (92.3%) in children attending classes online, compared with those from urban (81.3%) scoring lower. Children not attending classes were more frequent among households where there is unemployment, compared with those where there is employment.

In families with disabled children, 55.6% of them answered that their children attended online classes.

Only 63 households answered if children with disabilities attended classes online, and 35 of them (55.6%) said that children with disabilities were attending online classes, whereas 44% said they were not. No significant differences are observed in gender, setting and income type among households, in regard to children with disabilities attending classes online. Among these 35 households, 19 of them said that children were followed with Individual Educational Plan (IEP). Fourteen families said the IEPs objectives have been revised during this period.

Most of households own smart phones as technological equipment and less of them computer and tablets.

Table 12: Technology equipment owned by household

| | Count | Percent |
|--------------|-------|---------|
| Smart phone | 961 | 80.8 |
| Computer | 186 | 15.6 |
| None of them | 189 | 15.9 |
| Tablet | 44 | 3.7 |
| Total | 1190 | 100.0 |

Out of 988 responding households, 776 of them (78.5%) said they could access the internet at home.

Related to communication channels used for attending classes online the following have been ranked in the table below, from the most used to the least used. WhatsApp is the most used communication channel, followed by the Albanian Public TV, and the third phone calls.

Table 13: Channels used for attending online learning by children

| | Count | Percent |
|--------------------|-------|---------|
| WhatsApp | 948 | 86.5 |
| Albanian Public TV | 406 | 37.0 |
| Phone Call | 229 | 20.9 |
| Google Classroom | 103 | 9.4 |
| Zoom | 96 | 8.8 |
| Viber | 14 | 1.3 |
| Skype | 7 | 0.6 |
| Total | 1096 | 100.0 |

Significant relations were observed in settings, where those from rural areas report higher (89.0%) in using WhatsApp compared with urban one who report lower (79.9%). Whereas usage of TVSH has been reported higher amongst households living in urban areas (42.9%) compared with those from sub-urban settings (24.6%).

Out of 1,100 households, 698 (or 63.5%) rated the quality of education process during the lockdown as 'good'. Whereas about psychosocial support offered or not from school to children during this period, 62.6% said that their children did not receive this type of support. Signifi-

cant relations are observed in settings where households coming from rural settings reporting higher (62.1%) concerning quality of education being 'good', compared with those from urban areas (60.6%). Regarding receiving psychosocial support, participants from rural settings report higher (79.0%) levels of psychosocial support than those from urban settings (56.6%).

Mental health

About 35% of participants report high level anxiety symptoms experiences during the COVID-19 pandemic. Analyses show that gender differences are present, with females (M = 9.32) reporting higher levels than males (M = 8.41). In addition, the age-groups above 60 years olds experiences more anxiety (M = 12.07), than the other age-groups (M₁₈₋₂₅ = 8.77; M₂₆₋₃₅ = 9.04; M₃₆₋₆₀ = 9.02).

Table 14: Proportion of participants that experience anxiety during COVID-19 pandemic

| | Frequency | Percent |
|-----------------------------------|-----------|---------|
| Presence of some anxiety symptoms | 773 | 64.6 |
| High-level anxiety symptoms | 424 | 35.4 |
| Total | 1197 | 100.0 |

Families that have a child with disability report higher level of anxiety (M = 10.77), compared with families that do not have children with disabilities (M = 8.95).

Participants who have stated that COVID-19 will affect their employment situation have experienced higher levels of anxiety (M = 9.63), than the participants that do not state this (M = 7.88). Participants from households where there is unemployment during COVID-19 experienced more anxiety symptoms (M = 9.90) than the participants who were not (M = 8.62).

Results that explored the differences between settings showed that participants that live in sub-urban setting have experienced higher levels of anxiety (M = 9.83), compared with those living in rural areas (M = 8.70) and urban areas (M = 9.20).

Faith

In regard to believing in God and practicing religious practices during the lock-down period, 1,021 participants (85.6%) said they believe in God. Significant differences are observed in gender and setting in regard to believing in God. Faith in God is reported more frequently among women (87.7%) than men (80.3%) and more frequently in households from rural areas (89.6%) than those from sub-urban (83.5%), and urban areas (78.8%).

During the lock-down period, 611 out of 1,011 (or 60.4%) did not practice religious practices, while 400 out of 574 (or 39.6%) practiced. About the practicing venue, 189 out of 574 (or 32.9%) attended religious practices through the social media.

A significant relationship between practicing of religious during the lockdown and anxiety symptoms showed that those who practiced reported lower anxiety symptoms (31.8%) compared with those who believe but did not practised (40.4%). Whereas in regard to how active have been their local Church/ Mosque/ Faith based Organizations during this period to help the communities, around 16% of participants reported high level of activity.

Preferred solution to needs

Solutions – Basic needs

Participants' opinion was asked on what can be done to address problems identified as the result of Covid-19 pandemic in meeting their basic needs for food, hygiene, health and technological means. As presented in the table below, three more prevalent suggested solutions are Distribution of food packages (77.2%), Distribution of health and hygiene products (61.7%) and Distribution of technological equipment (49.3%).

Table 15: Solutions suggested to fulfil basic needs during COVID-19 pandemic

| | Yes | |
|--|-------|---------|
| | Count | Percent |
| Distribution of food packages | 920 | 77.2% |
| Distribution of health and hygiene products | 735 | 61.7% |
| Distribution of technological equipment | 587 | 49.3% |
| Internet package | 521 | 43.7% |
| Cash transfer directly (for food, hygiene, services and medicines) | 519 | 43.6% |
| Distribution of medicines | 487 | 40.9% |
| Voucher for purchase purposes in supermarket | 445 | 37.4% |
| Cash transfer through a bank account (for food, hygiene, services and medicines) | 224 | 18.8% |
| Don't know | 27 | 2.3% |
| Other | 18 | 1.5% |

A vast majority of caregivers (77.2%) has suggested as the most preferred solution the *distribution of food packages* and this solution does not differ based on gender and presence of people with disabilities within the house. However, data suggest that there are differences in choosing food packages based on participants settings where sub-urban areas score higher (84.7%) compared with urban (71.2%) and rural (77.3%) areas.

The second most suggested solution is the *distribution of products for personal hygiene* (62%) and it might be closely related with the need of taking good care of personal hygiene as a way to prevent the spread of the virus. No differences based on gender and presence of people with disabilities within the house. Data show that there are differences in choosing distribution of products for personal hygiene between settings where sub-urban areas score higher (69.4%) compared with urban (55%) and rural (62%) areas.

The third most preferred suggested solution is the *distribution of technological equipment* (49.3%) which is related with the widely use of technology during the pandemic. It can be explained with the right to access timely information, as well as with the online education.

Findings suggest that there are no differences based on gender and presence of people with disabilities within their homes. Likewise, in the abovementioned solutions, there are differences based on participants settings where people living in rural areas score higher (53.5%) compared with sub-urban (51.2%) and urban (38.7%) areas.

43.7% of surveyed caregiver has suggested the *Internet Package* as one of the solutions toward needs identified during COVID-19. Data show that there are differences in choosing as a solution Internet package between settings where people living in rural areas score higher (43.7%) compared with sub-urban (33.8%) and urban (35.4%) areas.

Referring to *multipurpose cash* solution, 43.6% of surveyed people have preferred this type of solution and there are gender differences with male participants reporting higher scores (48%) in choosing multipurpose Cash compared with female (41.3%). Differences in choosing multipurpose cash has been found based on participants settings where rural areas score higher (47.6%) compared with sub-urban (34.3%) and urban (42.4%) areas.

43.6% of caregivers have chosen *cash transfer* (for food and services) as one of the suggested solution to meet their basic needs and 37.4% of them have chosen voucher for purchase purposes in supermarket.

Solutions – Livelihoods and employment

Amongst suggested solutions for overcoming the COVID-19 pandemic situation related to livelihoods and employment, 252 households or 52.4% reported the multipurpose cash as a solution in agriculture and livestock products.

Table 16: Solution suggested for livelihoods and employment

| | Yes | |
|---|-------|---------|
| | Count | Percent |
| Multipurpose cash (for self-employment, agriculture, and livestock) | 252 | 52.4% |
| Agricultural and livestock inputs | 226 | 47.0% |
| Orientation for employment | 160 | 33.3% |
| Don't know | 90 | 18.7% |
| Alternative agriculture and livestock trainings | 89 | 18.5% |
| Other | 4 | 0.8% |

No significant statistical relations noted in gender, group-age, setting, and solutions provided.

Solutions – Wellbeing of the family

Solution – Relationship

Table 17 present the solutions ranked (from the most selected one) by majority of the participants. Support with materials that help to do activities with children was ranked as the first choice by 59.6% of participants, followed by alternatives for doing family activities (50.8%).

Table 17: Solutions suggested for support of relationships in the family

| | Yes | |
|---|-------|---------|
| | Count | Percent |
| Support with materials in doing activities with children | 697 | 59.5% |
| Practical alternatives for doing family activities | 595 | 50.8% |
| Psycho-social support for parents | 534 | 45.6% |
| Psycho-social support for children | 531 | 45.3% |
| Information on positive parenting | 406 | 34.6% |
| Awareness raising programs on domestic violence and its consequences in family | 207 | 17.7% |
| Local services (in municipality, or administrative unit) for supporting families suffering of domestic violence | 201 | 17.2% |
| Don't know | 115 | 9.8% |
| Other | 18 | 1.5% |

Psychosocial support for children and for families were the other most selected options for solution of the problems raised in the family relationships (healthy parenting practises) during the COVID-19 pandemic. No gender differences were observed in the selection of solutions. Participants from rural areas offered more frequently solutions regarding parenting and need for psychosocial activities compared with participants from other areas.

Solutions – Education

Participants rank the first solution to be supported with technology equipment (764 HHs out of 1.117 or 68.4%). Secondly they rank internet service with 741 out of 1.117 (66.3%). Third is ranked being supported with school kits with 508 out of 1117 (or 45.5%) reporting it, and fourth is after-school classes with 467 HHs out of 1117 (or 41.8%) reporting it.

Table 18: Solutions suggested for the education of the children

| | Yes | |
|--|-------|---------|
| | Count | Percent |
| Technology equipment (smartphone, tablets) | 764 | 68.4 |
| Internet Service | 741 | 66.3 |
| School kits | 508 | 45.5 |
| After school classes after the pandemic of COVID-19 (after school) | 467 | 41.8 |

No gender differences were noted as statistically significant among the participants providing solutions. In regard to the specific settings, significant differences are noted among households when providing solutions for being supported with: a) internet service where sub-urban areas report higher (74.4%), followed by rural areas (68.6%), and from urban ones the third (57.7%); b) after school classes when COVID-19 pandemic is over, sub-urban areas (51.8%), urban (41.9%) and from rural ones (38.1%).

Solutions – Mental Health

The solutions ranked (from the most selected one) by majority of the participants for mental health issues, are presented in Table 19. Psychosocial support is the first choice for the majority of the households (60.9%), followed by multipurpose cash (46.1%) that could be used to obtain psychosocial support privately. There were no gender differences in the choices made for these solutions. Among the settings, there were significant higher percentages of households that selected the multipurpose cash in urban areas, compared with the other settings.

Table 19: Solutions suggested for the mental health issues

| | Yes | |
|---|-------|---------|
| | Count | Percent |
| Psycho-social support for families | 723 | 60.9% |
| Multipurpose cash | 547 | 46.1% |
| Access to health centres/ health services | 465 | 39.2% |
| Don't know | 171 | 14.4% |
| Other | 28 | 2.4% |

Discussion and conclusions

This assessment presents results from 15 municipalities that inform about the situation of COVID-19 pandemic. The participants have a high level of information about prevention measures and the ways of transmission of COVID-19. There is a general awareness among the public about the COVID-19. The main source of information is television, followed by internet. The forecasts of World Bank (2020) about the effects of COVID-19 in the economy have begun to be visible in families, starting from their possibility to fulfil the basic need within the family to the changes in their employment status. The basic needs of the family were not fully met during the restrictive measures weeks. About 76% of participants did not fully meet the basic need for food, disinfectants and facemasks, cleaning detergents, hygiene sets and internet access costs. The first effects of the pandemic were visible in the families' life. Two months of quarantine brought a decrease in the sources of income for families, an increase in unemployment and daily casual work and a decrease in the remittances. These unexpected effects are heavier on families that support their living with non-sustainable income. Around 68% of participants look at their future employments effected by the COVID-19 and express concern about the unemployment, which subsequently has impact in their families.

In addition to the effects in the economic aspect, the quarantine has had an effect in the family life. Even though parents were spending more time at home, the results showed that the healthy parenting practises are frequently used only in half of the families in this study during the quarantine. Presence of violence has been reported by the participants, with 48.6% of them reporting the presence of verbal abuse and 19.9% reporting presence of physical abuse. Previous studies on pandemic have brought into attention the effects like emotional, verbal and physical abuse within the family (Peterman, et al., 2020). The comparison with data from the two last years showed an increase of verbal abuse within the family, and decrease of positive parenting practices. Other effects observed were the experience of anxiety during the quarantine. About 35% of participants reported high-level anxiety symptoms. WHO (2020b) and other studies conducted during those months describe the mental health and psychosocial consequences of the pandemic. Women and residents in sub-urban areas were experiencing higher level of anxiety. Results indicated for relationships between higher levels of anxiety symptoms with negative parenting practices that included the presence of verbal and psychological abuse in the family. In addition, the state of unemployment and the economic insecurity were related with higher level of anxiety.

Digitalization is the future, and during this pandemic was an urgent need. State services were transferred to the online government portals and the education from kindergarten to university was transferred into online platforms. Around 81% of families reported that they had a smartphone, 15.6% a computer and only 3.7% a tablet. As previous data from INSTAT (2020) stated, the majority of the population has a phone device. The majority of families (89%) in this assessment reported that their children attended the online classes, a finding that is in line with the reports of MARS & ASCAP (2020a). The most used application for the learning process was WhatsApp, followed by the Albanian Public TV (TVSH).

The overall pictures of the consequences of the COVID-19 pandemic in the wellbeing of the families implies in different areas that are inextricably linked with each other. The relationships described in the finding section suggest that the consequences cannot be seen as separate from each-other and the solution towards them must be interconnected too.

Recommendations

The findings of this assessment evidenced the interrelated factors that put at risk the child and family wellbeing in Albania during this pandemic. The economic situation of the family, mental health of caregivers, challenges with access to education and social protection services, verbal and physical abuse presence in the families should be addressed considering this interrelatedness. There is a need for urgent, multifaceted, scaled interventions that tackle the challenges and increase the resilience of the children and families. It is imperative that multi-stakeholder partnerships are built with the goal of tackling the effects of the pandemic in the areas of child and family wellbeing. This would mean scaling up and generously resourcing existing and future programs in the area of social protection and inclusion, economic development and family strengthening especially in vulnerable communities. Donor or governmental agencies need to quickly shift their funding priorities to account for the emerged needs and the consequences, especially in regards to building family, community and institutional resilience towards the natural disasters and crisis.

In the area of social inclusion and protection

An immediate assistance to families should be planned and funded by Government, donor agencies and corporates with a span of at least 1.5 years, providing periodic food/hygiene packages and cash transfers.

Coordination mechanisms (Government, Donors, Agencies and CSOs) should ensure the relevance and efficiency of assistance with gender and disability lenses.

Accessible face to face and/or online/ technological psycho-social and mental health assistance should be provided for free to children and families with special considerations regarding their setting, gender and disability status.

Healthy/positive parenting practices should be promoted as a mean to reduce violence in children and woman with a special focus in families living in urban and suburban areas, households with unemployment, caregivers suffering from anxiety and male caregivers.

All strategies with special focus on social inclusion and protection to be revised with considerations on building resilience on children and families both in national level and unpacked into local plans for quality services in the local level.

In the area of economic development

Apart from the need to intervene with a large-scale national job creation schemes (with special focus on women, poor communities, disability, communities living in suburban areas) to rapidly absorb the increasing number of unemployed people, there is a need to help the local economy recover, in particular small-scale agricultural production, through value chains and broader food systems. There will be a need to increase capital investment in micro-level financial services (microcredit) targeted at key parts within agriculture value chains.

In the area of education

Teaching and learning online needs to be well-thought and well-planned to ease the burden on children, teacher and parents. Access to devices and internet is crucial, but online safety issues arise as children are exposed to the technology dangers. Building a digital skillset of teachers, professionals and parents is also crucial for education to succeed.

Combination of learning and development objectives should be prioritised in adaptation of the online learning platforms considering both academic achievement as well as psychosocial well-being of children and adolescents. Support learning recovery approaches combined with social emotional learning opportunities especially for children with disabilities, children from poor households and those who were not able to access education during the lockdown.

With regard to digitalization

There is a need for families and institutions to catch up with the latest technology that allows interconnectivity and efficient services delivered to the child and family. Education and other services were largely affected by the pandemic restrictions, so digitalization is an unavoidable solution. Preparing for the digital era is no longer an option, but a necessity and all programs and interventions should have a built-in digital component, which allows for vulnerable children and communities to engage and get included, rather than a tool for increasing the gap of inequality.

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Appendixes

Appendix A: Survey and inform consent

Materials can be found in this link:

https://drive.google.com/drive/folders/1Icsm2-_mtAEE8zhGsjifGlriyrImx_J_?usp=sharing



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