

A RANDOMIZED STUDY ON CHALLENGES AND OPPORTUNITIES OF GENDER ANALYSIS FOR STRATEGIC LEADERSHIP DURING CRISES

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Abstract: Crises represent a common denominator nowadays. Defined as critical moments in the lives of people and institutions that raise threats to regular ways of living and conducting activities, generate a high sense of urgency to act and open a plethora of unknown consequences, crises represent a major stumbling block for strategic leadership. Sensing what happens while events unfold, shaping a coherent response and framing the courses of action into an effective communication strategy during the crisis, managing accountability as a means to end crises, and also demonstrating commitment to learning and reforming in order to be better prepared for future crises are some of the tasks of strategic leadership. All of the above considered, the current study proposes enriching and consolidating the implementation of those tasks by identifying the challenges and opportunities of conducting a gender based analysis all throughout the life cycle of crises management based on NATO's Gender Analysis Guide. Its aim is to identify and discuss the challenges and opportunities of employing such an analytical tool for better management of crises by strategic leaders. This qualitative study is based on conventional content analysis of secondary data and identifies the short-term and long-term consequences of Romania's overarching strategy implemented during the Covid 19 pandemic-19 pandemic on individual groups and society in general.

Keywords: gender analysis, strategic leadership, crisis management, threat, risk, vulnerability, uncertainty

1. INTRODUCTION

The main concepts employed by the current study are "gender analysis", "crisis management" and "strategic leadership". According to the NATO Gender Analysis Guide, gender analysis focuses on collecting information on gender differences (gender-based analysis). The goal of employing this tool is to assess the extent to which Romania's overall strategic approach to the Covid 19 pandemic proved successful and thus inform future approaches of strategic leaders to crisis management. From this perspective, the study can be considered the stepping stone for future endeavors in the gender-sensitive analyses required for making gender differences visible and actionable for policy makers in the aftermath of crises.

For the operational definition of crisis management the book titled *The Politics of Crisis Management: Public Leadership Under Pressure* by Boin, A., 't Hart, P., Stern, E., & Sundelius, B. (2005) is extensively employed. Thus, the main variables contributing to classifying an event as a crisis are: the threat it poses to life-sustaining systems securing the regular functioning of individual, communities or society in general; the

urgency of action it requires on behalf of social systems whose fundamental values (e.g. personal security, physical security, health and safety, etc.) are at risk, as well as the number of "unknowns" raised by the nature and consequences of the threat. Furthermore, the same book provides a clear decision-making framework for strategic leaders that covers the cycle of a crisis management, namely: *sense-making* – understanding who is affected by the crisis and in what way, the perceptions of various social systems of the unfolding crisis, the information available and needed, the core values at stake, the interests and priorities in the context of the crisis; *decision-making* – deciding who has responsibility, mandate and public trust to make decisions, making decisions with a view to weighing possible short, medium and long term consequences of various alternatives, maintaining public trust, legitimacy and credibility among social systems' representatives, and implementing and coordinating decisions; *meaning-making* – communicating the actions and decisions in order to sustain trust, legitimacy and credibility by the right actors and making efforts to combat misinformation; *terminating* – deciding when and

how normal life can resume and the crisis is over; *learning and reforming* – conducting an impartial and inclusive evaluation process aimed at identifying the good practices and translating them into best practices or, as case may be, reforming/transforming organizations, systems, structures and holding people or organizations accountable; *preparing*- issuing strategies, policies, legislation, measures aimed at strengthening resilience for deterring/mitigating or managing future crises. All of the above considered, the study focuses the core of its gender analysis on the sense-making and decision-making dimensions of the Covid 19 pandemic management as a crisis by the Romanian authorities, while highlighting in its conclusions the learning, reforming and preparing dimensions. What this study does not cover is the meaning making, namely the way the decisions were communicated to the social actors since it entails a study on its own that would require a different set of data and other methods of investigation, and the terminating part of crisis management.

The Cynefin framework is also used in this study in order to analyze the Romanian strategic approach to the threats, risks and vulnerabilities that could underlie crises and discuss the strategic approach of the authorities towards Covid 19 pandemic before it was acknowledged as such and also while managing it.

Last but not the least, when referring to strategic leadership, this study employs the OECD approach to scoping public leadership main concerns, namely public sector values and personal values that are challenged more often than not by tough issues like the ones presented by crisis. Furthermore, according to the same organization, the measures of success for public leadership are: depth of understanding of people and the latter's reaction to stress, clear sense of priorities when tackling problematic situations and capacity to assess how many problems can be dealt with at the same time, and last but not the least, the capacity to create an environment of security and confidence that allows or enables people to tackle problems rather than avoid them or become overwhelmed. All those are used by this study in assessing how the gender-based analysis can inform future action in terms of taking a gender-sensitive approach in future crisis management situations.

The study also relies on content analysis as the method of choice for collecting sex disaggregated secondary data (men and boys, women and girls categories), as well as data disaggregated based on the following identity factors: age groups or

cohorts, socio-economic groups, ethnicity, various disabilities and accessibility needs. The majority of data required by the gender analysis goals and correlated with the decision-making, coordinating and meaning making of the public officials concerns the official start of the Covid 19 pandemic in Romania as declared by public officials (16 March 2020). However, for building the context based on which to identify the challenges and opportunities for Romanian strategic leadership in relation with managing Covid 19 pandemic as a pandemic and as a health crisis, the study also takes into account the period before the official acknowledgment of the pandemic as a crisis to manage in terms of the strategic outlook of Romanian public officials on threats, risks and vulnerabilities as discussed in Romania's National Defense Strategy 2020-2024. Furthermore, when specific sex-disaggregated data for the categories of interest for the analysis in relation with Covid 19 pandemic could not be found, the author accessed sources providing the data in order to make educated guesses about the short and long-term consequences of the pandemic at individual, community and society level.

2. ROMANIA'S OVERALL STRATEGIC APPROACH TO THREATS, RISKS AND VULNERABILITIES ASSOCIATED WITH THE COVID 19 PANDEMIC

Several important questions arise from focusing on the Covid 19 pandemic and its relevance as a crisis in terms of strategic approach and management for Romania. First, what was the country-wise analysis of threats, risks and vulnerabilities in general before the Covid 19 pandemic was declared a health crisis officially? Second, what were the specific threats, risks and vulnerabilities identified in relation with this specific pandemic and what was the approach to Covid 19 pandemic strategically speaking? Last but not the least, how did the overall strategic analysis inform the specific strategies employed by the Romanian authorities to tackle the health crisis?

The document that best answers all of the above and frames the scope of the current study is Romania's National Defense Strategy 2020-2024. Before answering the questions above, the terminology employed by the document is worth delineating for framing purposes. The term vulnerability is defined as *weakness or deficiency in the structures, systems, and functions associated with Romania's main security domains that can be exploited or contributes to the emergence of*

threats and risks. Threats are viewed as *actions, situations, capacity, strategies, plans, intentions that can impact Romania's security domains/areas*, whereas risks represent *any situation, event, condition likely to become manifest/emerge and that impacts national security domains.*

According to those operational definitions, Romania's main security domains/areas approached from the vulnerability, threats and risks perspective are: national values, interests and objectives embodied by concepts like sovereignty, independence, territorial unity and integrity; the organization and functioning of communities; citizens' lives and physical integrity; state institutions and their capacity to provide services under normal conditions. All of those will represent reference points in the discussion of the Covid 19 pandemic impact on various gender categories and how that can inform future decision-making in terms of consolidating further state resilience.

In relation with the Covid 19 pandemic, the same document highlights a number of important issues. The pandemic is referenced as a challenge for several domains, such as: medical system, educational system, public order, assuring public services, and economic resilience. From this perspective, the economic crisis is labeled as a threat, whereas the reduced resilience of the medical system is perceived as a vulnerability in relation with the pandemic. The other domains, even though mentioned by the document as affected by the pandemic, are not directly referred as possible threats, risks or vulnerabilities. Therefore, while perusing the chapter dedicated precisely to the threats, risks and vulnerabilities against Romania's national security, the following conclusions can be drawn.

The vulnerabilities mentioned in the document are: the decision-making process –flaws; the legal framework related to the field of national security – gaps; public budget expenditure - efficiency and effectiveness; public authorities' capacity to manage and communicate during crises or emergencies; quality of educational system (low level); infrastructure projects on modernization and digitalization of socio-economic services – coordination and coherence; cyber security –low level in the communications and IT infrastructure.

All of the above, retrospectively speaking, were proven to become sources of risks in their own right for the national security domains of Romania under the pressure of the pandemic. The flaws in the decision-making process at government level and inherently the public

authorities' capacity to communicate, coordinate horizontally and manage efficiently in times of crisis could have become a risk in terms of reduced capacity of governmental authorities, as well as of public officials to act in a timely and effective manner in times of crisis. That has overlapped with the risk of an increase in the number of people requiring hospitalization within a narrow timeframe and hence the threat posed for the same authorities to solve competing priorities at strategic level under budgetary constraints. Fortunately, no other major crises emerged at the same time with the pandemic, or at least, if there were any local crises, such as the flu epidemic that was already present in some geographic areas of Romania, they did not necessarily require resources of a different nature than those necessary for managing the pandemic itself (e.g. legal provisions concerning people's health and security, access to budgetary reserve in order to buy vaccines, masks and disinfectants which were deemed as some of the priority resources to be procured). That has proven however a real risk in terms of gaining and maintaining people's trust in the authorities' capacity to manage the pandemic in an effective manner and also has fueled the anti-vaccine and conspiracy theories voices to become more powerful in the middle of the noise created by sometimes seemingly conflicting or delayed decisions that characterized the authorities' initial response to the crisis.

3. ROMANIA'S OVERARCHING STRATEGY FOR DEALING WITH THE COVID 19 PANDEMIC

Using the Cynefin framework to assess the overarching strategy of Romania in relation with Covid 19 pandemic, I could define it as a three-pronged type of approach based on the chronology of the main governmental decisions: a best practices approach (characterized by rigid constraints) before Covid 19 pandemic was declared a pandemic by WHO in March 2020, transitioning into a good practices approach (boundaries are defined and hence governing constraints are identified) after, the latter being complemented by an emerging practices approach.

The best practices approach, which is characteristic of simple and obvious environments and which fits the sense-making part of a strategic leader toolbox, was manifest in Romania between 22nd January – 26th February. For example, between 22nd January - 26th February there was a number of preventive measures taken such as identifying the

hospitals where patients diagnosed for Covid 19 pandemic could be committed and treated, installing thermal scanning machines in airports, establishing a joint committee of specialists under the coordination of various ministers (health, external affairs, internal affairs and transportation, infrastructure and communications), supplementing the disinfectants stocks needed by medical personnel, acquiring rapid diagnosis kits and medical equipment, establishing an information campaign for Romanian people on the dangers and measures to be taken in relation with Covid 19 pandemic infection, placing people diagnosed with Covid 19 pandemic under quarantine in specialized institutions, to name just few. In my opinion, all of the above reflect a cause-effect logic characteristic of measures proven to work in traditional cases of disease outbreak.

The good practice approach, which is specific for complicated environments in terms of decision-making and coordinating, characterized Romanian authorities' strategic approach to managing the Covid 19 as a crisis from the moment WHO declared Covid 19 a pandemic in March 2020 and until May 2020. This strategy was informed by the input of healthcare specialists and not only (for example joint committee of specialists had already been established to advise), people from the military were appointed to be in charge of managing hospitals and cities where the toll of Covid 19 pandemic was extremely high (for example the city of Suceava), or to run the vaccine campaign. The strategy was applied in a centralized manner: central administration monitored the evolution of the pandemic, whereas the entities at local level were enabled to implement the measures. In this respect, I would say that good practices strategy was employed even after May 2020, when the implementation of Covid 19 pandemic related measures was transferred to local and county authorities. Thus, central authorities continued imposing governing constraints such as: the social distancing conditions for reopening indoor restaurants and cafés on September 1st 2020; the obligation to wear masks around schools, within a 100-metre radius (October 6, 2020) or on the street (November 9th 2020); cultural, artistic and entertainment activities may be organised and carried out in open spaces with a maximum of 1,000 people with a green certificate, provided that a minimum area of 2 sqm per person is guaranteed. Bars, clubs, discos and halls are reopened at 50% and 70% of capacity respectively, but only people vaccinated against COVID 19 PANDEMIC will have access with both doses. Restaurants and cafés

will also be open at 70% of capacity in places where the infection rate does not exceed 3 per thousand inhabitants (June 1st, 2021).

However, I would also add that complementary to the good practices strategy, there was also a *probe-sense-respond* type of strategy employed by politicians in relation with meaning making for the same type of period. For example, in the case of vulnerable groups such as elderly people there were changes in decisions concerning permission to leave house between specific time-frames. That, in my opinion, is an indicator of emerging practices characteristic of complicated environments where no linear causality can be necessarily identified.

The main measures taken by Romania as part of its overarching good practices strategy which represent the guidelines for analyzing the impact of this strategy from a gender-based perspective are: self-isolation measures in case of having made contact with a Covid 19 pandemic patient; forbidding the organization and conduct of public events; teleworking in all public and private institutions with the exception of those that are part of the public order, security and defense system; working in shifts where continuity of service was mandatory; closing schools (March 2020-June 2020) and the obligation to conduct full online education starting September 2020 and then only depending on the number of infections at local level in 2021; lockdown (March 15- May 2020).

4. CONSEQUENCES OF ROMANIA'S OVERARCHING STRATEGY FOR COVID 19 PANDEMIC AND HOW IT AFFECTED INDIVIDUAL GROUPS

The collection of secondary data was conducted based on a number of categories that take into account not only the main gender categories of men-women, girls-boys, but also different age groups, socio-economic groups, ethnic origin and people with various disabilities and accessibility needs and they are summarized in the table below. The categories are defined and refined based on the data available for Romania in terms of country specificities (e.g. a large population of Roma people, higher exposure of women to cardiovascular diseases and of men to lung cancer, to mention just few). Given the length constraints of this article, a randomized analysis and interpretation of data will be conducted on the following categories: low income, low to average education women; women under treatment of chronic diseases (cardiovascular), under recovery

or in need of diagnosis; educated men (college degree, master degree, doctoral degree); Roma girls; Girls and boys in the social protection system turning 18; boys in urban areas

4.1 Data analysis and interpretation (the WHY question). For women of low income, low to average education the Covid 19 pandemic played a major role in diminishing their prospects of finding other jobs to secure their livelihood. That made them even more prone to becoming dependent on other people from within their family, to possible abuses and also to loneliness. Inherently it became impossible for them to support their family needs and themselves. Worth noting as per data from 2018, there are differences in terms of family obligations of women compared to men. Thus, 33.9% of women have dependents, whereas the percentage of men with dependents is slightly lower: 30.9. The difference remains even when disaggregating the data for urban and rural areas: 31.7% men compared to 33.3% women. The lockdown decisions restricting freedom of movement, the decisions to shift to teleworking in some sectors, the decisions to switch to working in shifts or the decisions to transition to online education in the case of children did not necessarily ease the life of women with little to no income, or with low to average education for the following reasons:

- their freedom of movement was initially heavily restricted which reduced drastically their possibility to make a living. Most people with low income come from rural areas, live on the outskirts of towns/cities and they commute in most cases to urban areas to secure their day-to-day income. In their case, their welfare heavily depended on the freedom of movement and access to necessary travel facilities (e.g. shuttle, buses, trains) which were also severely influenced in terms of numbers, access, health and safety provisions by the Covid 19 restrictions;
- the labor market for women with low to average education is quite limited. Even if there are unqualified jobs in road and building construction, packaging, for example – those are mostly accessed by men. As statistics show, even if they are not sex-disaggregated, the highest unemployment rate for March 2022 in Romania was recorded for unqualified jobs. That only demonstrates that for women in unqualified jobs to stay employed and make a living becomes even more difficult in times of crisis;
- women's already low competences could not be enhanced in any way during the Covid period since the whole educational system

transitioned to online delivery, which raised difficulties not only in terms of mastery of/honing digital skills, but also in terms of accessing the necessary infrastructure for accessing the online courses (e.g. steady Internet access, laptop/computer, necessary software, access to electricity, etc.) due to income scarcity.

Concerning the women under treatment of chronic diseases (cardiovascular), under recovery or in need of diagnosis it is worth noting that according to Romanian statistics, cardiovascular condition ranks top among women, compared to men. The focus of the medical system on countering Covid 19 pandemic and its effects, has led to difficulties in maintaining the same standards of care and provision of necessary medical services in a timely manner to people suffering from various diseases. In this respect, even though the data is not sex-disaggregated, it shows that people under treatment did not fully, nor timely benefit from the necessary treatment. The assumption that I can make, based on the statistics concerning the most common diseases that can be diagnosed and treated in Romania (by comparison with other EU countries) is that women suffering from cardiovascular condition either did not have timely access to their family doctors, to recovery services or to diagnosis services. That was caused by the introduction of telemedicine (in which case Romania scored lower in terms of people accessing it by comparison with the European Union during the Covid 19 pandemic), or re-directing the capabilities of hospitals and family doctors towards monitoring, diagnosing and treating Covid 19 pandemic cases.

Concerning women under treatment of chronic diseases (cardiovascular), under recovery or in need of diagnosis, the good practices approach of the Romanian strategy for the period when Covid 19 was declared a pandemic instated a centralized approach in terms of re-directing the capabilities of hospitals and family doctors towards monitoring, diagnosing and treating Covid cases while instating telemedicine options for other categories of patients. However, telemedicine, in my opinion, is not necessarily an option for chronic cases. Moreover, I would presume that early diagnosis and continuity of care for patients under treatment were endangered by a good practices approach, which, from a political standpoint, overlapped with a strategy directed at tackling complex environments, and hence adjusting the response based on the signals received from the media or from representatives of social society. In the latter case, I would say that people suffering from

chronic diseases, and in the case of my analysis, people suffering from serious cardiovascular problems do not necessarily have their voices heard loud and clear at top decision-making levels.

With regards to the category of educated men (college degree, master degree, doctoral degree), it is important to highlight that even though in Romania the rate of undergraduates and graduates has increased for the past two decades, the country still ranks under the EU average in this respect. According to data from 2017, 17,6% people aged between 25 and 64 had high education degrees, compared to the average of 31.4% in EU. In terms of men holding high education degrees, they average 16.4%, compared to women: 18.7%. Considering the changes brought by Covid 19 pandemic in terms of transitioning education to online, namely allowing people to telework, one question worth researching is the extent to which the percentages of men and women taking higher education programs increased, decreased or remained the same. All of the above percentages along with the category discussed indicate though that for educated men the Covid 19 pandemic might have offered an opportunity to pick up on conducting activities such as reading, watching movies, being with the family which under normal conditions would have been slided on account of regular job requirements and family commitments. On the other hand, even for the men in this category the pandemic might have raised issues in terms of the necessity to meet family related needs with work requirements when working from home. What is worth mentioning is that as statistics usually indicate both for men and women with a college degree and above, the likelihood for those to remain unemployed and hence face difficulties in terms of securing their livelihood was quite low.

In my opinion, I would say that the overall strategy of Romania in the case of Covid 19 had more positive effects rather than negative ones on educated people. Even though apparently it raised issues with transitioning to online work, for most people that also provided more opportunities to establish their own schedule and find new ways of balancing their personal and professional life. Furthermore, judging by my own and best friends' cases, I would also say that it provided more time for personal and professional projects compared to full time on site employment.

The urban areas conditions of living (most people live in blocks of flats) impacted boys and girls in urban areas. While not being able to enjoy outdoor activities during the lockdown period,

most of those used Internet and associated social networks much more intensely. That may have contributed in the case of boys to a narrowing of their attention span and increased aggression, as well as to language difficulties. In the case of girls, that may have dwindled their reading and reasoning skills. The conduct of online educational activities requiring pupils to spend the same amount of time in front of computers as in residential programs, lack of personal space in most cases in families where parents would also need to work from home or would stay at home because of unemployment increased the likelihood for boys living in urban areas to develop aggressive behavior. Another consequence of the Covid 19 period could have been the increased and covert exposure to Internet "traps" such as cyber bullying or exposure to inappropriate content.

When discussing Roma girls, it must be underlined that compared to the preschool participation of Romania's population as a whole, the preschool participation of Roma children is about four times lower. As far as school is concerned, Roma participation is 15-25% lower than the participation of the whole population at primary level and almost 30% lower at secondary level. According to EUROSTAT, almost a quarter (23%) of mothers under 18 in the European Union live in Romania. Almost 10% of all births in Romania are to teenage mothers (NSI, February 2021). The phenomenon of under-age mothers, which places Romania among the top European countries, is complex, and its consequences affect both mother and child. Analysis of living conditions, housing and health status of pregnant women, children and mothers with children under 5 in rural areas, conducted in 2020 by Save the Children in the form of a sociological survey in rural communities, reveals that there is a direct correlation between early maternal age, which also means emotional as well as social development, and lack of access to health education and consistent health services. All of the above considered, I believe that the Covid 19 pandemic restrictions led to an increased isolation of Roma boys and especially girls within their own community. That inherently increased the likelihood for girls to get married at an even younger age than before the Covid 19 pandemic, whereas for boys taking on "manly" responsibilities could have acted as an important driver for school dropout. In this respect, worth noting is that the school dropout rate in Roma communities among boys and girls during the Covid 19 pandemic increased as a result

of lack of necessary resources to access educational programs.

For all people taking a form of education and training (men, women, boys and girls) the lockdown period, the limitations in terms of freedom of movement, transition to online education requiring access to resources raised a lot of challenges. Those were even more dire for those coming from vulnerable groups, such as the Roma community. In this respect, the Covid 19 restrictions contributed to an increased isolation of Roma girls within their communities and a re-enforcement of Roma practices concerning the roles allocated to women (i.e. marriage and having children from an early age).

Regarding girls and boys in the social protection system turning 18, at the end of 2020, there were 34,070 children in the special protection system, of which 13,961 in residential services and 17,803 in family-type services. Children in residential homes cannot fully enjoy a family life and cannot acquire independent living skills that are absolutely necessary when they leave the system at the age of 18 or later. Violence between staff employed in such centers and children or among children, misuse of psychotropic substances for children in residential centers had been issues reported in the media before the Covid outbreak. Given the lack of transparency characteristic of the Covid 19 period as a result of lockdown constraints and health preventative measures, the lack of accountability of staff working in the centers demonstrated by previous inaction of authorities when reported on the improper behavior of those, the lack of social skills of the girls and boys when turning 18 which makes them incapable to become fully functional citizens show the stringent need for further legislative measures and careful selection of staff in such centers.

In relation to the boys and girls in the social protection system turning 18 during the Covid 19 period, I would say that the lack of solid legal provisions and infrastructure to support the integration of those girls into society, the emotional problems that children in the protection system are confronted with, along with Romania's existing problems in the field of human trafficking have contributed extensively to an increase in the likelihood for girls to become victims of prostitution, or sexual abuse during the Covid 19 pandemics, and especially during the lockdown period. Compared to girls, boys in the protection system are more exposed to exploitation for work or for criminal activities. Covid 19 may have reduced the likelihood for those boys' exploitation

for criminal activities. However, their exploitation for work may have still been an important issue, especially in rural areas.

4.2 Short-term and long-term consequences of Romania's strategy during the Covid 19 pandemic on individual groups (the "so what" question"). The short-term and long-term impact of Romania's strategy on the chosen categories listed in sub-chapter 4.2. can be listed as follows.

In the case of women of low income, low to average education, a further decrease in employment opportunities is a short-term consequence as a result of gaps in career/honing of competences in areas of specialization and hence increased exposure to poverty. That may result in exposure to abuse from family members (sexual, emotional, physical), as well as exposure to human trafficking networks.

Women with a cardiovascular conditions may experience increased financial needs as a result of more severe cardiac issues requiring more expensive treatment which on long term may lead to a decrease in life quality.

Educated men (college degree, master degree, doctoral degree) may have experienced an increased need to maintain involvement in personal/professional projects whereas also fulfilling job related tasks. On long term they may express higher expectations of flexible work schedule if not of opportunities for tele-working and hence greater flexibility in exploring other employment opportunities matching their needs.

- In the case of Roma girls, an educated assumption may that the number of girls married at a very young age (12) increased. That may contribute to severe losses in terms of those girls benefitting from educational, employment opportunities and hence incapacitating them from procuring self-sustainment means.

- In the case of girls in the social protection system turning 18, there might be an increased number of girls trafficked by prostitution networks, or exploited physically or sexually when offered work. Additionally, babies born and put into childcare or being raised in very dire conditions by single mothers or step parents, as well as continued exposure to abuse are longer term aggravating effects.

- The boys in urban area may experience increased exposure to/tendency for bullying that may contribute to involvement in criminal activities or to increased likelihood for such boys to expose others to physical or emotional abuses.

- Boys in the social protection system turning 18 may be more exposed to exploitation for work, criminal activities or to physical abuse. On long term such boys would be incapable and would have no means to integrate into society as employees and respected and contributing members. Furthermore, the likelihood for them is also imprisonment for criminal activities and a high level of poverty.

4.3 Short-term and long-term impact and consequences of Romania's strategy for Covid 19 on societal sector, services and functions. The societal sectors, services and functions most impacted either covertly or overtly by Romania's strategy for Covid 19 pandemic are: the social protection system and social welfare system; the public health system; the health care system; family; the labor sector; economy; child care services; non-profit sector; educational system; judicial system; NGOs providing counselling and services for mental care, maternal assistance, sexual and reproductive health services.

The consequences of Romanian authorities' strategic approach on the randomly selected categories of this study can be summarized as follows: there is an increased number of unemployed women in need for supplemental income; the children of women with low income/low to average education require more attention in health and education functions; women with low income and low to average education need targeted information and counselling to protect them against human trafficking networks.

For women under treatment of chronic diseases (cardiovascular), under recovery or in need of diagnosis: there is an greater financial and infrastructure burden on their families (Romanian culture and average income prevent people from seeking/finding specialized nurseries/health care solutions); there is an increased financial burden on state hospitals that need to provide specialized cardiovascular health care on long term; requirements for social welfare system to provide for basic needs of women/women's families who need to cover expensive treatment increase on long term. In the case of educated men (college degree, master degree, doctoral degree) their requirements for greater flexibility on behalf of employers may: generate requirements and need for changes in labor laws; may lead to possible brain drain requiring adjustment of business and government entities way of conducting work; generate new requirements to maintain personal-professional balance and hence necessity for adaptable, flexible

child care services. For Rroma girls there are increased requirements for sexual and reproductive health services provided by public health system or NGOs, as well as for adapted education and training solutions. Furthermore the increased poverty within families generates a greater burden for social welfare system and not only. In the case of boys in urban areas, increased requirements for special attention on behalf of teachers and family members to behavioral issues, awareness training packages for the latter and integration services into the labor force become a necessity. For the boys and girls in the social protection system turning 18 during Covid 19 and a little after its official termination as a crisis, public-private initiatives to integrate them into society and labor workforce are needed, while also determining the requirements for the educational system to equip those boys and girls with the necessary competences to become integrated into the labor force. Furthermore, because of increased societal/community wise security issues raised by human trafficking networks, criminal groups that might recruit such boys and girls, further requirements emerge for better services to be provided by the following societal sectors and functions: NGOs providing counselling and services for mental care, maternal assistance, sexual and reproductive health services; child care system; legal and judicial system; police; educational system.

4. CONCLUSIONS

The societal sectors, services and functions most affected and to be heavily influenced on long-term by the Covid 19 pandemic as a result of increased requirements for supplemental income, health care support, educational and training programs focusing on better societal and labor workforce integration of disadvantaged women, boys and girls at risk and men in need are: the health care system; the educational and training system; the social protection/welfare system; the legal and judicial system (labor laws); the security sector; the immigration system, and public-private partnerships to name just few. Also, worth noting in the case of the results of this randomized study is that family as a societal function comes among the first in terms of impact and consequences on long term in the case of the Covid 19 pandemic. The social protection system, the social welfare system, the health care system, child care services, educational system, non-profit sector and NGOs rate second as importance and priority of future actions. Therefore, I would say that the scaffolding

of any policies, strategies, plans aimed at building the resilience of those sectors validated as vulnerable during the Covid 19 crisis can be best anchored into the results of such an analysis. Obviously, the study needs more depth and breadth in terms of the gender analysis endeavor in order to consolidate the societal sectors, services and functions identified by the current study as possible priorities.

A major challenge that becomes obvious as a result of this randomized study is that the more in-depth the gender analysis is conducted, the greater difficulty in maintaining a clear and balanced view on its results. Therefore, I would say that asking the *Why* and *What* questions in relation to the significance of the data unveiled can actually contribute to better grasping meanings that sometimes are well hidden behind the obvious. On the other hand, one immense opportunity arises from conducting gender based analyses, and that consist in framing the priority areas for future action when learning from a crisis and preparing for better tackling a future one. Consequently, future strategy formulation and informed strategic decision making require establishing/applying an existing gender based analysis framework that would enable asking the right questions of the specialists who have access to data and information.

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