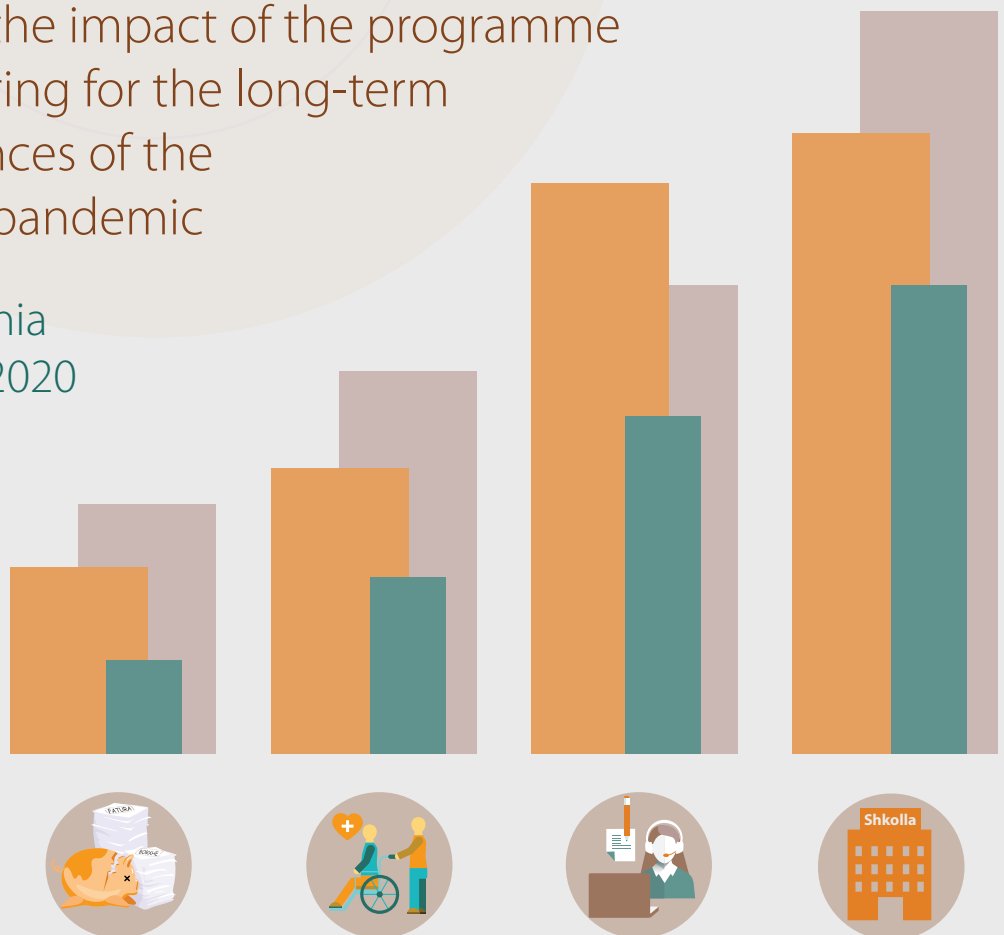


ENDLINE DATA FOR THE PROGRAMME 'LEAVE NO ONE BEHIND'

Assessing the impact of the programme
and preparing for the long-term
consequences of the
COVID-19 pandemic

Tirana, Albania
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Leave
No One
Behind

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Opinions and views expressed in this report do not necessarily reflect those of the United Nations Development Programme (UNDP) or the Swiss Agency for Development and Cooperation (SDC)

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Special acknowledgements go to social service providers and beneficiaries from the 18 targeted municipalities who participated in the study.

We are thankful that they shared with us their views and experiences before and during the COVID-19 pandemic.

MAIN FINDINGS

Service providers: Changes in the number of beneficiaries

- The total number of beneficiaries, as reported by the 18 targeted municipalities, in 2020 is 91,443, out of which 63,630 (69,58 percent) have received emergency services to cope with consequences of the COVID-19 pandemic and the earthquake of November 2019. Compared to the year 2018, the number of reported beneficiaries in 2020 is 3.05 times higher (91,443 vs. 29,978) or it has increased by 205 percent.
- The number of reported beneficiaries – excluding beneficiaries of emergency services – is 27,813. The number of this group of beneficiaries is lower than in 2018 (27,813 vs. 29,978) – a decline of 2,165 beneficiaries or 7.22 percent. Service providers reported that the decline has mainly resulted from the interruption of programs that could not be provided because of the COVID-19 pandemic. Typically, such programs require direct communication with service beneficiaries and engagement in the community. Further, the decline is observed in municipalities with the highest number of service providers and beneficiaries.
- Most municipalities that participated in the study have experienced an increase in the number of beneficiaries over time – from 2018 to 2020.
- The mean value of reported services is 4.03 (range: 1 – 35), an increase of 0.53 points or 15.14 percent from 2018.
- The number of Roma women who have received social services in 2020 is significantly higher than in 2018 – 1,737 vs. 1,005.

Service providers: Coping with the COVID-19 pandemic

- Service providers reported that municipal departments could not fully address citizens' demands for emergency services. Almost all reported the challenge of providing services especially for groups that were hit the hardest by the pandemic.
- While some service providers reported that they interrupted services altogether, others said that they offered limited online services and/or in-home services. Those who said that services were delivered through home visits reported challenges such as the lack of specialized staff.
- Service providers reported that the number and type of services offered during the pandemic declined significantly, and it became more difficult to communicate with hard-to-reach populations. Online services could reach only a small group – those who had access to smartphones and internet.
- Other challenges reported by service providers were the lack of information on the COVID-19 pandemic, panic and anxiety, and the lack of an emergency management strategy and budget at the municipality level.

Service beneficiaries: Changes in satisfaction with social services (before the pandemic)

- Similar to the baseline study, more than 60% of study participants reported that they visited service providers more than 2 times per week.

- The number of Roma and Egyptians who reported that they had access to legal aid and engaged with community activists was higher in the baseline study. The same conclusion holds for persons with disabilities.
- The mean value of reported satisfaction with social services is 1.55 (SD = .28) – an increase of 0.07 units or 4.52 percent from the year 2018. Further, similar to the baseline study of 2018, respondents assigned lower scores to transportation, referrals, legal aid, vocational training, and health services.
- In the endline study, persons with disabilities (M = 1.51; SD = .25) reported lower levels of satisfaction with social services than Roma (M = 1.54; SD = .31) and Egyptians (M = 1.68; SD = .30).
- Compared to the baseline study, a greater percentage of study participants reported that the physical environment is suitable for persons with disabilities. Similar to the baseline study, Roma were more likely than persons with disabilities and Egyptians to report that social services do not fulfill their needs at all, and to report that they face challenges communicating with staff members.
- Similar to the baseline study, Roma were more likely than persons with disabilities and Egyptians to report that their life has not changed at all.
- Over time, the gap between public, non-public, and hybrid agencies has become smaller in terms of the relationship between service users and staff members, and the extent that service users think that their life has changed after receiving services.
- Compared to the baseline study, the percentage of study participants who reported that they don't know if service providers have organized discussions is higher (53.23% vs. 7.59%). Similarly, a higher percentage reported that they don't know if their rights are displayed on the premises of the center: 77.19% in 2020 vs. 35.97 in 2018.
- Compared to the baseline study, a smaller number of study participants reported that they participated in municipal meetings to discuss the budget of 2020.

Service beneficiaries: Access to social services during the COVID-19 pandemic

- 61.60 percent of study participants reported that they received services during the COVID-19 pandemic.
- Study participants reported receiving food packages (34.60 percent), sanitary packages (34.60 percent), education services (22.05 percent), counselling (12.17 percent), speech therapy (11.9 percent), and didactic materials (11.41 percent).
- The most frequent modes of service delivery were home visits (34.22 percent), chat conversations (26.62 percent), and phone calls (14.83 percent).
- Social workers were the most engaged professionals in the provision of social services during the COVID-19 pandemic. Specifically, 46.01 percent of study participants reported that they were supported by social workers, followed by psychologists (19.77 percent), and therapists (18.92 percent).

Service beneficiaries: Coping with the COVID-19 pandemic

- Almost all parents of children with disabilities used the word “irritation” (alb: acarim) to describe the way that their children coped with the pandemic. They also said that their children felt sad, angry, anxious, stressed, and nervous.
- Roma and Egyptians were overly concerned about their economic situation and the inability to put food on the table. They highlighted problems such as unemployment, lack of food, lack of medicine, lack of water and electricity, physical pain, fear of virus transmission, and lack of stable housing.
- Concerns over health and mental health went hand in hand with concerns over food scarcity and poverty.
- For those living on the brink of poverty, the support provided during the pandemic – food and sanitary packages – were far from sufficient.
- The majority of study participants reported that they interrupted their communication with service providers because they did not have a smartphone (or did not know how to use it) or did not have access to internet.

Recommendations: Preparing for the long-term consequences of the COVID-19 pandemic

- Service providers suggested distributing food and sanitary packages in poor communities and social service centers, providing cash assistance to families experiencing multiple vulnerabilities, organizing awareness-raising campaigns for service beneficiaries, offering training sessions for service providers, investing in hybrid services, providing transportation to deliver emergency services and in-home services, and developing a crisis management strategy for the municipality.
- Service beneficiaries suggested that social service centers increase the number of qualified staff as well as the number and type of services, provide transportation, build playgrounds and invest in outdoor activities to mitigate the impact of isolation, provide emergency services, and strengthen their advocacy efforts. Respondents highlighted that cash assistance programs and business recovery programs could help them overcome the long-term consequences of the COVID-19 pandemic.

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INTRODUCTION TO THE ENDLINE STUDY

This report presents endline data for the programme Leave No One Behind. The goal of the programme is to empower vulnerable groups in Albania to have equal access to public services and opportunities, to have a voice in decision-making, and to hold local authorities to account. The baseline study – conducted in 2018 – provided data on two outcome indicators: (a) vulnerable groups request and receive adequate social services and hold local authorities to account, and (b) municipalities effectively manage the provision of social services and promote social inclusion. The goal of the endline study is to examine the extent that outcome indicators have changed over time. While the study does not establish a causal relationship between the programme and outcome indicators, it provides important insights into the ways that experiences of social service providers and beneficiaries have changed from 2018 to 2020. The study also focuses on how service providers and beneficiaries have coped with the COVID-19 pandemic and what they think should be done to improve social services. Evidence will be used to inform the programme Leave No One Behind and advance its goal of improving social services and promoting social inclusion in Albanian communities.

The endline study draws on two types of data: (a) administrative data on service providers and beneficiaries, and (b) survey data on service beneficiaries. Similar to the baseline study, social service departments in 18 municipalities¹ reported information on services offered, types of service providers, governance of service providers, age group of beneficiaries, total number of beneficiaries by gender, number of persons with disabilities by gender, number of Roma beneficiaries by gender, number of Egyptian beneficiaries by gender, and participatory budgeting. We also asked questions on how service providers have coped with the COVID-19 pandemic and their suggestions on how to overcome challenges in the long run.

To capture whether satisfaction with social services has changed over time, we invited service providers² and beneficiaries who participated in the baseline study to participate in the endline study. Anticipating that attrition – study participants opting out of the endline study – would be a problem with our sample, we used sampling with replacement. To address the challenge of conducting an endline study in the midst of a health crisis, we sought to differentiate respondents' satisfaction with services before the pandemic and during the pandemic. This differentiation would be useful for at least two reasons: first, the endline data would be more comparable with the baseline data and, second, new data on how study respondents coped with the COVID-19 pandemic could inform the programme Leave No One Behind. This approach, however, has several shortcomings. One shortcoming is that study participants may not be very accurate when they recall their past experiences. Another shortcoming is that current experiences may affect how respondents view and report their past experiences.³ In other words, the way that respondents are coping with the COVID-19 pandemic may influence how they view their experiences with service providers before the pandemic. Given these methodological concerns, we suggest that research findings are interpreted with caution. Findings can be used to describe general patterns rather than establish causal relationships.

1 See Appendix A for the list of municipalities where mapping was conducted.

2 See Appendix D for the list of service providers and the baseline study for the selection criteria of service providers and beneficiaries.

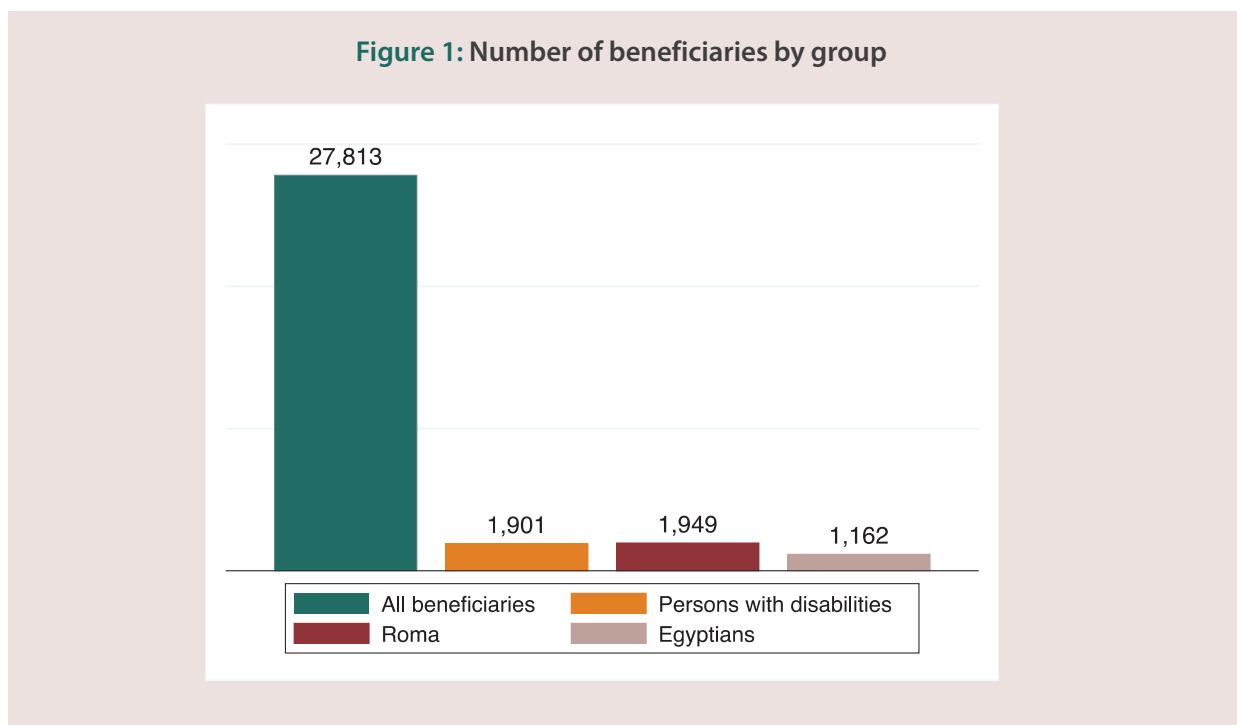
3 Bertrand, M., & Mullainathan, S. (2001). Economics and social behavior: Do people mean what they say? Implications for subjective survey data. *American Economic Review*, 91(2), 67–72; Krosnick, J. A. (1999). Survey research. *Annual Review of Psychology*, 50(1), 537–567.

To capture the experiences of service beneficiaries during the COVID-19 pandemic, we added a new section to the questionnaire that focused on access to and satisfaction with social services during the pandemic. Questions focused on aspects such as frequency of receiving services, types of services, delivery of services, quality of services and satisfaction with services and service providers, challenges faced during the COVID-19 pandemic, and suggestions for the improvement of services. The questionnaire was administered in person (81.37 percent) or by phone (18.63 percent). Similar to the baseline study, we used STATA to conduct univariate and bivariate analysis such as chi-square and ttest.

MAPPING SOCIAL SERVICES AND BENEFICIARIES

Municipalities reported the total number of 98 social service providers. The mean value of service providers was 6.72 (range: 1 – 25), the mean value of services was 4.03 (range: 1 – 35), and the maximum number of services was 35. Tirana, Shkodra, and Lezha reported the highest number of service providers. Most service providers were public (47.96 percent), followed by non-public (41.84 percent) and hybrid (10.20 percent) – public and non-public. The percentage of non-public service providers was higher in 2018 than in 2020 (50.41 percent vs. 41.84 percent). The main service providers were local government agencies (25.51%), NGOs (21.43%), and foundations (13.27%). The main beneficiaries of social services were children (68.37%), followed by youth (44.90%), the middle-aged (34.69%), and the elderly (28.57%). **Similar patterns were found in the baseline study.**

The number of reported beneficiaries – including beneficiaries of emergency and non-emergency services – is 91,443, out of which 63,630 (69,58 percent) have received emergency services to cope with consequences of the COVID-19 pandemic and the earthquake of November 2019. The number of reported beneficiaries – excluding beneficiaries of emergency services – is 27,813, a lower number than in 2018 (29,978 vs. 27,813). Figure 1 presents the number of reported beneficiaries by group.



Service providers that disaggregated their data by gender reported the number of 6,563 boys/men and 6,308 girls/women. The number of reported beneficiaries with disabilities was 1,901. Service providers that disaggregated their data by gender reported the number of 1,031 boys/men and 700 girls/women with disabilities. The number of Roma and Egyptian beneficiaries was 1,949 and 1,162, respectively. Service providers that disaggregated their data by gender reported the number of 794 Roma boys/men and 1,737 Roma girls/women, and 355 Egyptian boys/men and 332 Egyptian girls/women.

Municipalities were ranked by the number of service beneficiaries. Municipalities with the highest number of reported beneficiaries were Shkodra, Dibra, Lezha, Durrës, and Tirana. Municipalities with the lowest number of reported beneficiaries were Përmet, Shijak, Ura Vajgurore, Prrenjas, and Bulqiza. Municipalities with the highest number of beneficiaries with disabilities included Tirana, Lezha, Shkodra, Durrës, and Berat. Municipalities with the highest number of Roma beneficiaries included Tirana, Durrës, Shkodra, Fier, and Lezha. Municipalities with the highest number of Egyptian beneficiaries included Lezha, Shkodra, Korça, Durrës, and Berat. **Similar patterns were observed in 2018.**

Seventeen out of 18 municipalities reported that they organized participatory budgeting in 2019. Sixteen out of 17 municipalities that organized participatory budgeting reported that persons with disabilities, Roma, and Egyptians participated during meetings. Fourteen municipalities reported that persons with disabilities, Roma, and Egyptians have raised issues of concern during meetings. The same number of municipalities reported that the issues raised have been reflected – partly or fully – in the budget of the municipality. **Similar answers were provided in 2018.**

Fourteen out of 18 respondents said that municipalities were prepared or very prepared to address the challenges posed by COVID-19. There were no respondents who said that municipalities were not prepared or not prepared at all.

The comparison of **data over time** reveals the following patterns: First, the total number of reported beneficiaries – including beneficiaries of emergency and non-emergency services – in 2020 is 3,05 times higher than in 2018 (91,443 vs. 29,978), or it has increased by 205 percent. Meanwhile, if beneficiaries of emergency services are not counted, the number of reported beneficiaries in 2020 is lower than in 2018 (29,978 vs. 27,813) – a decline of 2,165 beneficiaries or 7.22 percent. Service providers explained that the decline has mainly resulted from the interruption of programs that could not be provided because of the COVID-19 pandemic. Typically, such programs require direct communication with service beneficiaries and engagement in the community. Some examples of programs include informational campaigns for parents, after-school programs, literacy programs, vocational training programs, entertainment activities for children in rural areas, summer camps, awareness raising campaigns in schools and communities, intercultural programs, peer-to-peer counselling, and computer literacy programs. Further, the decline was observed in municipalities with the highest number of service providers and beneficiaries such as the municipality of Lezha and the municipality of Tirana. The majority of municipalities that participated in the study have actually experienced an increase in the number of beneficiaries over time. Out of 18 municipalities that participated in the study, 13 reported a higher number of beneficiaries, 4 reported a lower number of beneficiaries, and 1 municipality did not report a change in the number of beneficiaries. Table 1 presents the number of beneficiaries by municipality and the direction of change over time – from 2018 to 2020. Second, the number of Roma women who have received social services in 2020 is significantly higher than in 2018 – 1,737 vs. 1,005. The number of Roma women who have benefited social services in 2020 is 2.19 times higher than the number of Roma men. This pattern was not observed for other groups – persons with disabilities and Egyptians. Third, the mean value of reported services in 2020 is higher than in 2018, 4.03 vs. 3.50, an increase of 0.53 points or 15.14 percent.

CHALLENGES AND RESPONSES DURING THE COVID-19 PANDEMIC: EXPERIENCES OF SERVICE PROVIDERS

Challenges during service provision

Respondents reported concerns over human and financial resources. They highlighted that municipal departments could not fully address citizens' demands for emergency services. They lacked specialized staff to provide in-home services (e.g., routine health checks), especially for vulnerable groups. Issues were also raised concerning transportation – travelling to community centers and conducting home visits. Respondents raised concerns over the health safety of staff members – especially those engaged in communities – because of the limited supply of face masks and disinfectants.

Respondents reported difficulties communicating with beneficiaries of social welfare programs such as the cash assistance program. Municipal officials could not travel to communities, assess the needs of individuals and families, and fill out applications. Respondents also mentioned that these challenges were more pronounced in large and diverse territories where it is more difficult to reach individuals and families in need, and a large proportion of the population does not have access to internet.

In terms of service delivery, **almost all respondents reported the challenge of providing services in particular for groups that were hit the hardest by the pandemic.** As one of the respondents said, "The main difficulty was providing uninterrupted basic services in the community in a situation that was unknown and unpredictable." While some municipalities reported that they interrupted services altogether, others said that they offered limited online services and/or in-home services. **Those who said that services were delivered through home visits reported challenges such as the lack of specialized staff.** Some respondents reported that they were concerned about the health safety of professionals during home visits.

Those who provided online services reported issues as well. **The number and type of services declined dramatically, and it became more difficult to communicate with hard-to-reach populations such as victims of domestic violence.** Online services could reach only those who had access to internet. But even those who obtained services, as one of the respondents said, needed too much concentration and coordination – especially when the engagement of more than one individual was required (e.g., a person with disability and a family member). Some respondents said that service beneficiaries "got tired too soon," and withdrew from online services.

Other challenges were the lack of information on the COVID-19 pandemic, panic and anxiety, and the lack of an emergency management strategy and budget at the municipality level. Concerns surrounded the distribution of food and sanitary packages because social distancing was not always practiced.

Responding to the COVID-19 pandemic

Some municipalities allocated an emergency fund and established emergency teams. Every municipality reported the implementation of some kind of intervention or program that supported vulnerable groups. Municipalities offered online services – social, health, legal services; provided services to the elderly, for example delivered the retirement pension; distributed food and sanitary packages to vulnerable families; provided in-home services such as food and health checks; provided online services such as counselling for children with disabilities and families; filled out application forms for the cash assistance program and/or offered support to applicants during the application process. They also disinfected public spaces, nurseries, kindergartens, and schools to prevent virus transmission.

Responses varied by municipality. One of the respondents for instance described an online platform that was established to communicate with citizens – distribute information, assess needs, and provide advice. Others encouraged citizens to call municipal departments and address questions, distributed masks and disinfectants to the beneficiaries of social services, increased online communication through platforms such as Zoom, organized awareness-raising campaigns on the importance of wearing masks and washing hands, and provided written guidelines to the parents of children with disabilities. Some municipalities placed more efforts into coordination. One of the respondents shared the experience of organizing the work in four teams that were responsible for (a) communicating with citizens and conducting needs assessment, (b) acquiring aid from local, national, and international institutions, (c) distributing food and sanitary packages and providing transportation for home visits, and (d) providing online services. To provide emergency services, some municipalities brought together public institutions, civil society organizations, and businesses. Municipalities have also mobilized volunteers for service delivery, organized training sessions on health-related topics for their staff, and kept abreast of new health information and developments.

Satisfaction with social services

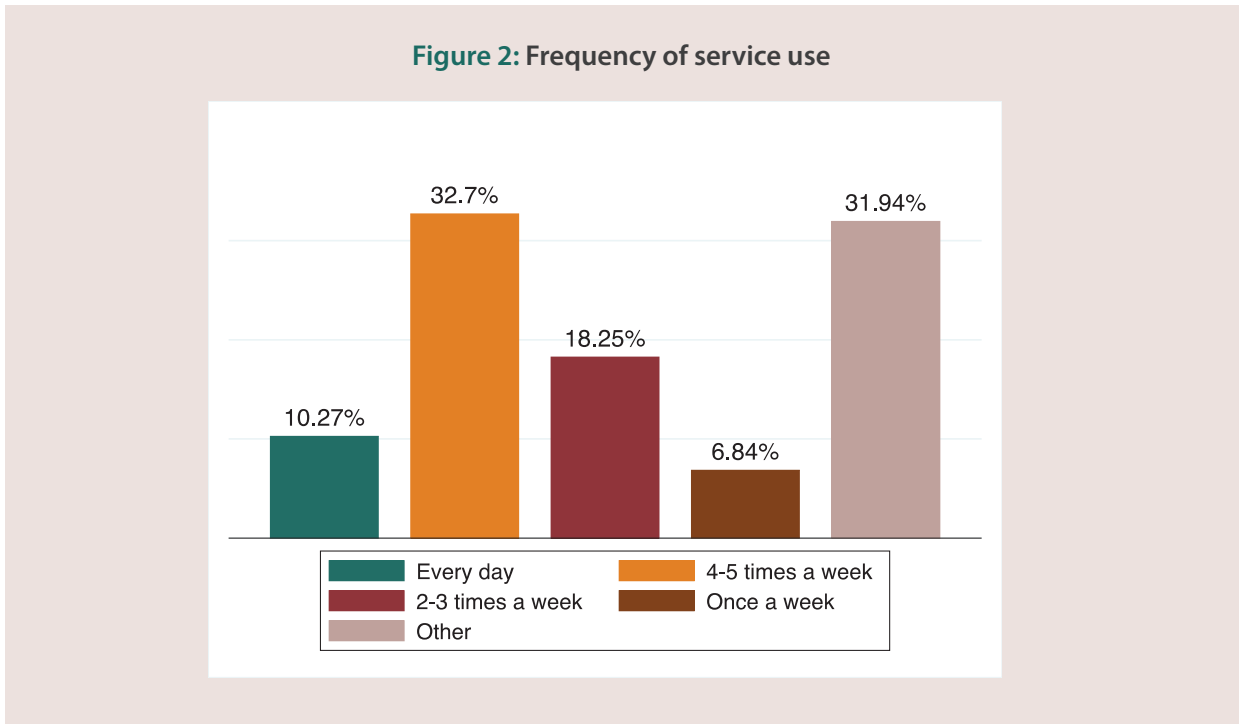
Characteristics of study participants

59.32 percent of study participants were women/girls and 40.68 percent were men/boys. 29.66 percent did not have any education, 20.15 percent had primary education, and 27.38 percent had 8 or 9 years of education. 58.56 percent had a disability, 24.33 percent and 17.18 percent belonged to the Roma and Egyptian community, respectively. 74.14 percent received monthly payments from State Social Services. The most common type of payment was the disability entitlement (56.27 percent) and the payment for the caregiver (33.08 percent). 15.59 percent received economic aid. The mean value of monthly (personal) income was 16,941 ALL (SD = 17,087). 53.61 percent of respondents participated in the baseline study of 2018 (Table 5).

SATISFACTION WITH SOCIAL SERVICES BEFORE THE COVID-19 PANDEMIC

Access to social services

Before the pandemic, study participants reported that they visited service providers quite frequently. Specifically, 10.27 percent reported that they visited service providers every day, 32.70 percent visited service providers 4-5 times a week, 18.25 percent visited service providers 2-3 times a week, and 6.84 percent visited service providers once a week. 31.94 percent visited service providers less frequently than once a week.



Similar to the baseline study, more than 60% of study participants reported that they visited service providers more than 2 times per week.

Types of social services

Most study participants reported that before the pandemic they had access to entertainment activities (46.39 percent), education services (42.59 percent), and counselling (34.6 percent). A small percentage of study participants – less than 2 percent – reported that they had access to legal aid (1.52 percent), transportation (1.9 percent), and referral services (1.9 percent) (Table 7). **A similar pattern as regards the types of services was found in the baseline study.**

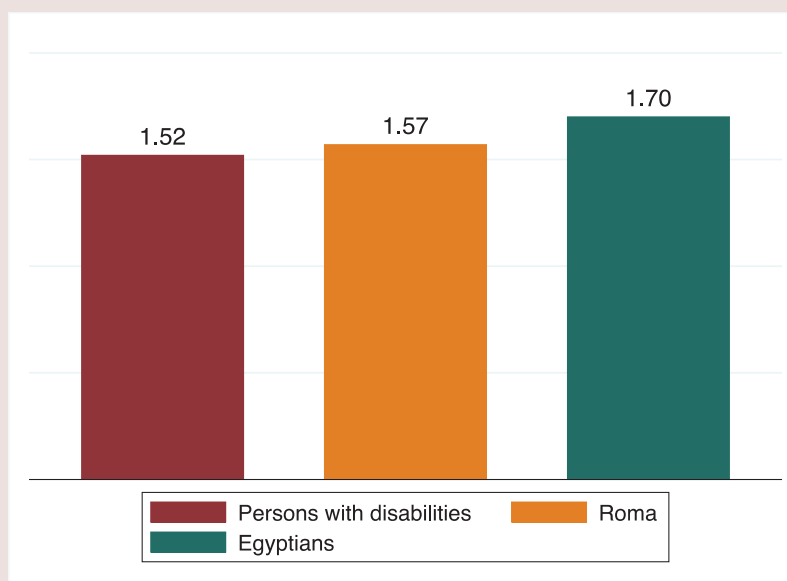
Similar to the baseline study, persons with disabilities were more likely than Roma and Egyptians to report that they had access to counselling and speech therapy. Meanwhile, Roma and Egyptians were more likely to report that they had access to food and awareness-raising activities. **The number of Roma and Egyptians who reported that they had access to legal aid and engaged with community activists was higher in the baseline study. The same conclusion holds for persons with disabilities.**

Quality of social services

Study participants assigned a mean value of 1.56 (SD = .27) to all social services. **The mean value in the endline study is close to the mean value in the baseline study.** Specifically, in 2018 study participants assigned a mean value of 1.48 to all social services (SD = .34). The difference as regards the quality of social services is 0.08 points or 5.4 percent. Similar to the baseline study, social services with the lowest reported quality were transportation, referral to other services, legal aid, vocational training, and health services.

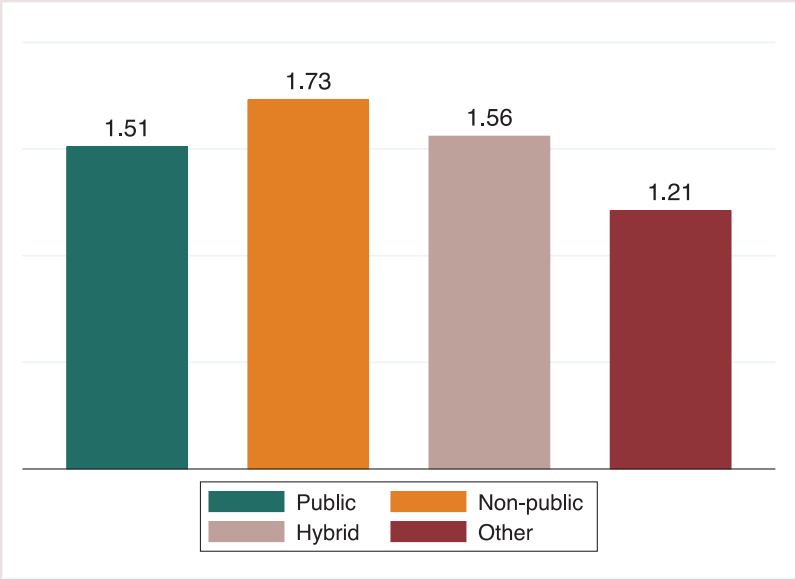
In the study of 2018, members of the Roma community (M = 1.36; SD = .38) reported lower quality of social services than persons with disabilities (M = 1.54; SD = .32) and Egyptians (M = 1.46; SD = .29). In the study of 2020, persons with disabilities (M = 1.52; SD = .24) reported lower quality of social services than Roma (M = 1.57; SD = .27) and Egyptians (M = 1.70; SD = .30). The comparison indicates that over time the perceived quality of social services has improved for Roma and Egyptians but not for persons with disabilities.

Figure 3: Mean value of perceived quality of social services by group



Service users in non-public agencies, compared to service users in other types of agencies – public and hybrid – assigned higher value to the quality of social services. The same pattern was found in the baseline study. Figure 4 presents the mean value of perceived quality of social services by service provider.

Figure 4: Mean value of perceived quality of social services by provider



Over time, the change in the perceived quality of social services has become more pronounced for hybrid service providers (an increase of 35.65 percent) and non-public service providers (an increase of 5.49 percent). The change has been insignificant for public service providers.

Similar to the baseline study, differences between women/girls and men/boys on the perceived quality of social services were not statistically significant. Figure 5 presents the mean value of perceived quality of social services by gender.

Figure 5: Mean value of perceived quality of social services by gender

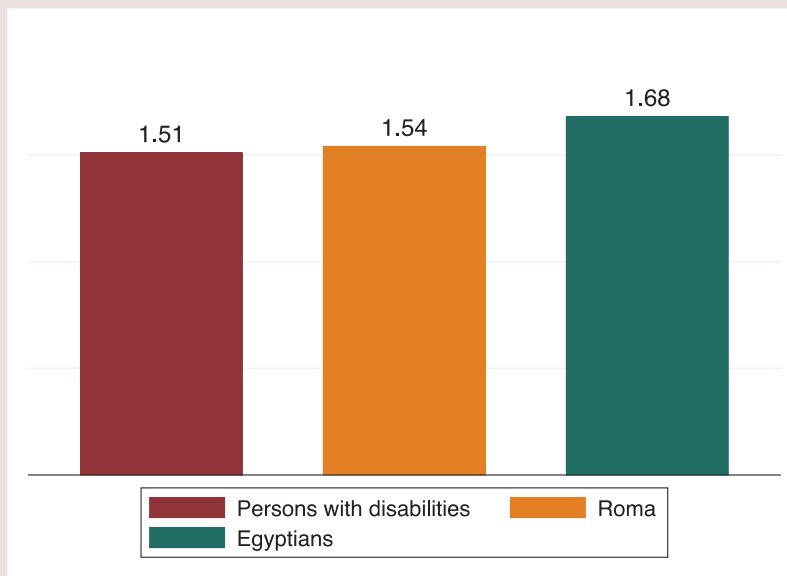


Satisfaction with social services

The mean value of reported satisfaction with social services before the pandemic was 1.55 (SD = .28). **The value is similar to the baseline study where the mean value of reported satisfaction with social services was 1.48 (SD = .34) – an increase of 0.07 units or 4.52 percent.** Further, similar to 2018, respondents assigned lower scores to transportation, referrals, legal aid, vocational training, and health services (Table 9).

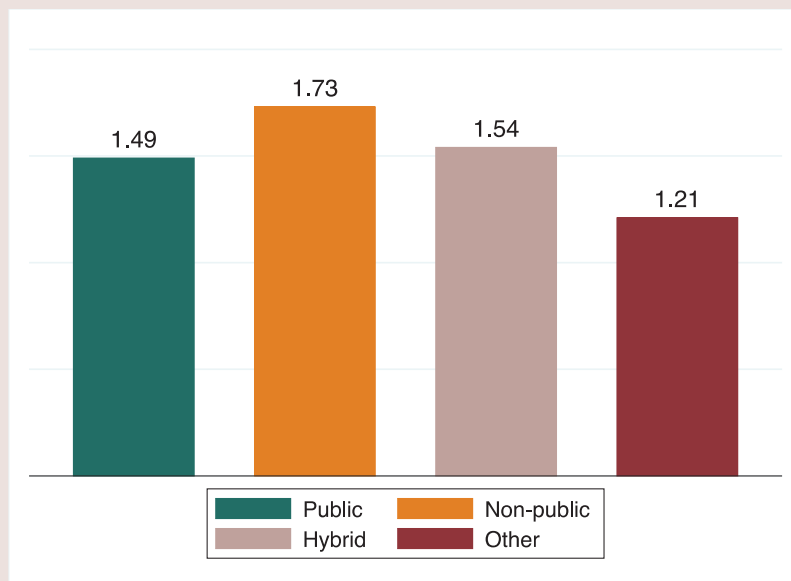
In the baseline study, members of the Roma community (M = 1.37; SD = .40) reported lower levels of satisfaction with social services than persons with disabilities (M = 1.53; SD = .32) and Egyptians (M = 1.47; SD = .31). **In the endline study, persons with disabilities (M = 1.51; SD = .25) reported lower levels of satisfaction with social services than Roma (M = 1.54; SD = .31) and Egyptians (M = 1.68; SD = .30).**

Figure 6: Mean value of reported satisfaction with social services by group



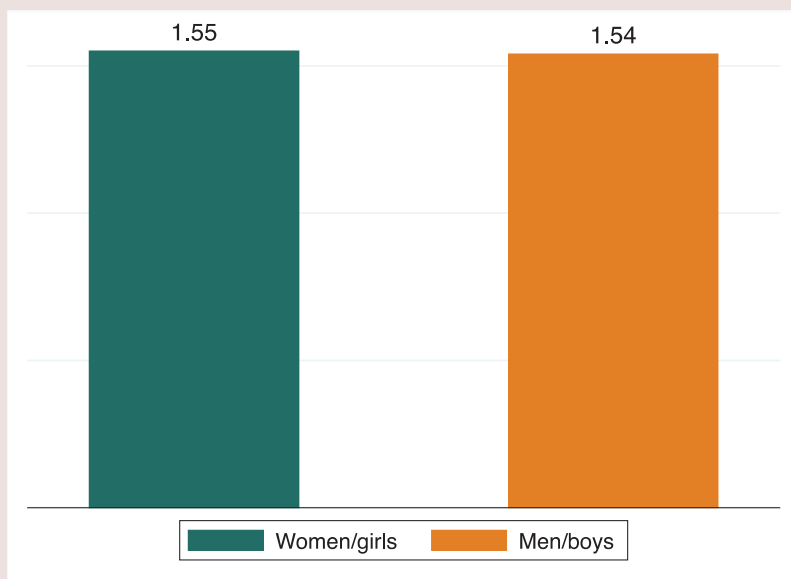
Similar to the baseline study, service users in non-public agencies, compared to service users in other types of agencies, reported higher levels of satisfaction with social services. Figure 7 presents the mean value of reported satisfaction with social services by service provider.

Figure 7: Mean value of reported satisfaction with social services by service provider



Differences between women/girls and men/boys were not statistically significant – a similar pattern with the baseline study. Figure 8 displays the mean value of satisfaction with social services by gender.

Figure 8: Mean value of reported satisfaction with social services by gender

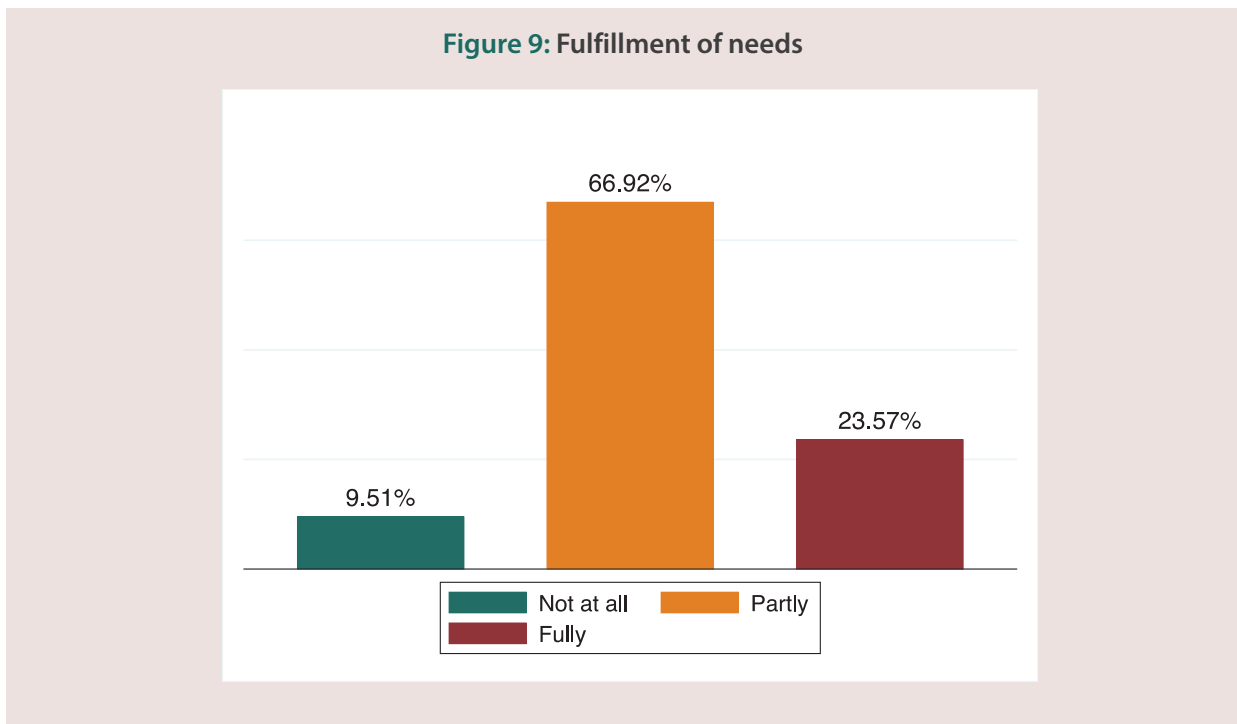


Professionals providing support

Most study participants reported that they have obtained support from social workers (68.82 percent), psychologists (42.21 percent), therapists (30.8 percent), teachers (25.86 percent), and community mediators (24.71 percent). A smaller percentage received support from personal care assistants (0.38 percent), lawyers (1.14 percent), companions (2.66 percent), doctors (3.8 percent), and nurses (7.22 percent). **A similar pattern was found in 2018.** The mean value of satisfaction with professionals ranged from 1.16 to 3.25.

Conditions and relationship with professionals

9.51 percent of study participants reported that social services do not fulfill their needs at all and 66.92 percent reported that social services fulfill their needs only in part (Figure 9).

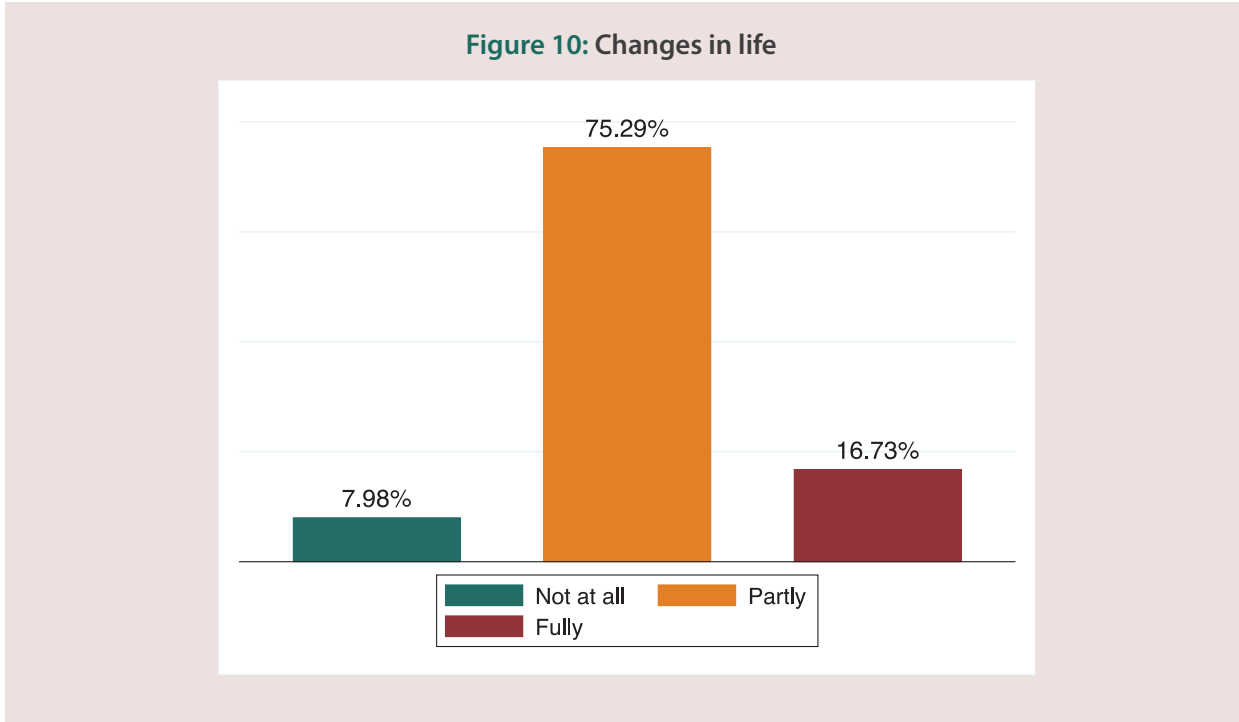


Compared to the baseline study, a greater percentage of study participants reported that the physical environment is suitable for persons with disabilities. Similar to the baseline study, Roma were more likely than persons with disabilities and Egyptians to report that social services do not fulfill their needs at all and to report that they face challenges communicating with staff members. Roma were less likely than persons with disabilities and Egyptians to report that social services are provided on time.

Service users in public, non-public, and hybrid agencies were equally likely to report that staff members are polite and have good communication skills. A different pattern was found in the baseline study where service users in non-public agencies reported better relationships with staff members.

Changes in life

7.98 percent of study participants reported that their life has not changed, 75.29 percent reported that their life has partly changed, and 16.73 percent reported that their life has fully changed (Figure 10).



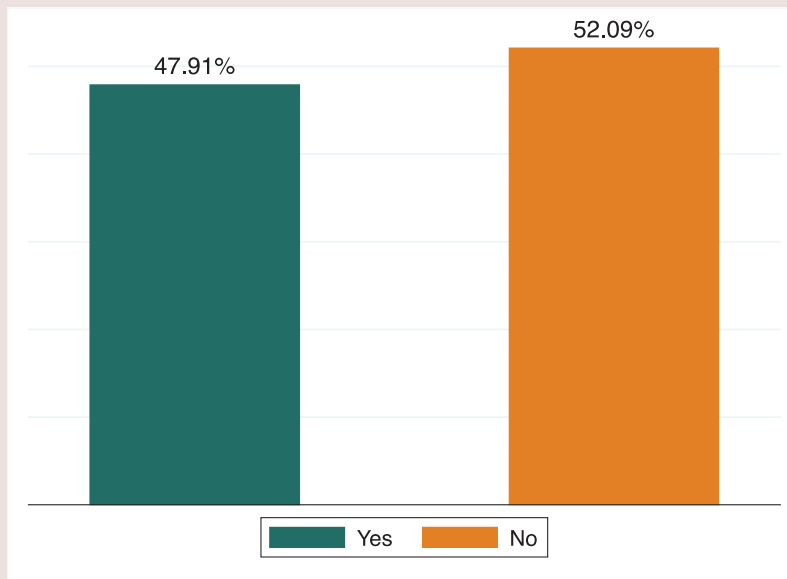
Similar to the baseline study, Roma were more likely than persons with disabilities and Egyptians to report that their life has not changed at all.

In 2018, service users in non-public agencies were more likely to report that their life has partly or fully changed. This was not the case in 2020. Study participants in public, non-public, and hybrid agencies were equally likely to report that their life has partly or fully changed. **Over time, the gap between public, non-public, and hybrid agencies has become smaller in terms of the relationship between service users and staff members, and the extent that service users think that their life has changed after receiving services.**

Access to information and involvement in decision-making

47.91 percent of study participants reported that they know their rights and 52.09 percent reported that they don't know their rights as service beneficiaries.

Figure 11: Knowledge of rights

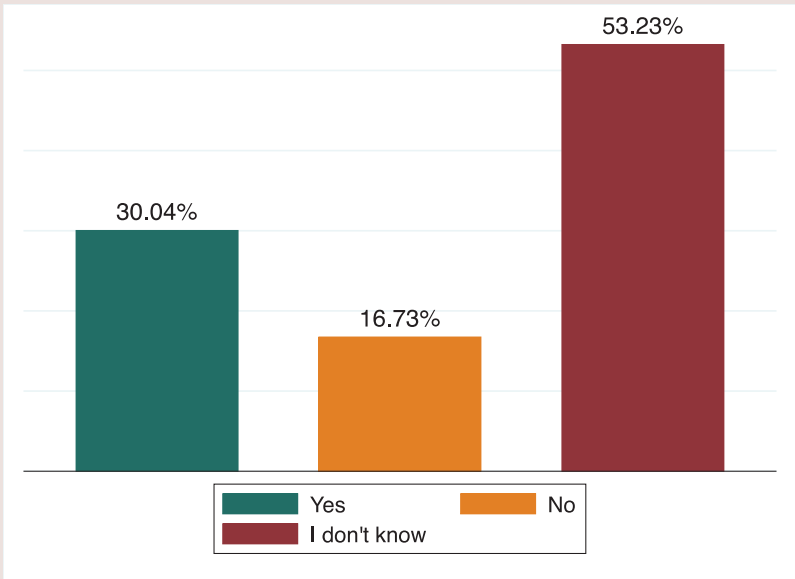


Compared to the year 2018, a smaller percentage of study participants reported that they know their rights – 47.91 percent vs. 64.36 percent. Similar to the baseline study, a smaller percentage of Roma reported that they know their rights.

Service users in public, non-public, and hybrid agencies were equally likely to report that they know their rights. Specifically, 49.38 percent of service users in public agencies, 49.18 percent in non-public agencies, and 40.54 percent in hybrid agencies reported that they know their rights. In the baseline study, service users in non-public agencies were more likely to report that they know their rights. 82.14 percent of service users in non-public agencies reported that they know their rights. The percentage of service users in public agencies and hybrid agencies was much lower – 56.14 percent and 47.92 percent, respectively. **The gap between service users in public and non-public agencies concerning knowledge of rights has diminished over time.**

30.04 percent of study participants reported that service providers have organized discussions on the rights of beneficiaries. Meanwhile, 16.73 percent said that service providers have not organized discussions and 53.23 percent said that they don't know if service providers have organized discussions.

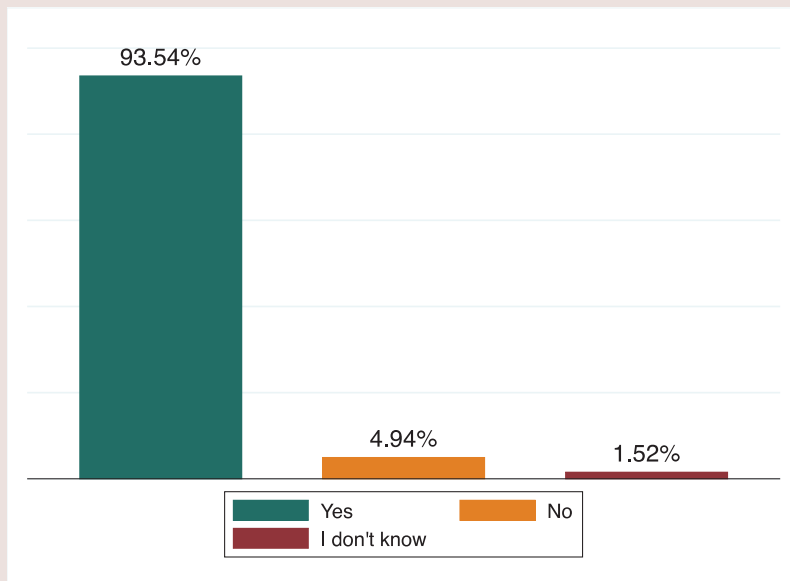
Figure 12: Organization of discussions on the rights of beneficiaries



Compared to the baseline study, the percentage of study participants who reported that service providers have organized discussions is far lower (30.04 percent vs. 73.93 percent), and the percentage of study participants who reported that they don't know if discussions have been organized is higher (53.23 percent vs. 7.59 percent). Similarly, a higher percentage reported that they don't know if their rights are displayed on the premises of the center: 77.19 percent in 2020 vs. 35.97 percent in 2018. One of the explanations that was provided during fieldwork was that service beneficiaries are not satisfied with the way that service providers have managed the situation during the COVID-19 pandemic. Service beneficiaries said for instance that they have not benefited from emergency services or the distribution of food and sanitary packages was not fair – a concern that we discuss below. These experiences suggest that the ways that service beneficiaries assess their knowledge of discussions and rights before the COVID-19 pandemic may be affected by their experiences during the COVID-19 pandemic.

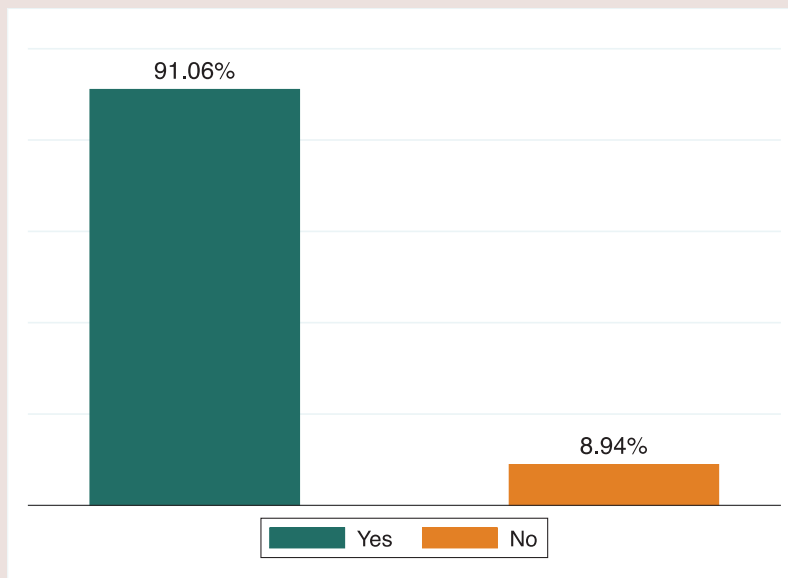
93.54 percent of study participants reported that centers have organized discussions on the improvement of services – a percentage higher than in 2018 (93.54 percent vs. 66.34 percent).

Figure 13: Organization of discussions on the improvement of services



91.06 percent reported that they have participated in discussions, a percentage higher than in 2018 (91.06 percent vs. 82.84 percent).

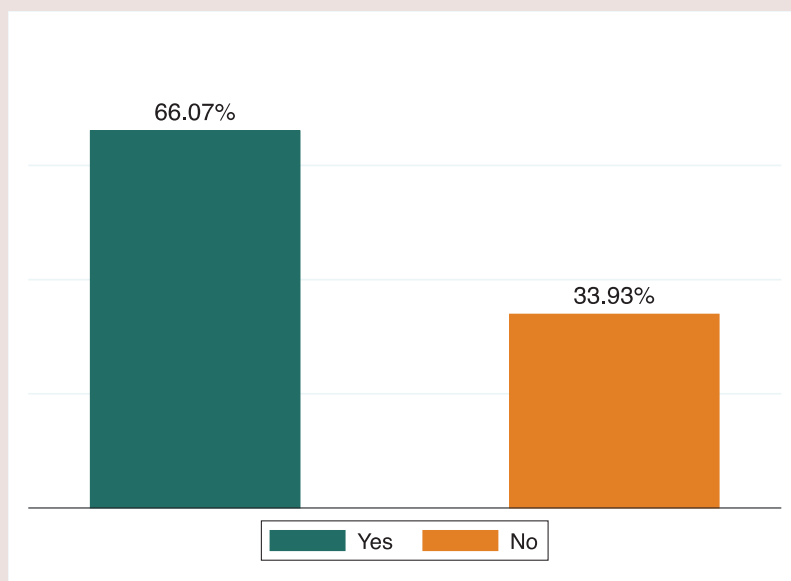
Figure 14: Participation in the discussion of services



Similar to the baseline study, differences between the three groups – persons with disabilities, Roma and Egyptians were not statistically significant. Further, differences between public, non-public and hybrid service providers were not statistically significant.

66.07 percent of study participants reported that they have provided suggestions on the improvement of services. The percentage for the year 2018 was 70.41.

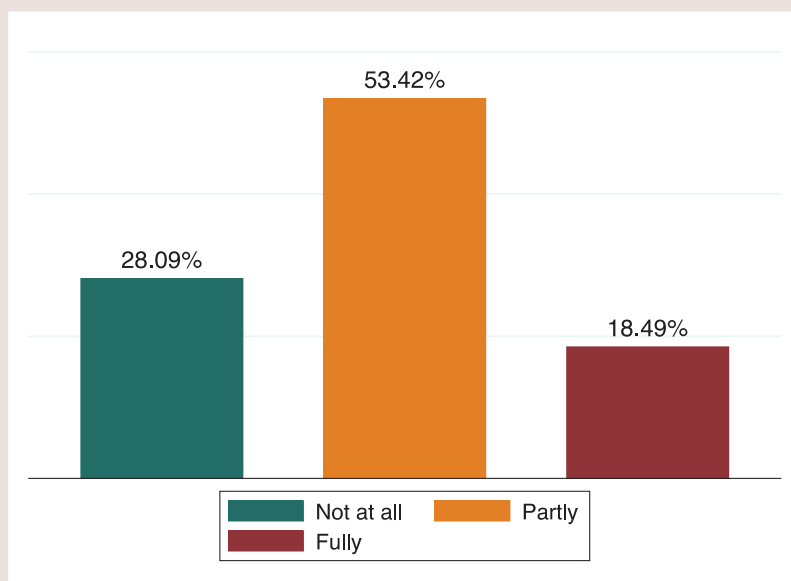
Figure 15: Suggestions for service improvement



There were no differences across the three groups – persons with disabilities, Roma and Egyptians. Similarly, differences between public, non-public and hybrid institutions were not statistically significant. This pattern was found in the baseline study as well.

As regards the extent that suggestions were taken into account, 71.91 percent of study participants reported that their suggestions were either partly or fully taken into account. The percentage for the year 2018 was 76.93.

Figure 16: Suggestions were taken into account



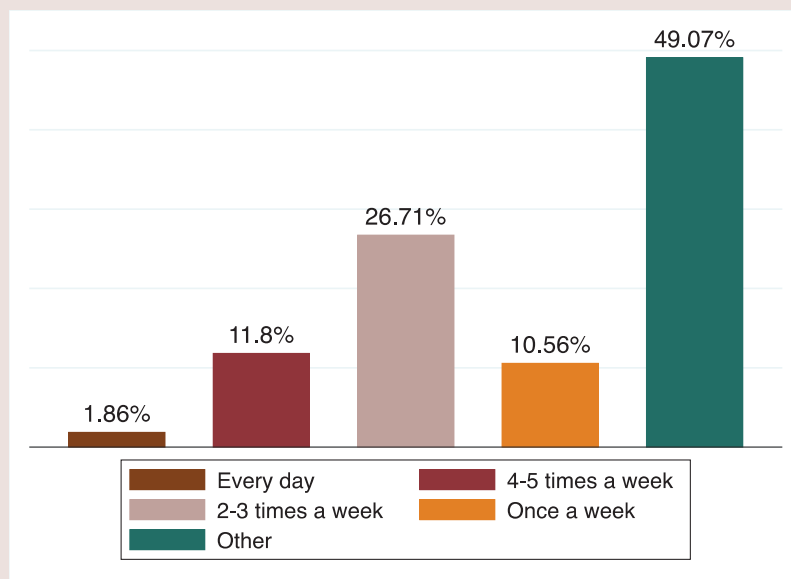
Similar to the baseline study, differences between public, non-public and hybrid service providers were not statistically significant.

Compared to the baseline study, a smaller number of study participants reported that they participated in municipal meetings to discuss the budget. Only 5 service beneficiaries (1.90 percent) said that they participated in municipal meetings to discuss the budget of 2020. This number for the year 2018 was 17 (5.61 percent). While the reasons behind the decline are not clear, a possible explanation – provided during fieldwork – was that because of the earthquake of November 2019 municipalities paid less attention to the organization of public hearings – typically, municipal budgets are discussed around the months of November and December. But other explanations may also explain the trend, for instance recall bias and the method of data collection (face-to-face vs. phone interviews). Three out of 5 respondents said that they raised issues concerning social services during budget discussion, compared to 12 in 2018. Two study participants reported that the issues that they raised were reflected on the budget of the municipality. This number was 3 for the year 2018. Even though people reported greater participation in the discussion of the municipal budget in 2018 – compared to 2020 – the number of those who reported that their concerns were reflected on the budget of the municipality was similar.

ACCESS TO SOCIAL SERVICES DURING THE COVID-19 PANDEMIC: EXPERIENCES OF SERVICE BENEFICIARIES

61.60 percent of study participants reported that they received services during the pandemic. Around 50 percent of those who received services said that their access was limited to less often than once a week (e.g., once a month). Figure 17 presents the frequency of service use during the COVID-19 pandemic.

Figure 17: Frequency of service use during the COVID-19 pandemic



Study participants reported receiving food packages (34.60 percent), sanitary packages (34.60 percent), didactic materials (11.41 percent), counselling (12.17 percent), speech therapy (11.9 percent), and education services (22.05 percent). The most frequent modes of service delivery were home visits (34.22 percent), chat conversations (26.62 percent), and phone calls (14.83 percent). Social workers were the most engaged professionals in the provision of social services. Specifically, 46.01 percent of study participants reported that they were supported by social workers, followed by psychologists (19.77 percent), and therapists (18.92 percent).

Challenges faced during the COVID-19 pandemic

Almost all parents of children with disabilities used the word “irritation” (alb: acarim) to describe how their children coped with the pandemic. They said that their children felt sad, angry, anxious, stressed, and nervous. Several parents referred to the pandemic as a “health shock” that led to “deterioration.” **Roma and Egyptians were overly concerned about their economic situation and the inability to put food on the table.** They said that “the economy fell to zero” (alb: ekonomia ra në zero) because they could not engage in the informal market. **They highlighted problems such as unemployment, lack of food, lack of medicine, lack of water and electricity, physical pain, fear of virus transmission, and lack of stable housing.**

Concerns over health and mental health went hand in hand with concerns over food scarcity and poverty. Several respondents reported that they lost their jobs or closed their businesses and, therefore, could not fulfill their basic needs. They talked about multiple vulnerabilities – could not afford to buy food, medicine, and didactic materials for their children. For those living on the brink of poverty, the support provided during the pandemic – food and sanitary packages – were far from sufficient.

Many study participants reported that they did not have a smartphone (or did not know how to use it) or did not have access to internet. They were overloaded with many tasks. The parents of children with disabilities reported that they lacked tools to complete assignments and, often, they did not know how to help their children.

Respondents shared concerns over the distribution of food and sanitary packages. They said that packages were distributed to a select number of individuals who shared ties with service providers. They demanded that the distribution process is fair and transparent and targets more families.

RECOMMENDATIONS

Recommendations by service providers

Food and sanitary packages. Almost all service providers demanded more support with food and sanitary packages. Some of the items that were repeatedly mentioned – besides food items – were masks, disinfectants, medicine, digital thermometers, floor marking strips for social distancing, and brochures with information on how to prevent virus transmission. These items were requested for municipalities and social service centers.

Cash assistance. Service providers suggested the provision of cash assistance for families that were hit the hardest by the pandemic. Similar with service beneficiaries (see below), service providers highlighted that the provision of cash assistance should not be restricted to a couple of months.

Awareness-raising campaigns for service beneficiaries. Service providers suggested that the goal of awareness-raising campaigns should be to educate service beneficiaries and their families on the measures they should undertake to prevent virus transmission and protect themselves and service providers. Awareness-raising campaigns should also inform service beneficiaries about the protocol of service delivery.

Training sessions for service providers. Service providers suggested the organization of training sessions for staff members, especially those who are engaged in service delivery. The following topics were suggested: how to deliver emergency services in the presence of physical restrictions; how to deliver services safely and protect themselves and service beneficiaries; how to manage stress and burnout; how to provide in-home services including medical and non-medical services. Training sessions were also suggested for social workers, psychologists, and teachers on how to address the negative impact of the COVID-19 pandemic during their work and develop a positive and effective relationship with service beneficiaries.

Preparedness for hybrid services. Service providers suggested investing more resources in online services and preparing to provide hybrid services – online and in-person. It was suggested to provide free telephone counselling – a service for which staff members need to be trained.

Transportation. Almost all service providers demanded support with transportation to reach out populations especially in remote, rural areas. They raised the concern that rural populations are particularly vulnerable because they cannot have access to online services and – if transportation is not available – they will be left out of social programs.

Crisis management strategy and budget. Service providers suggested that every municipality should develop its own crisis management strategy and allocate an emergency budget.

Recommendations by service beneficiaries

Qualified specialists. Service beneficiaries suggested that social service centers increase the number of specialists who are qualified to address the multiple needs of persons with disabilities. Further, specialists develop individual plans and allocate more time to each individual.

Transportation. Almost all persons with disabilities or their caretakers highlighted the need for transportation to access social service centers.

Playgrounds and outdoor activities. To address the impact of isolation on the health and mental health of persons with disabilities, it was suggested that social service centers invest in playgrounds where persons with disabilities can exercise and at the same time socialize with one another while practicing social distancing. Also, it was suggested to organize more outdoor activities and entertainment activities.

Business recovery programs. To address the economic shock, it was suggested to support families recover their small businesses and reconnect with the job market. Roma respondents, for instance, suggested that one way to support them would be to give goods, tools, or devices (e.g., clothes, compressors, hand pruners).

Emergency services. Emergency services could consist of food packages and cash assistance to cover basic needs such as medicine and clothing. This kind of support should be provided over a considerable amount of time – until families overcome the risk of falling in deep poverty. Many respondents who received food and sanitary packages said that the support was insufficient and should be extended over a longer period of time.

Number and type of services. Service beneficiaries suggested that social service agencies that serve persons with disabilities introduce new types of services – a suggestion that was made in the baseline study as well – and at the same time respond to the pandemic by offering in-home services. It was also suggested to develop programs that target parents especially on how to better serve children and address feelings of anger, sadness, and isolation.

Advocacy efforts. Service beneficiaries suggested that service providers strengthen their advocacy efforts and ensure that assistant teachers are introduced in every school. They also suggested that the experience of those who provide consistent care for persons with disability is recognized as working experience by the government.

It was also suggested to continue the independence living program, support families to apply for cash assistance and social assistance, provide didactic materials and textbooks for school children. Service beneficiaries emphasized that social service agencies should honor the protocol approved by the Ministry of Health and Social Protection.

SUMMARY: BASELINE DATA VS. ENDLINE DATA

Outcome 1: Vulnerable groups request and receive adequate social services from local authorities that support their social inclusion. Vulnerable populations hold local authorities accountable.

	2018		2020	
1. Number of vulnerable persons that receive adequate social services by local government units and relevant organizations⁴	N		N	
Total number of beneficiaries	29,978		91,443 ⁵	
Total number of beneficiaries ⁶	29,978		27,813 ⁷	
Total number of beneficiaries: men/boys	9,422		6,563	
Total number of beneficiaries: women/girls	8,605		6,308	
Number of persons with disabilities	2,558		1,901	
Number of beneficiaries with disabilities: men/boys	1,443		1,031	
Number of beneficiaries with disabilities: women/girls	1,046		700	
Number of Roma	2,812		1,949	
Number of Roma: men/boys	1,102		794	
Number of Roma: women/girls	1,005		1,737	
Number of Egyptians	1,825		1,162	
Number of Egyptians: men/boys	684		355	
Number of Egyptians: women/girls	582		332	
2. Satisfaction with social services received by persons with disabilities, Roma and Egyptians (gender-disaggregated data)⁸	M	SD	M	SD
Satisfaction with social services	1.48	.34	1.55	.28
Satisfaction with social services: women/girls	1.47	.33	1.55	.26
Satisfaction with social services: men/boys	1.49	.36	1.54	.30
Satisfaction with social services for persons with disabilities	1.53	.32	1.51	.25
Satisfaction with social services: women/girls with disabilities	1.52	.32	1.51	.24
Satisfaction with social services: men/boys with disabilities	1.53	.31	1.52	.26
Satisfaction with social services: Roma	1.37	.40	1.54	.31
Satisfaction with social services: Roma women/girls	1.38	.36	1.61	.25
Satisfaction with social services: Roma men/boys	1.36	.46	1.44	.36
Satisfaction with social services: Egyptians	1.47	.31	1.68	.30
Satisfaction with social services: Egyptians women/girls	1.46	.30	1.62	.31
Satisfaction with social services: Egyptian men/boys	1.49	.33	1.75	.29

4 Based on administrative data.

5 Including beneficiaries of emergency and non-emergency services. The number of beneficiaries supported by the LNB program was 1,189 (see Table 2).

6 The sum of women and men does not equal the total number of beneficiaries because some agencies did not disaggregate data by gender.

7 Excluding beneficiaries of emergency services that addressed consequences of the COVID-19 pandemic and the earthquake of November 2019.

8 Based on interviews with service users.

3. Improved and expanded provision of social services throughout Albania⁹		N			
Number of beneficiaries		29,978	27,813		
Number of service providers		121	98		
Number of public service providers		49	47		
Number of non-public service providers		61	41		
Number of hybrid service providers		11	10		
4. Increased coverage of the needs of persons with disabilities, Roma and Egyptians by non-financial assistance (health, housing, health, education, employment, etc.)¹⁰		M		SD	
Number of social services for persons with disabilities		4.36	1.78	4.20	1.56
Number of social services for Roma		4.00	2.26	4.02	2.20
Number of social services for Egyptians		4.34	1.85	4.25	1.75
Types of social services: persons with disabilities		N		%	
<i>Food</i>		53	29.44	30	19.48
<i>Clothing</i>		4	2.22	1	0.65
<i>Health services</i>		19	10.56	5	3.25
<i>Counselling</i>		105	58.33	77	50.00
<i>Speech therapy</i>		88	48.89	76	49.35
<i>Physical therapy</i>		52	28.89	48	31.17
<i>Vocational training</i>		8	4.44	1	0.65
<i>Financial support</i>		36	20.00	0	-
<i>Asset support for starting a business</i>		0	-	0	-
<i>Legal aid</i>		5	2.78	0	-
<i>Education</i>		93	51.67	66	42.86
<i>Referral to other centers</i>		5	2.78	0	-
<i>Transportation to other centers</i>		1	0.56	0	-
<i>Entertainment activities</i>		128	71.11	71	46.10
<i>Awareness-raising activities</i>		61	33.89	4	2.60
<i>Connections with community activists</i>		15	8.33	0	-
<i>Other types of services</i>		64	35.56	12	7.79
<i>Other types of services</i>		9	5.00	0	-
<i>Other types of services¹¹</i>		1	0.56	0	-

9 Based on administrative data.

10 Based on interviews with service beneficiaries.

11 There are other types of services, such as development therapy, art therapy, ABA therapy, work therapy, home-based specialized services for children with disabilities, and other services provided during the pandemic (e.g., sanitary packages, online speech therapy, online services and home visits for children with disabilities, Roma, and Egyptians).

Types of social services: Roma	N	%	N	%
Food	33	40.74	34	53.12
Clothing	11	13.58	10	15.62
Health services	18	22.22	13	20.31
Counselling	17	20.99	8	12.50
Speech therapy	1	1.23	1	1.56
Physical therapy	0	-	0	-
Vocational training	10	12.35	2	3.12
Financial support	7	8.64	2	3.12
Asset support for starting a business	14	17.28	12	18.75
Legal aid	38	46.91	0	-
Education	36	44.44	31	48.44
Referral to other centers	5	6.17	3	4.69
Transportation to other centers	3	3.70	4	6.25
Entertainment activities	38	46.91	31	48.44
Awareness-raising activities	34	41.98	33	51.56
Connections with community activists	14	17.28	1	1.56
Other types of services	37	45.68	1	1.56
Other types of services	5	6.17	0	-
Other types of services ¹²	1	1.23	0	-
Types of social services: Egyptians	N	%	N	%
Food	22	44.90	23	51.11
Clothing	17	34.69	15	33.33
Health services	5	10.20	2	4.44
Counselling	6	12.24	6	13.33
Speech therapy	2	4.08	0	-
Physical therapy	1	2.04	0	-
Vocational training	3	6.12	4	8.89
Financial support	11	22.45	16	35.56
Asset support for starting a business	6	12.24	8	17.78
Legal aid	26	53.06	4	8.89
Education	19	38.78	15	33.33
Referral to other centers	3	6.12	2	4.44
Transportation to other centers	2	4.08	1	2.22
Entertainment activities	29	59.18	20	44.44
Awareness-raising activities	35	71.43	12	26.67
Connections with community activists	10	20.41	1	2.22
Other types of services	10	20.41	6	13.33
Other types of services	4	8.16	0	-
Other types of services ¹³	1	2.04	0	-

¹² See above.

¹³ See above.

5. Number of issues/concerns raised by persons with disabilities, Roma and Egyptians addressed in annual planning and budgeting of social services¹⁴	N	N
Number of individuals participating in meetings organized by the municipality to discuss the budget	17	5
Number of individuals raising issues/concerns regarding social services during budget discussion	12	3
Number of issues/concerns raised during budget discussions	16	6
Issues reflected on the budget of the municipality		
Yes	3	2
No	6	1
I don't know	3	0
Organization of participatory budgeting by the municipality		
Yes	14	17
No	2	1
Participation of vulnerable groups in budget discussions		
Yes	13	16
No	3	1
Vulnerable groups addressing issues/concerns		
Yes	11	14
No	5	2
Concerns of vulnerable groups reflected on the budget		
Yes	12	14
No	4	0

Outcome 2: Municipalities effectively manage the provision of social services and promote social inclusion

1. Qualitative and quantitative evolution of services and role of non-public service providers¹⁵	M	SD	M	SD
Perceived quality of social services	1.48	.34	1.56	.27
Perceived quality of social services: women/girls	1.46	.32	1.56	.25
Perceived quality of social services: men/boys	1.50	.36	1.56	.29
Perceived quality of social services: persons with disabilities	1.54	.32	1.52	.24
Perceived quality of social services: Roma	1.36	.38	1.57	.27
Perceived quality of social services: Egyptians	1.47	.31	1.70	.30
Perceived quality of social services: public service providers	1.53	.28	1.51	.24
Perceived quality of social services: non-public service providers	1.64	.33	1.73	.24
Perceived quality of social services: hybrid service providers	1.15	.24	1.56	.31
Perceived quality of social services: municipal departments	1.22	.17	1.21	.10

¹⁴ Based on administrative data and interviews with service beneficiaries.

¹⁵ Based on interviews with service beneficiaries.

APPENDIX A: SELECTED MUNICIPALITIES

Mapping was conducted in the following municipalities: Berat, Bulqizë, Dibër, Durrës, Fier, Korçë, Kruja, Kukës, Lezhë, Lushnje, Përmet, Pogradec, Prrenjas, Sarandë, Shijak, Shkodër, Tiranë, and Ura Vajgurore.

APPENDIX B: NUMBER OF BENEFICIARIES BY MUNICIPALITY

Table 1: Number of beneficiaries by municipality

Municipality	Number of beneficiaries	Number of persons with disabilities	Number of Roma	Number of Egyptians	Direction of change 2020 vs. 2018
Berat	225	142	44	43	+
Bulqizë	36	16	0	1	-
Dibër	6,831	22	0	10	+
Durrës	2,687	181	479	50	+
Fier	750	95	260	3	-
Korçë	365	55	16	147	+
Kruja	234	32	40	0	+
Kukës	239	39	5	6	+
Lezhë	4,864	349	116	494	-
Lushnje	130	59	6	0	+
Përmet	10	10	0	0	+
Pogradec	67	47	13	14	0
Prrenjas	33	33	0	0	+
Sarandë	174	81	7	0	+
Shijak	22	22	0	0	+
Shkodër	8,606	299	340	370	+
Tiranë	2,514	431	622	25	-
Ura Vajguore	26	26	1	0	+

Note: Emergency services are not included.

Table 2: Number of households that received emergency services

Municipality	Number of beneficiaries	Number of beneficiaries supported by the LNB program	Number of beneficiaries supported by municipalities
Berat	2,700	-	2,700
Bulqizë	950	50	900
Dibër	1,850	50	1,800
Durrës	9,958	-	9,958
Fier	3,550	150	3,400
Korçë	713	135	578
Kruja	6,012	312	5,700
Kukës	7,320	-	7,320
Lezhë	3,517	200	3,317
Lushnje	3,030	50	2,980
Përmet	62	50	12
Pogradec	700	-	700
Prrenjas	900	-	900
Sarandë	1,000	-	1,000
Shijak	1,300	-	1,300
Shkodër	5,620	60	5,560
Tiranë	12,748	82	12,666
Ura Vajgurore	1,700	50	1,650

Note. Data were reported by municipal departments and the LNB program. Municipal staff indicated that the number of reported beneficiaries is lower than the ones that have practically benefited because some data have not been recorded. Emergency services mainly refer to food and sanitary packages. The provision of other services such as cash assistance and online health and mental health support has been less frequent.

APPENDIX C: CHARACTERISTICS OF SERVICE PROVIDERS AND BENEFICIARIES

Table 3: Characteristics of service providers and beneficiaries

	N	%
Number of service providers	98	100
Type of service provider		
<i>Public</i>	47	47.96
<i>Non-public</i>	41	41.84
<i>Hybrid</i>	10	10.20
Governance		
<i>Central government</i>	7	7.14
<i>District (qarku)</i>	1	1.02
<i>Municipality</i>	25	25.51
<i>International organization</i>	8	8.16
<i>Local NGO</i>	21	21.43
<i>Foundation</i>	13	13.27
<i>Hybrid</i>	22	22.45
<i>Other</i>	1	1.02
Age group of beneficiaries		
<i>Children</i>	67	68.37
<i>Youth</i>	44	44.90
<i>Middle-aged</i>	34	34.69
<i>Older adults</i>	28	28.57
Total number of beneficiaries*	27,813	
<i>Men/boys</i>	6,563	
<i>Women/girls</i>	6,308	
Number of persons with disabilities	1,901	
<i>Men/boys</i>	1,031	
<i>Women/girls</i>	700	
Number of Roma	1,949	
<i>Men/boys</i>	794	
<i>Women/girls</i>	1,737	

Number of Egyptians	1,162	
<i>Men/boys</i>	355	
<i>Women/girls</i>	332	
Organization of participatory budgeting		
<i>Yes</i>	17	
<i>No</i>	1	
Participation of vulnerable groups in budget discussions		
<i>Yes</i>	16	
<i>No</i>	1	
Vulnerable groups addressing issues/concerns		
<i>Yes</i>	14	
<i>No</i>	2	
Concerns of vulnerable groups reflected on the budget**		
<i>Yes</i>	14	
<i>No</i>	0	
Preparedness to address the challenges posed by COVID-19		
<i>Not prepared at all</i>	0	
<i>Not prepared</i>	0	
<i>Average</i>	4	
<i>Prepared</i>	10	
<i>Very prepared</i>	4	

*Disaggregated data do not add up to the total number of beneficiaries because social service agencies do not always disaggregate their data by characteristics such as gender and disability.

**Partly or fully reflected.

APPENDIX D: SELECTED MUNICIPALITIES AND SERVICE PROVIDERS

The survey with service beneficiaries were conducted in the following municipalities: Bulqizë, Berat, Dibër, Durrës, Fier, Korçë, Krujë, Kukës, Lezhë, Lushnje, Përmet, Pogradec, Prrenjas, Sarandë, Shijak, Shkodër, Tiranë, and Ura Vajgurore.

Table 4: Number of interviews by municipality

Municipality	2018		2020	
	N	%	N	%
Bulqizë	4	1.32	4	1.52
Berat	16	5.28	14	5.32
Dibër	8	2.64	7	2.66
Durrës	24	7.92	23	8.75
Fier	24	7.92	20	7.60
Korçë	19	6.27	19	7.22
Krujë	22	7.26	18	6.84
Kukës	8	2.64	5	1.90
Lezhë	30	9.90	30	11.41
Lushnje	10	3.30	7	2.66
Përmet	7	2.31	6	2.28
Pogradec	21	6.93	20	7.60
Prrenjas	-	-	8	3.04
Sarandë	8	2.64	8	3.04
Shijak	7	2.31	8	3.04
Shkodër	24	7.92	17	6.46
Tiranë	64	21.12	42	15.97
Ura Vajgurore	7	2.31	7	2.66
Total	303	100	263	100

Table 5: Selected service providers

Municipality	Service provider
Bulqizë	<ul style="list-style-type: none"> Community Center for Persons with Disabilities / Qendra Komunitare për Personat me Aftësi të Kufizuara
Berat	<ul style="list-style-type: none"> Center "Lira" / Qendra "Lira" Intercultural Community Center / Qendra Nderkulturore Komunitare
Dibër	<ul style="list-style-type: none"> Municipality / Bashkia
Durrës	<ul style="list-style-type: none"> Center for Community Services for Persons with Disabilities / Qendra e Shërbimeve Komunitare për Personat me Aftësi të Kufizuara Multifunctional Community Center Nishtulla / Qendra Komunitare Multifunksionale Nishtulla
Fier	<ul style="list-style-type: none"> Daily Center for Persons with Disabilities "Horizont" / Qendra Ditore për Personat me Aftësi të Kufizuara "Horizont" Help for Children Foundation / Fondacioni Ndihmë për Fëmijët
Korçë	<ul style="list-style-type: none"> Disutni Physical Rehabilitation Center / Qendra e Rehabilitimit Fizik
Kukës	<ul style="list-style-type: none"> Social Services Center / Qendra e Shërbimeve Sociale
Krujë	<ul style="list-style-type: none"> Help for Children Foundation / Fondacioni Ndihmë për Fëmijët Daily Center for Development, Arrameras / Qendra Ditore për Zhvillim Municipality / Bashkia
Lezhë	<ul style="list-style-type: none"> Daily Center for Development "Trëndafilat" / Qendra Ditore për Zhvillim "Trëndafilat" Help for Children Foundation / Fondacioni Ndihmë për Fëmijët Shenjta Mari Center / Qendra Shenjta Mari
Lushnje	<ul style="list-style-type: none"> Development Center for Persons with Disabilities / Qendër Zhvillimi për Personat me Aftësi të Kufizuara
Përmet	<ul style="list-style-type: none"> Daily Center for Persons with Disabilities / Qendra Ditore për Personat me Aftësi të Kufizuara
Pogradec	<ul style="list-style-type: none"> Daily Center for Persons with Disabilities / Qendra Ditore për Personat me Aftësi të Kufizuara Qendra Ndërkulturore Komunitare / Intercultural Community Center
Prrenjas	<ul style="list-style-type: none"> Municipality / Bashkia

Sarandë	<ul style="list-style-type: none"> • Daily Center for Persons with Disabilities / Qendra Ditore për Personat me Aftësi të Kufizuara
Shijak	<ul style="list-style-type: none"> • Community Center / Qendra Komunitare
Shkodër	<ul style="list-style-type: none"> • Multifunctional Center no. 4 / Qendra Multifunksionale nr. 4 • Daily Center for Development / Qendra Ditore për Zhvillim
Tiranë	<ul style="list-style-type: none"> • Albanian Children Foundation "Domenick Scaglione" / Fondacioni Fëmijët Shqiptarë "Domenick Scaglione" • Help the Life Center / Shoqata Ndhmoni Jetën • Jonathan Center / Qendra Jonathan • Multifunctional Center "Shtëpia e Ngjyrave" (ARSIS) / Qendra Multifunksionale "Shtëpia e Ngjyrave" (ARSIS) • Romani Baxt • The Roma Woman of Tomorrow / Gruaja Rome e së Nesërmes
Ura Vajgurore	<ul style="list-style-type: none"> • Municipality / Bashkia

APPENDIX E: SAMPLE CHARACTERISTICS

Table 6: Sample characteristics

	2018		2020	
	N	%	N	%
Participation in the study of 2018				
Yes	-	-	141	53.61
No	-	-	122	46.39
Gender				
Woman/girl	148	48.84	156	59.32
Man/boy	155	51.16	107	40.68
Education level				
No education	163	53.80	78	29.66
Primary education	77	25.41	53	20.15
8/9 years of education	38	12.54	72	27.38
High school	12	3.96	36	13.69
Vocational training	2	0.66	6	2.28
University	9	2.97	14	5.32
Master or Doctorate	2	0.66	4	1.52
Group*				
Person with disability	180	59.41	154	58.56
Roma	81	26.73	64	24.33
Egyptian	49	16.17	45	17.18
Type of disability				
Intellectual disability	28	9.24	13	4.94
Autism	75	24.75	58	22.05
Problems concerning the ability to see	5	1.65	-	-
Chronic illness	21	6.93	5	1.90
Problems concerning the ability to listen/speak	37	12.21	6	2.28
Occupational disability	1	0.33	1	0.38
Mental health problems/behavioral/emotional disorders	34	11.22	27	10.27
Paralysis/absence of limbs	21	6.93	23	8.75
Other	60	19.80	31	12.30
Recipient of monthly payment from State Social Services				
Yes	189	62.38	195	74.14
No	114	37.62	68	25.86

Type of payment				
<i>Disability payment/entitlement</i>	164	54.13	148	56.27
<i>Payment for the caregiver</i>	87	28.71	87	33.08
<i>Economic aid</i>	25	8.25	41	15.59
<i>Other</i>	9	2.97	10	3.80
Recipient of social services in other centers				
<i>Yes</i>	37	12.21	14	5.32
<i>No</i>	266	87.79	249	94.68
Respondent				
<i>Selected person</i>	104	34.32	113	42.97
<i>Personal assistant for persons with disabilities</i>	1	0.33	27	10.27
<i>Child's custodian</i>	192	63.37	122	46.39
<i>Other</i>	6	1.98	1	0.38
Type of service provider				
<i>Public</i>	114	37.62	160	60.84
<i>Non-public</i>	112	36.96	61	23.19
<i>Hybrid</i>	48	15.84	37	14.07
<i>Municipality</i>	29	9.57	5	1.90
	M	SD	M	SD
Age	19.23	14.40	34.82	16.43
Monthly personal income	20,528	19,542	16,941	17,087

*There were a few instances of individuals who belonged to more than group. In these cases, group membership was counted more than once.

APPENDIX F: SATISFACTION WITH SOCIAL SERVICES BEFORE THE COVID-19 PANDEMIC

Table 7: Access to social services

	2018			2020		
	M	SD	range	M	SD	range
Length of time receiving services	4.06	4.32	0-20	4.04	4.40	0-20
Time spent in the center	2.60	1.92	0-8	2.62	1.88	.5-8
Frequency of service use	N	%		N	%	
1. <i>Every day</i>	77	25.41		27	10.27	
2. <i>4-5 times a week</i>	66	21.78		86	32.70	
3. <i>2-3 times a week</i>	56	18.48		48	18.25	
4. <i>Once a week</i>	29	9.57		18	6.84	
5. <i>Other</i>	75	24.75		84	31.94	

Table 8: Social services received

Type of service	2018		2020	
	N	%	N	%
Food	108	35.64	87	33.08
Clothing	31	10.23	26	9.89
Health services	42	13.86	20	7.60
Counselling	125	41.25	91	34.60
Speech therapy	88	29.04	77	29.28
Physical therapy	52	17.16	48	18.25
Vocational training	21	6.93	7	2.66
Financial support	51	16.83	18	6.84
Asset support for starting a business	20	6.60	20	7.60
Legal aid	68	22.44	4	1.52
Education	145	47.85	112	42.59
Referral to other centers	13	4.29	5	1.90
Transportation to other centers	5	1.65	5	1.90
Entertainment activities	191	63.04	122	46.39
Awareness-raising activities	127	41.91	49	18.63
Connections with community activists	37	12.21	2	0.76
Other:	111	36.63	19	7.22
Other:	18	5.94	-	-
Other:	3	0.99	1	0.38

Table 9: Quality of social services

Type of service	2018		2020	
	M	SD	M	SD
Food	2.16	1.65	2.12	1.68
Clothing	1.29	.95	1.33	1.05
Health services	1.44	1.18	1.25	.92
Counselling	2.47	1.78	2.24	1.73
Speech therapy	2.58	1.72	2.04	1.68
Physical therapy	1.97	1.64	1.60	1.38
Vocational training	1.22	.86	1.08	.54
Financial support	1.40	1.05	1.30	1.06
Asset support for starting a business	1.22	.88	1.29	1.01
Legal aid	1.79	1.51	1.07	.52
Education	2.60	1.79	2.47	1.81
Referral to other centers	1.14	.71	1.08	.52
Transportation to other centers	1.04	.38	1.06	.44
Entertainment activities	3.11	1.76	2.60	1.82
Awareness-raising activities	2.48	1.79	1.65	1.41
Connections with community activists	1.43	1.19	1.02	.31
Other:	2.28	1.76	1.34	1.06
Other:	1.13	.68	-	-
Other:	1.02	.32	-	-
All services	1.48	.34	1.56	.27

Table 10: Satisfaction with social services

Type of service	2018		2020	
	M	SD	M	SD
Food	2.16	1.66	2.08	1.67
Clothing	1.30	.99	1.31	1.03
Health services	1.43	1.18	1.25	.92
Counselling	2.44	1.78	2.20	1.71
Speech therapy	2.58	1.72	2.01	1.66
Physical therapy	1.88	1.53	1.62	1.39
Vocational training	1.24	.93	1.08	.54
Financial support	1.37	.99	1.30	1.06
Asset support for starting a business	1.25	.94	1.29	1.01
Legal aid	1.80	1.54	1.05	.43
Education	2.62	1.82	2.44	1.79
Referral to other centers	1.10	.58	1.05	.40
Transportation to other centers	1.06	.47	1.05	.43
Entertainment activities	3.09	1.77	2.61	1.82
Awareness-raising activities	2.50	1.81	1.64	1.41
Connections with community activists	1.81	1.16	1.01	.18
Other:	2.29	1.77	1.33	1.04
Other:	1.19	.83	-	-
Other:	1.03	.36	-	-
All services	1.48	.34	1.55	.28

Table 11: Professionals providing support

	2018		2020	
	N	%	N	%
Personal care assistant	8	2.64	1	0.38
Therapist	98	32.34	81	30.80
Physical therapist	51	16.83	42	15.97
Caregiver/guardian	19	6.27	25	9.51
Social worker	138	45.54	181	68.82
Psychologist	104	34.32	111	42.21
Teacher	115	37.95	68	25.86
Doctor	32	10.56	10	3.80
Nurse	29	9.57	19	7.22
Lawyer	11	3.63	3	1.14
Companion	23	7.59	7	2.66
Community mediator	56	18.48	65	24.71
Other:	32	10.56	6	2.28
Other:	11	3.63	-	-

Table 12: Satisfaction with the work of professionals

	2018		2020	
	M	SD	M	SD
Personal care assistant	1.16	.75	-	-
Therapist	2.97	1.86	2.08	1.70
Physical therapist	1.97	1.61	1.56	1.34
Caregiver/guardian	1.24	.92	1.29	.97
Social worker	2.62	1.86	3.25	1.77
Psychologist	2.21	1.75	2.43	1.81
Teacher	2.32	1.78	1.90	1.59
Doctor	1.36	1.12	1.16	.77
Nurse	1.27	.97	1.27	.99
Lawyer	1.10	.57	-	-
Companion	1.29	1.00	-	-
Community mediator	1.60	1.34	1.85	1.59
Other:	1.13	.71	-	-

*Some means were not calculated because of the small sample size.

Table 13: Conditions and relationship with professionals in the center

	2018			2020		
	Not at all (%)	Partly (%)	Fully (%)	Not at all (%)	Partly (%)	Fully (%)
Do services fulfill your needs?	36 (12.00)	134 (44.67)	130 (43.33)	25 (9.51)	176 (66.92)	62 (23.57)
Is the physical environment suitable for persons with disabilities?	5 (3.25)	33 (21.43)	116 (75.32)	28 (10.65)	133 (50.57)	102 (38.78)
Does the way that you are treated in the center make you feel good with yourself?	7 (2.34)	40 (13.38)	252 (84.28)	4 (1.52)	17 (6.46)	242 (92.02)
Are staff members polite?	1 (0.33)	18 (5.96)	283 (93.71)	4 (1.52)	16 (6.08)	243 (92.40)
Are staff members communicative?	0 (0)	18 (5.96)	284 (94.04)	4 (1.52)	16 (6.08)	243 (92.40)
Is the language used by staff members easy to understand?	2 (0.66)	17 (5.63)	283 (93.71)	5 (1.90)	20 (7.60)	238 (90.49)
Are conditions suitable, for instance warm during winter?	5 (2.18)	29 (12.66)	195 (85.15)	3 (1.14)	86 (32.70)	174 (66.16)
Are services provided on time?	6 (2.03)	40 (13.56)	249 (84.41)	9 (3.42)	61 (23.19)	193 (73.38)
Can you connect with the center through telephone?	16 (5.32)	5 (1.66)	280 (93.02)	8 (3.04)	106 (40.30)	149 (56.65)
Has your life changed after receiving services in the center?	35 (11.55)	165 (54.46)	103 (33.99)	21 (7.98)	198 (75.29)	44 (16.73)

Table 14: Access to information and involvement in decision-making

	2018		2020	
	N	%	N	%
Knowledge of rights				
Yes	195	64.36	126	47.91
No	108	35.64	137	52.09
Discussions on the rights of service beneficiaries				
Yes	224	73.93	79	30.04
No	56	18.48	44	16.73
<i>I don't know</i>	23	7.59	140	53.23
Rights displayed in the premises of the center				
Yes	121	39.93	15	5.70
No	73	24.09	45	17.11
<i>I don't know</i>	109	35.97	203	77.19
Discussions on the improvement of services held				
Yes	201	66.34	246	93.54
No	60	19.80	13	4.94
<i>I don't know</i>	42	13.86	4	1.52
Participation in discussions held				
Yes	169	82.84	224	91.06
No	35	17.16	22	8.94
Suggestions for the improvement of services				
Yes	119	70.41	148	66.07
No	50	29.59	76	33.93
Suggestions taken into account				
None	27	23.08	41	28.08
Partly	61	52.14	78	53.42
Fully	29	24.79	27	18.50
Participation in meetings held in the municipality to discuss the budget				
Yes	17	5.61	5	1.90
No	286	94.39	258	98.10
Raising issues concerning social services during budget discussion				
Yes	12	-	3	-
No	5	-	2	-
Number of issues raised				
	16	-	6	-
Issues reflected on the budget of the municipality				
Yes	3	-	2	-
No	6	-	1	-
<i>I don't know</i>	3	-	0	-

APPENDIX G: SATISFACTION WITH SOCIAL SERVICES DURING THE COVID-19 PANDEMIC

Table 15: Access to social services during the COVID-19 pandemic

	N	%
Received social services		
Yes	162	61.60
No	101	38.40
Frequency of service use		
1. Every day	3	1.86
2. 4-5 times a week	19	11.80
3. 2-3 times a week	43	26.71
4. Once a week	17	10.56
5. Other:*	79	49.07

*Less often than once a week, for instance once or twice a month.

Table 16: Social services received during the COVID-19 pandemic

Type of service	N	%
Food package	91	34.60
Hygienic package	91	34.60
Didactic materials	30	11.41
Cash	2	0.76
Coupon	0	-
Clothing	0	-
Health services	2	0.76
Counselling	32	12.17
Speech therapy	31	11.79
Physical therapy	8	3.04
Vocational training	0	-
Asset support for starting a business	0	-
Legal aid	0	-
Education	58	22.05
Referral to other centers	0	-
Transportation to other centers	0	-
Entertainment activities	0	-
Awareness-raising activities	0	-
Connections with community activists	0	-
Other:	0	-

Table 17: Mode of service delivery during the COVID-19 pandemic

	N	%
Home visits	90	34.22
Travelling to the center	12	4.56
Phone calls	39	14.83
Phone messages	4	1.52
Videos	28	10.65
Chat	70	26.62
Webinars	0	-
Other:	0	-

Table 18: Platforms used during the COVID-19 pandemic

	N	%
WhatsApp	78	29.66
Zoom	4	1.52
Skype	0	-
Google classroom	0	-
Other:	0	-

Table 19: Quality of social services during the COVID-19 pandemic

Type of service	Very poor (%)	Poor (%)	Average (%)	Good (%)	Very good (%)
Food package	3 (3.33)	7 (7.78)	13 (14.44)	23 (25.56)	44 (48.89)
Hygienic package	3 (3.30)	8 (8.79)	12 (13.19)	23 (25.27)	45 (49.45)
Didactic materials	0 (-)	2 (6.45)	5 (16.13)	9 (29.03)	15 (48.39)
Cash	0	0	1	0	0
Coupon	0	0	0	0	0
Clothing	0	0	0	0	0
Health services	0	0	0	1	1
Counselling	0	2 (6.45)	2 (6.45)	11 (35.48)	16 (51.61)
Speech therapy	0 (-)	2 (6.67)	5 (16.67)	9 (30.00)	14 (46.67)
Physical therapy	0	1	1	0	6
Vocational training	0	0	0	0	0
Asset support for starting a business	0	0	0	0	0
Legal aid	0	0	0	0	0
Education	0 (-)	6 (10.53)	9 (15.79)	24 (42.11)	18 (31.58)
Referral to other centers	0	0	0	0	0
Transportation to other centers	0	0	0	0	0
Entertainment activities	0	0	0	0	0
Awareness-raising activities	0	0	0	0	0
Connections with community activists	0	0	0	0	0
Other:	0	0	0	0	1

*Percentages were not calculated for very small samples.

Table 20: Satisfaction with social services during the COVID-19 pandemic

Type of service	Very dissatisfied (%)	Dissatisfied (%)	Average (%)	Satisfied (%)	Very satisfied (%)
Food package	5 (5.49)	12 (13.19)	7 (7.69)	23 (25.27)	44 (48.35)
Hygienic package	5 (5.49)	12 (13.19)	7 (7.69)	23 (25.27)	44 (48.35)
Didactic materials	1 (3.23)	5 (16.13)	2 (6.45)	9 (29.03)	14 (45.16)
Cash	0	0	1	0	0
Coupon	0	0	0	0	0
Clothing	0	0	0	0	0
Health services	0	0	0	1	1
Counselling	0 (-)	2 (6.67)	2 (6.67)	11 (36.67)	15 (50.00)
Speech therapy	0 (-)	4 (13.33)	2 (6.67)	9 (30.00)	15 (50.00)
Physical therapy	0	2	0	6	0
Vocational training	0	0	0	0	0
Asset support for starting a business	0	0	0	0	0
Legal aid	0	0	0	0	0
Education	0 (-)	7 (12.73)	7 (12.73)	23 (41.82)	18 (32.73)
Referral to other centers	0	0	0	0	0
Transportation to other centers	0	0	0	0	0
Entertainment activities	0	0	0	0	0
Awareness-raising activities	0	0	0	0	0
Connections with community activists	0	0	0	0	0
Other:	0	0	0	1	0

*Percentages were not calculated for very small samples.

Table 21: Professionals providing support during the COVID-19 pandemic

	N	%
Personal care assistant	2	0.76
Therapist	49	18.92
Physical therapist	7	2.66
Caregiver/guardian	7	2.66
Social worker	121	46.01
Psychologist	52	19.77
Teacher	27	10.27
Doctor	2	0.76
Nurse	9	3.42
Lawyer	2	0.76
Companion	33	12.60
Community mediator	34	12.93
Other:	1	0.38

Table 22: Satisfaction with the work of professionals during the COVID-19 pandemic

	Very dissatisfied (%)	Dissatisfied (%)	Average (%)	Satisfied (%)	Very satisfied (%)
Personal care assistant	0	0	1	0	0
Therapist	0 (-)	3 (6.00)	1 (2.00)	17 (34.00)	29 (58.00)
Physical therapist	0	1	0	1	5
Caregiver/guardian	0	1	0	2	4
Social worker	6 (5.04)	5 (4.20)	5 (4.20)	34 (28.57)	69 (57.98)
Psychologist	0 (-)	3 (5.77)	3 (5.77)	17 (32.69)	29 (55.77)
Teacher	0	1	2	1	11
Doctor	0	0	0	2	0
Nurse	0	0	0	2	7
Lawyer	0	0	0	2	1
Companion	2	2	2	11	12
Community mediator	5	0	0	4	27
Other:	0	0	0	0	1

*Percentages were not calculated for very small samples.

