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Policy Analysis
Network (ESPAN)

Access for children in need to the key services covered by the European Child Guarantee

Cyprus

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Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a “European Child Guarantee”, with a view to guaranteeing access to six key services for “children in need”:

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Cyprus do indeed have effective (or effective and free) access to these services.

There have been very decisive steps to improve **ECEC** in Cyprus, although it is still a weak and problematic service with significant affordability and availability issues. New policies implemented recently seem to support wider participation in ECEC by aiming to make it available and more affordable for all low-income households with children. However, there are still major challenges in implementing these measures.

Even though access to **education and school activities** is theoretically free for all, in reality the affordability criterion does not seem to be fully met. Individual school communities (teachers and parents) are often responsible for assessing the need for exemptions, as well as for supporting and covering the costs of this service.

A **free meals at school** programme has been in place for primary and secondary schools since 2012. Each school is responsible for assessing eligibility for this programme through a special advisory committee. However, data suggest that a significant number of children at risk of poverty and social exclusion probably do not receive a free meal every school day. The recently introduced policy for ECEC is aimed at expanding this service to children up to 4.

The introduction of a new national health system that provides universal coverage regardless of income has minimised the barriers to affordable **healthcare** for all (including low-income children). Despite the fact that co-payments and personal contributions are required for most of these services, the very low annual caps for low-income beneficiaries have a positive impact on accessibility and affordability. The long waiting times and limited availability of some services, which affect low-income groups more, are still a major challenge, as private healthcare is not an alternative.

Apart from school meals, where efforts are made to meet health criteria, the existing (limited) evidence suggests that the high cost of healthy food and inadequate social benefits are important financial barriers to the affordability and accessibility of **healthy nutrition** for low-income children. There is no evidence for non-financial barriers, despite a strong indication that the concurrent presence of a chronic illness may be a non-financial barrier to this type of service.

Finally, there is no housing policy that directly targets **adequate housing** for households with low-income children. It is obvious that the observed lack of affordable housing, overcrowding and unhealthy and deprived living conditions mainly affect low-income families. The housing schemes introduced in Cyprus in recent years, as a result of the 2012-2016 financial crisis, are based on income thresholds that are higher than the national guaranteed minimum income and the risk-of-poverty indicator values.

Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a “European Child Guarantee” (ECG).¹

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for “children in need” (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities;² at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, **effective access** means “*a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them*” (Article 3d). **Effective and free access** means “effective access” to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing “*adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access*” (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.³ These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member State (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,⁴ the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, “low-income children” is to be understood as children living in low-income households.

In Cyprus, all six services covered by the ECG are solely regulated at national level. Therefore, the report seeks to provide a general picture of the (effective/free) access for low-income children in the country.

¹ The full text of the ECG Recommendation is available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

² According to the Recommendation (Article 3f), “school-based activities” means “*learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community*”.

³ Once they have been submitted to the European Commission, the plans are made publicly available online at: <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

⁴ According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: <https://ec.europa.eu/social/main.jsp?catId=756&langId=en>. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least **5 million children**.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;⁵ and
- effective access to adequate housing.⁶

1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

1.1 Mapping accessibility and affordability of ECEC

In Cyprus, there are two distinct systems for ECEC, depending on the age of the children: the childcare system for children under 3; and the pre-school system, which mainly concerns children aged between 3 and the minimum school age (4 years 8 months).⁷ The childcare system includes public, communal⁸ and private⁹ day nursery schools, which are regulated and supervised by the Social Welfare Services (SWS) of the Deputy Ministry of Social Welfare (DMSW). The pre-school system, on the other hand, includes public, communal, and private kindergartens supervised by the Ministry of Education, Sports and Youth (MESY). In addition, other informal forms of home care, such as grandparents and childminders,¹⁰ are often preferred by parents in Cyprus, especially for children under 3 (Rentzou, 2018).

Although the supply of public and communal kindergartens (for children aged from 3 to compulsory school age) in Cyprus is sufficient,¹¹ the number of public and communal day nursery schools for children under 3 is rather low. Only 2.6% of day nursery schools in Cyprus are public, while about 28% of them are partially subsidised by the state (e.g. communal nursery schools). Finally, informal "home-type" care (e.g. by grandparents) also affects

⁵ According to the Recommendation (Article 3g), "healthy meal" or "healthy nutrition" means "a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs".

⁶ According to the Recommendation (Article 3h), "adequate housing" means "a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost".

⁷ Pre-school education in Cyprus is compulsory for children aged 4 years 8 months and over.

⁸ Community kindergartens are private, non-profit kindergartens that are subsidised by the state with an annual grant. They are established to meet enrolment needs, where these needs are not covered by public kindergartens, while they are usually co-located with public kindergartens. In community kindergartens, high-quality educational programmes are offered with low tuition fees within the framework of the curriculum of the Ministry of Education, Sports and Youth. The founder of a community nursery school can be a public nursery school parents' association, a community council, a municipality, a community welfare board, an association, a trade union or a charitable organisation.

⁹ According to the latest available data from the Statistical Service of the Republic of Cyprus (CyStat) ([Financial Statistics data of Education 2018/19](#)) 69% of nurseries are private.

¹⁰ Children from birth until age 5 may also attend home-based care, which operates under the jurisdiction of the Ministry of Labour and Social Insurance.

¹¹ According to the latest data available ([Financial Statistics data of Education 2018/19](#)) 52% of kindergartens were public, 15% communal (publicly funded) and 33% private.

participation in formal childcare in Cyprus, which according to the data¹² is much lower than the EU average.

Table A1.1 in the Annex presents the latest available rates of participation in formal childcare for both categories of children (aged up to 3, and aged between 3 and the minimum school age). More than 70% of children under 3 do not participate in formal childcare, while of those who do (third and fourth columns of Table A1.1), 27.1% participate on a part-time basis. For children aged between 3 and the minimum school age, the figures are much higher: over 80% attend formal childcare (either on a part-time or full-time basis). However, all percentages (for both categories of children) are still far below the revised Barcelona target.¹³

A new plan called "Tuition Subsidy and Feeding Plan for Children up to four years" (*Σχέδιο Επιδότησης Διδάκτρων και Σίτισης Παιδιών ηλικίας μέχρι 4ων ετών*)^{14/15} (see also Section 3.1), is aimed at supporting families, especially low-income families with young children, by subsidising care services for dependent children up to age 4 by paying part of the monthly cost of their children's education directly to schools. This programme is co-financed by the European Social Fund with a budget of €27 million for the period 2022-2025, with the possibility of extension or expansion. Based on a decision by the Council of Ministers of the Republic of Cyprus, the plan was implemented in September 2022 for the 2022/2023 school year. It is expected that the implementation of the plan will lead to a further reduction in the AROPE¹⁶ rate among children in the coming years, according to the Welfare Benefits Administration Service of Cyprus.

In addition, under the Cyprus Recovery and Resilience Plan (RRP) for 2021-2026,¹⁷ multi-purpose centres and childcare facilities (operated by local authorities and non-profit organisations) will be created to provide more affordable, high-quality care and social development services for children. These centres will target families or households with working parents/adults with children aged from birth to 3 years 8 months. The budget allocated for the implementation of this investment is €15 million for 2022-2026 (Republic of Cyprus, 2022).

According to the Cyprus RRP, the age of entry into compulsory pre-school education will be gradually reduced (by 2026) by eight months: from 4 years 8 months to 4 years. The maximum number of children to benefit is 10,500 children (Republic of Cyprus, 2022). Although the Cyprus parliament has only recently passed the relevant law, it continues to be viewed critically by some political parties and stakeholders, who question its immediate implementation under existing conditions.

Table 1.1 summarises the situation in Cyprus with regard to the provision of public ECEC separately for children aged up to 3 and for those aged from 3 to the start of compulsory schooling. For the first age group (children under 3) there is almost no public education provision, and only 2.6% of nurseries are public. Children from 3 months who come from low-

¹² Eurostat, EU-SILC survey (code: [ILC_CAINDFORMAL](#)), downloaded on 17 January 2023.

¹³ The gap to be filled has increased even further with the adoption of the revised Barcelona target by the EU Council of Ministers in December 2022: "It is recommended that Member States increase ECEC participation in relation to their respective current participation rates as follows: (i) by at least 90% for Member States whose participation rate is lower than 20%; or (ii) by at least 45%, or until at least reaching a participation rate of 45%, for Member States whose participation rate is between 20% and 33%." ([Council Recommendation 14785/22](#))

¹⁴ [Tuition Subsidy and Feeding Plan for Children up to four years \(in Greek\)](#)

¹⁵ All the conditions and criteria for the eligible parents, as well as all the nurseries and kindergartens that have been approved for participation in the plan, are presented in detail on the website of the [Welfare Benefits Management Service of the DMSW \(in Greek\)](#).

¹⁶ The AROPE rate for children under 6 is 20.6% (Source: [ILC_PEPS01N_custom_4568269](#)).

¹⁷ [Cyprus Recovery and Resilience Plan 2021-2026](#)

income families/households are entitled to access, while children who receive full or partial SWS support are also prioritised. For this category of low-income children, public provision is free of charge. Public education provision in the second age group in the table (children aged between 3 and the minimum school age) is accessible to all children aged 3 and over (based on availability), with priority given to low-income children, who also benefit from zero tuition fees.¹⁸

According to the relevant decisions¹⁹ of the Council of Ministers of the Republic of Cyprus, parents or guardians are exempt from the obligation to pay tuition fees for attending public kindergartens if (subject to proof):

- they receive public assistance from the SWS;
- they receive the guaranteed minimum income (GMI);
- they have serious health problems or disabilities and have to pay for their medical care and are unemployed; or
- have children who have not attended kindergarten for more than one month due to health reasons (related to their own health or that of their parents or legal guardians).

Table 1.1: Accessibility and affordability of ECEC

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age – 4 years 8 months for Cyprus)	
Accessibility	Affordability	Accessibility	Affordability
ENT-POOR3months PRIOR3months	FREE-POOR3months	ENT-ALL3years PRIOR3years	FREE-POOR3years

Note: “ENT-ALL3years” means a legal entitlement for all children from age 3. “ENT-POOR3months” means a legal entitlement for low-income children from the age of 3 months. “PRIORxxx” means priority access for low-income children from the age of xxx. “FREE-POORxxx” means free for low-income children from the age of xxx. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

1.1.1 Conditions for qualifying as a “low-income child”

The sole criterion for someone to qualify as a low-income child is receipt of the GMI. There are no other factors involved, such as household type or deprived area. For more information and a description of the GMI scheme and a comparison with the AROP indicator (60% of median equivalised income) for Cyprus in relation to a household with two adults and two children, see the following paragraphs of this section.

In the absence of an explicit indicator of low income for children in Cyprus, this report uses children in low-income families or households receiving the GMI,²⁰ which for a household with two adults and two children under 14²¹ is €1,008 per month (€12,096 per year) and for the same household but with children aged 14-18, is €1,200 per month (€14,400 per year) (Kantaris *et al.*, 2022; Lalioti, 2022). The threshold value for a household with two children under 14 is 57.5% lower than the AROP threshold, which was €21,024 per year²² in 2021.²³

¹⁸ Children who are not on low income, aged between 3 and the minimum school age, pay tuition fees. The amount – determined by the MESY in collaboration with the Ministry of Finance – is €42 per month in 2023.

¹⁹ Council of Ministers of the Republic of Cyprus decisions, 63.682/20.4.2006 and [80.361/2.3.2016](#) (in Greek).

²⁰ [DMSW, guaranteed minimum income \(in Greek\)](#)

²¹ €480 starting amount + €240 for second adult (50%) + children/dependants aged 14-28 (50%) and/or children/dependants under 14 (30%). There are additional cash benefits, most of which are deductible from the initial €480 except the disability cash benefit.

²² [AROP thresholds – EU-SILC and ECHP surveys](#)

²³ Eurostat, EU-SILC [ILC_LI01], downloaded on 17 January 2023.

According to CyStat, the number of children aged 0-17 in 2022 was 182,676 (20.2% of the total population) (see Table A1 in the Annex). The same table also includes relevant statistics for children in Cyprus, such as children who are GMI recipients, to facilitate comparisons and the drawing of useful conclusions.

1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

The latest available figures (for 2021) of the AROPE and AROP rates for children under 6 were 20.6% and 17.5%, lower than the corresponding EU-27 averages (23.5% and 18.4% respectively). However, in terms of participation in ECEC, 2019 data showed that only 69% of AROPE children aged between 3 and the minimum school age participated, while the percentage of non-ARPE children was 93.5%, compared with EU-27 averages of 83.9% and 89.8% respectively.²⁴ For the AROPE population, there are no data on the participation of children under 3. No data are available for the total number of children with free access in comparison with the relevant age group of AROPE children, or on non-take-up and groups of children over-represented in the AROPE population but lacking free access.

1.2 Main barriers to effective and free access to ECEC for low-income children

1.2.1 Financial barriers

Not applicable.

1.2.2 Non-financial barriers

The most important non-financial barrier is the great lack of public infrastructure for children up to 3. As mentioned in Section 1.1, public schools for children under 3 are scarce, accounting for only 2.6% of schools for this age group. They are aimed at families where both parents work and have problems caring for their children. They are also designed to provide satisfactory care and the development of children's intellectual, psychological, emotional and motor skills. Priority for admission is given to children from families who are fully or partially supported by the SWS and to children who are under the care and guardianship of the SWS.

The scarcity of places therefore creates an indirect financial barrier, especially for low-income households or/and single-parent households (Koutsampelas *et al.* 2020), which is then exacerbated by the high cost of private nurseries.

In Cyprus, according to the EU-SILC²⁵ ad hoc module on services, in 2016 almost 40% of the total population cited financial constraints as the main reason for not using formal childcare, a percentage more than double the EU-28 average (16.2%). In the EU-28, parents also reported great (4.2%) and medium (7.8%) difficulty in affording formal childcare. The corresponding figures for parents in Cyprus were 21.2% and 32%, among the highest rates in Europe.

According to the Organization for Economic Co-operation and Development (OECD), the average cost of childcare was 15% of net family income for OECD countries, with this figure varying across countries and family types (i.e. particularly for single parents). Koutsampelas *et al.* (2020), estimated that the proportion of income that needed to be spent on education by single-parent low-income families in Cyprus ranged from 19% to 31% depending on the

²⁴ [European Commission, Employment and Social Developments in Europe 2022](#)

²⁵ European Union statistics on income and living conditions.

number of children. The respective figures for two-adult families/households have been found to be lower (13.7% to 23.5%), but still high enough compared with the OECD average.

Public kindergartens are attended by children aged 3 and over. However, there is an age-related barrier for low-income children, as priority is given to children of school age. Available positions are thus firstly filled with older children (of compulsory pre-school age) and any remaining positions are filled by a selection committee. In this process, children with special educational needs, children who attended pre-school education in the previous year, children under the care and guardianship of the SWS, and orphans, are given higher priority than children from households/families benefiting from the GMI.

Among low-income households/families with a migrant background, two of the most frequently cited barriers to accessing childcare facilities are lack of information about the systems and programmes, and cultural barriers (e.g. language), in addition to the main financial barrier of affordability.²⁶

1.3 Free meals provision for low-income children in ECEC

Under the tuition subsidy and feeding plan (see Section 1.1), kindergarten children are offered free meals.²⁷ The plan does not make a distinction between sums offered for tuition and feeding, but rather offers a total subsidy that is intended to cover both.

The subsidy covers 80% of monthly tuition fees (including feeding), with a maximum amount ranging from €100 to €350 per month for each child, depending on the family income and the number of children in each family. The amounts for each category are shown in Table A3.1 in the Annex. The new plan was introduced in September 2022. A total of 6,976 infants and 343 nurseries participated initially, for which €1,876,474 was spent in September and October 2022. The total budget for this plan is €16 million per year.

Access to the new plan for infants up to 4 is based on gross family income, the age of the child, the hours of school the child attends, and the composition of the family/household. Beneficiaries can be children from families/households who are Cypriots, EU citizens or refugees (asylum-seekers are not covered). In addition, according to the DMSW,²⁸ beneficiaries must be families receiving the annual child benefit²⁹ under the Child Benefit Law³⁰ (see ESPN Country Profile for Cyprus 2021-2022, Section 2.2.1; Kantaris *et al.*, 2022) who had at least one child aged up to 4 by 31 August 2022 and whose gross annual family income in the previous calendar year did not exceed the limits indicated in Table A3.2 of the Annex.

For all years prior to 2022, there was no provision of such schemes for supporting children aged 0-4. The latest data from Eurostat are for 2021 and showed that the number of AROPE children aged 0-5 was 13,000.³¹ The new tuition subsidy and feeding plan introduced in 2022 covered 6,976 children under 4.

²⁶ [Feasibility Study for a Child Guarantee, Online Consultation 2019](#)

²⁷ [Tuition Subsidy and Feeding Plan for Children up to four years \(in Greek\)](#)

²⁸ [Press Information Office: Tuition Subsidy and Feeding Plan for Children up to 4 years of age – Answers to common questions \(in Greek\)](#)

²⁹ Child benefit is a non-taxable, non-contributory benefit paid to all families with children who are permanent residents of Cyprus. The amount of child benefit depends on the number of dependent children and the family's gross annual income. A condition for receiving child benefit is five years of permanent residence in Cyprus. In addition, the benefit is adjusted annually according to the development of the consumer price index.

³⁰ [The Child Benefit Law of 2002 \(167\(I\)/2002\) \(in Greek\)](#)

³¹ Eurostat, Table ILC_PEPS01N.

2. Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:³²

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to “school-based activities” as defined in the Council Recommendation establishing the ECG (see “Introduction” section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum” – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities that are not part of the curriculum.

2.1 Mapping the main school costs in public primary and secondary education

Access to both primary and secondary education in Cyprus is, in theory, free of charge for all children. At first sight the criterion of affordability therefore seems to be fully covered. In practice, however, as discussed below, and as shown in Tables 2.1a and 2.1b, students in both primary and secondary education need to cover the costs associated with a series of items, such as schoolbags and uniforms. Affordability is therefore a point of weakness in the Cypriot educational system (Koutsampelas *et al.*, 2019b).

Table 2.1a: School costs of primary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
MOST ITEMS	ALL	NO	POOR	POOR	NO	POOR	NO

Note: “ALL” means that this category is free for all children. “POOR” means that it is free for low-income children. “MOST ITEMS” means that most but not all items in the category are free for low-income children, “NO” means that most/all items in the category are not free for low-income children.

³² Tuition fees charged by private schools are not covered.

Table 2.1b: School costs of secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
POOR	NO	NO	POOR	NO	NO	POOR	POOR

Note: “POOR” means that it is free for low-income children. “NO” means that most/all items in the category are not free for low-income children.

More specifically, compulsory school materials – which include textbooks, school supplies, and notebooks (second column of Tables 2.1a and 2.1b) – are free in primary education. In secondary education these are not free, with the exception of textbooks. The same goes for the participation of students in sports teams (e.g. volleyball) representing the school, or in ERASMUS programmes (wherein each school takes part on its own initiative). Furthermore, in the case of primary education, most of the school materials described solely as “compulsory” and not as “compulsory basic” (e.g. notebooks) are provided from the MESY for all children. The school might ask for extra notebooks, but the MESY advises against this.

For school materials described as “compulsory basic”, the school provides pens, pencils, rulers, and erasers for all students; but families must pay for schoolbags and everything else. As discussed, however, under Section 2.2, an allowance (€30 for each child) is provided to all students attending “optional full-day schools” (*Προαιρετικά Ολοήμερα Σχολεία*), so as to help them buy educational materials and books (Republic of Cyprus, 2022). Moreover, in the case of secondary education, leaving aside textbooks, parents must provide students with notebooks and everything else needed (Kantaris *et al.*, 2020).

Students also pay for a series of compulsory extramural activities, such as excursions (one per trimester, for example to the sea) and participation in cultural events (one per trimester, for example going to the theatre). It should be noted, however, that some EU-funded programmes such as DRA.SE. (activities for school and social inclusion – *Δράσεις Σχολικής και Κοινωνικής Ένταξης*) subsidise school excursions and attendance at theatre shows, among other things; and that, in primary education, low-income students are often exempted from paying for the aforementioned activities.

Overall exemptions from school costs in primary and secondary education mainly apply to low-income children and sometimes members of other groups deemed to be vulnerable, such as children with disabilities and the children of migrants. In the former case, special equipment is provided (e.g. special chairs and tablets, as well as Braille books for children with vision problems) (Republic of Cyprus, 2022). The children of migrants may also be vulnerable because of a limited knowledge of Greek (which further hinders the access by them and their families to support services), as well as because of the residency status of the parents (e.g. they may be asylum-seekers or undocumented migrants).

Whether low-income students have to pay for uniforms³³ depends on the school, in the sense that school principals and/or parents’ associations may decide to cover these expenses. In the case of the IT equipment requested by the school, the MESY offers, on a yearly basis, €400 to students aged 14-15 from low-income families, so as to allow them to buy a laptop (Republic of Cyprus, 2022).³⁴

³³ Wearing a uniform at school is obligatory in Cyprus. It should be also noted that secondary, technical and vocational schools provide students in financial need with uniforms (when these are required by their field of study) (Republic of Cyprus, 2022).

³⁴ Also see: [Simerini newspaper, What does the MESY provide to low-income students and what are the criteria utilised, 29 September 2021](#). Furthermore, during the pandemic special care was taken to provide low-income students with the IT equipment needed by them to attend distance courses (this included not only lending

The MESY subsidises, moreover, the transport costs of low-income children who have to cover large distances³⁵ to attend school (MESY, 2021; Republic of Cyprus, 2022). However, based on information from key informants there are no buses for primary school students. Most children from groups deemed to be vulnerable – including low-income children, and especially the children of migrants – walk to school on their own or accompanied by their mothers. As a result, when the weather is bad, these children often cannot attend school.

In September 2022 a six-month pilot programme was launched, providing students in primary education with a door-to-door school bus service free of charge. The schools selected to participate in the pilot were located in urban, touristic, remote, and rural or even mountainous areas. The plan is to fully implement the programme in all primary schools, starting from September 2023.³⁶

Primary schools (only) may provide low-income students with sport or music equipment.³⁷ However, there is no general rule. Furthermore, children attending all-day schools, and especially those who are economically disadvantaged, receive free education services that otherwise they would have to purchase in the private sector (i.e. private lessons after school). The MESY provides students with grants for afternoon activities of children deemed to be vulnerable, which includes children facing economic difficulties. School principals need to apply for these grants on a personal basis (for each child) and an MESY committee decides on their allocation.

The state institutes of further education (*Κρατικά Ινστιτούτα Επιμόρφωσης*), which started operating in 1960 as foreign language institutes, similarly provide low-income children who cannot afford private tutoring with the opportunity to develop various skills (under the auspices and the responsibility of the Department of Secondary General Education) (Republic of Cyprus, 2021).³⁸ In the case of other fees/costs, such as those related to extracurricular activities, economic support might be offered according to students' needs. Once again, the support offered nevertheless depends on the school and the relevant advisory and welfare committee based at each school. The committee is headed by the school principal or an assistant principal and is designed to identify and then help students facing financial problems.

Additionally, in many secondary schools, student welfare committees and solidarity groups often donate all the money raised from different activities for the needs of students regarded as disadvantaged. This includes children facing economic fragility. Parents' and guardians' associations, similarly, provide information about low-income students at their schools and often take action to support these students.

In the case of secondary education, low-income students are also exempted from exam fees, as well as from paying for a school completion certificate.³⁹ In a similar vein, students who experience financial difficulties and want to participate in the Cyprus-wide exams for admission to public universities are exempted from exam fees.

laptops to primary school students whose families reported a monthly income below €800, but also providing students with a free internet connection).

³⁵ Transport costs to and from school for children in need of “special education” who for specific reasons cannot attend a local school in the neighbourhood where they live, and whose family cannot transport them to school, are covered by the MESY (regardless of the financial needs of the family).

³⁶ See: [Offsite news, Starting from September door to door bus service, 6 May 2022 \(in Greek\)](#).

³⁷ This and the next three paragraphs largely draw on Kantaris *et al.*, 2020.

³⁸ Also see: [MESY, State Institutes of Further Education](#).

³⁹ See: [Simerini newspaper, What does the MESY provide to low-income students and what are the criteria utilised, 29 September 2021 \(in Greek\)](#).

The above should be viewed in conjunction with other initiatives; for example, low-income children are given priority access to public summer schools (MESY, 2021). Another relevant state initiative is the “sports for all” programme, which provides low-income students with the opportunity to learn for free how to play football, basketball and handball, among other things.⁴⁰

Not all low-income students are eligible for free access to sports, however. For example, children eligible for free meals at school are not necessarily exempted from paying for participation in the sports for all programme; they need to be GMI beneficiaries. Last, in the case of recreational services, such as theatre or cinema tickets, there is a typical reduction of 10% for schools, especially provided for low-income children.

2.1.1 Conditions for qualifying as a “low-income child”

In the absence of an explicit definition of low income, receipt of the GMI is often used by the state as the criterion for qualifying as a low-income child (see Section 1.1.1). However, in the case of education and school-based activities, the decision on whether to provide support to students in need depends not only on GMI receipt, but also on other factors taken into account by the advisory and welfare committee based at each school.

2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Based on data from CyStat, in 2021 the national AROP threshold for a household with two adults and two children was €21,024 (or €1,752 per month).⁴¹ The GMI allocated to a household with such a composition therefore equalled 57.5-68.5% of the AROP threshold (depending on the age of the children in the household). This information should be seen alongside both AROP and AROPE data for children.

More specifically, in 2021 the AROP rate was 14.5% for children aged 6-11, 15.2% for those aged 12-17, and 15.8% for those aged 0-18 (Eurostat, EU-SILC and ECHP⁴² surveys [ILC_LI02_custom_4568109], downloaded on 2 February 2023). In the same year, the AROPE rate was 18.1% for children aged 6-11, 18.8% for those aged 12-17, and 19.2% for those aged 0-18 (Eurostat, EU-SILC [ILC_PEPS01N_custom_4568269], downloaded on 2 February 2023).

There are no data on the total number of children (not necessarily on low income) who have free access to education and school-based activities (in primary and secondary education), to compare it with the total number of AROPE children in the relevant age group (6-18). Based however on data from CyStat, the total number of students in primary and secondary education in Cyprus for the 2019/2020 school year amounted to 58,779 and 55,740 respectively.⁴³

Given that in 2021 the number of AROPE children in the 6-11 and 11-17 age groups was quite high (11,000 and 10,000 respectively), a large number of students in both primary and secondary education in Cyprus are likely to be AROPE and therefore in need of measures and benefits that will improve their access to education. It should be noted that the total number of children benefiting from the GMI in Cyprus in 2022 was 6,356 (including 2,074 children with disabilities), whilst the total number of children with disabilities in primary and secondary education in the country was 10,977 (Republic of Cyprus, 2022).

⁴⁰ See: [Sports for all \(in Greek\)](#).

⁴¹ [CyStat, Poverty and exclusion, 2021](#). For single-person households, the AROP threshold for 2021 was €10,011.

⁴² European Community Household Panel.

⁴³ [CyStat, Educational institutions, students and staff](#)

Given that some provision for low-income children is at the discretion of schools, there is no safe way to know whether the total number of children who have free access to the service and who are (likely to be) AROPE is close to the total number of AROPE children in the relevant age group(s). The chances are that it is not. After also taking into consideration the number of students who are entitled to, for example, free meals, the number of low-income children having access to free-of-charge education and school-based activities should, however, be over 10,000.

The finding that many students in both primary and secondary education in Cyprus are likely to be AROPE and therefore in need of measures and benefits that will improve their access to education is in line with (for example) the ad hoc module of the 2016 EU-SILC wave on public services (European Commission, 2016). Cyprus is the country with the third highest percentage of AROP households stating that they find it greatly or moderately difficult to cover the costs of formal education.

Moreover, according to EU-SILC data for 2017, 53% of children suffered from problems accessing education, while the relevant risk ratio was 1.4% (Guio *et al.*, 2018). Despite the relatively high proportion of GDP allocated to education (international standard classification of education 1, 2 and 3⁴⁴), citizens in Cyprus still reported relatively severe affordability problems (Frazer *et al.*, 2020).

There are no data on non-take-up among all children entitled to free access to education and school-based activities, or separately for non-take-up among low-income children and/or other categories of beneficiaries over-represented in the AROPE population. In a similar vein, there are no data on groups of children (significant in size) that are over-represented in the AROPE population but lacking free access to education and school-based activities (primary and secondary education).

Last, the country's national action plan for establishing the ECG includes specific reference to children with disabilities and children with a minority ethnic background or children of migrants, among other groups of children deemed to be vulnerable. Provision for these groups is not linked, however, to low income (Republic of Cyprus, 2022).

2.2 Cash benefits whose specific purpose is to help meet educational costs

The only cash benefit whose purpose is specifically to help all children to meet educational costs is the educational material allowance. The allowance (€30 for each child) is provided to all students attending optional full-day schools, so as to help them buy educational materials and books (Republic of Cyprus, 2022).

That being said, the main measures targeted at helping low-income students to meet educational costs in Cyprus have been discussed under Section 2.1. These should be viewed in conjunction with the GMI and a series of programmes largely benefiting from EU funds.

According to the GMI legislation, the DMSW may also provide assistance to someone who does not receive the GMI and is in an emergency situation, where these needs are not covered by other government resources or from another source. To this end, €744,799 was spent in 2021. This amount included emergency aid provided to families with children for any need, including educational needs (Lalioti, 2022; Republic of Cyprus, 2022).

⁴⁴ [Eurostat, International Standard Classification of Education](#)

Furthermore, Cyprus is one of the countries which has chosen to spend the Fund for European Aid to the Most Deprived resources not just on food supplies, but also on essential items for poor families with babies, as well as on basic educational materials, school supplies, and starter kits for children of deprived families (Frazer *et al.*, 2020). DRA.SE. also provides different kinds of support for low-income children; albeit not school materials or any other financial support on a family basis, but in other forms (e.g. psycho-social support services to students) (Republic of Cyprus, 2022).

Two additional initiatives targeting low-income families within the last two years took into account criteria such as whether the family received a child allowance or the GMI, as well as family composition. In the first case the number of beneficiaries amounted to 18,930 families; and in the second, 33,840 families or 54,316 students.⁴⁵

The low-income criterion and the relation between the eligible group and the AROPE population have been discussed under Section 2.1.

There are no studies/data analysing whether the above adequately cover educational costs for low-income children.

2.3 Main barriers to effective and free access to school-based activities for low-income children

2.3.1 Financial barriers

Although there are essentially no studies/data addressing whether the out-of-pocket (OOP) costs for accessing school-based activities (taking account of all financial support available) are a financial barrier for low-income children, the increasing cost of living and educational materials is arguably the outstanding barrier to the inclusion of children living in low-income families. The crisis triggered by the COVID-19 pandemic also arguably affected the access of low-income students to education, because of their inability to participate in distance learning activities due to the economic fragility of their families.

2.3.2 Non-financial barriers

There are no studies/data on the main non-financial barriers (e.g. lack of activities organised by school, and geographical disparities) faced by low-income children in accessing school-based activities in Cyprus. Furthermore, there is no mechanism for assessing the impact of policies targeted at low-income students. In a similar vein there are no coherent and reliable statistical data concerning the participation and the learning outcomes of the various sub-groups falling in this category. This backdrop poses further obstacles to interventions aimed at integrating low-income children at school. Priority should therefore be given to measures such as establishing an impact-assessment procedure for the evaluation of the relevant policies, as well as further decentralising the decision-making process, so as to provide low-income children with extra support adapted to their own specific needs (Koutsampelas *et al.*, 2019b).

Last, until recently Cyprus arguably did not have a proper national strategy to tackle child poverty (Pancyprian Coordinating Committee for the Protection and Welfare of Children, 2020). This situation, as reflected in the recent national action plan for establishing the ECG (Republic of Cyprus, 2022), is hopefully changing.

⁴⁵ [New Cyprus, Policies to deal with the demographic problem and the low birth rate](#)

3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

3.1 Mapping free provision of school meals

In 2012, the MESY introduced the "free breakfast programme for students who need help" (*Προγράμμα Παροχής Δωρεάν Προγεύματος σε μαθητές/μαθήτριες που χρήζουν βοήθειας*), under which students are offered a free healthy breakfast every school day. The aim of this initiative was to ensure that students in need are provided with the basic necessities, including a healthy diet, in order to protect their physical and mental health and ensure their proper socialisation in the school environment.

Students are selected according to certain financial and social criteria and receive a free healthy meal every school day.⁴⁶

The healthy breakfasts offered to eligible students must be provided by school canteens approved by the school canteen regulations 2000-2005.⁴⁷ In each school there is a special committee called the local school canteen control committee (*Τοπική Επιτροπή Ελέγχου Σχολικών Κυλικείων*), which controls the quality and quantity of the food provided in accordance with the relevant legislation. It should be noted that the provision of a free meal to eligible students is done with great discretion, confidentiality and full respect for the dignity of the students.⁴⁸

An important step in primary education has been the introduction of optional all-day schooling, which allows working parents to leave their children on the school's premises after school hours. All low-income children attending all-day school receive a free meal (lunch). The meal plan is developed by qualified nutritionists and the food is served in a dining hall. Normally, the cost of the meal is borne by the parents and costs €470 per pupil per year. However, the MESY (together with the European Social Fund, national funds and other local sponsors)⁴⁹ covers the cost of the meals for all low-income children (children with low socio-economic status and children whose families receive the GMI). Approximately 1,045 low-income children in Cyprus attended all-day schools in 2022 (Republic of Cyprus, 2022).⁵⁰ The schemes apply to children aged 5-17 attending primary or secondary school. Children under 5 attending nursery schools are not covered by these schemes.

3.1.1 Conditions for qualifying as a "low-income child"

At each school, a specially designated advisory committee (AC) is responsible for the selection of students and their inclusion in the programmes. The composition and responsibilities of each AC are defined by legislation.⁵¹ The AC consists of the school principal or assistant principal, a representative of the teaching staff, two representatives of the relevant parents' and guardians' association, a representative of the local school board, and a student representative (for secondary education only). Furthermore, additional information may be requested from

⁴⁶ [MESY, European Funds Unit: Strengthening the Free Breakfast Programme for students in Need \(in Greek\)](#)

⁴⁷ [The School Canteens Law of 2000 \(60\(I\)/2000\) \(in Greek\)](#)

⁴⁸ [MESY, European Funds Unit: Strengthening the Free Breakfast Programme for students in Need \(in Greek\)](#)

⁴⁹ Charities, the Church etc.

⁵⁰ [Signalive: What does MESY offer needy students and what criteria are used to help them? \(in Greek\)](#)

⁵¹ [The School Canteens Law of 1997 \(108\(I\)/1997\) \(in Greek\)](#)

other local bodies in the community in order to identify and verify the actual needs of the students and their families.

Students in the following categories may be included in the programme for the provision of a free meal each school day:

1. children of families receiving the GMI or other public assistance from the SWS;
2. children of unemployed parents;
3. orphans;
4. children of single-parent families;
5. children of families with three or more children; and
6. children whose parents or guardians do not have sufficient income for other reasons.⁵²

It is clear from the information in this section that the GMI is not the only criterion for low income. The above list is not exhaustive in that it is at the discretion of each AC to include a child on the list of low-income beneficiaries for a free meal, and in many cases low-income migrant children are also included (e.g. asylum-seekers and undocumented migrants). However, GMI receipt is one of the most important eligibility factors (see also Table A1 in the Annex).

3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Press reports in 2017 indicated that 13,300 children aged 5-17 received a free healthy breakfast every school day.⁵³ However, Eurostat data⁵⁴ for the same year showed that the number of children aged 6-17 in Cyprus AROPE was 23,000. The corresponding figures for the following year, 2018, were lower, at 10,146⁵⁵ and 20,000.⁵⁶ But in both years it appears that significantly fewer children in Cyprus had free access to a healthy meal every day than the AROPE population for this age group, despite the fact that many other factors, besides GMI receipt, were taken into consideration when determining who qualified for free access.⁵⁷

Based on the most recent data (published in the 2022 national action plan for establishing the ECG), 1,107 children from 164 kindergartens (no data available for nurseries), 6,230 children from 307 primary schools, 3,600 children from 67 gymnasiums (lower secondary education) and 1,780 children from 37 lyceums (upper secondary education) had free access to healthy meals (Republic of Cyprus, 2022). Moreover, other DMSW data showed that the number of children aged 0-4 (including children in nurseries and kindergartens) who benefited from the tuition subsidy and feeding plan (described in Section 1.1 and 1.3) in 2022 was 6,976.⁵⁸ It could therefore be said that around 18,500 children (0-17) in Cyprus received nutritional support during school hours in 2022 (breakfast and/or lunch), although the number of those AROPE in 2021 for this age group was 33,000.

It therefore seems that approximately 14,000 AROPE children (0-17) in Cyprus lack free access to healthy meals. These children may include low-income children who are not eligible (i.e. living with working poor parents), children of asylum-seekers and migrants, and low-

⁵² [MESY, European Funds Unit: Strengthening the Free Breakfast Programme for students in Need \(in Greek\)](#)

⁵³ [Signalive: What does MESY offer needy students and what criteria are used to help them? \(in Greek\)](#)

⁵⁴ [Eurostat – EU-SILC survey – Children \(under 18\) AROPE, thousands of persons, 2017-2020](#)

⁵⁵ [Signalive: In queue for one sandwich \(in Greek\)](#)

⁵⁶ Eurostat, Table ILC_PEPS01N, uploaded on 16 April 2023.

⁵⁷ See Section 1.1.1 for a comparison of the national low-income criterion/a with the national AROP threshold.

⁵⁸ [DMSW: Tuition Subsidy and Feeding Plan for Children from 0 to 4 years of age \(in Greek\)](#)

income children whose families are reluctant to request free access to healthy meals to avoid stigmatisation. Further information regarding non-take-up by children is not available.

3.2 Main barriers to effective and free access to school meals for low-income children

3.2.1 Financial barriers

Currently, there are no studies examining whether the OOP cost of a healthy meal is a financial barrier for low-income students who do not receive such a meal each school day.

However, press reports indicate that the cost of a healthy meal at school is €1-€1.20 per day (€20-€24 per month) for primary and secondary school respectively.⁵⁹ The GMI for a household with two children (a boy aged 10 and a girl aged 14) is €1,104 per month, of which food accounts for €531.50, according to estimates by Chrysostomou and Andreou (2017). The monthly amount needed for a healthy school meal would be €40-€48 – about 8.3% of the GMI benefit for food. The OOP cost for a healthy meal cannot therefore be considered a financial barrier for a household with two children.

Asylum-seekers in Cyprus are not eligible for the GMI. Instead, they can apply for social benefits that are much lower (see Table A3.3 in the Annex) than the GMI (see Section 1.1.1) for Cypriots, EU citizens, refugees and third-country nationals with long-term residence status.

This represents a significant financial barrier for this group of people, whose numbers have increased considerably in the last two years (reaching about 6% of the total population).

Another aspect that can be seen as a financial barrier is the fact that some services are not completely free but are quasi-free due to important subsidies. As mentioned in Section 1.3, the monthly subsidy for infants and children up to 4 covers 80% of the total amount of monthly tuition fees (including meals) and is based on family income and the number of children in each family. Despite the existing subsidy reaching 80%, the remaining 20% can still be a major financial barrier for low-income households.

3.2.2 Non-financial barriers

Currently, there are no studies in Cyprus that examine the non-financial barriers to effective and free access to school meals for low-income children.

Stigmatisation of low-income children. Cyprus is a small island country with a population of only about 1 million people and relatively small towns and local communities that are very close together socially. It is therefore very easy and common for people in Cyprus to know each other well. Although the whole procedure for providing a free healthy meal every school day is carried out with great discretion, some low-income children or children from households with financial problems, especially from secondary school (as the oldest), are reluctant to apply for or accept this benefit.

⁵⁹ [Philenews: Free provision of breakfast in 13,000 students \(in Greek\)](#)

4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a general practitioner (GP) or infant nurses, specialist care, dental care (not orthodontics) and prescribed medicines.

4.1 Mapping the provision of free healthcare services and products

On 1 June 2019, a new national health system with universal coverage was introduced, called GeSY (*Geniko Systema Ygias – Γενικό Σύστημα Υγείας*), generally considered to be the biggest social reform in the history of the republic. GeSY⁶⁰ has significantly changed the way health services are financed and covers the entire population, regardless of nationality, income and contribution payments. The benefits package is comprehensive and includes a wide range of health services. All revenues of the system come from the health contributions of employees, retirees, employers, and the state, which are collected and transferred to the Health Insurance Fund (HIF) managed by the Health Insurance Organisation (HIO), the sole purchaser of services within GeSY. The financing arrangement of the current system is more equitable than the previous one, as contributions are now paid in proportion to income, resulting in a redistribution of resources in favour of those with lower incomes. OOP spending as a share of total health spending fell by over 68%⁶¹ between 2018 and 2020 (from 44.36% to 14.01%). The reduction in OOP payments, which were in the top three in the EU under the old system, is a positive development that contributes to the financial protection of the Cypriot population.

In principle, GeSY covers⁶² all beneficiaries' healthcare needs, including chronic, rare and severe diseases. It provides lifelong financial protection to all beneficiaries, including for unexpected and costly health needs. People with no income (unemployed people, children, students, males in military service, and others) can register and become GeSY beneficiaries, gaining access to healthcare services. All children who are beneficiaries and registered in GeSY are registered with a personal doctor (PD)⁶³ for children (paediatrician)⁶⁴ chosen by their parents/guardians. Children who are not covered by GeSY (asylum-seekers and undocumented migrants) are covered by the public healthcare services or the State Health Services Organisation⁶⁵ in accordance with the relevant circular issued by the Ministry of Health⁶⁶ (MoH, 2011). It is worth noting that in some cases, the MoH, in the exercise of its

⁶⁰ More than 95% of the total population is registered and benefits from the new health system. In 2020, more than 900,000 beneficiaries were registered with GeSY.

⁶¹ [Eurostat. Out-of-pocket expenditure on healthcare](#)

⁶² In practice, although the new system provides good financial protection for the vast majority of beneficiaries, there are a few cases where gaps in coverage exist, and beneficiaries are forced to seek providers outside the system at their own expense (e.g. dental care, rehabilitation, palliative care and mental healthcare).

⁶³ PDs are at the centre of primary care under this new system and are responsible for prevention, health promotion and education. They also act as “gatekeepers” to health services and ensure clinically justifiable use of health services.

⁶⁴ Doctors who wish to provide PD healthcare services to children must have specialised in paediatrics.

⁶⁵ Following the introduction of GeSY, all public sector healthcare services were placed under the State Health Services Organisation, a public umbrella organisation responsible for the management, control, monitoring and development of public hospitals and health centres, enabling the MoH to play a more strategic and regulatory role in the new healthcare environment.

⁶⁶ This circular issued by the MoH in 2011 (prior to GeSY implementation) guarantees access to health services (of the public sector) for all children. All children and pregnant women, regardless of their residency status in the country, have access to health services and the option to pay the full cost of health services provided to them. Following GeSY implementation in 2019 this is only limited to children who are not GeSY beneficiaries and cannot afford to pay their healthcare expenses.

discretionary and statutory powers, provides financial assistance to all children irrespective of citizenship or status who require specialised and often life-saving and expensive treatments (such as rare diseases and transplants) that may not be available in the public healthcare sector or in Cyprus.

The HIO is a public, independent organisation whose role is to administer the HIF, ensure access to and the provision of healthcare services to beneficiaries without adverse discrimination, and contract with healthcare-providers.

Table 4.1 shows how the costs of six different categories of services affect children (and therefore their households) seeking access to these services under GeSY.

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL	NO	NO	NO	NO

Note: "ALL" means that all services/products in the category are free for all children. "NO" means that most/all services/products are not free for low-income children.

The National Advisory Committee for Vaccination and the Epidemiologic Surveillance and Infection Control Unit of the MoH is responsible for implementing and monitoring the programmes and vaccination recommendations. All recommended vaccines⁶⁷ are covered by GeSY and are also free of charge for non-GeSY beneficiaries (asylum-seekers and undocumented migrants) only at the maternal and child protection centres of the public sector (there are 27 such centres, including in rural, mountainous, and remote areas).

Visits to GPs/PDs (or paediatricians in the case of children under 18) are free of charge at the point of service. This applies to all GeSY beneficiaries, including low-income children. However, there is a threshold per age group for the number of visits to PDs/paediatricians, above which a co-payment of €15 per visit is payable.

That said, there is a very low annual maximum⁶⁸ for all co-payments – €75 for GMI beneficiaries and anyone under 21, regardless of income, and double that for the rest of the population at €150 per year. The co-payments do not apply to in-patient treatment, which is free at the place where the service is provided. In addition, there are certain categories that are fully exempt from co-payments (please see Section 4.1.2).

Infant nurses, usually midwives in Cyprus, provide infant care and are covered by GeSY. This type of care can be accessed directly without a referral from a specialist. All beneficiaries, regardless of income, are subject to a co-payment of €6 when using the service, which can also be a home visit (for low-income groups, the same annual maximums apply as mentioned earlier).

Out-patient visits to specialists can be accessed with a co-payment of €6 per visit after referral by the PD or paediatrician (except for services provided by specialists in diagnostic radiology, where the co-payment is €10 per visit). A user charge (referred to as a "personal contribution") of €25 per visit applies without referral by the PD/paediatrician. The personal contribution does not apply to female beneficiaries who have reached age 15 and are seeing an out-patient gynaecology/obstetrics specialist, or to beneficiaries who are doing their compulsory military service in the national guard of the republic (aged 17-18) and have a referral from a military

⁶⁷ ECDC: [Vaccine Schedule – Cyprus – children and adolescents; GeSY paediatric vaccination scheme \(in Greek\)](#).

⁶⁸ It is cumulative and refers to the total of all co-payments for services for which the co-payments must be paid within one year.

doctor to an out-patient specialist. Hospital visits for the treatment of accidents and emergencies carry a co-payment of €10 per visit; nursing care at home has a co-payment of €6 per visit; and access to care provided by other health professionals (such as physiotherapists, clinical psychologists and clinical dieticians) has a co-payment of €10 per visit following referral by a PD or specialist. GeSY covers a certain maximum number of sessions per diagnosis and beneficiary for the services of each health professional. For physiotherapy, a maximum of 12 sessions per year is covered, depending on the diagnosis, while the number of visits to clinical psychologists also depends on the beneficiary's psychological or psychiatric diagnosis, with children entitled to 6-24 visits per year.

All GeSY beneficiaries (including all children) are entitled to one free annual preventive dental care consultation, which includes dental cleaning and an oral hygiene assessment. GMI beneficiaries are also entitled to comprehensive dental care (excluding orthodontics), which is only provided by the public dental services with a payment of €3 per visit (MoH, 2011). Please see Section 4.1.2 for children entitled to free comprehensive dental care.

GeSY only covers prescription medicines. These medicines are included on the list of pharmaceutical products drawn up by the HIO on the recommendation of a scientific committee. GeSY beneficiaries pay a co-payment of €1 per pharmaceutical product and a contribution equal to the difference between the price of a pharmaceutical product chosen by GeSY which is not covered by it (generic vs brand name).

Within this framework, although healthcare for low-income children (i.e. GMI beneficiaries in this report; see Section 1.1.1) is not completely free, their financial protection is ensured through the use of a lower annual cap, while at the same time protecting the overall sustainability of GeSY from potentially unjustifiable utilisation of healthcare services.

Although access to infant nurses, specialist and dental care and prescribed medicines is not de facto free, the very low annual caps for GMI recipients provide a very reasonable (affordable) and at the same time fair safety net for children and low-income households, while protecting the health system from induced demand and unjustified use of services.

4.1.1 Conditions for qualifying as a “low-income child”

Not applicable.

4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

There are certain categories that are fully exempt from co-payments (Table 4.1 and Section 4.1). These are children with special needs living in institutions; children under the care or guardianship of the SWS; people with a mental disability under the Persons with a Mental Disability Act 1989;⁶⁹ people suffering from a serious mental disorder under the Psychiatric Treatment Act 1997;⁷⁰ and dependants of war-disabled people and people missing or killed in military action. These categories of children represent very vulnerable populations and make up a small proportion of the total population of children in Cyprus, and their exemption is not associated with low income. In addition, children who receive support and allowances from the SWS (but not the GMI) are also entitled to free and comprehensive public dental care, including

⁶⁹ [Persons with a Mental Disability Act 1989](#) (in Greek)

⁷⁰ [Psychiatric Treatment Act 1997](#) (in Greek)

orthodontics.⁷¹ The same applies to unaccompanied children, children of asylum-seekers, and children from families with three or more children who meet the income criteria of the MoH.

The proportion of children entitled to free access (i.e. fully exempt from GeSY co-payments and receiving comprehensive dental care) is very low. According to CyStat, the number of children under 18 in 2022 was 182,676, whereas a year earlier (2021) there were 900 children under the care/guardianship of the SWS, which constitutes a significant proportion of children exempt from co-payments (see Table A1 in the Annex). It should be emphasised that the existing data or studies are not sufficient to address this issue and make meaningful comparisons with the AROPE indicator. The issues of non-take-up and of children over-represented in the AROPE population but without free access are relatively insignificant, as healthcare under GeSY is universal and includes all children (see Section 4.1).

4.2 Cash benefits whose specific purpose is to help meet healthcare costs

There are no cash benefits to supplement the need to pay for healthcare costs. The introduction of GeSY has contributed significantly to reducing OOP payments and the need for cash benefits to create more affordable conditions for accessing and using healthcare.

In addition to the HIF, there are combined cost-sharing arrangements comprised of low co-payments and personal contributions with annual caps. These are designed to create a net of high financial protection without creating serious financial barriers to access by contributing to reducing the unnecessary use of health services (See Table A4.1 in the Annex).

Children with disabilities are entitled to various allowances and benefits depending on the nature and degree of their disability. Most of these benefits are paid in cash to partially replace the lack of comprehensive long-term care (see Section 4.3 below) and, until recently, rehabilitation services. In particular, children with disabilities are entitled to the GMI,⁷² the social cohesion allowance and the disability allowance. In addition, they may be entitled to various cash benefits (as well as in kind) through the Department of Social Inclusion for Persons with Disabilities. Children with refugee status and those receiving international protection are also entitled to all the above allowances and benefits. Asylum-seekers, on the other hand, are not entitled to these benefits (Kantaris, 2022).

As mentioned at the beginning of Section 4, healthcare under GeSY is universal and includes all children.

The introduction of GeSY in 2019 has significantly reduced OOP payments. Prior to this, Cyprus had the highest contributions to health expenditure in the EU in the form of OOP payments. But in 2021, OOP payments recorded a remarkable fall of about 68% (see Section 4). Consequently, GeSY has contributed greatly to improving the affordability of healthcare services for the entire population (including children), especially for people with low incomes. A study published in 2021 by Kontemeniotis and Theodorou, albeit using relatively old data (pre-GeSY) from 2003 to 2015, provided evidence of the strong impact of OOP payments for healthcare on affordability and highlighted the intensity of the problem in low-income households. In 2015, 3.6% of impoverished households were further impoverished or at higher risk of impoverishment as a result of OOP payments for healthcare. In the same year, 5% of

⁷¹ For orthodontics, certain functional criteria must be met, which are set by the Directorate of Dental Services of the MoH.

⁷² GMI recipients are also entitled to an additional monthly disability benefit of €226.

households experienced catastrophic⁷³ OOP payments. Catastrophic health spending was heavily concentrated among lower-income households and mainly related to out-patient medicines (e.g. prescribed) and out-patient care (e.g. GP and specialists). The same study also found that about 60% of direct payments in 2015 were for over-the-counter medicines, medical products and out-patient care. Meanwhile, a CyStat survey on the general health of the population in 2019, covering the 15+ age group, found that 56.9% of respondents used over-the-counter medicines and 60% used the services of a dentist or orthodontist (services not covered by the new healthcare system) (CyStat, 2020). As this behaviour by healthcare consumers is unlikely to have changed since then, it can be said that affordability is a crucial dimension for both over-the-counter medicines and dental care.

4.3 Non-financial barriers to effective and free access to healthcare

In many cases, coverage is not sufficient (e.g. number of visits entitled), especially for children with various forms of disabilities or long-term care needs, leading to problems of accessibility and adequacy. An example of a compensatory measure recently taken by the HIO in response to this problem was the establishment of a registry for patients with neurological conditions, which includes many children, in order to review and increase the number of physiotherapies for this particular group of beneficiaries.

The chronic shortage of certain paediatric specialties such as paediatric neurologists and paediatric orthopaedic surgeons, as well as the limited availability or non-availability of very specialised health services (e.g. transplants, rare diseases, and complex paediatric surgery) have also led to problems of accessibility and affordability for all. However, many low-income people are so burdened that they rely on the discretion of the MoH to cover the costs (in many cases catastrophic), including ordinary living costs, when sick children and their parents must travel abroad for specialised treatments that are not available in Cyprus.

Rehabilitation services were initially excluded from the GeSY service package and were only recently (1 January 2023) included. This can be seen as a very positive development, as it has extended coverage and removed a significant financial burden from low-income families with children in need of rehabilitation due to injury or disability. However, there is still much to be done in this area, as currently only neurological conditions and rehabilitation after injury are covered. Adding to this is the limited availability of rehabilitation centres, of which there are currently only three contracted with GeSY. The recent inclusion of rehabilitation services in GeSY will also provide relief to low-income households with children who require long-term care following an injury or accident, or a diagnosis of a neurological disorder that falls within the scope of rehabilitation services.

It is worth noting that key patient organisations, namely the Federation of Patient Organisations and the Alliance for Rare Diseases, have consistently pointed out that in 2021-2022 there was a large gap in access to new and innovative medicines under GeSY, mainly due to shortcomings in health technology assessment procedures.^{74/75/76}

GeSY coverage is strongly linked to the maximum number of eligible visits for out-patient services (personal contributions must be made each time after the maximum number of visits

⁷³ According to the WHO definition it is the share of households with OOP payments greater than 40% of household capacity to pay for healthcare.

⁷⁴ [Philenews: 600 innovative medicines outside GeSY – The suffering of patients \(in Greek\)](#)

⁷⁵ [Complaints of patients against the HIO for access to medicines \(in Greek\)](#).

⁷⁶ [130 innovative medicines: deadline of 31 January set by the Minister of Health to the HIO \(in Greek\)](#)

has been reached; see Section 4.1 and Table A4.1 in the Annex). There is a need for coverage to be more needs-based and to focus on the groups of beneficiaries who need more services than the rest. The HIO is seeking to introduce further qualitative, needs-based criteria to respond to this problem, such as the measure for patients with neurological disorders who need more physiotherapy discussed at the beginning of this section.

Problematic outreach and limited access to information can be seen as non-financial barriers to accessing health services. This especially applies to prevention and primary care (health promotion and education). The new role of paediatricians, who now play a central role in the new healthcare system, is still not well understood by beneficiaries (including parents and guardians of children). This barrier of "healthcare system illiteracy" is likely to be exacerbated in lower socio-economic groups – as well as among people with a migrant background, who also face language and cultural barriers.

With the introduction of GeSY, it was hoped that the very long waiting times under the old healthcare system could be left behind. But they have persisted for many types of care, especially for out-patient and in-patient specialist care. This is an important non-financial barrier, especially for low-income patients who cannot afford to seek services from the private healthcare sector (non-GeSY). The continued backlogs may well be a symptom of the self-induced demand that has been observed since the introduction of GeSY in 2019.

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

5.1 Main barriers to effective access to healthy nutrition

5.1.1 Financial barriers

Studies that address the barriers in Cyprus to low-income children accessing healthy meals are extremely sparse. There is only one study that has examined the cost, acceptability and affordability of the "healthy food basket" among low-income families; it found that the total monthly budget for the healthy food basket for a family with two children (couple with two dependent children, a boy aged 10 and a girl aged 14) was 1.48 times higher than the GMI budget for food; and that the proportion of income that would have to be spent on the healthy food basket was very high (71.68%). The study concluded that the GMI scheme did not seem to take into account the cost of healthy food, and low-income families in Cyprus were therefore at high risk of experiencing "food stress"⁷⁷ due to the high cost of healthy food or insufficient social benefits (Chrysostomou and Andreou, 2017).

As adequate nutrition has multiple functions, not only to maintain and improve health but also for social functions, another study in Cyprus was aimed at investigating the affordability of a food basket that fulfilled the needs of low-income families – both physical (maintaining good health) and non-physical (adequate social participation). Based on these physical and non-physical needs, the study developed food baskets for six household types,⁷⁸ including households with children. The study showed that the food basket that met physical and non-

⁷⁷ Food stress occurs when households spend 30% or more of their income on food.

⁷⁸ Types of families included: single female aged about 40 with two children (boy aged 10 and girl aged 14); single male aged about 40 with two children; and a couple aged about 40 with two children.

physical needs was not affordable for low-income families (mainly with children) receiving the GMI in Cyprus. Specifically, among low-income families with two children receiving the GMI, the proportion of income to be spent on the food basket for physical needs and the food basket for physical and non-physical needs ranged from about 62% to 72% and 70% to 81%, respectively. The study concluded that social welfare payments in Cyprus appeared to fall far short of socially accepted measures of adequacy, and endangered the health and social life of recipients (Chrysostomou *et al.*, 2017).

Based on this evidence, and excluding access to school meals, it could be said that the high cost of healthy food and insufficient social benefits in Cyprus are the main financial barriers hindering affordability and access to healthy meals for low-income children.

5.1.2 Non-financial barriers

A previous study was designed to investigate the cost of healthy eating among people with chronic diseases (Chrysostomou *et al.*, 2019). The study tried to assess the acceptability, cost and affordability of a gluten-free healthy food basket (GFHFB) compared with the healthy food basket, and to further investigate whether low-income Cypriots diagnosed with coeliac disease experienced "food stress". The study found that the monthly cost of the GFHFB was higher (by €33.60 and €47 for women and men respectively) than the healthy food basket. In addition, the proportion of income that had to be spent on the GFHFB was about 42% for women and about 60% for men among low-income people receiving the GMI. The study did not examine the cost of the GFHFB for a family with children. However, it appears that the presence of a chronic illness may be a non-financial barrier to accessing healthy foods for low-income people. However, further studies are needed to examine this barrier and other probable non-financial barriers among low-income children and/or low-income families with children.

A similar study in 2020 focused on patients with diabetes. The aim was to assess the cost, acceptability and affordability of the Cypriot diabetic healthy food basket (DHFB). The study included 422 diabetic patients aged 18-87 from different socio-economic backgrounds. It showed that among low-income adults with diabetes receiving the GMI, the proportion of income that would need to be spent on the DHFB ranged from 30% to 42% for women and men, respectively. People with diabetes in Cyprus were thus at risk of developing food stress. Furthermore, diabetes appeared to be a barrier to accessing healthy food in Cyprus (Chrysostomou *et al.*, 2020).

Based on these findings, one could say that the presence of a chronic disease such as coeliac disease or diabetes seems to act as a non-financial barrier to access to healthy meals for low-income people (school meals excluded). There is a need to conduct similar studies among children to investigate whether the presence of a chronic disease is a non-financial barrier that could hinder low-income children's access to healthy food and nutrition. Future studies could also identify other non-financial barriers.

Furthermore, and following discussions with key informants, a number of possible non-financial barriers related not only to low-income children but to all children as well (which are also confirmed in the general literature on this topic) could be broken down as follows.

1. **Lack of time to prepare healthy meals.** With both parents working long hours, there is little time to organise and prepare healthy, home-cooked meals. As a result, parents resort to simpler solutions or buy ready-made meals, which are not the healthiest option and contain large amounts of chemical additives, sugar and animal fat (Escoto *et al.*, 2012; Horning *et al.*, 2017).

2. **Limited knowledge about healthy eating.** Many parents have only a basic knowledge of the importance of healthy eating and methods of preparing healthy meals. Literature suggests that both fathers' and mothers' knowledge of healthy eating is equally important in reducing

child malnutrition. In addition, many parents are informed about healthy eating through the media, which is sometimes not a reliable source (Mahmood *et al.*, 2021).

3. Limited accessibility and availability of healthy food in rural areas. In many rural areas, there are no food retailers with a supply of fresh and nutritious food. Access to food may be limited not only by financial constraints but also by other factors such as transport problems. As a result, rural residents may rely on more expensive and less nutritious foods, such as those available at petrol stations and smaller grocery shops, because of the long commute to a town with shops that offer a wider and healthier selection of fresh produce (Lorena Losada-Rojas *et al.*, 2021; Johnson *et al.*, 2014).

5.2 Publicly funded measures supporting access to healthy nutrition

Since the outbreak of the financial crisis in Cyprus in 2011, several publicly and/or locally funded measures have been introduced to facilitate and support access to food and meals for low-income children. “Social grocery stores” have been established all over Cyprus and the number of their beneficiaries is increasing year by year. There are also other initiatives, mainly from municipalities and charities, that help to feed low-income families and their children. Some of these initiatives⁷⁹ are the community shops or social grocery shops of the municipalities of Strovolos, Limassol and Larnaca, and the food charities in Limassol, Paphos and Tamassos metropolis.

However, most of these programmes and schemes do not directly support access to healthy meals for low-income children outside of school hours, but serve to provide food in general to low-income and impoverished individuals and households to meet their basic daily nutritional needs, not focusing on the health dimension.

Currently, there are no official criteria for low-income children and their families to access these measures. Based on data from press reports,⁸⁰ the main recipients are currently children from families receiving social benefits (e.g. the GMI and public assistance from the SWS), children of unemployed parents, children from single-parent families, and children from large families with three or more children. The beneficiaries of these programmes are advised and encouraged by the staff of these institutions to contact the SWS and ask for financial support and/or benefits in kind.

6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

In Cyprus there are different housing allowances designed to support vulnerable families with children. There are two different housing allowances for financially vulnerable households

⁷⁹ [Sigmalive: Thousands of Cypriots at Grocery Stores \(In Greek\)](#)

⁸⁰ [Sigmalive: Thousands of Cypriots at Grocery Stores \(In Greek\)](#)

under the GMI scheme, and an additional rent subsidy scheme for displaced people and refugees of the 1974 Turkish invasion.

According to the relevant legislation, a housing allowance is granted if GMI beneficiaries live in a rented or privately owned (mortgaged) property. The amount of housing allowance takes into account the family composition/size and the district of residence. There are specific criteria for these residences to qualify for the allowance. There are also explicit criteria for occupancy (e.g. number of adults and number of children), which are listed in Table A.6 of the Annex.

The amounts of housing allowance vary according to the district of residence and are as follows: Nicosia, €4.06/sq.m.; Limassol, €4.41/sq.m.; Ammochostos, €2.94/sq.m.; Larnaca, €3.50/sq.m.; and Paphos, €2.94/sq.m. (see Table A6.2 in the Annex for the exact amounts of the maximum subsidised rent according to the family structure). €11.2 million was allocated for this subsidy for 2021, and €8.9 million had been spent up to October 2022.⁸¹

In addition to the housing allowance, GMI recipients are entitled to a loan interest allowance. This only applies to loans taken out for the purchase or construction of the primary residence of an applicant and/or beneficiary in Cyprus. The interest payment is calculated according to the composition of the family/household unit (number of children), the district of residence of the applicant, and the area of the residence (a maximum of 300 sq.m.).

Furthermore, within the programmes implemented by the Welfare and Rehabilitation Service of Displaced Persons (WRSDP) of the Ministry of Interior, a specific housing scheme includes rent subsidies, which are subject to well defined income criteria depending on the composition of the family and the total amount of the family's annual income.⁸² This rent subsidy is deductible from the GMI received.

Currently there are no studies/data that sufficiently address the issue of adequacy in the coverage of housing costs for low-income households with children in Cyprus.

6.2 Publicly funded measures supporting access to adequate housing – Social housing

Problems associated with housing shortages – such as overcrowding, cost overburden and unhealthy living conditions – have been shown to have a negative impact on people's overall well-being, and particularly on children's development. Unfortunately, these effects appear to be even greater for low-income children (Solari and Mare, 2012). Table A6.1 shows three common indicators of housing exclusion (severe housing deprivation, overcrowding and housing cost overburden rate) for children under 18. The first two columns provide data for Cyprus and the EU-27 for those below the AROP threshold, while the last two columns provide data for those above it. Cyprus performs much better than the EU-27 on all housing indicators for both thresholds. Moreover, as expected, the percentages of the indicators for low-income households are higher than the corresponding percentages for households above 60% of median equivalised income.

In Cyprus, there are a number of different housing policies targeting, among others, low-income children and their families and households (Koutsampelas *et al.*, 2019a). It should be noted that all of the following housing schemes, introduced in Cyprus in recent years, use income criteria that are above the national figures for the GMI and the AROP threshold, as

⁸¹ There are no data available on the number of beneficiaries for 2021 and 2022. In 2018 (only data available), 5,666 households benefited from this subsidy (approximately €9.8 million).

⁸² [Ministry of Interior, Rent Subsidy Scheme For Single Persons And Families, see corresponding table \(in Greek\)](#)

described in Section 1.1.1. Although they are targeted at the needs of low-income families, they are therefore not limited to them.

6.2.1 Mapping the provision of social housing

In Cyprus, the housing problem arose primarily because of excessive lending in the past for the purchase of housing, which did not take into account the ability to repay the debts incurred, but also because of the possibly unsustainable housing policies implemented in the past. Emerging from the 2012-2016 financial crisis, Cyprus faced one of the highest rates of non-performing loans in Europe. In an attempt to protect the primary residences of distressed borrowers and contribute to financial stability, the government proposed the “Estia” (Σχέδιο Εστία) scheme, as a support measure based on social policy criteria (Andreou and Koutsampelas, 2019). In addition, the Ministry of Finance, in the context of the policy to mitigate the social impact of non-performing loans, prepared the “rent against instalment plan” (see details in Section 6.3).

The new housing policy framework,⁸³ originally announced by the government in 2019 and updated in 2020, had as its main objectives: (a) increasing the supply of housing units to address the problem of providing affordable housing; and (b) allocating government funds in the most efficient and effective way, through revised housing plans with simplified procedures.

The Ministry of the Interior, in collaboration with various stakeholders such as the Cyprus Land Development Corporation (CLDC),⁸⁴ the WRSDP,⁸⁵ local authorities and the Housing Finance Corporation, has formulated a number of policy pillars⁸⁶ under the new housing policy framework.

Under legislation, the CLDC purchases land, which it then sub-divides into plots or makes available for the construction of houses and flats. The houses and flats are provided to meet the housing needs of households or individuals who are unable to solve their housing problems on their own. The organisation's housing projects cover all towns in Cyprus and are allocated according to income criteria for low- and middle-income families or households with children. The income criteria were revised by the Council of Ministers in 2022. In addition, there are other criteria concerning families' ability to repay, their movable and immovable property, housing conditions, family composition, and finally the compulsory uninterrupted residence of five years for EU citizens.

In addition, there are various schemes run by the WRSDP, such as the provision of housing units in certain housing estates, the provision of land for self-build, and grants for the purchase or construction of a house or flat. For all programmes, there are certain income criteria depending on the composition of the family and the amount of the total annual family income. Families with several children receive a higher amount of financial support.

Finally, the Ministry of Interior has launched two new housing projects to rejuvenate mountainous, remote and disadvantaged rural areas, as well as allowances that provide additional financial support to existing residents as an incentive to stay in the areas they will choose to purchase or build a home (Koutsampelas and Kantaris, 2021). Applicants must meet

⁸³ [New Housing Policy framework \(in Greek\)](#)

⁸⁴ The CLDC was founded by the Cyprus Government in 1980 within the ambit of its social policy for the housing sector. The CLDC was considered as one of the main governmental bodies responsible for the implementation of the government's housing policy, either by carrying out its own schemes or by undertaking the management and promotion of governmental housing schemes which, throughout the years, have assisted vulnerable groups of the population to acquire their own residence.

⁸⁵ The WRSDP was established by the Council of Ministers after the Turkish invasion of 1974, to address the refugee problem that had arisen and to provide assistance to displaced people.

⁸⁶ Detailed information on each scheme pillar can be found at the [New Housing Policy framework \(in Greek\)](#).

certain criteria and conditions related to family income and composition (number of children, young couples under 41 with children) in order to become beneficiaries, which are contained in a detailed guidance document.⁸⁷

As already mentioned in Section 6.2, all these schemes are addressed at low-income families, but are not limited to them.

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

The schemes provided by both the CLDC and WRSDP generally make provision for families/households whose annual income exceeds both the GMI and the AROP threshold (see Section 1.1.1), and thus low-income families with children are also included and are eligible.

Rent subsidies are primarily given to GMI recipients. Despite the increase in subsidies in recent years (see Section 6.1), the reduced rents that these families and households have to pay are therefore still very high in relation to their monthly income. This is related to the very sharp increase in prices⁸⁸ and rents in all major cities over the last four years, especially after the financial crisis and the recent economic conditions due to the Ukraine crisis (Andreou and Pashourtidou, 2020). For an illustration of the extent of the problem, see Table A6.3 of the Annex, which refers to two-bedroom apartments (approximately 80 sq.m.). In terms of access to decent housing for migrant families or households with children, the affordability barrier is the most common.⁸⁹

6.2.2.2 Non-financial barriers

The economic crisis of 2012-2016, followed by the recent pandemic and the Ukraine crisis, have created a climate of economic uncertainty that has led to a stagnation of the building stock and thus a reduction in availability. In addition, it is more difficult for low-income households and families to access housing loans due to much stricter procedures by financial institutions. The recent increase in housing demand due to the rising number of university students has also exacerbated the problem, as Cyprus has gradually established itself as a major regional education hub. Finally, the increasing interest in Airbnb rentals has reduced the stock of conventional/traditional rented housing, reducing supply and increasing rents, especially in cosmopolitan and tourist cities such as Limassol. This result has also been reinforced by the recent development of the construction industry, which is attracting high-income investors and focusing on luxury buildings, further restricting the building stock for low-income groups.⁹⁰

Another non-financial barrier is the fact that most of the schemes provided by the CLDC and WRSDP are only available to those (mostly Cypriots and citizens from Member States) who have been continuously resident in Cyprus for at least five years.

A survey by the UN High Commission for Refugees on the living conditions of asylum-seekers in Cyprus found that about 50% of respondents said that the buildings and facilities were neither comfortable nor functional, while 61.3% of them described the migrant reception centre in Kokkinotrimithia (Pournara) as not being a child-friendly environment (UNHCR, 2018).

⁸⁷ [Housing scheme for mountainous, remote and disadvantaged areas](#) (in Greek)

⁸⁸ [Eurostat \(2023\); Euroindicators, house prices in the euro area](#)

⁸⁹ [Feasibility Study for a Child Guarantee, Online Consultation 2019](#)

⁹⁰ Ministry of Interior, [New Housing Policy framework \(in Greek\)](#).

Apart from affordability (see Section 6.2.2.1), people and families have limited access to information⁹¹ and face problems related to discrimination and exclusion from services. These barriers are most commonly cited in most countries, although this is also of greater concern in countries such as Cyprus – a country with high levels of child deprivation among the migrant population (Koutsampelas *et al.*, 2019b).

6.3 Publicly funded measures supporting access to adequate housing – Other measures

Rising electricity prices in Cyprus have prompted low-income households to take drastic measures to reduce their energy consumption to the bare minimum. The problem is even greater in low-income households with children. At the end of December 2021, the Ministry of Energy, Trade and Industry and the Renewable Energy Sources and Energy Conservation Fund launched a subsidy plan for the replacement of high-consuming electrical appliances, targeting low-income households. The subsidies ranged from €300 to €600, depending on which appliance the households wanted to replace. This plan complemented other schemes and measures previously implemented to mitigate the inflationary pressure of energy prices on households (Andreou and Koutsampelas, 2022).

Since 1 September 2022, the government has directly subsidised the electricity bills of vulnerable households (e.g. GMI recipients). The subsidy amounts to 100% for socially vulnerable households (Tariff 08).⁹² The subsidy also applies to water consumers for water supply and/or irrigation and/or rainwater pumps.⁹³ It should be noted that the above measures are crisis-related and therefore temporary.

Finally, as part of the policy to mitigate the social impact of non-performing loans, the Ministry of Finance has drawn up the "rent against instalment" plan (*Ενοίκιο Έναντι Δόσης*).⁹⁴ The main purpose of the plan is to protect the primary residence from the sale or liquidation of non-performing housing loans of vulnerable groups with low or no income. The beneficiaries of this plan are recipients of social benefits who had non-performing loans at the end of 2021 that remained non-performing until the end of 2022, with the market value of the primary residence not exceeding €250,000. The beneficiaries also include applicants to the Estia scheme (Andreou and Koutsampelas, 2019) and the Oikia scheme (*Σχέδιο Οικία*)⁹⁵ who have been or will be considered eligible but not viable, with a primary residence with a market value of up to €350,000.

⁹¹ [Feasibility Study for a Child Guarantee, Online Consultation 2019](#)

⁹² The beneficiaries of Tariff 08 are presented on the website of the [Cyprus Electricity Authority \(in Greek\)](#).

⁹³ According to the [Ministry of Finance](#), the subsidy for the period from 1 September 2022 to 31 January 2023 amounted to €58.4m. applied to 1,353,088 accounts. In particular, the accounts concerned 1,089,268 households, of which 41,819 were vulnerable domestic consumers, 213,611 commercial consumers, 41,807 industrial consumers, and 8,402 accounts concerned water pumping.

⁹⁴ [Rent Against Instalment Plan, Ministry of Finance \(in Greek\)](#)

⁹⁵ [Oikia Scheme, Ministry of Finance \(in Greek\)](#)

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Annex

Table A1: Useful national statistics concerning children aged 0-17 in Cyprus

Description	Number
Children under 18 in Cyprus (2022)	182,676
Children under 18 who are GMI beneficiaries (2021)	6,356
Children with disabilities under 18 who are GMI beneficiaries (2021)	2,074
Children under 18 living in a single-parent household (2021)	19,030
Number of single-parent families/households that received benefit (2021)	11,619
Number of families/households that received the child benefit (2021)	61,828
Children under the care/guardianship of the SWS (2021)	900
Children with a migrant background (Greek not the mother tongue) in primary education (2021)	8,291 (15.9% of all students in primary education)

Sources: CyStat and National Action Plan for the Establishment of a European Child Guarantee, 2022-2030.

Table A1.1: Children in formal childcare (%)

Children under age 3 (2021)	Zero hours	From 1 to 29 hours	30 hours or over
European Union – 27 countries	63.8	15.1	21.1
Cyprus	71.2	7.8	21.0
Children aged 3 to minimum compulsory school age (2021)	Zero hours	From 1 to 29 hours	30 hours or over
European Union – 27 countries	16.6	31.8	51.6
Cyprus	16.7	39.1	44.1

Source: EU-SILC survey [ILC_CAINDFORMAL].

Table A3.1: Amount of allowance (monthly) based on household income and number of children in each household

For children aged 0-2 or attending a daycare centre				
Income (annual)	Up to €19, 500	€19,500-30,000	€30,000-39,000	€39,000 +
Household with 1 child	€225	€200	-	-
Household with 2 children	€250	€225	€200	-
Household with 3 children	€275	€250	€225	€200
Household with 4 or more children	€300	€275	€250	€225
For children aged 2-4 or attending nursery schools				
Income (annual)	Up to €19,500	€19,500-30,000	€30,000-39,000	€39,000 +
Household with 1 child	€125	€100	-	-
Household with 2 children	€150	€125	€100	-
Household with 3 children	€175	€150	€125	€100
Household with 4 or more children	€200	€175	€150	€125

Source: Press Information Office: Tuition Subsidy and Feeding Plan for Children up to 4 years of age – Answers to common questions (in Greek).

Note: €50/month is added to the above amounts (in all categories) for children who attend all-day schools (after 3:30 p.m.).

Table A3.2: Beneficiaries based on family income and composition

Family composition	Income limit
Family/household with 1 child	€30,000
Family/household with 2 children	€39,000
Single-parent family/household with 1 or 2 children	€49,000
Family/household or single-parent family with 3 children	€54,000
Family/household or single-parent family with 4 or more children	€59,000 plus €5,000 for every additional child over 4

Source: Press Information Office: Tuition Subsidy and Feeding Plan for Children up to 4 years of age – Answers to common questions (in Greek).

Table A3.3: Breakdown of monthly material reception allowances for asylum-seekers (Επιδόματα σε Υλικές Συνθήκες Υποδοχής)

Number of family members	Feeding, clothing and footwear allowance (€)	Allowance for electricity, water supply and petty expenses	
		With a rental agreement (€)	Without rental agreement – accommodation with a relative/friend, hotel or other temporary accommodation (€)
1	186	75	28
2	279	100	37
3	372	140	52
4	465	170	63
5	558	200	74

Source: SWS, 2022.

Table A4.1: Co-payments to GeSY as of 1 June 2020

Type of provider	Amount and type of co-payment
Out-patient specialists	€6 per visit after referral by the PD (except for services provided by specialists in diagnostic radiology, where the co-payment is €10 per visit) A user charge (“personal contribution”) of €25 applies without referral by the PD. The charge does not apply to females who have reached the age of 15 and are seeing a gynaecology/obstetrics specialist, or to people who serve their compulsory military service in the National Guard of the Republic and have a referral from a military doctor.
Hospital visits for treatment of accidents and emergencies	€10 per visit
Care provided by nurses or midwives	€6 per visit
Care provided by other health professionals. Direct payments when maximum limit of visits is reached.	€10 per visit over €30 per visit (depending on the professional)
Pharmaceutical product, medical device or medical supply	€1 per item
Laboratory test	€1 per item – maximum of €10 for each group of tests

Source: Health Insurance Organisation 2022.

Table A6.1: Indices of housing exclusion in Cyprus and EU-27 for children under 18 (%)

Housing exclusion indicators	Below 60% of median equivalised income		Above 60% of median equivalised income	
	CY	EU-27	CY	EU-27
Severe housing deprivation rate (2020)	5.2	15.6	1.6	4.6
Overcrowding rate (2021)	8.9	42.1	2.7	21
Housing cost overburden rate (2021)	8.5	25.9	0.8	2.4

Source: Eurostat Online Database, EU-SILC survey [ILC_MDHO06A, ILC_LVHO05A, ILC_LVHO07A], downloaded on 1 February 2023.

Table A6.2: Housing allowance in Cyprus (maximum monthly amounts), 2019

Family unit type	Nicosia	Limassol	Larnaca	Paphos and Ammochostos
Single or couple without children	€223	€243	€193	€162
Couple with 1 child or 2 minor children of the same gender	€325	€353	€280	€235
Single parent with 1 child	€325	€353	€280	€235
Couple with 1 minor child and 1 adult child	€406	€441	€350	€294
Couple with 3 minor children	€406	€441	€350	€294
Larger families (for each 2 minors or 1 adult)	+ €81	+ €88	+ €70	+ €58

Note: The level of the allowance is also differentiated for people with a disability. According to the legislation, a family with a member with a disability is estimated to require an additional 20 square meters, while the total allowance provided is increased by 50% in the case of wheelchair use and by 20% in all other cases.

Source: Welfare Benefits Management Service, Deputy Ministry of Social Welfare, Cyprus.

Table A6.3: Rental prices vs maximum monthly allowance for GMI, Cyprus 2022

Town	Rental prices ¹	Maximum monthly allowance for GMI recipients ²
Limassol	€850	€350
Larnaca	€700	€280
Paphos	€650	€235
Nicosia	€750	€325

Sources: ¹<https://www.financialmirror.com/2022/11/19/scary-rents-for-scary-times/>; ²Welfare Benefits Management Service, Deputy Ministry of Social Welfare, Cyprus

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