



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

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1 Executive summary

Disability inclusivity of disaster and recovery planning

Romania has an apparatus created for the purpose of dealing with emergency situations. In general, the norms, methodologies and action plans governing its functioning rarely make any reference to people with disabilities; when such reference exists, it refers only to some of the stages of disaster management, most often the final stages of recovery or in the post-event stage. Moreover, they only address people with physical disabilities. Thus, most specifications of the intervention guidelines refer in particular to ensuring mobility and guidance for people using a wheelchair, specifying, for example, the need to place signs at appropriate heights or ensuring access roads. The specific needs of people with other types of disabilities are not addressed.

In the context of the COVID-19 pandemic, several measures were adopted in relation to people with disabilities, as described in more details in the report; these measures targeted mainly people with disabilities in state care, doing little for those supposed to be leading an independent life in the community.

Impact of the virus on mortality among people with disabilities

To date, Romania has failed to gather disaggregated data which would allow an assessment of the impact of the virus on mortality among people with disabilities. The only available data refers to people who died because of the virus in residential settings. From the beginning of the crisis until 30 December 2020, 870 deaths were registered in institutions, including institutions for the elderly and institutions for children and adults with disabilities (from a total of 55 000 residents); on that date, there were 1 769 infected residents in such centres and 14 046 residents who had the virus were cured. In addition, 800 staff members working in these centres were infected on that date with the virus, and 11 others had died. This data cannot be compared to the total number of deaths registered in previous years, given that the overall statistics for 2020 (including deaths from causes other than COVID-19) are yet to be published.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

Firstly, people with disabilities encountered significant problems in relation to their income and access to food and essentials (as described in more details in Chapters 5 and 13 of this report). During the pandemic, the number of unemployed women increased by 50 % due to the pandemic, while the share of unemployed men increased by 16 %.¹ This had severe impact on people with disabilities, who already had a much lower employment rate than that of people without disabilities, and had access, in general, to lower paid jobs. Combined with the insufficient levels of disability benefits offered by the state, the situation for many was precarious.

Secondly, persons with disabilities had to deal with, since the beginning of the pandemic, reduced access to habilitation and re-habilitation services, as well as with

¹ Filia Centre and the National Agency for Equality between Men and Women, (2020), Women's experiences during the pandemic. Facts and recommendations for gender-sensitive post-crisis measures ([Experiențele femeilor în timpul pandemiei. Starea de fapt și recomandări pentru măsuri post-criză sensibile la gen](#)), p. 21, January 2021.

issues related to access to health (as detailed in Chapters 4, 10 and 12). In an attempt to stop the spread of the virus, many services considered non-essential were closed; this, unfortunately, included centres providing day care and access to therapies such as behavioural and speech therapy, which had a severe impact on their beneficiaries, interfering with their development. Hospitals suspended the provision of certain services, which was also detrimental. Moreover, many people with disabilities who live in residential care did not have access to regular testing for the virus and received inadequate treatment when they tested positive, treatment which was on some occasions provided in the residential centres themselves.

Thirdly, there is evidence suggesting that the number of cases of violence, exploitation, abuse and neglect increased during the pandemic (as detailed in Chapter 8). However, as in all the other thematic areas addressed in this research, we can observe a disregard for the need to invest in and carry out research and obtain disaggregated data in relation to the problems encountered during the pandemic by the general population and by specific vulnerable groups, such as people with disabilities and the elderly. Such research and data gathering are vital to assessing the situation and developing measures to promote and respect the rights of people with disabilities. Unfortunately, such research has been carried out at a minimal level in Romania, with the little information that is available relating mostly to people with disabilities in residential state care.

Examples of good practice

The National Authority for the Rights of Persons with Disabilities, Children and Adoptions (ANDPDCA) and some members of the civil society, particularly the Centre for Legal Resources, appear to have monitored the rights of people with disabilities throughout the crisis, intervening promptly in relation to many problems that they identified, such as lack of testing of people in residential settings, inadequate provision of treatment and access to disability benefits. However, their efforts focused mostly on people with disabilities in residential care and to the problems encountered by them in relation to the danger of contracting and being treated for COVID-19. All other aspects of life were generally disregarded.

Recommendations and opportunities for change

- ensure adequate financial support for people with disabilities and take measures to support their integration or re-integration into the labour market;
- the completion of an Action plan for the management of the impact of coronavirus on people with disabilities, focusing on access to habilitation and re-habilitation services, access to health and the right to education;
- allocate public funds for in depth research, at the national level, into the impact of the pandemic and of the emergency measures on vulnerable groups, including people with disabilities.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

In 2004, Romania created the National Emergency Management System, which operates through the Department of Emergency Situations, the General Inspectorate for Emergency Situations, the National Emergency Committee and a variety of other local and regional centres and services.² Their operation is regulated by tens of legal provisions, including primary and secondary legislation and methodologies.

The Ministry of Administration and Interior of Romania has contracted services funded by the World Bank with the view of implementing the Improving Resilience and Emergency Response Project,³ which is currently undergoing. The total project cost is EUR 50 million (US \$ 57 0 million) and will be financed through an Investment Project Financing (IPF) loan. The implementation period for this project is six years. The total in-kind contribution from the Government in support of implementation will amount to an estimated EUR 1.1 million. This project addresses universal access and disability, stating that many of the buildings in Romania were not constructed taking into account universal design considerations (that is, accessibility for older people and people with disabilities). All new construction and upgrading will therefore comply with EU and Romanian regulations on universal access.⁴ It also mentions that all activities ‘will be designed and tailored to meet the needs of specific groups (e.g., minorities, disabled, illiterate, etc.)’.⁵ It adds that, in managing potential risks, it will involve social assistance specialists from local administrative units or NGOs where neighbours have difficulties in participating in consultations, negotiations, etc. (elderly or disabled persons, Roma communities, illiterate persons, minorities, etc.) and that public consultations will take the form of meetings; where vulnerable persons (e.g. disabled, elderly) will be identified as potential affected parties, arrangements to consult them will take into account their condition (e.g. household visits).⁶

Romania is also a member of the Council of Europe’s EUR-OPA Major Hazards Agreement, which has developed guidelines in preparing for disaster with and on behalf of people with disabilities.⁷

² For more details see Romania, Emergency Ordinance no. 21/2004 on the National Emergency Management System ([Ordonanța de urgență nr. 21/2004 privind Sistemul Național de Management al Situațiilor de Urgență](#)), 15 April 2004 and European Civil Protection and humanitarian aid operations, Romania. [Overview of the National Disaster Management System](#).

³ Development Aid, [Romania - Europe and Central Asia - P168119- Improving Resilience and Emergency Response Project - Procurement Plan](#), 7 January 2021.

⁴ The World Bank, [International Bank for Reconstruction and development. Project appraisal document on a proposed loan in the amount of EUR 50 million \(US\\$57.0 million equivalent\) to Romania for an Improving Resilience and Emergency Response Project](#), p. 17, 6 May 2019.

⁵ The World Bank, [Combined Project Information Documents/Integrated Safeguards Datasheet \(PID/ISDS\)](#), p. 7, 28 November 2018.

⁶ Government of Romania. Ministry of Internal Affairs. General Inspectorate of Romanian Police, [Environmental and Social Management Framework for Improving Resilience and Emergency Response Project](#), November 2018.

⁷ Council of Europe, [Major Hazards and People with Disabilities](#), July 2014.

That being said, it must be emphasized that the general domestic set of norms governing this field are problematic when it comes to ensuring the protection of the rights of persons with disabilities. The National Risk Assessment Methodology⁸ only mentions disability in its assessment of the impact of possible scenarios, where it discusses the necessity to take into consideration the social and psychological vulnerability of the population; it briefly states that when measuring the vulnerability related to social fears, the following indicators must be taken into account: the duration of the persistence of fear (weeks, months, years), the number of people involved in the NGO sector and the number of people with disabilities.

The action plans of Emergency Departments do not provide for special procedures for persons with disabilities; they only establish individuals responsible for coordinating risk management for people with disabilities. In most plans there are no procedures and intervention protocols customized to the risks of people with disabilities. When specified, procedures addressing people with disabilities cover only some of the stages of disaster management, most often the final stages of recovery or in the post-event reaction. Moreover, when provided, the measures address only people with physical disabilities. Thus, most specifications of the intervention guidelines refer in particular to ensuring mobility and guidance for people using a wheelchair, specifying, for example, the need to place signs at appropriate heights or ensuring access roads. The specific needs of people with other types of disabilities are not addressed.⁹

At the national level, there is an emergency call service for people with hearing or speaking impairments, but its use is not monitored. Moreover, the staff involved in emergency response are not prepared to support people with disabilities as no training was ever made available to them on the rights of people with disabilities.¹⁰

The apparatus functioning within the National Emergency Management System was very active since the beginning of the COVID-19 pandemic, with many mandatory legal provisions, as well as recommendations being issued. A variety of measures related to people with disabilities were adopted; they will be addressed in the following sections of this report.

2.2 Involvement of people with disabilities in disaster management and recovery strategies

Considering the aspects presented in the previous section, it must be noted that, while there is some reference made by public authorities to involving people with disabilities, such reference is minimal and no evidence of examples of this principle being applied in practice was identified.

⁸ General Inspectorate for Emergency Situations, Methodology for Risk Assessment and for the Integration of Sectorial Risk Assessment ([Metodologia de evaluare a riscurilor și de integrare a evaluărilor de risc sectoriale](#)), 5 June 2018.

⁹ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), pp. 68-69, 2020.

¹⁰ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), pp. 68-69, 2020.

2.3 Disability impact assessments and research to inform disaster management and recovery planning

Considering the aspects presented in the previous section, no evidence could be identified to show that disability impact assessments and research are being conducted to inform disaster management and recovery planning.

2.4 Use of disaster management and recovery planning funds

In section 2.1. the Improving Resilience and Emergency Response Project was presented, which has a disability related component. In an attempt to identify more such examples, a request for information was submitted to the Ministry of Internal Affairs, which reported recently that it had concluded a project financed through the European Social Fund, aimed at ensuring the adequate and unitary management for emergency services.¹¹ They replied stating that, while horizontal principles were addressed (sustainable development, equal opportunities and non-discrimination, gender equality, etc.), no reference to disability was ever made during the activities they carried out within this practice.¹²

¹¹ Ministry of Internal Affairs, (2021), The completion of the implementation of the project High-performance and unitary management at the level of the Ministry of Internal Affairs in relation to emergency services ([Finalizarea implementării proiectului Management performant și unitar la nivelul Ministerului Afacerilor Interne pentru serviciile de urgență](#)), Press release, 15 January 2021.

¹² Communication by email with Ruxandra Priminescu, Senior Consultant for the Department of Emergency Situations, 11 February 2021.

3 Mortality connected to COVID-19 among people with disabilities

[Article 10 – The right to life](#)

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

The National Institute of Statistics publishes yearly reports discussing mortality in Romania. While data is segregated on the basis of gender, age, rural or urban residence and main causes of death,¹³ these statistics do not include specific data in relation to people with disabilities.

Data could be identified, from different sources, in relation to the number of deaths of people with disabilities living in residential institutions, as follows:

- September 2017 - September 2018: 1 447 deaths among institutionalised people with disabilities (of which 968 were living in residential institutions and 479 in hospitals and psychiatric wards);¹⁴
- January 2019 - December 2019: 1 008 deaths among people with disabilities living in residential institutions (of which 927 in residential centres and 16 in sheltered housing).¹⁵

No data seems to be available yet for 2020 regarding the total number of deaths among people with disabilities, in general or in residential institutions.

Data on the mortality rate of people with disabilities during COVID-19 been proportionately higher, lower or the same as the mortality rate for the general population, are not available.

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No data is available regarding the total number of people with disabilities who died from complications connected to COVID-19. However, data is available regarding people living in residential care, as follows:

In beginning of the crisis – 30 December 2020: 870 deaths in institutions, including institutions for the elderly and institutions for children and adults with disabilities (from a total of 55 000 residents); on that date, there were 1 769 infected residents in such centres and 14 046 residents who had the virus were cured. In addition, 800 staff

¹³ See for example National Institute of Statistics (*Institutul Național de Statistică*), (2019), Demographic Events. 2019 ([Evenimente Demografice. Anul 2019](#)), 2020.

¹⁴ Center for Legal Resources (*Centrul de Resurse Juridice*), (2018), Map of Deaths in Psychiatric Hospitals, Placement Centers and Centers for the Protection of Persons with Disabilities ([Harta Deceselor în spitalele de psihiatrie, centrele de plasament și centrele de protecție a persoanelor cu dizabilități](#)), 2018.

¹⁵ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), 2020.

members working in these centres were infected on that date with the virus, and 11 others had died.¹⁶

On 30 December 2020, the total number of deaths recorded in Romania from complications connected to COVID-19 was of 15 596.¹⁷ The 870 deaths registered in residential settings represents 5.57 % of the total number of deaths at the national level. This percentage has decreased in time; in June 2020, it was reported that 11 % of the total number of deaths were people living in residential care;¹⁸ In August, it had decreased to 7 %.¹⁹ Such percentage cannot be provided in relation to the total number of deaths among people with disabilities, given the missing data.

Information is not available concerning the place of death of people with disabilities with a confirmed diagnosis of COVID-19.

Information is only available in relation to people living in residential institutions.

¹⁶ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), The situation of the spread of COVID-19 at the level of social services for vulnerable categories. 30 December 2020 ([Situatia răspândirii COVID-19 la nivelul serviciilor sociale pentru categoriile vulnerabile. 30 Decembrie 2020](#)), 30 December 2020.

¹⁷ Strategic Communication Group (*Grupul de Comunicare Strategică*), (2020), Press release 30 December 2020 ([Buletin de presă 30 decembrie 2020](#)), 30 December 2020.

¹⁸ ISE, (2020), INFOGRAPHIC How COVID-19 hit vulnerable people in Romania ([INFOGRAFIC Cum a lovit COVID-19 în persoanele vulnerabile din România](#)), 10 June 2020.

¹⁹ 261 deaths out of the total of 3850 deaths - National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), '[Situatia răspândirii COVID-19 la nivelul serviciilor sociale pentru categoriile vulnerabile. 31 August 2020](#)', 31 August 2020.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

As a general practice, irrespective of the pandemic, persons with disabilities have priority when scheduling appointments and visiting medical services for treatment or for check-ups. No specific priority was awarded during the pandemic; while the general rules continued to apply, access to healthcare was reduced, as we will further develop below.

The access to hospitals of patients with chronic diseases was restricted. The Romanian Ombudsperson received several petitions from patients, their relatives and patients' organisations, through which they expressed their dissatisfaction with the ban on access to hospitals for performing complex medical procedures that can only be performed in hospital units. This has led to the deterioration of the health of many people, and even to the loss of human lives.²⁰

Other measures adopted in Romanian hospitals were introduced to protect against the spread of COVID-19, including a prohibition to bring accompanying persons who do not need medical services; an exception was however created for cases when the presence was absolutely necessary, such as when the patient was a child or a carer of a person with disabilities.²¹

4.2 Access to hospital treatment for COVID-19

In May 2020, NGOs were calling on the state to establish regular testing and to prioritise staff and residents of care homes,²² having identified this as an important aspect affecting the rights of the elderly and of people with disabilities.

No official information has been published on the number of people with disabilities who, because of COVID-19 symptoms, have been hospitalised and admitted to intensive care units.

4.3 Treatment for COVID-19 in congregate settings

There were several reports of people in residential care receiving the treatment they needed for COVID-19 inside congregated settings. For example, the National Authority for the Rights of Persons with Disabilities, Children and Adoptions (ANDPDCA) reported that there were three large institutions, in three different Romanian counties, where it was ordered to treat the residents for COVID-19 in the centres, while the

²⁰ Ombudsperson (*Avocatul Poporului*), (2020), [The Observance of Human Rights and the Exceptional Measures Ordered During the Period of the State of Emergency and the State of Alert](#), pp. 20-21, September 2020.

²¹ See for example 'Dr. Victor Babes' Diagnostic and Treatment Center (*Centrul de Diagnostic si Tratament 'Dr. Victor Babes'*), (2020), Rules inside the 'Victor Babes' Diagnostic and Treatment Center and the General Hospital ([Reguli in incinta Centrului de Diagnostic si Tratament "Victor Babes" si a Spitalului General](#)).

²² Centre for Legal Resources (*Centrul de Resurse Juridice*), (2020), Why is the testing of institutionalised people with disabilities ignored? ([De ce este ignorată testarea persoanelor cu dizabilități instituționalizate?](#)), 15 May 2020.

employees carrying the virus were taken to hospitals. Local authorities allegedly argued that this was necessary because of the high number of residents carrying the virus (Sasca Mică) and because of the residents' disruptive behaviour (Hunedoara). ANDPDCA urgently notified the relevant county administrations about the lack of equality in treatment regarding access to medical services. In this context, from the information collected from regional social protection agencies, what was done was to ensure sufficient qualified medical staff was brought to the centres, carrying all the necessary equipment to ensure adequate treatment for the residents.²³

Civil society expressed concerns in relation to the fact that many institutions that were providing treatment to their residents did not receive adequate equipment and necessary human resources and were, as a result, unable to provide adequate care for the residents who were confirmed as having COVID-19.²⁴ Moreover, these residential centres are mostly located in rural areas and in hard-to-reach locations. While some level of care can be provided in the centres, some investigation can simply not be done in such environments (e.g., lung x-rays). Therefore, residents of institutions cannot have access to health care services at the same standard and on an equal footing with others, as long as they are isolated in centres, without being offered the opportunity to access healthcare in specialised mainstream healthcare settings.

No centralised data was provided in relation to the total number of residents who received treatment in residential institutions. It is, however known that in one of these institutions, 242 of the 369 residents and 59 of the 86 members of staff were infected with the virus. While the staff were taken to hospitals, all the residents received treatment on premises of the centre. The residents who did not have the virus were isolated in a different ward of the institution.²⁵

4.4 Public health promotion and testing during the pandemic

Public health promotion among people with disabilities

The National Authority for the Rights of Persons with Disabilities, Children and Adoptions provided a Guide with measures aimed at the prevention of the spread of COVID-19. The guide addressed mostly people receiving social services, particularly those living in residential institutions, including children and adults with disabilities. This guide included measures such as providing regular information to residents on the COVID-19 infection (symptoms, transmission, preventive measures etc.), in an accessible format, depending on the age, the type of disability etc. They were also to be provided with information on the management strategies of stress and anxiety (signs, who to turn to, techniques of relaxation, etc.) and learning practical relaxation

²³ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), Situation of the spread of the COVID-19 epidemic in the child care and protection system until 10 May 2020 ([Situția răspândirii epidemiei COVID-19 în sistemul de asistență și protecție a copilului la până la data de 10 mai 2020](#)), 11 May 2020.

²⁴ Centre for Legal Resources (*Centrul de Resurse Juridice*), (2020), Protection of persons with disabilities in outbreaks of COVID-19 ([Protecția persoanelor cu dizabilități în focarele de COVID-19](#)), 14 July 2020.

²⁵ International Disability Alliance, (2020), [COVID-19 in Romania: Life-threatening situations reported](#), 4 May 2020.

techniques (deep breathing, mindfulness, etc.).²⁶ There is no information on whether, or to what extent, residential institutions followed this guide.

The same National Authority also published an easy-to-read guide with information regarding the transmission of COVID-19 and adequate preventive measures.²⁷ Both guides were sent to regional social protection agencies, to be distributed among service providers and the beneficiaries of such services.

Regarding people with disabilities living in the community, there was no targeted action. The National Authority for the Rights of Persons with Disabilities, Children and Adoptions offered information on its [website](#), which claims to meet the minimum accessibility requirements. Information for the general population was offered, for example, through the platform [stirioficiale.ro](#). On this platform, authorities provided updated information, including the evolution of the virus and information on all adopted legal norms, official press releases etc. The platform did not however address in any particular manner people with disabilities, nor does it seem that any measure was taken to ensure its accessibility.

When the vaccination started in Romania, a special online platform was launched: [vaccinare-covid.gov.ro](#). On 5 February 2021, the National Authority for the Rights of Persons with Disabilities, Children and Adoptions notified the National Coordinating Committee for Activities on COVID-19 Vaccination that its platform was not accessible for people with visual impairments.²⁸

Testing

Measures related to testing were developed gradually. The Ministry of Health started with a recommendation to test regularly employees working in residential institutions. It subsequently advised the testing of the residents who presented symptoms. In June, it recommended that all people living in residential institutions be tested twice a month, regardless of whether they were or were not having symptoms.²⁹ Currently, it is only mandatory to test, weekly, the employees from such institutions.³⁰ The National Authority for the Rights of Persons with Disabilities, Children and Adoptions however reported difficulties were encountered in practice in the testing of staff and residents of

²⁶ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), Methodological Guide for the Prevention of COVID-19 Infection in Social Services for Children and Social Services for Adults with Disabilities ([Ghid Metodologic pentru Prevenirea Infecției COVID-19 în serviciile sociale pentru copii și serviciile sociale destinate persoanelor adulte cu dizabilități](#)).

²⁷ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), COVID-19 Prevention Guide ([COVID-19 Ghid de Prevenire](#)).

²⁸ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2021), Notification (*Adresa*), 5 February 2021.

²⁹ National Institute of Public Health Romania (Institutul Național de Sănătate Publică România), Methodology for surveillance of the acute respiratory syndrome with the new coronavirus (COVID-19) ([Metodologia de supraveghere a sindromului respirator acut cu noul coronavirus \(COVID-19\)](#)), 19 June 2020.

³⁰ Hotnews, (2020), The alert state is extended in Romania, with the maintenance of all restrictions. Outbreaks of COVID will be included in the calculation of the infection rate in each locality ([Starea de alertă se prelungește în România, cu menținerea tuturor restricțiilor. Focarele de COVID vor fi incluse în calculul ratei de infectare din fiecare localitate](#)), 10 February 2021.

such institutions. Throughout the state of emergency, which established preventive isolation at work for staff working in residential institutions, the difficult collaboration with a number of Public Health Directorates generated delays in testing, refusal of testing and other problems in the process of coordination and organisation. Some concrete examples include the following:

- the heads of the institutions were not informed about the results in a timely manner, finding out about the results from the press;
- directorates refused to test certain categories of the staff, considering they did not fulfil the requirements;
- testing with delays and, as a result, obtaining the results with delays, which caused the following, given the fact that employees were isolated at work for 14-day shifts: employees in the initial shift performed additional days, on top of the 14 days, until the arrival of the results for colleagues in the next shift, or entered the shift without having received the test results, causing infection among the beneficiaries;
- refusal of testing motivated by the absence of budgetary resources (Bihor);
- misunderstanding in relation to which authorities were to cover the costs of the testing.³¹

Moreover, the Ombudsperson reported examples of cases where residents were not tested, even if they had symptoms, with the management of the centre stating that they did not request the testing of the residents because they thought the residents were pretending and mimicking the symptoms of illness.³² (For more details see Annex I). Such approach constitutes a clear case of discrimination, most likely influenced by prejudices about people with disabilities.

As for people with disabilities living in the community, they did not enjoy any privilege in comparison to the general population, unless they fell within other categories which were deemed to have priority. One could be tested for COVID-19 free of charge only if they presented symptoms, or an epidemiological investigation was initiated, and it was found that a test was necessary. Moreover, as the number of such people was still significant, a priority list was created, according to which testing would be done starting with people who had been in direct contact with a person confirmed to have carried the virus, patients about to be subjected to transplant procedures, donors of organs, tissues and stem cells, hematopoietic patients undergoing immunosuppressive therapy before each hospitalisation etc.³³ In practice, obtaining a test free of charge for the general public proved difficult, even in cases of direct contact.

³¹ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), Situation of the spread of the COVID-19 epidemic in the child care and protection system until 10 May 2020 ([*Situația răspândirii epidemiei COVID-19 în sistemul de asistență și protecție a copilului la până la data de 10 mai 2020*](#)), 11 May 2020.

³² Ombudsperson (*Avocatul Poporului*), (2020), [The Observance of Human Rights and the Exceptional Measures Ordered During the Period of the State of Emergency and the State of Alert](#), September 2020.

³³ National Institute of Public Health Romania (Institutul Național de Sănătate Publică România), Methodology for surveillance of the acute respiratory syndrome with the new coronavirus (COVID-19) ([Metodologia de supraveghere a sindromului respirator acut cu noul coronavirus \(COVID-19\)](#)), 19 June 2020.

Outside of this system, for all those who wanted, for whatever reason, to be tested, testing was offered by private clinics, with price ranging generally from RON 200 to 400 (EUR 40-80). It must be emphasized this price range is significant for an average Romanian, and particularly for people with disabilities, who often have incomes below the average.

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

The health crisis generated by the COVID-19 pandemic has multiple implications in terms access to medical services for the entire population. Despite the continuation of the provision of services, the current period is characterized by the reorientation of an important part of the resources within the medical system (whether we are talking about human resources, materials or logistics) to the centres destined to treat cases of COVID-19, which leaves a notable imprint on the resources available for other types of services.³⁴

For example, during the state of emergency, the Government has suspended hospitalisations for surgeries, other treatments and medical investigations that are not urgent and can be rescheduled, as well as consultations and treatments that can be rescheduled.³⁵ The designation of certain hospitals as centres intended exclusively for COVID-19 cases, especially those operating in small towns, has affected the population of those communities, which, when in need, must search for other medical centres outside their residence. Outpatient and recovery services were among the most exposed in the new context, their beneficiaries (children and adults) being forced to either stop treatment or look for alternative, sometimes pricy, solutions.³⁶

Moreover, adjustments in the scope of services provided by general practitioners (in terms of work schedule, online communication with doctors and the circulation of medical staff in communities) led to a reduction in the access of a part of the population to this category of services. Patients' fears related to the possibilities of contamination also contributed in many cases to the postponement of attending regular or specific check-ups, the impact of which cannot yet be determined. In any case, children are one of the most affected categories, especially in situations where they come from vulnerable families, disadvantaged communities (especially Roma communities), have various chronic diseases, have disabilities, are beneficiaries of the special protection system or are in various situations of risk.³⁷

³⁴ UNICEF, (2020), Rapid assessment of the situation of children and families, with a focus on vulnerable categories, in the context of the COVID-19 epidemic in Romania. Phase I ([Evaluarea rapidă a situației copiilor și familiilor, cu accent pe categoriile vulnerabile, în contextual epidemiei de COVID-19 din România. Faza I](#)), p. 22, April 2020.

³⁵ Articles 1 of Ministry of Internal Affairs, (2020), Order of the Action Commander ([Ordinul Comandantului Acțiunii](#)), 7 April 2020.

³⁶ UNICEF, (2020), Rapid assessment of the situation of children and families, with a focus on vulnerable categories, in the context of the COVID-19 epidemic in Romania. Phase I ([Evaluarea rapidă a situației copiilor și familiilor, cu accent pe categoriile vulnerabile, în contextual epidemiei de COVID-19 din România. Faza I](#)), p. 23, April 2020.

³⁷ UNICEF, (2020), Rapid assessment of the situation of children and families, with a focus on vulnerable categories, in the context of the COVID-19 epidemic in Romania. Phase I ([Evaluarea rapidă a situației copiilor și familiilor, cu accent pe categoriile vulnerabile, în contextual epidemiei de COVID-19 din România. Faza I](#)), p. 23, April 2020.

Adults with disabilities are in a similar situation. That is particularly the case, because it was found that in Romania, most people with disabilities do not use the internet to access institutions and services for the public and among those who use this method, an important proportion experience difficulty. Given the COVID-19 pandemic, virtual access has become more important than ever, with many providers taking steps to transfer services online. Even in these conditions, most people with disabilities were found not to have used the internet during the previous month: 50 % of people with some support needs and 64 % of those with significant support needs.³⁸

Support for families who, due to the infection with coronavirus, are temporarily not able to provide care to their children or other dependants,³⁹ was made available for vulnerable families, who could not obtain it from their circle of friends or other family members. Temporary care and supervision services, provided by public social assistance services, within their residential care centres, were therefore made available upon request. In July 2020, it was reported 611 such places had been made available, with 4 requests having been submitted.⁴⁰

4.6 Vaccination programmes

The vaccination against COVID-19 started in Romania on 27 December 2020. In the first stage, the vaccine was made available for health and social workers from the public and the private systems.⁴¹ For stage I, vaccination was to be organised at work and through fixed and mobile vaccination centres, and for stages II and III vaccination is to be organised through fixed and mobile vaccination centres, mobile teams, the network of general practitioners and drive-through centres.⁴²

The second stage was initiated on 15 January 2021. Civil society organisation reacted by demanding that people with disabilities be prioritised in this second stage. On 21 January 2021, the norms defining the categories to be prioritised during the second stage were extended, including persons aged 65 and over, persons with disabilities, persons who cannot move, their carers and those living in the same household with them.⁴³

³⁸ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), p. 13, 2020.

³⁹ Ministry of Labour and Social Protection. National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Ministerul Muncii și Protecției Sociale. Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), '[Precizări privind măsurile de sprijin destinate familiilor afectate de COVID-19, ai căror copii pot fi monitorizați, supravegheați sau îngrijiți de către DGASPC, în situații excepționale](#)', press release, July 2020.

⁴⁰ Ministry of Labour and Social Protection. National Authority for the Rights of Persons with Disabilities, Children and Adoptions (2020).

⁴¹ Government, Vaccination strategy against COVID-19 in Romania ([Strategia de vaccinare împotriva COVID-19 în România](#)), 2 December 2020.

⁴² <https://vaccinare-covid.gov.ro/resurse/intrebari-si-raspunsuri/>.

⁴³ Government, (2021), Decision no. 12/2021 for the amendment and completion of the Government Decision no. 1,031 / 2020 regarding the approval of the Vaccination Strategy against COVID-19 in Romania ([Hotărârea nr. 12/2021 pentru modificarea și completarea Hotărârii Guvernului nr. 1.031/2020 privind aprobarea Strategiei de vaccinare împotriva COVID-19 în România](#)), 20 January 2021.

A special online platform was launched (vaccinare-covid.gov.ro) to offer information about vaccination and to allow people to make an appointment. On 5 February 2021, the National Authority for the Rights of Persons with Disabilities, Children and Adoptions (ANDPDCA) notified the National Coordinating Committee for Activities on COVID-19 Vaccination that its platform did not have a special section which would allow people with disabilities to make an appointment.⁴⁴ It seems that, initially, it was suggested that appointments for people with disabilities should be done through regional social protection agencies, and not by the people themselves; the ANDPDCA claims this is not feasible, hindering access to the vaccine. On 26 January 2021, the National Council for Disability announced that none of its members, persons with disabilities living in the community, had succeeded to register for the vaccine.⁴⁵ No information is available on whether that has changed in the meantime.

By 8 February 2021, when the most recent data was published, 12 723 of the 17 469 residents living in institutional care who had expressed the wish to be vaccinated received the first dose of the vaccine (72.7 %).⁴⁶ By 1 March 2021, the authorities had not yet provided an update of these numbers. No data has been made available in relation to people with disabilities living in the community.

⁴⁴ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2021), Notification (*Adresa*), 5 February 2021.

⁴⁵ RFI, People with disabilities, green light to register for COVID vaccination but still on the outside ([Persoanele cu dizabilități, libere să se înscrie pentru vaccinarea anti-COVID dar rămase încă pe dinafară](#)), 26 January 2021.

⁴⁶ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), Vaccination situation of residential services subordinated to DGASPC on 08.02.2021 ([Situație vaccinări servicii rezidențiale aflate în subordinea DGASPC la data de 08.02.2021](#)), 8 February 2021.

5 Income and access to food and essential items

[Article 28 – Adequate standard of living and social protection](#)

5.1 Emergency measures

For the period when the schools were closed due to the COVID-19 pandemic, the Government introduced the possibility for parents to take a special leave. This special leave was available for parents who had children up to 12 years old or children with disabilities up to 26 years old, enrolled in an education unit. The special leave was also available for parents of children with severe disabilities who were not enrolled in education, as well as for parents providing care for adults with severe disabilities, but only when the person with disability was benefiting from services provided by day care centres, whose activity was reduced or suspended due to the effects of the spread of the coronavirus.

This special leave was available only for one of the parents and, for those having children with disabilities, it was not available if the parent was already receiving a personal assistance indemnity. Moreover, such leave was only available if no other measures could be taken to ensure the continuation of work related activities, such as having flexible hours; in addition, for such leave, parents would receive 75 % of their salary, but only up to the average gross salary- RON 2400 RON (approx. EUR 490).⁴⁷ It was reported that many parents were refused access to such leave on different grounds, including the fact that it was interpreted by some employers as being available only if the child or adult in care had contracted the virus.⁴⁸

The right to allowances for raising children with disabilities was automatically prolonged by 90 days and the right to benefits for parental leave (available for children up to 2 years old and, in the case of children with disabilities, up to 3 years old) was extended for the whole duration of the state of emergency.⁴⁹

For the employees who worked for companies whose activity was reduced or suspended due to COVID-19, unemployment benefits were made available. These benefits were worth 75 % of salaries, but only up to the average gross salary- RON 2 400 (approx. EUR 490). These benefits could be cumulated with disability benefits.⁵⁰

The Ministry of Labour and Social Protection also launched a project, funded by the European Social Fund, to provide direct support to 100 000 older people and people with disabilities living in the community and affected by COVID-19 related measures. It included direct financial assistance, and psychological and other tailored support to

⁴⁷ Ministry of Labour and Social Protection, (2020), The government has established the manner of granting and paying for days off for the supervision of children, in case of temporary closure of schools ([Guvernul a stabilit modul de acordare și de plată a zilelor libere pentru supravegherea copiilor, în situația închiderii temporare a unităților de învățământ](#)), Press release, 19 March 2020.

⁴⁸ Economia.Net, (2020), Some employers refuse to pay parents the allowance for caring for children who study online because of COVID-19([Unii angajatori refuză să le plătească părinților indemnizația pentru îngrijirea copiilor care învață online din cauza Covid-19](#)), 5 October 2020.

⁴⁹ Romanian Government, (2020), Emergency Ordinance no. 30/2020 ([Ordonanța de urgență nr. 30/2020](#)), 18 March 2020.

⁵⁰ Romanian Government, (2020), Emergency Ordinance no. 30/2020 ([Ordonanța de urgență nr. 30/2020](#)), 18 March 2020.

beneficiaries, and it was implemented in partnership with 116 municipalities.⁵¹ The project was implemented from May to November 2020.

5.2 Impact of the COVID-19 crisis

It was reported that in Romania, the number of unemployed women increased by 50 % due to the pandemic, while the share of unemployed men increased by only 16 %.⁵² In a research study carried out in relation to the situation of women during the pandemic, it was found that 95 % of the respondents had claimed that they received no help from the authorities in relation to the problems they encountered due to the pandemic.⁵³ UNICEF assessed in separate research the situation of children and their families, with a focus on the vulnerable ones, in the context of the COVID-19 outbreak in Romania. It found that the categories most affected by the COVID-19 pandemic are children from families living in poverty, Roma children, children whose parents are working abroad and children with disabilities.⁵⁴

The National Council for Disability also reported that it had seen some of its members reach unprecedented levels of poverty, not having access to basic necessities, such as food.⁵⁵ People with disabilities already had to face low level of income and a bad quality of life, which, in some cases, worsened during the pandemic. The disability benefits available for people with disabilities in Romania are so low, that they do not allegedly cover not even 10 % of basic needs, contributing to their marginalisation.⁵⁶

Many charitable organisations, as well as companies, provided meals and products for people in need, including people with disabilities and the elderly, and some of them declared they observed an increase in the number of people in need.⁵⁷ Such initiatives were adopted also at the level of local authorities, which identified a need to provide people who were in isolation in their homes (because of the pandemic or other reasons) with food, water and sanitary products, as well as counselling and emotional support. In some cases, support was offered only in relation to buying and transporting products, with the beneficiaries having to pay for them. Hundreds of volunteers also

⁵¹ <http://mmuncii.ro/j33/index.php/ro/transparenta/anunturi/5962-metodologie-selectie-proiect-covid-19>.

⁵² Filia Centre and the National Agency for Equality between Men and Women, (2020), Women's experiences during the pandemic. Facts and recommendations for gender-sensitive post-crisis measures (*Experiențele femeilor în timpul pandemiei. Starea de fapt și recomandări pentru măsuri post-criză sensibile la gen*), p. 21, January 2021.

⁵³ Filia Centre and the National Agency for Equality between Men and Women, (2020), Women's experiences during the pandemic. Facts and recommendations for gender-sensitive post-crisis measures (*Experiențele femeilor în timpul pandemiei. Starea de fapt și recomandări pentru măsuri post-criză sensibile la gen*), p. 26, January 2021.

⁵⁴ UNICEF, (2020), Rapid assessment of the situation of children and families, with a focus on vulnerable categories, in the context of the COVID-19 epidemic in Romania. Phase I (*Evaluarea rapidă a situației copiilor și familiilor, cu accent pe categoriile vulnerabile, în contextual epidemiei de COVID-19 din România. Faza I*), p. 9, April 2020.

⁵⁵ RFI, People with disabilities, green light to register for COVID vaccination but still on the outside (*Persoanele cu dizabilități, libere să se înscrie pentru vaccinarea anti-COVID dar rămase încă pe dinafară*), 26 January 2021.

⁵⁶ Romanian National Disability Council (*Consiliul National al Dizabilității din România*), (2020), Online seminar – ‘Disability in the context of the COVID pandemic’ (*Seminar online – „Dizabilitatea în contextul pandemiei de COVID”*), 4 December 2020.

⁵⁷ Community Foundation Bucharest (*Fundația Comunitară București*), (2020), Emergency Fund: Initiatives for vulnerable communities supported from April 8 to May 8 (*Fondul de Urgență: Inițiativele pentru comunități vulnerabile sprijinite în perioada 8 aprilie – 8 mai*), 11 May 2020.

appear to have been recruited to support such provision of support.⁵⁸ While there are no official statistics available, given the reported supplementary efforts in providing such support, an increase in the number of people in need is evident.

⁵⁸ See for example Stiri Pro TV, (2020), What are the district mayoralties in Bucharest doing to help the population affected by coronavirus ([Ce fac primăriile de sector din București ca să ajute populația afectată de coronavirus](#)), 17 March 2020 and Libertatea, (2020), What are Romanian town halls doing to help the elderly who are alone, without support, during the coronavirus crisis ([Cum se organizează primăriile din România să ajute bătrânii singuri, fără sprijin, în perioada crizei de coronavirus](#)), 27 March 2020.

6 Access to transportation and the public spaces

[Article 9 – Accessibility](#)

6.1 Emergency measures

During the confinement period, when there were important restrictions regarding leaving one's house and/or place of residence, there were exceptions for people who were providing support to people with disabilities, as well as for people who needed to undergo medical treatment or medical procedures.⁵⁹

On 21 March 2020, an obligation was imposed on local public authorities to identify all those aged 65 or over, who had problems obtaining the support they needed and to award them with this support for the purpose of minimizing their exposure outside their homes.⁶⁰ On 25 March 2020, people aged 65 or over started being allowed to leave their houses only from 11 am to 1 pm and only for determined reasons, such as shopping for necessities and exercising.⁶¹ On 29 March 2020, shops were advised to limit access of people to which these restrictions did not apply during this period, and those aged 65 or over were also allowed to leave their house for specific reasons from 8 pm to 9 pm.⁶²

Wearing a protection mask was mandatory in Romania for a significant part of the pandemic in all public spaces, including for those using public transport. Moreover, in order to avoid the congestion of public transport, in the situation in which it is not possible to carry out the activity by working from home, an obligation was imposed on employers to organise the work schedule so that the staff are divided into groups and start or finish work at a difference of at least one hour.⁶³

In Bucharest, a taxi company announced it will provide transport free of charge for people with physical disabilities.⁶⁴ Such measures were not adopted by authorities.

⁵⁹ Decision on the declaration of the state of alert and the measures applicable during the period necessary to prevent and combat the effects of the COVID-19 pandemic; Annex no. 3 ([Hotărâre privind declararea stării de alertă și măsurile care se aplică pe durata acesteia pentru prevenirea și combaterea efectelor pandemiei COVID-19; Anexa nr. 3](#))

⁶⁰ Article 8 of Ministry of Internal Affairs, (2020), Military Ordinance on measures to prevent the spread of COVID-19 ([Ordonanță Militară privind măsuri de prevenire a răspândirii COVID-19](#)), 21 March 2020.

⁶¹ Articles 2 and 3 of Ministry of Internal Affairs, (2020), Military Ordinance on measures to prevent the spread of COVID-19 ([Ordonanță Militară privind măsuri de prevenire a răspândirii COVID-19](#)), 25 March 2020.

⁶² Articles 1 and 2 of Ministry of Internal Affairs, (2020), Military Ordinance on measures to prevent the spread of COVID-19 ([Ordonanță Militară privind măsuri de prevenire a răspândirii COVID-19](#)), 29 March 2020.

⁶³ Hotnews, (2020), The alert state is extended in Romania, with the maintenance of all restrictions. Outbreaks of COVID will be included in the calculation of the infection rate in each locality ([Starea de alertă se prelungește în România, cu menținerea tuturor restricțiilor. Focarele de COVID vor fi incluse în calculul ratei de infectare din fiecare localitate](#)), 10 February 2021.

⁶⁴ Stiri TVR, (2020), Free taxi for people with locomotor disabilities ([Taxi gratuit pentru persoanele cu dizabilități locomotorii](#)), 29 March 2020.

6.2 Impact of the COVID-19 crisis

No evidence could be gathered about a possible disproportionate impact of these emergency measures on people with disabilities. It can, however, be said that none of these measures contributed to the improvement of the situation of people with disabilities. For example, it has been reported that people with disabilities use public transport, in general, less often than people without support needs.⁶⁵

⁶⁵ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([*Diagnoza situației persoanelor cu dizabilități în România*](#)), p. 13, 2020.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

Residential institutions

An obligation to ensure the continuation of functioning of residential institutions providing services for the elderly and for children and adults with disabilities was imposed for this period; reference was made to the necessity to adapt the working schedule of the employees and to take measures to prevent the spread of the virus.⁶⁶ Moreover, relatives and the legal representatives of people living in such centres were given the possibility to request the transfer of the beneficiaries to their homes; no support appears, however, to have been made available for those choosing this option.

Specific measures were taken in relation to residential institutions for the elderly and children and adults with disabilities, including the creation of prevention protocols, an interdiction for the people living there to go outside the institutions (except if they moved to live with their family) and the temporary isolation of the staff working in institutions at their workplace. Moreover, funds were allocated to hire, where necessary, more staff and to cover their food and accommodation related expenses.⁶⁷ Visits from outside were also prohibited.⁶⁸

It was, however, reported that some institutions for the elderly were closed, following some inspections which found that they were not ensuring the safety of the residents in the context of the COVID-19 pandemic. While part of the residents was distributed to other services and part were taken home by relatives, it was reported that for a part of them no solutions were found, therefore they remained in the centres.⁶⁹

⁶⁶ Decision on the declaration of the state of alert and the measures applicable during the period necessary to prevent and combat the effects of the COVID-19 pandemic; Annex no. 1 ([Hotărâre privind declararea stării de alertă și măsurile care se aplică pe durata acesteia pentru prevenirea și combaterea efectelor pandemiei COVID-19; Anexa nr. 1](#)).

⁶⁷ Ministry of Labour and Social Protection. National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Ministerul Muncii și Protecției Sociale. Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), '[Situația răspândirii epidemiei COVID-19 în sistemul de asistență și protecție a copilului la finalul stării de urgență](#)', press release, 16 May 2020 and Romania, Ministry of Labour and Social Protection. National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Ministerul Muncii și Protecției Sociale. Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), '[Protocol recomandări pentru serviciile sociale aplicabile în perioada stării de alertă generată de epidemia de COVID-19](#)', press release, 16 May 2020.

⁶⁸ Ministry of Internal Affairs, (2020), Military Ordinance no. 8 from 09.04.2020 on measures to prevent the spread of COVID-19 ([Ordonanța Militară nr. 8 din 09.04.2020 privind măsuri de prevenire a răspândirii COVID-19](#)), 9 April 2020.

⁶⁹ Centre for Legal Resources (*Centrul de Resurse Juridice*), (2020), CRJ's activities in the context of the COVID-19 pandemic ([Demersurile CRJ în contextul pandemiei COVID-19](#)), 20 May 2020.

Moreover, it was reported that some of the restrictions applied to the staff of the institutions, including an obligation not to leave the premises for a particular period of time, might have not been fully respected in certain centres.⁷⁰

7.2 Impact of the COVID-19 crisis

As mentioned in other sections of this report, relatives or legal representatives of people with disabilities living in residential institutions were encouraged to take them home; in some cases, they were left without a choice, given the fact that such institutions were closed. This could have led to a decrease in the number of people residing in institutions.

According to the latest official data, on 30 June 2020, there were 17 391 residents in institutions for adults with disabilities. This number has slightly decreased from previous periods: 17 496 residents on 31 March 2020, 17 562 residents on 31 December 2019 and 17 908 residents on 31 December 2018.⁷¹

No information on rates of compulsory detention, treatment or restraints was identified.

⁷⁰ Centre for Legal Resources (*Centrul de Resurse Juridice*), (2020), Referral under O.G. no. 27/2002 regarding the regulation of the activity of solving the petitions ([Sesizare în temeiul O.G. nr. 27/2002 privind reglementarea activității de soluționare a petițiilor](#)), 16 April 2020.

⁷¹ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adoptții*), (2020), Quarterly statistics ([Statistici trimestriale](#)).

8 Violence, exploitation or abuse

[Article 16 – Freedom from violence, exploitation and abuse](#)

8.1 Emergency measures

No emergency measures that have an explicit disability or older age dimension in the field of violence, exploitation or abuse were identified. Such measures were, however, adopted targeting the entire population, therefore having an impact on people with disabilities as well.

For example, social protection agencies took a variety of measures to ensure their services continued to be available during the pandemic, including the following: conducting child protection and other types of investigation on the basis of phone interviews, photos, video-recordings and other online communication methods; and organising in person meetings only when absolutely necessary, with the implementation of social distancing protocols.⁷² This could contribute to the prevention or recovery from situation of violence, exploitation and abuse.

The Ministry of Labour also created Family Tel, a free helpline for families whose children face emotional and behavioural difficulties during social distancing.⁷³ This helpline was made available for parents and guardians in need of psychological counselling, given their inability to cope with or to manage the emotional state of their children. 10 specialised psychologists were made available across the country. The helpline constitutes a measure to protect children from violence, given that, with support from specialists, families are better equipped to deal with this unprecedented situation and are less likely to behave inappropriately.⁷⁴

In relation to victims of domestic violence, measures were taken to ensure the existing services continued to function. At least one centre for victims of domestic violence suspended its activity during the state of emergency and was made available to children whose parents were infected with COVID-19. However, most other social services remained available for victims of domestic violence, with measures imposed in the context of the pandemic; day-care services have modified and adapted their activity so that they can continue to provide counselling and information to victims of domestic violence (by keeping social distance and using alternative means of communication such as telephones, WhatsApp, Skype, etc.).⁷⁵

⁷² For example, see Social Directorate of Social Assistance and Child Protection Sector 4 (*Direcția Socială de Asistență Socială și Protecția Copilului Sector 4*), (2020), Our institution launched several online services ([Instituția noastră a lansat o serie de servicii online](#)).

⁷³ Ministry of Labour and Social Protection. National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Ministerul Muncii și Protecției Sociale. Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), ‘Family Tel: 0800.070.009 – linie telefonică de suport pentru familiile ai căror copii întâmpină dificultăți emoționale și comportamentale în perioada de distanțare socială’, press release, 23 June 2020.

⁷⁴ Ministry of Labour and Social Protection. National Authority for the Rights of Persons with Disabilities, Children and Adoptions (2020).

⁷⁵ National Agency for Equal Opportunities for Women and Men (*Agenția Națională pentru Egalitatea de Șanse între Femei și Bărbați*), (2020), Action Plan on preventing and combating domestic violence, in the light of the measures imposed at national level to combat the spread of COVID-19 ([Plan de măsuri privind prevenirea și combaterea violenței domestice, pe fondul măsurilor impuse la nivel național pentru combaterea răspândirii COVID-19](#)).

The information provided on the national free helpline available for victims of domestic violence was extended and diversified to include topics such as guidance on teleworking, working from home, the possibility to stay at home with children under 12, special leaves from work, information for Romanian women abroad, in other countries affected by COVID -19, information on national security measures adopted by Military ordinances, etc.⁷⁶

8.2 Impact of the COVID-19 crisis

The head of the Romanian Institute for Human Rights, which is the Romanian NHRI, declared that during the pandemic the abuses, acts of violence, indifference and neglect of people with disabilities have intensified.⁷⁷ Similar declarations have circulated across civil society members.

While no specific research was carried out to substantiate such claims in relation to people with disabilities in general, a study was carried in relation to women with disabilities; 20 % of the women who were interviewed in the study declared to have encountered difficulties in walking, seeing, hearing, remembering or concentrating, self-care or communication; it was revealed that the rate of violence they were subjected to did indeed increase.⁷⁸ This study revealed two important issues women faced during the pandemic:

- The transition of the justice system to working online during the state of emergency had almost completely excluded women who belong to vulnerable groups from participating in proceedings; that is because they often do not have access to the necessary resources (electricity, internet, electronic devices), do not have the necessary skills to complete an electronic application, have visual/hearing impairments or do not speak Romanian.
- Women's safety remained on the periphery of political interests; no funds were allocated to ensure the opening of supplementary crisis centres or continued counselling services and support for victims of domestic violence, despite the increase in violence, exploitation and abuse cases.

⁷⁶ National Agency for Equal Opportunities for Women and Men (2020), Action Plan on preventing and combating domestic violence, in the light of the measures imposed at national level to combat the spread of COVID-19.

⁷⁷ Romanian National Disability Council (*Consiliul National al Dizabilității din România*), (2020), Online seminar – ‘Disability in the context of the COVID pandemic’ ([Seminar online – „Dizabilitatea în contextul pandemiei de COVID”](#)), 4 December 2020.

⁷⁸ Filia Centre and the National Agency for Equality between Men and Women, (2020), Women's experiences during the pandemic. Facts and recommendations for gender-sensitive post-crisis measures ([Experiențele femeilor în timpul pandemiei. Starea de fapt și recomandări pentru măsuri post-criză sensibile la gen](#)), January 2021.

9 Independent living

[Article 19 – Living independently and being included in the community](#)

9.1 Emergency measures

The validity of disability certificates and other documents entitling people to social benefits was prolonged during the emergency state by 90 days.⁷⁹

That being said, it is important to underline that most of the debates and measures adopted in relation to people with disabilities referred to people in institutional care, addressing to a much lesser extent the problems faced by people living in the community.

One of the few adopted measures that seemed to be more inclusive of those living in the community is the creation, with the support of EU Funds, of a special helpline available for the elderly and people with disabilities. Within this initiative, 1 000 social workers were to be available, starting with 19 June 2020, for a variety of types of information and support, such as buying medication and preparing documents or files necessary for interaction with various public institutions.⁸⁰

9.2 Impact of the COVID-19 crisis

It was reported that in 30 out of 41 Romanian counties, personal assistants had not received their salaries between October and December 2020, which endangers the right of people with disabilities to live independently in the community. In some counties, local authorities redirected the funds that had been allocated for personal assistants to managing the crisis generated by COVID-19. In others, it is not clear what was the case of these delays; what is for certain is that such delays of the payments are not unprecedented; they happened before the pandemic as well.⁸¹

⁷⁹ For example, see Social Directorate of Social Assistance and Child Protection Sector 4 (*Direcția Socială de Asistență Socială și Protecția Copilului Sector 4*), (2020), Our institution launched several online services ([Instituția noastră a lansat o serie de servicii online](#)).

⁸⁰ Ministry of European Investments and Projects (*Ministerul Investițiilor și Proiectelor Europene*), (2020), 021/9998, the number to which vulnerable people affected by the pandemic can call starting today ([021/9998, numărul la care persoanele vulnerabile afectate de pandemie pot suna începând de astăzi](#)), 19 June 2020.

⁸¹ Romanian National Disability Council (*Consiliul National al Dizabilității din România*), (2020), Online seminar – ‘Disability in the context of the COVID pandemic’ ([Seminar online – „Dizabilitatea în contextul pandemiei de COVID”](#)), 4 December 2020.

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

The National Authority for the Rights of Persons with Disabilities, Children and Adoptions published guidelines on how providers of social services should adapt their activity, referring mostly to protective equipment, disinfection measures, alternative means of obtaining information and communicating with beneficiaries by limiting direct contact etc.⁸² It also proposed the following specific measures for children's social assistance: extend the validity of the disability certificates during the state of emergency; conduct assessments to establish the degree of disability based on written evidence and by obtaining information by phone or through online services; provide days off according to the law for the parents of children with disabilities who are not enrolled in schools; extend the validity of the maternal assistant certificates about to expire for the period of the state of emergency; continue the activity of regional social protection agencies by using alternative means, to ensure direct contact with beneficiaries; suspend activities with beneficiaries of day care services on the premises of the service.⁸³

In this context, most day care centres, and other providers of rehabilitation services suspended their activity on their premises. Some continued providing services at the beneficiaries' home.⁸⁴

10.2 Impact of COVID-19 and/or emergency measures adopted

The impact of COVID-19 on access to health, which is strongly related to access to habilitation and re-habilitation, has already been addressed in Chapter 4. Access to such services was therefore limited, given the adoption of the emergency measures referred to previously.

UNICEF found that the most affected social services were day care centres and habilitation/rehabilitation services for children with disabilities,⁸⁵ given most such centres limited or suspended their activity. This came in the context where access to such services, and particularly to rehabilitation, was already problematic. It was reported that for many people with disabilities such services were, in practice, not free of charge, imposing substantial expenses on their beneficiaries. That was because, even though in theory such services are free of charge, given the limited number of

⁸² National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), Recommendations for prevention and management of the situation generated by the COVID-19 pandemic in the social services of DGASPC ([Recomandări privind prevenirea și managementul situației generate de Epidemie de Covid-19 în serviciile sociale ale DGASPC](#)), March 2020.

⁸³ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), Methodological guidance ([Dispoziție metodologică](#)), 12 March 2020.

⁸⁴ National Agency for Payments and Social Inspection (*Agenția Națională pentru Plăți și Inspecție Socială*), (2020), Reply- Petitions related to centers for the elderly ([Răspuns- Sesizare centre vârstnici](#)), 6 May 2020.

⁸⁵ UNICEF, (2020), [Rapid assessment of the situation of children and their families, with a focus on the vulnerable ones, in the context of the COVID-19 OUTBREAK IN Romania. Phase I- Round 3](#), p. 12, June 2020.

public providers in certain areas, those in need are obliged to search for private services where they need to cover the fees themselves, at least partially.⁸⁶

⁸⁶ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([*Diagnoza situației persoanelor cu dizabilități în România*](#)), p. 13, 2020.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

No specific measures were identified in relation to people with disabilities or the elderly.

However, the general adopted measures inevitably included these categories as well.

During the state of emergency, all civil and criminal proceedings have been suspended, except for cases determined to be of special urgency, the list of which was gradually extended. Statutes of limitation and deadlines do not run during the state of emergency and for the trial of urgent cases, the courts may set short deadlines, even on the same day.⁸⁷

Other measures include: the communication of procedural documents electronically; providing access to files electronically, which up until the crisis was only available in certain places; organising the trial by videoconference; encouraging, at the request of the parties, trial in absentia; solving with priority the cases that are judged without summoning the parties; limiting public access to the courtroom; carrying out the activity in different time intervals and extending the working hours, including during the weekend.⁸⁸

11.2 Impact of COVID-19 crisis

Given the lack of disaggregated information and of any official assessment of how COVID-19 impacted on the access to justice for people with disabilities, discussing this aspect is difficult.

One observation to be done is that, in Romania, it was found that most people with disabilities do not use the internet on a regular basis and particularly not when dealing with state institutions.⁸⁹ Moreover, many of these people might not own the necessary devices or have the knowledge and skills necessary to participate in proceedings online. Therefore, online judicial proceedings can raise various issues. Another aspect is related to the evidence suggesting that some magistrates are of the opinion that people with disabilities should not generally participate in person in proceedings, because in any case they are incoherent, do not know how to behave or, because of, for example, their visual impairment, they cannot be reliable witnesses.⁹⁰

⁸⁷ See Ministry of Justice, (2020), State of Emergency. Guide for practical measures ([Stare de urgență. Ghid de măsuri practice](#)), 18 March 2020.

⁸⁸ See Ministry of Justice, (2020), State of Emergency. Guide for practical measures ([Stare de urgență. Ghid de măsuri practice](#)), 18 March 2020.

⁸⁹ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), p. 13, 2020.

⁹⁰ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), p. 92, 2020.

Participation in person can be, particularly in some proceedings, such as those related to deprivation of legal capacity, very important.

Otherwise, the measures taken because of COVID-19, while not necessarily hindering access to justice, did not address the problems people with disabilities generally face in Romania in relation to their access to justice. Such problems include:

- issues related to the physical, informational and communication accessibility of judicial institutions; 89 % of the courts are not physically accessible to people with disabilities; 99 % of the courts do not include measures to ensure the accessibility of their online features, including their websites (such as alternative and augmentative Braille, icons, easy-to-understand language, audio-visual legal procedures are not adapted according to the type and level of support needs people have etc.); 80 % of courts do not ensure access to sign-language interpreters and they do not have staff specialised to provide support to people with intellectual and psychosocial disabilities;⁹¹
- the prejudices existing in the justice system regarding the lack of credibility of people with disabilities as witnesses and victims, and
- the high fees and costs of legal services, which are inaccessible to many people with disabilities.⁹²

Case example: Person with disabilities sentenced to 1 year in prison for violating COVID-19 measures

In December 2020, a 36-year-old man was sentenced, through a sentence that can be appealed to one year in prison for thwarting disease control. According to the information made public by the press, he had mental health problems and had spent most of his life in state care.

He was sentenced because, in April 2020, he fled the hospital where he had been hospitalized because he was coughing heavily; due to a suspicion that he might be carrying COVID-19, he had been placed in isolation. The test for COVID-19 came back negative, with the patient receiving a tuberculosis diagnosis.

The man reportedly fled the hospital for fear of becoming infected with the new coronavirus, but also for fear of being placed in isolation. Civil society underlined that, for a person with disabilities who had been institutionalized for decades, as in this case, being placed in isolation, even when it is done in a mainstream healthcare facility, for reasons related to public health, can trigger strong emotions, because it can be associated with punishment, sedation, tying, lack of access to toilet and food.⁹³

⁹¹ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), pp. 95-96, 2020.

⁹² National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), p. 91, 2020.

⁹³ Centre for Legal Resources (*Centrul de Resurse Juridice*), (2020), The first Romanian sentenced to prison for thwarting illnesses is a person with disabilities ([Primul român condamnat cu executare pentru zădărnicierea bolilor este o persoană cu dizabilități](#)), 18 December 2020.

The trial appears to have been held in absentia, given the man did not personally attend any of the hearings.⁹⁴ The manner in which the trial was held and in which the man and his behaviour were portrayed in the media reveal discriminatory attitudes, lack of available support for legal proceedings and possible violation of the right to privacy.

⁹⁴ DIGI24, (2020), The first Romanian sentenced to prison with execution for non-compliance with anti-pandemic measures ([Primul român condamnat la închisoare cu executare pentru nerespectarea măsurilor anti-pandemie](#)), Video, 17 December 2020.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

Schools and kindergartens were closed in Romania on 11 March 2020,⁹⁵ with educational activities being provided online. Concerns about the risk of the further spread of COVID-19 significantly shaped how education facilities were to be reopened, for students to physically attend classes. The Ministry of Education and Research provided guidelines, including information on preventive measures.⁹⁶ These guidelines mentioned that the management of educational establishments was to establish the manner in which online schooling was to be provided, identifying and providing adequate support, where needed, including for students with special educational needs (CES).

One of the most debated preventive measures recommended by the Ministries of Health and Education was the use of disinfection tunnels.⁹⁷ It was reported that such tunnels were installed in tens of schools across the country.⁹⁸ The National Institute for Public Health issued its opinion on the matter, declaring that according to the World Health Organisation, spraying people with disinfectants is not recommended under any circumstances. This practice can be harmful and does not reduce a person's ability to spread the virus. Spraying chemicals such as chlorine can lead to eye and skin irritation, bronchospasm caused by inhalation, and potential gastrointestinal effects such as nausea and vomiting.⁹⁹ There is no public official information on how many such tunnels are still used in schools. What is certain is that using them is allowed by public authorities.

On 14 September 2020, most schools were temporarily re-opened. Subsequently, the Ministry of Education provided regular guidance and information on how educational activities are to be carried out.¹⁰⁰ The educational facilities functioned in three different regimes: all pupils coming to school daily (1), students coming to school following a rotating schedule, combining in person attendance with online schooling (2) and online

⁹⁵ Romania, National Committee for Special Emergency Situations (*Comitetul Național pentru Situații Speciale de Urgență*), (2020), Decision no. 6 of 09.03.2020 on the approval of additional measures to combat the new Coronavirus ([Hotărârea nr. 6 din 09.03.2020 privind aprobarea unor măsuri suplimentare de combatere a noului Coronavirus](#)), 9 March 2020.

⁹⁶ Romania, Ministry of Education and Research (*Ministerul Educației și Cercetării*), (2020), MEC information guide in the context of COVID-19 ([Ghid informativ MEC în contextul COVID-19](#)), 12 July 2020.

⁹⁷ Ministry of Education and Research and Ministry of Health (*Ministerul Educației și Cercetării și Ministerul Sănătății*), (2020), Order no. 4,220 / 769/2020 for the establishment of measures for the prevention and control of SARS-CoV-2 diseases in education establishments/institutions ([ORDIN nr. 4.220/769/2020 pentru stabilirea unor măsuri de prevenire și combatere a îmbolnăvirilor cu SARS-CoV-2 în unitățile/instituțiile de învățământ](#)), 12 May 2020.

⁹⁸ Mediafax, (2020), Disinfectant tunnels for students, installed in dozens of schools in the country, contraindicated by the World Health Organization and the Institute of Public Health ([Tuneluri dezinfectante pentru elevi, montate în zeci de școli din țară, contraindicate de Organizația Mondială a Sănătății și de Institutul de Sănătate Publică](#)), 8 June 2020.

⁹⁹ National Institute of Public Health (*Institutul Național de Sănătate Publică*), (2020), Press release - Information on disinfection tunnels ([Comunicat - Informații privind tunelurile de dezinfectie](#)).

¹⁰⁰ Romania, Ministry of Education and Research (*Ministerul Educației și Cercetării*), (2020), Press releases ([Comunicate de presă](#)), 1 October 2020.

schooling (3).¹⁰¹ With the passage of time, more and more schools were closed. On 22 September 2020, all schools were closed for three days,¹⁰² following which some of them were re-opened. Finding the implemented measures were not efficient and that this was necessary, the Government closed all schools starting with 9 November 2020.¹⁰³

Most schools were re-opened on 8 February 2021.

Certain vocational training courses for adults also became available online, with the possibility to pass examinations and obtain certificates online.¹⁰⁴ No specific provisions were adopted in relation to people with disabilities.

12.2 Impact of the COVID-19 crisis

UNICEF found that the groups most affected by this health crisis are children living in overcrowded dwellings, children with disabilities and children with special educational needs.¹⁰⁵

Children living in poverty, children from minority groups or those with disabilities are most likely to be affected in crises situations, especially if they live in rural areas. In the context of this pandemic, vulnerable children are exposed to even greater risks, such as separation from family, lack of access to health services, violence and neglect. All this makes the continuation of their education even more difficult. The closure of many habilitation and re-habilitation services, deemed as non-essential, impacted significantly on the right to education of the children, depriving them of certain skills indispensable for participating in educational programs; such services included centres for behavioural therapy, physical therapy and speech therapy. While in theory, some of these services were provided online, their efficacy was significantly diminished. Moreover, for many children with special education needs, online schooling was inefficient. While on a declarative level authorities claimed they would take measures to ensure these students had access to the support they needed, this did not always happen. Moreover, many were of the opinion that online schooling is not efficient for many children, with or without disabilities, particularly those in a certain age range.¹⁰⁶

¹⁰¹ Romania, Ministry of Education and Research (*Ministerul Educației și Cercetării*), (2020), Newsletter: the dynamics of the functioning scenarios of the pre-university education units (October 1, 2020) ([Buletin Informativ: dinamica scenariilor de funcționare a unităților de învățământ preuniversitar \(1 octombrie 2020\)](#)), 1 October 2020.

¹⁰² EVZ, (2020), Breaking news! All schools in Romania are closing! Official decision of the Government ([Breaking news! Se închid toate școlile din România! Decizia oficială a Guvernului](#)), 18 September 2020.

¹⁰³ PROTV (2020), All schools in Romania will close on Monday. Orban: 'The measures did not work' ([Toate școlile din România se vor închide de luni. Orban: "Măsurile nu au dat rezultate"](#)), 5 November 2020.

¹⁰⁴ Government, (2020), Emergency Ordinance no. 70/2020 on the regulation of certain measures, starting with May 15, 2020, in the context of the epidemiological situation caused by the spread of the SARS-CoV-2 coronavirus ([Ordonanța de urgență nr. 70/2020 privind reglementarea unor măsuri, începând cu data de 15 mai 2020, în contextul situației epidemiologice determinate de răspândirea coronavirusului SARS-CoV-2](#)), 14 May 2020.

¹⁰⁵ UNICEF, (2020), [Rapid assessment of the situation of children and their families, with a focus on the vulnerable ones, in the context of the COVID-19 OUTBREAK IN Romania. Phase I- Round 3](#), p. 51, June 2020.

¹⁰⁶ See for example Bogdan Stanciu, (2020), Pandemic school: difficulties encountered by children with special needs in the educational process ([Școala pandemică: dificultăți întâmpinate de copiii cu cerințe speciale în procesul educațional](#)), 27 September 2020 and George Jigla, (2020), What

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

Besides the measures already described in section 5 of this report, no other measures relating to work and employment that have an explicit disability or older age dimension could be identified.

13.2 Impact of the COVID-19 crisis

It was reported that in Romania, the number of unemployed women increased by 50 % due to the pandemic, while the share of unemployed men increased by 16 %.¹⁰⁷ While this data was not provided in a disaggregated manner, to reveal the relevant rates in relation to people with disabilities, the impact of the pandemic remains evident.

The impact on people with disabilities was significant, given they already represented an extremely vulnerable category on the labour market. The employment rate of people with disabilities in Romania is much lower than that of people without disabilities, and well below the average of other European Union countries. In Romania, whereas 74 % of people without disabilities between 20 and 64 years old are employed, the percentage is only 51 % for people with minor and mild disabilities, decreasing dramatically in relation to people with severe disabilities (only 12 % of them are employed). Whereas the employment rate increased steadily from 2010 to 2018 for people with minor or mild disabilities, it remained almost unchanged for people with severe disabilities. Romania has the lowest employment rate compared to other European Union countries for people with severe disabilities (with a difference of over three times greater between Romania and the best placed countries). People with disabilities in rural areas, of low education, or the young (in the age range 20-34) have an even higher risk of being unemployed.¹⁰⁸

do we do with children during the pandemic? ([Ce facem cu copiii în perioada pandemiei?](#)), 7 May 2020.

¹⁰⁷ Filia Centre and the National Agency for Equality between Men and Women, (2020), Women's experiences during the pandemic. Facts and recommendations for gender-sensitive post-crisis measures ([Experiențele femeilor în timpul pandemiei. Starea de fapt și recomandări pentru măsuri post-criză sensibile la gen](#)), p. 21, January 2021.

¹⁰⁸ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania ([Diagnoza situației persoanelor cu dizabilități în România](#)), pp. 111-112, 2020.

14 Good practices and recommendations

14.1 Examples of good practice

The National Authority for the Rights of Persons with Disabilities, Children and Adoptions (ANPDCA) was active in responding to the COVID-19 crisis. In the first weeks of the pandemic, all social services, including residential centres, were in dire need of masks, personal protective equipment and products. Before these were made available at a national level, the ANPDCA concluded collaborations with the National Committee for Special Emergency Situations, UN agencies and private companies to distribute over 1.5 million such items.¹⁰⁹ ANPDCA also created, on 10 March 2020, its own Crisis Cell,¹¹⁰ which aimed to improve the process of coordination and management of the crisis situation generated by the COVID-19 epidemic. There were, therefore, established mechanisms for real-time communication, coordination with the country's general directorates for social protection and data collection mechanisms; recommendations, circulars and methodological provisions on managing and combating the spread of COVID-19 virus in residential and community social services are being issued constantly. Some of the specific measures that it took were briefly described in this report. Among the shortcomings of its interventions, it is necessary to underline that its actions focused mostly on people with disabilities and elderly people who are in state care, disregarding almost completely people with disabilities who live in the community.

Similar practices have been recorded among members of the civil society as well. For example, the Centre for Legal Resources (Centrul de Resurse Juridice) adapted its activities of monitoring the rights of people with disabilities to the context of the COVID-19 pandemic, adapted to the new epidemiological requirements, focusing as well on people in state care. This involved contacting hundreds of centres by telephone and following up on issues reported by residents and employees through official actions at the level of the responsible authorities (requests, petitions, notifications and complaints).

14.2 Recommendations

The Filia Centre and the National Agency for Equality between Men and Women carried out research regarding the situation of women during the pandemic, including women with disabilities; as a result, it published a series of recommendations, including:¹¹¹

- allocate public funds for in depth research, at the national level, about the impact of the pandemic and of the emergency measures on vulnerable groups;

¹⁰⁹ Ministry of Labour and Social Protection. National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Ministerul Muncii și Protecției Sociale. Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adopții*), (2020), '[Situația răspândirii epidemiei COVID-19 în sistemul de asistență și protecție a copilului la finalul stării de urgență](#)', press release, 16 May 2020.

¹¹⁰ <http://andpdca.gov.ro/w/info-covid-19-2/>.

¹¹¹ Filia Centre and the National Agency for Equality between Men and Women, (2020), Women's experiences during the pandemic. Facts and recommendations for gender-sensitive post-crisis measures ([Experiențele femeilor în timpul pandemiei. Starea de fapt și recomandări pentru măsuri post-criză sensibile la gen](#)), January 2021.

- create a working group that would include sociologists and psychologists, specialists in mass psychology, aimed at the elaboration of measures to address the mental health problems caused by the pandemic and the emergency measures;
- ensure wide public access to information regarding public health and available support. In this regard, the information should be accessible for people with disabilities and should address specific needs of specific groups;
- financial support for women from disadvantaged categories;
- ensure that all women have access to justice by developing measures which take into consideration the specific challenges specific groups face;
- the development of intervention procedures in cases of domestic violence when the victim or the aggressor are infected with COVID-19 virus;
- the development of psychological services for perpetrators of domestic violence;
- implement urgent measures for preventing and combating violence in the context of the pandemic.

Save the Children and UNICEF also issued recommendations in relation to the protection of the rights of the child, including the following:¹¹²

- ensure all personnel are trained on safe identification of abuse, neglect, exploitation, and violence against children; gender, inclusion and disability issues, referral and documentation of child protection cases; child-friendly communication; and child safeguarding policies and systems;
- advocate with governments and schools to ensure continuation of age-appropriate and disability inclusive learning to support children's development and well-being. Consider remote teaching via radio, TV or online (context dependant), support for parents, and sharing of resources/resource packs;
- frontline workers and community members need to seek diverse children's participation while ensuring that all children, including children with disabilities, have access to adapted protective resources and support.

Identifying problems in promoting, protecting and ensuring the full and equal enjoyment of all human rights by all persons with disabilities, the Centre for Legal Resources, an NGO, made the following recommendations:

- ensuring the implementation of the methodologies which recommend testing twice a month of all institutionalized persons, asymptomatic or not;
- ensuring the access of people with intellectual and psychosocial disabilities to care, treatment and specialised equipment in hospital units in Romania, by providing them with treatment in hospital care, when necessary, on an equal footing with others and by designating COVID-19 support units with staff specialised in psychiatry.

¹¹² UNICEF, (2020), [Building Resilient Education Systems beyond the COVID-19 Pandemic: Considerations for education decision-makers at national, local and school levels](#) and Save the Children, (2020), [Technical Note: Protection of the children during the coronavirus pandemic](#), May 2020.

The Ombudsperson (*Avocatul Poporului*) issued a series of recommendations in the context of the pandemic, including:¹¹³

- recommendation on the right to healthcare and the right to social protection: given the cases of infection with COVID-19 among institutionalized elderly people in public or private centres, it recommended tightening the rules on access of employees to the centres, ensuring the training of staff on the correct use of protective equipment, as well as the establishment of supply chains and proper cleaning to eliminate any risk of contamination;
- the completion of a Plan of measures for the management of coronavirus infections at county level, with measures targeting persons with disabilities that are not institutionalised, including the allocation, at the level of each town hall, of a telephone number and an email address dedicated to persons with disabilities and the establishment of an immediate reporting procedure for such situations;
- after the end of a state of emergency issue, urgently, a circular to all COVID-19 support hospitals, requesting them to resume hospitalisations and scheduled surgeries, as well as the activity of outpatient clinics, in safe conditions, thus respecting the right of patients to protection of health;
- ceasing the use of disinfection tunnels in schools, which endangered the health of both students and teaching and support staff.

14.3 Other relevant evidence

There is nothing to report.

¹¹³ Ombudsperson (*Avocatul Poporului*), (2020), [The Observance of Human Rights and the Exceptional Measures Ordered During the Period of the State of Emergency and the State of Alert](#), September 2020.

Annex

The case of the Dărmănești Neuropsychiatric Recovery and Rehabilitation Centre¹¹⁴

On 5 May 2020, several people from the Dărmănești Neuropsychiatric Recovery Center, both among the residents and among the employees, were transported to the hospital after developing severe symptoms, following infection with the new coronavirus. The three nurses on duty were transported to the hospital, and the centre was left with only one member of the medical staff. In the absence of nurses, the 61 remaining residents were left in the company of unqualified persons (an accountant, an administrator, an unskilled worker). The management of the Centre from Dărmănești stated that they did not request the testing of residents, because they suspected them to be pretending and thought they were mimicking the symptoms of illness. On 12 May 2020, the Centre had 41 residents confirmed positive with SARS-CoV2 virus, who were monitored by 4 employees, and 20 beneficiaries whose results came negative and who were in the care of a single occupational therapist; people were therefore not having access to the supervision and the habilitation and rehabilitation services they were supposed to be receiving.

The measures taken in the centre throughout the COVID-19 outbreak included the following:

- the isolation of residents confirmed as positive from residents who tested negative; the initially tested positive medical staff was accommodated separately from the negative staff;
- the identification of a doctor specialised in pneumophtisiology, to support the medical activity at the centre; the doctor performed check-ups on all residents and staff;
- identification of a doctor specializing in infectious diseases, to support the medical activity at the centre;
- if initially all the staff and residents who tested positive, but were asymptomatic, had been left in the institution, by 23 May 2020 they had all been transferred to a hospital; thus, the quarantine measure established for the rest of the residents was lifted;
- cleaning and sanitising actions were carried out at the level of all the spaces in the centre; after the whole institution was thoroughly cleaned, all the staff and residents which tested negative and had been taken out of the institution were brought back into the centre; residents who had tested positive were to return after their discharge from the hospital.

The situation set out above appears not to have been the only one of such a nature from Romania. The Ombudsperson was notified of at least two other cases, from the Păstrăveni Centre for the Recovery of Persons with Disabilities and the Piatra Neamț Centre for the Recovery of Children with Disabilities, where the management also failed to take adequate measures. The Ombudsperson therefore asked the Minister of Health and the Minister of Labour and Social Protection to take all necessary measures to ensure the respect of requirements imposed by the relevant legislation during the

¹¹⁴ Ombudsperson (*Avocatul Poporului*), (2020), [The Observance of Human Rights and the Exceptional Measures Ordered During the Period of the State of Emergency and the State of Alert](#), pp. 19-20, September 2020.

pandemic, both for the residents in and employees of social care institutions. The Ministries were also asked to create and publicise an action plan aimed at ensuring respect for the residents' rights; such plan was to address a longer period of time, including the period to follow the state of emergency.

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