

Impact assessment of the COVID-19 outbreak on wellbeing of children and families in Lipjan municipality, Kosovo

World Vision Kosovo

June 2020

© 2020 World Vision Albania & Kosovo

All rights reserved. No portion of this publication may be reproduced in any form, except for brief excerpts in reviews, without prior permission of the publisher.

Managed on behalf of Evidence and Learning Department in World Vision Albania by¹:

Ariola Kallçiu
Brasena Çapani
Flavia Selmani
Irma Semini

Sponsored by World Vision Support Office of:
United States

Acknowledgments

This assessment would not become possible without the support of many people, departments and stakeholders. We would like to acknowledge all the persons efforts without whom this work could not have been accomplished, as follows:

For the data collection process: World Vision Kosovo staff.

For the review of the assessment: the Programme Team in World Vision Albania.

For their time and participation in this assessment all the participants from Lipjan municipality which we extend our deepest gratitude.

¹ In alphabetic order.

Table of Contents

List of tables.....	ii
List of figures.....	iii
Executive Summary.....	1
COVID-19 pandemic in Kosovo.....	3
Methodology.....	4
Participants.....	4
Instrument.....	4
Data collection.....	5
Data analyses.....	6
Ethical considerations.....	6
Limitations.....	6
Findings.....	7
Knowledge and attitudes toward COVID-19.....	7
Basic needs of the family.....	8
Livelihood and employment before and during the pandemic.....	9
Wellbeing of the family during the pandemic.....	11
Relationships in the family.....	11
Education.....	12
Mental health.....	13
Faith.....	13
Preferred solution to needs.....	13
Solutions – Basic needs.....	13
Solutions – Livelihoods and employment.....	14
Solutions – Wellbeing of the family.....	14
Solution – Relationships.....	14
Solutions – Education.....	15
Solutions – Mental Health.....	15
Discussion and conclusions.....	16
References.....	17
Appendixes.....	18
Appendix A: Survey.....	18

List of tables

Table 1: Number of households participating in the assessment per village.....	4
--	---

Table 2: Knowledge around ways of COVID-19 transmission.....	7
Table 3: Knowledge of ways to prevent the spread of COVID-19.....	7
Table 4: Income source for families before and during the COVID-19 pandemic.....	9
Table 5: Proportion of families that conduct subsistence farming and livestock.....	10
Table 6: Impact of COVID-19 pandemic in selling of the agriculture and livestock products.....	10
Table 7: Proportion of caregivers that use healthy parenting practises.....	11
Table 8: Proportion of caregivers that use positive parenting practises.....	11
Table 9: Proportion of caregivers that negative parenting practices.....	11
Table 10: Table Technology equipment owned by household.....	12
Table 11: Channels of communications used for learning at home.....	12
Table 12: Table Proportion of participants that experience anxiety during COVID-19 pandemic.....	13
Table 13: Solutions suggested to fulfil basic needs during COVID-19 pandemic.....	13
Table 14: Solution suggested for livelihoods and employment.....	14
Table 15: Solutions suggested for support of relationships in the family.....	15
Table 16: Solutions suggested for the education of the children.....	15
Table 17: Solutions suggested for the mental health issues.....	15

List of figures

Figure 1: To what extent families were fulfilling their basic needs during COVID-19 lockdown.....	8
Figure 2: Perceived impact on the employment from the COVID-19 pandemic.....	10
Figure 3: Presence of physical and verbal abuse in the household during the COVID-19 pandemic...	12

Executive Summary

This impact assessment is a continuum of the *Impact assessment of COVID-19 outbreak on wellbeing of children and families in Albania* conducted by World Vision Albania (WVA, 2020). Likewise, this impact assessment aims to highlight the urgent, medium and long-term needs of families and children in Lipjan municipality as a result of the COVID-19 pandemic in Kosovo. It follows the same methodological approach, an exploratory one which involved the collection of socio and economic data of families in Kosovo during pandemic. Data collection was made possible through the phone interview method from 3 to 12 June 2020. The survey gathered primarily quantitative data, not limiting the participant to express their opinions beyond the predefined options for each questions. The assessment included the current operational area where WV works in Kosovo. Overall, the sample was composed of 90 households from Lipjan municipality, living in 13 villages/neighbourhoods. Majority of participants were female 63.3% (N=57).

The following sectors were assessed during this process: health prevention knowledge regarding COVID-19 disease, fulfilment of basic needs by interviewed families during the outbreak, 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 results show that almost all participants (98.9%) have heard about the new coronavirus. The vast majority of surveyed participants are well-informed about the ways that COVID-19 is transmitted as well as about the essential prevention measures to limit the further spread of the novel coronavirus. The main channel of information related with COVID-19 is television (100%) followed by internet (68.5%) and radio (64%).

Basic needs: Referring to the extent that families fulfil their basic needs, assessment result show that 79.8% of families were unable to fully meet food needs, 90.9% were unable to meet the need for disinfectants, face masks and gloves while 73% do not fully meet the need for necessary hygiene sets (shampoo, toothbrushes, feminine hygiene products, other personal care items) which are crucial during pandemic. To support access to remote learning during the COVID-19 pandemic, 82% of participants report that they are unable to meet the need for technological equipment's.

Livelihood and employment before and during the pandemic: Due to pandemic, full-time employment decreased by 27.8% and unemployment increased by 11%. Casual daily work had dropped by 13.4% and small business by 6.6%. Quantitative and qualitative data validate that it is likely that the extension of pandemic will put additional strains on families' finances. 76.1% of participants perceive that their employment is and will be affected by the continuum of pandemic situation.

Relationships in the family: According to relationships within the family during pandemic the majority of caregivers (80.7%) report the frequent use of healthy parenting practices. While, asked about the presence of violence, 3.4% of those surveyed report the presence of physical abuse and 31.8% report the presence of verbal abuse in their homes during the COVID-19 pandemic.

Education: The assessment results show that the vast majority of families (97.7%) included in the assessment reported that their children attended the online classes during lockdown. 42.4% of participants report being very concerned about the risks that their children may face while browsing the internet. The main communication channels used for remote learning were Radio Television of Kosovo (RTK) followed by Viber (66.3%), and the third Zoom platform (41.6%).

Mental health: Only 4.4% of surveyed participants report experiencing high level anxiety symptoms during the outbreak with no significant differences based on participants gender or age group.

Preferred solution by the communities: When asked what solutions could be provided to help them meet their basic needs during the outbreak three most prevalent solutions were the distribution of food packages (67.9%), distribution of multipurpose cash (65.4%) and distribution of technological equipment's (59%). To overcome the COVID-19 pandemic problems related with livelihoods and employment, especially issues faced in agriculture and livestock products, 62% of participants said that they did not know which solution would help, while 25.7% of them suggested the distribution of Multipurpose. In order to improve relationships in the family, 52.3% of participants suggest the support with materials that help to do activities with children, followed by psycho-social support for children (48.9%) and distribution of information regarding positive parenting (39.8%). Distribution of technological equipment's (92.1%), provision of internet service is (87.6%) and distribution of school kits (82%) are the top three solutions proposed to support accesses to remote learning. Regarding the suggested solutions to address mental health issues due to pandemic, participants said that psychosocial support for families and distribution of multipurpose cash (respectively 41.2% each) would help.

COVID-19 pandemic in Kosovo

The novel coronavirus, known as COVID-19, was first reported in December 31, 2019 in Wuhan, China and quickly emerged to 216 countries and territories (WHO, 2020). Due to the quick spread of virus across the world on March 12, 2020, the World Health Organisation (WHO) announced the COVID-19 a pandemic [CITATION Wor201 \l 1033] requiring countries to adopt appropriate measures.

As per July, 2020, WHO reports 10,458,422 confirmed cases of COVID-19, including 511,082 [CITATION Wor0c \l 1033]. On 13 March 2020 Kosovo reported two first confirmed cases with COVID-19 and till July 2, 2020, the Molecular Microbiology Laboratory of National Institute of Public Health (NIPH) have reported a total of 2.991 individuals confirmed with COVID-19, with a total of 54 deaths [CITATION Min20 \l 1033]The European Bank for Reconstruction and Development[CITATION EBR201 \l 1033] reported that Kosovo's health care system was not prepared to respond to a large-scale public health emergency, and already had one of the lowest ratios of healthcare specialists per thousand inhabitants. Therefore, to adopt appropriate measures required by WHO, Kosovo Government decided to apply them prior to the confirmation of the first cases in March 13. Among the first preventive measures undertaken to limit the spread of the novel coronavirus was the school and kindergarten closures followed by more extreme measures when the number of confirmed cases started to risen. On March 15, 2020 the government decided to declare the state of public health emergency [CITATION tel20 \l 1033]. As the virus infection surged within Kosovo the entire country went into lockdown, including country's land and air borders, and only starting from May 4, 2020 Kosovo government decided to gradually lifting lockdown measures.

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 [CITATION UND20 \l 1033]. It has been stated that the COVID-19 pandemic is bringing to a redefinition of vulnerable groups/categories depending on the country policy response [CITATION The20 \l 1033].

The objective of this impact assessment is to highlight the urgent, medium and long-term needs of families and children in Lipjan municipality as a result of the COVID-19 pandemic in Kosovo. It aims to assess in particular the situation around health prevention behaviour, livelihoods, family relationships and violence, education, mental health and technology as a means to connection during COVID-19 pandemic.

Methodology

The assessment methodology follows an exploratory approach, gathering information about the social and economic aspects related to families during the COVID-19 pandemic. The main instrument used for data collection is a survey that gathered primarily quantitative data, not limiting the participant to express their opinions beyond the predefined options listed in the questionnaire.

Participants

The assessment included the current operational area where WV implements its programme in Kosovo, with a sample of 90 households, from 13 villages/neighbourhoods part of Lipjan municipality. Out of 90 surveyed participants, 63.3% were female (N = 57). According to their age group, the majority of participants (60%) belong to the age group 36-60 years old, 35.6% of them were between 26-35 years old and 4.4% were between 18-25 years old.

The table 1 presents the number of surveyed participant for each village.

Table 1: Number of households participating in the assessment per village

	Frequency	Percent
Gadime	6	6.7
Hallaq i vogel	1	1.1
Janjeve	11	12.2
Kraishte	5	5.6
Magure	7	7.8
Medvec	4	4.4
Poturovc	8	8.9
Rubofc	10	11.1
Rufc i Ri	19	21.1
Rufc i Vjetër	1	1.1
Silovi	10	11.1
Smallushe	5	5.6
Topliqan	3	3.3
Total	90	100.0

Referring to family composition, the 90 surveyed households were composed by 555 individuals, of whom 261 were children and adolescents aged 0-18 years old. According to the family size it varied from two to eleven persons, while the number of children in the family was up to seven.

Of 90 surveyed participants, two families (2.2%) reported having at least an adult with disability while none of them reported having any child with disability.

Instrument

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

The questionnaire was organized in three main sections and 12 sub-sections that emerged from the latest literature review on COVID-19 pandemic as well as the needs of WVA&K to make informed decision-making for program implementation during this global health 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 solving). The questions are part of the scale constructed by Kahraman, Irmak, & Basokcu [CITATION Kah17 \n \t \l 1033] 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 [CITATION Spi06 \l 1033]: 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 six 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 9 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

For data collection purposes this impact assessment used the phone interview method. The data collection process took place from 3 to 12 June 2020, with an average duration of 44 minutes for

each interview. Three field staff of WV Kosovo were engaged in this process and data were recorded in real time in the KoBoCollect platform.

WVK staff, prior to the start of data collection process were oriented through 'Zoom' platform regarding the aim of the assessment, the phone interview components, ethical issues and the informed consent. Moreover, they were presented with the sampling frame, lists of families selected from random approach methodology. All the assessment materials were shared with the enumerators as the first step to assure the quality of the process.

WVA's Evidence and Learning Department provided oversight to the process of data collection by supporting, clarifying if issues arose, daily monitoring the process and updating accordingly the enumerators regarding its progress.

Data analyses

Raw data collected through KoBoCollect were downloaded in an Excel file. To ensure the quality and the validity of the data the dataset went through the data cleaning process, codification and then was transferred in SPSS for statistical analyses.

Descriptive statistics such as frequencies and means were run as the first step to describe the data and identify possible patterns emerging for each section of the survey. When appropriate and relevant, 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.

Thematic analysis were used to identify and analyse patterns emerging from the qualitative data gathered through the open question regarding the impact of COVID-19 in the employment situation of participants.

Ethical considerations

This assessment has followed the internal ethical guidelines of World Vision (WV) for Evaluation and Research, which are in line with WHO [CITATION WHO11 \n \t \l 1033] guidelines and APA [CITATION Smi03 \n \t \l 1033] 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 were informed with their right to withdraw from the process at any time during the interview.
- 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 national level. The sample is selected within the population of communities with which WVK works through sponsorship project, child protection and children, adolescents and youth technical programs.
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

Surveyed participants were asked regarding their knowledge and practices toward COVID-19 because findings from previous studies has shown that proper knowledge and behaviours among community members are of utmost importance during pandemic. Almost all surveyed caregivers (98.9%) reported that they have heard about COVID-19. The assessment results show that the participants are well-informed about the infections risks as well as on how to prevent the further spread of the novel coronavirus.

As shown in the table below, data gathered report that participants in the survey are well informed about the ways the virus is transmitted. Knowledge regarding COVID-19 transmission is not statistically different based on gender or between age groups.

Table 2: Knowledge around ways of COVID-19 transmission

	Yes		No		Don't know	
	Count	Percent	Count	Percent	Count	Percent
Inhalation of droplets from the air	88	100.0%	0	0.0%	0	0.0%
Shaking hand	87	100.0%	0	0.0%	0	0.0%
Hugging a contaminated person (career)	88	100.0%	0	0.0%	0	0.0%
Direct contact with someone who came from the affected areas (Italy or any other country affected already)	86	100.0%	0	0.0%	0	0.0%
Indirect contact with someone who came from the affected areas (Italy or any other country affected already)	68	78.2%	3	3.4%	16	18.4%
From animals to humans	64	74.4%	4	4.7%	18	20.9%
From contaminated surface	68	79.1%	1	1.2%	17	19.8%

In addition, participants were asked if they knew the necessary measures to prevent being infected by COVID-19. Assessment results report that the participants are well informed about the essential ways to limit the spread of the disease. As presented in the table below, all responses score 100% in eight listed ways of prevention.

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

	Yes		No		Don't know	
	Count	Percent	Count	Percent	Count	Percent
Using face mask while being sick	87	100.0%	0	0.0%	0	0.0%
Using face mask while in public places no matter you are sick or not	86	100.0%	0	0.0%	0	0.0%
Washing hands with soap and water for more than 20 seconds each time	86	100.0%	0	0.0%	0	0.0%
Keeping physical distance (one and a half meter from a person with whom you are talking)	86	100.0%	0	0.0%	0	0.0%
Use hand sanitizer more frequently	86	100.0%	0	0.0%	0	0.0%
Do not touch face (nose, eyes, mouth)	86	100.0%	0	0.0%	0	0.0%
Covering with elbow when sneezing or coughing	86	100.0%	0	0.0%	0	0.0%
Avoiding going to crowded places/gatherings and avoid taking public transportations	85	100.0%	0	0.0%	0	0.0%

Findings from inferential analysis show that there are not any differences regarding the knowledge of the ways to prevent the spread of COVID-19 between participants based on gender and age group.

Previous studies has shown that accessibility to timely and reliable information is of utmost importance for everyone during a pandemic. Therefore, during the phone interview participants were asked about the channels of information that they have heard about the novel coronavirus. Participants report that television (100%) remains the main channel of information in Lipjan areas, followed by Internet (68.5%) and Radio (64%). Even when were asked about the preferred channel of information to be informed about COVID-19 in the future, participants prefer Television (97.7%) as the first source of information, followed by Internet and Radio, with 64.8% each.

Analysis was run to test if there were any differences between gender and age groups regarding their preferred channels of getting the latest updates about COVID-19 pandemic. Findings show that that were not observed differences based on gender. Whereas differences were noted regarding Radio as a channel of information where participants aged 26-35 score higher (80.6%) compared with those who are between 36-60 years old (58.5%) and those belonging to 18-25 years old (25%).

Despite the fact that 93.3% of participants report they have a smartphone, when asked if they have in their smartphone applications to be updated regarding COVID-19 situation, the majority of them (83.5%) report to not have such an application, while only 16.5% confirm to have it.

Basic needs of the family

As mentioned above, one of the main objectives of this assessment is to analyse the impact of COVID-19 situation in the wellbeing of children and families' in Lipjan municipality, Kosovo. A particular focus was to assess the immediate and emerging needs that their families were facing due to pandemic situation. Therefore participants were asked to identify how well they were currently able to meet a list of vital basic needs within their household during the outbreak. The Figure 1 shows to what extent families are fulfilling their basic needs during COVID-19 pandemic.

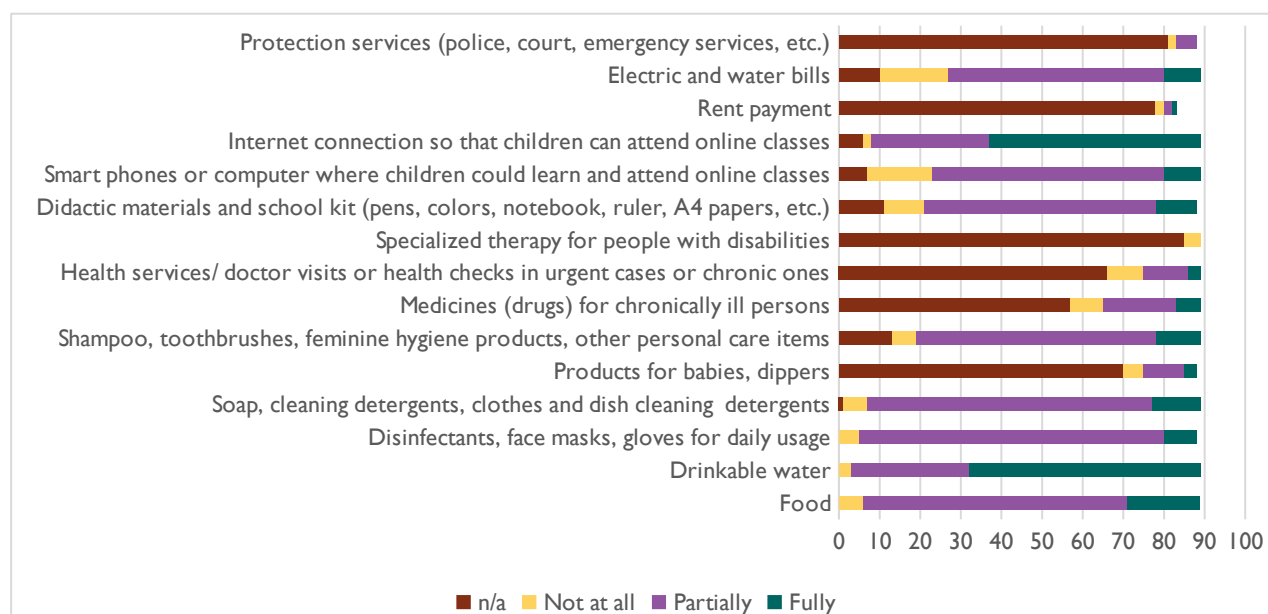


Figure 1: To what extent families were fulfilling their basic needs during COVID-19 lockdown

During the interview participants were presented with a list of 15 essential needs and facilities and were asked how well they fulfil these needs during these times. For a number of needs and facilities, participants reported that they were unable to fully meet them.

79.8% of families report that they do not fully meet food needs.

Results show that 79.8% of participants report that they were unable to fully meet food needs and no significant differences were observed based on participant gender, age group or status of employment.

90.9% of families report that they do not fully meet needs for disinfectants and face masks.

Findings report that 90.9% of participants were not able to fully meet the need for disinfectants, face masks and/or gloves for daily use. No significant differences were noted based on participant gender and age group. Results show that unemployed participants were less able to fully fulfil their need for disinfectants and face masks during pandemic (4.4%) compared with others (25%).

85.4% of families report that they do not fully meet needs for necessary cleaning detergents.

Assessment results reveal that 85.4% of participants do not fully meet needs for necessary cleaning detergents, such as soap, clothes and dish cleaning detergents. No significant differences were found based on participant gender, age group and employment status.

73% of families report that they do not fully meet needs for necessary hygiene sets (shampoo, toothbrushes, feminine hygiene products, other personal care items).

Among surveyed participants, 73% of them report that they do not fully meet needs for necessary hygiene sets (shampoo, toothbrushes, feminine hygiene products, other personal care items).

Analysis show that no significant differences were observed based on participants gender, age group and employment status.

82% of families report that they do not fully meet the need for smart phones or computer where children could learn and attend online classes

Results show that 82% of participants report that they do not fully meet the need for smart phones or computer where children could access remote learning. No significant differences were noted based on participant gender and age group. Unemployed participants differ significantly because they were not at all able to fulfil the need for technological equipment for learning at home (20.3%) compared with others (10%).

Livelihood and employment before and during the pandemic

The assessment gathered data about the livelihood and employment status of the participants before and during the pandemic to better assess the effect of COVID-19 in their main sources of income. The table below presents the main sources of income before lock-down and during pandemic period.

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	52	57.8%	27	30.0%
Unemployed	59	65.6%	69	76.7%
Casual (daily) labour	33	36.7%	21	23.3%
Subsistence farming	40	44.4%	41	45.6%
Savings	51	56.7%	49	54.4%
Aid from organizations	3	3.3%	32	35.6%
Small business	13	14.4%	7	7.8%

Assessment findings report that there is an obvious decline in income sources such as formal salary/wage, and casual (daily) labour, savings and small businesses. Formal salary has decreased by 27.8%, casual labour dropped by 13.4%, and small businesses by 6.6%. To the contrary a rise is observed in the number of households receiving aid from organizations (32.3%) and in unemployment (11.1%). Continuous trend (with slight decline, almost negligible) is observed in households using savings as source of income (2.3%), and a slight increase is noted in uses of substance farming (1.2%).

Referring to assessment results, employment appears to be the most affected sector by the pandemic of COVID-19. The majority of surveyed participants (76.1%) perceive that their employment will be affected by the situation compared with 23.9% of them who report the contrary.

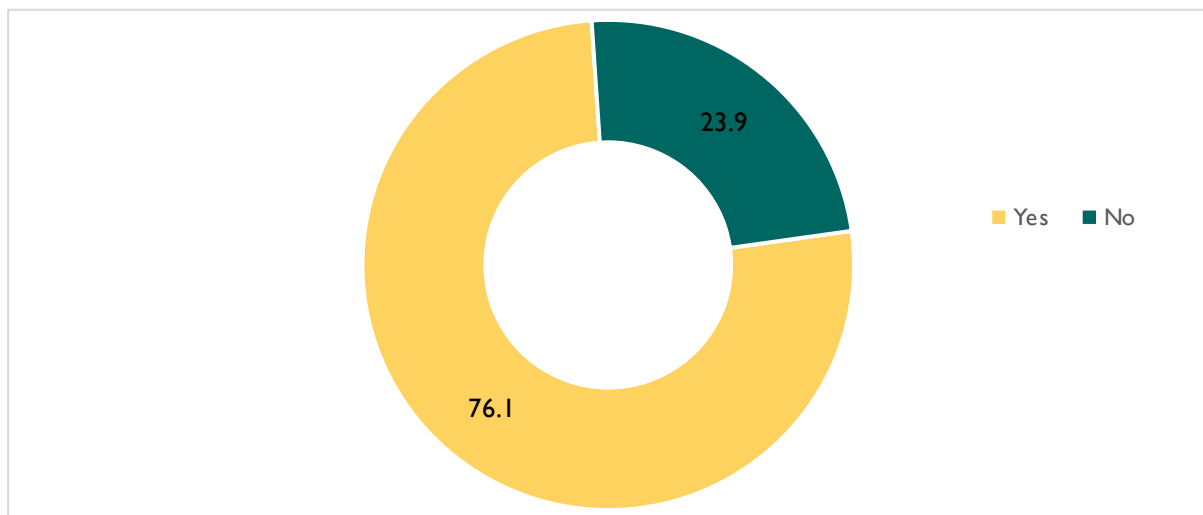


Figure 2: Perceived impact on the employment from the COVID-19 pandemic

Findings show that there are no significant differences on the perceived pandemic impact on employment based on gender, age group, place of living and levels of anxiety.

Quantitative data reported above, have been validated by the qualitative information provided by households in regard to ‘how’ their employment have been or would be affected due to COVID-19 situation. Main categories emerged from the thematic analysis are presented below;

- High rates of unemployment because the only active working member (mainly the husband in majority of cases) lost their job during COVID-19 pandemic.
- Feelings of uncertainty and helplessness of becoming unemployed in the future due to the prolonged duration of pandemic.
- Loss of liquidity for households as the results of small family businesses closure and/or uses of other forms of incomes such as savings.

Among surveyed households, there were some who conducted subsistence farming and livestock mainly for their personal needs. The table below provides specific information regarding the frequencies of households that conduct subsistence farming and livestock.

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

	Count	Percent
Subsistence farming	48	53.9
Livestock	11	12.6

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)	45	93.8%
Do not sell livestock products (use for households needs)	0	81.8%
Direct sell of agricultural products at local market	2	4.2%
Direct sell of livestock products at the local market	1	1.9%

Wellbeing of the family during the pandemic

Relationships in the family

The vast majority of caregivers (80.7%) report the frequent use of healthy parenting practices (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. No significant gender and age group differences were observed regarding the use of healthy parenting practices.

Table 7: Proportion of caregivers that use healthy parenting practises

	Frequency	Percent
Some use of healthy parenting practices	17	19.3
Frequent use of healthy parenting practices	71	80.7
Total	88	100.0

Findings show that 53.4% of participants report frequent use of positive parenting practices that include activities such as spending extra quality time with the children, hugging them, helping with their homework and uses of heartfelt words. Results show that female ($M=2.58$) score higher in the frequent use of positive parenting practices compared with male ($M=2.34$). Findings report that parents within the groupage of 18 – 25 rate higher ($M = 3$) in the use of positive parenting practises that other groupages ($M_{26-35} = 2.64$; $M_{36-60} = 2.38$) with significant statistical differences.

Table 8: Proportion of caregivers that use positive parenting practises

	Frequency	Percent
Rare use of positive parenting practices	3	3.4
Some use of positive parenting practices	38	43.2
Frequent use of positive parenting practices	47	53.4
Total	88	100.0

Out of 90 surveyed participants, only 2 participants (2.3%) report some use of negative parenting practises (over-reactive parenting practices and negative problem solving) with their children, or within their home while 97.75% of them report rare use of negative parenting practices. No significant gender and age group differences were observed regarding the use of negative parenting practices.

Table 9: Proportion of caregivers that negative parenting practices

	Frequency	Percent
Rare use of negative parenting practices	86	97.7
Some use of negative parenting practices	2	2.3
Total	88	100.0

During the interview, participants were asked about the presence of forms of verbal and physical violence within their homes during pandemic. Specifically, caregivers were asked if children

witnessed the presence of conflict between adults in their home. Findings report that only 3.4% report presence of physical abuse and 31.8% report presence of verbal abuse. No significant gender and age group differences were observed between participants regarding the presence of physical and verbal violence.

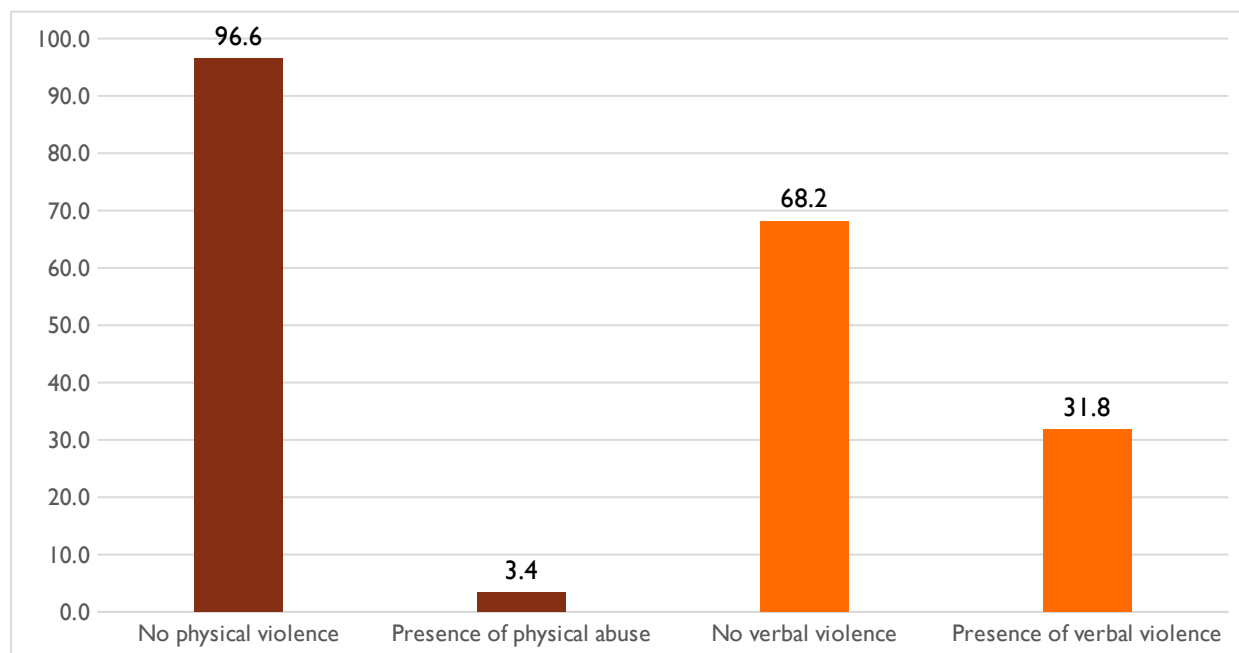


Figure 3: Presence of physical and verbal abuse in the household during the COVID-19 pandemic

Education

Out of 90 caregivers, 97.7% said that their children were attending online classes during lockdown, and only 2.3% said no. Findings show that no significant differences were noted between participants based on gender when responding regarding this issue.

Participants were asked if their children were supported with psychosocial support from school during remote learning and the majority of them (95.5%) report that their children have not benefited from this service. 65.2% of participants rate the quality of learning form home during pandemic as good and only 10.1% think it is weak.

Asked about technological equipment they possess within their homes, the vast majority of households report they own smart phones (93.3%), 35.6% have computers and less tablets (7.8%).

Table 10: Table Technology equipment owned by household

	Count	Percent
Smart phone	84	93.3
Computer	32	35.6
None of them	4	4.4
Tablet	7	7.8
Total	90	100.0

The table below presents the communication channels used for attending online classes ranked from the most used to the least used. Radio Television of Kosovo (RTK) is the most used communication channel, followed by Viber (66.3%), and the third Zoom platform (41.6%).

Table 11: Channels of communications used for learning at home

	Yes	
	Count	Percent

Channel: RTK	85	95.5%
Channel: Viber	59	66.3%
Channel: Zoom	37	41.6%
Channel: Google classroom	6	6.7%
Channel: Telephone call	4	4.5%
Channel: WhatsApp	1	1.1%
Channel: Skype	0	0.0%

42.4% of participants report that they are very concerned about the risks that their children face while browsing the internet for long periods of time, followed by 56.5% who believe that are facing a little risk and only 1.2% report of not being concerned at all about this issue.

Mental health

The participants in the study were asked about their mental health status during the COVID-19 pandemic. Findings show that only 4.4% (N=4) of participants report experiencing higher level of anxiety symptoms while 95.6% of them report the presence of some anxiety symptoms.

Analyses show that there are not significant gender and age groups differences between participants regarding the anxiety symptoms reported by them. Moreover, findings show that differences are not present even based on the status of employment during the outbreak.

Table 12: Table Proportion of participants that experience anxiety during COVID-19 pandemic

	Frequency	Percent
Presence of some anxiety symptoms	86	95.6
High-level anxiety symptoms	4	4.4
Total	90	100.0

Faith

In regard to religion, 86.5% of participants said they believe in God. There were not observed significant differences based on participant gender in regard to their belief in God. Significant differences were found based on age groups, participants belonging to the age group of 26-35 years old report believing more in God (96.8%) compared with other age group 36-60 years old (79.6%).

Sixty participants, out of 75 surveyed (or 60%), report they have practiced religious practices during the COVID-19 times. According to the most widely religion practiced during pandemic, 49 out of 54 participants (or 90.7%) report Eid prayers and fast during the entire month of Ramadan.

According to the activeness of local Church/ Mosque/ Faith based Organizations during pandemic period for helping the communities, around 15.6% of participants reported they were very active, followed by those who report 12.2% very little contribution.

Preferred solution to needs

Solutions – Basic needs

During the interview participants were asked to express their opinion 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 shown in the table below, three more prevalent suggested solutions are Distribution of food packages (67.9%), Distribution of multipurpose cash (65.4%) and Distribution of technological equipment (59%).

Table 13: Solutions suggested to fulfil basic needs during COVID-19 pandemic

	Yes	
	Count	Percent
Solution: Distribution of food package	53	67.9
Solution: Multipurpose cash	51	65.4
Solution: Distribution of technological equipment	46	59.0
Solution: Distribution of health and hygiene products	38	48.7
Solution: Voucher for purchase purposes in supermarket	33	42.3
Solution: Distribution of medicines	30	38.5
Solution: Cash transfer through a bank account (for food, hygiene, services and medicines)	28	35.9
Solution: Internet package	20	25.6
Solution: Don't know	6	7.7
Solution: Other:	2	2.6

Findings show that participants attitudes towards the most preferred solutions to meet basic needs does not differ based on gender or age group.

Solutions – Livelihoods and employment

Results show that participants' opinion regarding the preferred solutions for overcoming the COVID-19 pandemic situation related to livelihoods and employment is deliberately vague. Sixty two percent of them report that they don't know what would help, while 25.7% reported the multipurpose cash as a solution in agriculture and livestock products followed by 20% who suggest the distribution of agricultural and livestock inputs. No significant statistical differences were noted based on participant gender or age groups.

Table 14: Solutions suggested for livelihoods and employment

	Yes	
	Count	Percent
Don't know	22	62.90
Multipurpose cash (for self-employment, agriculture, and livestock)	9	25.70
Agricultural and livestock inputs	7	20.00
Alternative agriculture and livestock trainings	3	8.60
Orientation for employment	2	5.70
Other	1	2.90

Solutions – Wellbeing of the family

Solution – Relationships

As shown in the table below among the solutions suggested to address problems that affect the wellbeing of the families, 52.3% of participants has ranked as the first choice the support with materials that help to do activities with children followed by psycho-social support for children (48.9%) and distribution of information regarding positive parenting (39.8%).

No gender differences were observed in the selection of solutions.

In regard to the differences based on age groups significant differences are noted among participants when providing solutions for being supported with: a) the psychosocial support for children where participants who belong to the age group 26-35 years report higher (61.3%), followed by those belonging to age group 36-60 years old (45.3%), and from individuals aged between 18-25 years old the third (0%); b) distribution of information on positive parenting where participants between 26-35 years old report higher (54.8%), followed by those belonging to the category of 36-60 years old (34%), and from people aged between 18-25 years old the third (0%).

Table 15: Solutions suggested for support of relationships in the family

	Yes	
	Count	Percent
Solution: Support with materials in doing activities with children	46	52.3
Solution: Psycho-social support for children	43	48.9
Solution: Information on positive parenting	35	39.8
Solution: Practical alternatives for doing family activities	34	38.6
Solution: Psycho-social support for parents	34	38.6
Solution: Don't know	22	25.0
Solution: Awareness raising programs on domestic violence and its consequences in family	20	22.7
Solution: Local services (in municipality, or administrative unit) for supporting families suffering of domestic violence	12	13.6
Solution: Other	0	0.0

Solutions – Education

According to the solutions suggested for the education of children, especially during remote learning, participants rank as the first solution the distribution of technological equipment's (92.1%). Provision of internet service is ranked as the second (87.6%) followed by the distribution of school kits (82%).

Table 16: Solutions suggested for the education of the children

	Yes	
	Count	Percent
Technology equipment (smartphone, tablets)	82	92.1
Internet Service	78	87.6
School kits	73	82
After school classes after the pandemic of COVID-19 (after school)	53	59.6

No gender differences were observed among the participants regarding the solutions provided.

In regard to the differences based on age group, significant differences are noted among caregivers when providing solutions for being supported with: a) internet service where participants belonging to the age group 26-35 years old report higher (96.9%), followed by those belonging to 36-60 years old (85.2%), and from people aged between 18-25 years old the third (33.3%); b) distribution of school kits where participants between 26-35 years old report higher (93.8%), followed by those belonging to 36-60 years old (77.8%), and from people aged between 18-25 years old the third (33.3%).

Solutions – Mental Health

As shown in the table below, the most preferred solutions to address problems regarding mental health issues, psychosocial support for families and distribution of multipurpose cash were ranked as the most appropriate solutions (respectively 41.2% each). No gender and age group differences were noted in the choices for these solutions.

Table 17: Solutions suggested for the mental health issues

	Yes	
	Count	Percent
Solution: Psycho-social support for families	35	41.2
Solution: Multipurpose cash	35	41.2
Solution: Don't know	31	36.5
Solution: Access to health centers/ health services	20	23.5
Solution: Other	0	0.0

Discussion and conclusions

This report was conducted to assess the impact of the outbreak on the wellbeing of children and families in Lipjan municipality, in Kosovo. Finding found that community members of 13 villages/neighbourhoods in Lipjan municipality are familiar with the novel coronavirus and that almost all of them are well informed about the ways that the disease is transmitted as well as of the necessary preventive measure to limit the further spread of COVID-19. Since knowledge is key during pandemic, participants said that their preferred channels to be informed about the COVID-19 outbreak are television (97.7%), internet and radio (with 64.8% each).

Assessment findings show that majority of families living in Lipjan municipality were unable to meet their need for food, therefore distribution of food packages is suggested by participants as the first solution (67.9%) that would help to overcome problems identified during pandemic. Distribution of multipurpose cash is also considered as a relevant solution to meet essential basic needs. Moreover, during the outbreak the report found that 90.9% of surveyed families were unable to meet the need for disinfectants, face masks and gloves which are essential personal protection equipment's to limit to spread of the virus. Likewise, data show that 73% of families were not able to fully meet the need for necessary hygiene sets (shampoo, toothbrushes, feminine hygiene products, other personal care items) which are crucial during pandemic.

The survey found that the outbreak has impacted families' livelihood and participants perceive that the extension of pandemic will put additional strains on their finances (76.1%). In regard to employment, full-time employment decreased by 27.8%, daily work dropped by 13.4% and unemployment increased by 11%. When asked about what would help to overcome problems related with livelihoods and employment, especially issues faced in agriculture and livestock products, results show that households are uncertain about what would be the most relevant solution (62%) while 25.7% of them suggested the distribution of multipurpose as a mean to minimize the effect of COVID-19 in their livelihood.

Another sector effected by the pandemic was that of education. Due to COVID-19 quick spread the schools were closed and children were asked to attend online learning. This assessment report found that the majority of children (97.7%) of families interviewed, attended the online classes during lockdown. The main communication channels used for remote learning were Radio Television of Kosovo (RTK) followed by Viber (66.3%), and the third Zoom platform (41.6%). However, 82% of participants report that they were unable to meet the need for technological equipment's. Therefore, when asked about relevant solutions to access remote learning, participants suggest the distribution of technological equipment's (92.1%) and provision of internet service (87.6%). As the result of learning online, children are exposed to the internet for longer hours and 42.4% of participants are very concerned about the risks that their children might face while browsing the internet.

Out of those surveyed, 80.7% of participants report the frequent use of healthy parenting practices, essential for the wellbeing of families. According to the presence of violence, 3.4% of those surveyed report the presence of physical abuse and 31.8% report the presence of verbal abuse in their homes during the COVID-19 pandemic. In order to promote healthy relationships within their families, 52.3% of participants suggest the support with materials that help to do activities with children, followed by psycho-social support for children (48.9%).

The report found that regarding mental health in time of COVID-19, only 4.4% of participants have reported experiencing high levels of anxiety symptoms with no differences between men and females. However, 95.6% of them report the presence of some anxiety symptoms. To address the mental health fall out due to the outbreak, participants proposed that psychosocial support for families and the distribution of multipurpose cash (respectively 41.2% each) would help.

References

- Kahraman, H., Irmak, T. Y., & Basokcu, T. (2017). Parenting Practices Scale: Its Validity and Reliability for Parents of School-Aged Children. *EDUCATIONAL SCIENCES: THEORY & PRACTICE*, 17(3), 745–769. doi:10.12738/estp.2017.3.0312
- Ministry of Health. (2020, June). *Ministry of Health*. Retrieved from <https://kosova.health/en>
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder the GAD-7. *Arch Intern Med*, 166(10), 1092-1097. doi:10.1001/archinte.166.10.1092
- telegrafi.com. (2020, March). *telegrafi.com*. Retrieved from Qeveria shpall gjendje emergjente të shëndetit publik: <https://telegrafi.com/qeveria-shpall-gjendje-emergjente/>
- The Lancet. (2020a, April 4). Redefining vulnerability in the era of COVID-19. *The Lancet*, 395(10230). Retrieved from <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930757-1>
- UN DESA. (2020, May). *Everyone Included: Social Impact of COVID-19*. Retrieved from United Nations - Department of Economic and Social Affairs Social Inclusion: <https://www.un.org/development/desa/dspd/everyone-included-covid-19.html>
- WHO. (2011). *Standards and operational guidance for ethics review of health-related research with human participants*. Geneva: World Health Organization. Retrieved from Ethics and health: https://apps.who.int/iris/bitstream/handle/10665/44783/9789241502948_eng.pdf;jsessionid=C812371DBE8658A8378C40223133AB8B?sequence=1
- WHO. (2020a, March 12). *WHO announces COVID-19 outbreak a pandemic*. Retrieved from World Health Organization: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>
- WHO. (2020b, May 7). *WHO Coronavirus Disease (COVID-19) Dashboard*. Retrieved from World Health Organization: <https://covid19.who.int/>
- Williams, A. (2020). *The European Bank for Reconstruction and Development (EBRD)*. Retrieved 2020, from <https://www.ebrd.com/news/2020/ebrd-monitor-assesses-resilience-of-emerging-economies-to-covid19.html>

Appendixes

Appendix A: Survey



COVID-19
Assessment Survey_\