



European Social
Policy Analysis
Network (ESPAN)

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

Kosovo*

Amir Haxhikadrija and Artan Mustafa

** This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.*

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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 Kosovo do indeed have effective (or effective and free) access to these services.

The enrolment rate in full-time ECEC services for children under 6 in Kosovo remains very low, at under 7%. Public ECEC centres provide free services for low-income children, but since there are only limited public services available, their enrolment is very small. On the other hand, universal preparatory programmes for elementary schools, provided free for children aged 5-6, cover substantially more low-income children. Although the government wants to increase enrolment in all pre-school services, it recently removed priority enrolment for low-income children in public ECEC facilities.

Public primary and lower secondary schools provide free books for all children and transport for those travelling longer distances. In upper secondary schools, books are provided free for low-income children. All other school-related costs are borne by parents.

In recent years, several municipalities have provided free meals (consisting of bread rolls and sometimes milk and fruit) to children in primary schools. The government allocated funds and worked to launch a more ambitious national meal programme for primary schoolchildren in the 2022/2023 pedagogical year, which was yet to commence at the time of the writing of this report.

There are various common financial and non-financial barriers to accessing ECEC services, school activities, and meals for low-income children, such as the narrow definitions and low generosity of social assistance (SA), the low education status and unemployment of parents, disability-unfriendly infrastructure, rural areas of living, large family sizes, and minority ethnicity. Overall, in Kosovo, universal programmes are more favourable for low-income children than specific ones targeted at them.

The national immunisation programme provides free vaccines to all children. In addition, all children in Kosovo have access to free healthcare services, including GP visits, specialist care visits, dental care services and free medicines from the essential drugs list. However, healthcare services are not child-friendly, out-of-pocket payments remain high (40%), and the lack of a health information system prevents the provision of comprehensive patient-centred care.

Children in the poorest wealth quintile and with lower-educated mothers have less access to meals with the minimum dietary diversity, leading to higher stunting and wasted rates. Government measures are limited to soup kitchens and basic food packages for SA beneficiaries, as well as awareness-raising through home visits or school programmes.

Publicly funded housing allowances for low-income children include subsidies for rent (50%), electricity (300 kWh) and water (14 m³). Rented social housing estates currently represent only 0.3% of the total housing stock, but the government plans to increase the availability of social rented dwellings in parallel with offering affordable home-ownership to 4,000 households.

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 States (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 Kosovo, all six services covered by the ECG are primarily 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

Table 1.1: Accessibility and affordability of ECEC

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	Affordability	Accessibility	Affordability
ENT-ALL9months	FREE-POOR9months	ENT-ALL3years	FREE-POOR3years

Note: "ENT-ALLxxx" means a legal entitlement for all 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.

The law on pre-school education in Kosovo entitles all children aged between 9 months and 6 years to ECEC (OGRK, 2006: Article 6). However, in practice, this universal entitlement is broadly implemented (as real access to the service) only in the case of the "preparatory classes" for children aged 5-6, which take place during working days. The preparatory classes last, by legislation, 2.5 hours (in reality, usually about 1.5 hours); beyond that time, the children, including low-income ones, cannot stay at school. The classes are aimed at preparing children for the commencement of formal school education at age 6. This is a public service that is most often provided in elementary schools, but it can also be provided by regular licensed ECEC facilities.

On the other hand, the formal universal entitlement (Table 1.1) cannot be implemented in practice for full-day care and education services for children under 6, particularly due to the very low number of ECEC centre-based facilities, most of which are in the growing private market.

Secondary legislation (MEST, 2022a) grants free services in full-time public ECEC facilities to children under 6 from several "at-risk groups", namely: children living in households that receive official social assistance (SA – the poverty protection programme); children with

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".

special education needs; abandoned children without parental care; children in residential care due to family violence; children of single mothers; children living with only one parent; and children of war veterans. However, due to the very small number of public ECEC facilities – 49 centres in the 2021/2022 pedagogical year (KAS, 2021a: 47) – even the at-risk groups could not be covered.

Until June 2022 secondary legislation (OGRK, 2016: Article 5) granted enrolment priority to children from the at-risk groups, starting with low-income children. Since then, the availability of full-time public ECEC services has not increased, but new secondary legislation (MEST, 2022a: Article 4.1) has removed the former explicit prioritisation of the at-risk groups in accessing the services. Overall, it could be argued that, up to that point, Kosovo applied a model of very narrow public ECEC services, in principle targeted at children living in more disadvantaged social groups, while expecting the rest of the services to be provided by the private market or implicitly via families (see Mustafa, 2021). This was in line with Kosovo's entire social protection system, which emulates the ideal liberal welfare regime.

The Ministry of Education, Science and Technology (MEST) regulates the sector, provides licences for ECEC centres, and publishes statistical reports. Municipalities manage public ECEC facilities, which are financed by municipal funds and national grants. Children should be at least 9 months old to enrol (MEST, 2022a: Article 5.1). The national legislation does not stipulate restrictions in terms of numbers of hours per weekday for childcare; in practice, they are most often implemented as 8-hour days without much flexibility in the schedule. Services for children aged 0-3 are focused on care; services for children aged 3-6 provide both care and education.

In the four Serbian-majority northern municipalities (North Mitrovica, Leposavic, Zvečan, and Zubin Potok), pre-school education services are significantly more extensive and generally public (Mustafa, 2021). ECEC centres there, such as schools using the Serbian language, follow the education policy of the Republic of Serbia, as granted by law. The Serbian ECEC policy prioritises enrolment of children whose parents work (*ibid.*). Due to a lack of public data, this report does not expand on the details of ECEC services in the four northern municipalities.

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

The main qualifying condition for being a low-income child is that they should be a member of, or live in, a family that receives SA transfers – because households receiving SA are the first at-risk group entitled to free public ECEC services. SA is issued to two categories: (a) families with fully dependent members (due to work disability, age, or full-time involvement in caring for people with work disabilities); and (b) single unemployed parents looking for work with at least one child under 5. In addition, the families must pass a rigorous poverty test, which in essence penalises any work income, most social transfer income unless specifically removed from the equivalence scale accounting by law (e.g. family members receiving a basic pension, a permanent disability pension, and similar), and property above a certain threshold (see: OGRK, 2003; World Bank, 2019: 16-18).

The SA payment is set by government decision based on a points system and food prices; above the base value, a defined amount is added for each additional family member (MLSW, 2012). In essence, the value of SA reflects the calculation of the national extreme (food) poverty threshold, which is equivalent to the cost of 2,100 calories of food intake per day (according to the food-selection habits of the second and fourth population deciles in official consumption surveys), equivalised for family members.

The SA benefit is lower than the value of the national absolute consumption poverty threshold – which, in addition to food consumption, takes into account other forms of consumption such as clothing and transport. Being measured by reference to consumption, the national poverty

statistics create the impression that the existing poverty situation is better than under the AROP or AROPE income-based statistics (see Annex, Table A.1). Ultimately, the rigorous eligibility criteria for SA and the low value of the benefit restrict its coverage and generosity. For example, in 2020, the SA benefit covered 5.7% of the total population, and in 2018 (the latest available data), it was equal to 37.5% of the AROP threshold rate for a family of four, derived from the EU-SILC⁷ survey (Žarković *et al.*, 2023: 7-8). With the lowest total social protection expenditure in the western Balkans and the lowest (31.3% in 2021) employment rate (KAS, 2021b), the country has high SA needs. These are important dimensions because they show that tying qualification criteria to SA transfers limits children's formal qualification for free public ECEC services.

Based on some rare available data on the age structure of SA beneficiaries (MLSW, 2021), of the total 103,303 family members (5.7% of the entire population) receiving SA in January 2021, 50,560 were under 18, or 9.5% of the estimated (low estimate version) respective child population (KAS, 2017). Supposing, as is highly likely, that the structure of SA beneficiaries was about the same in the previous years (2017-2018), it may be concluded (based on Table A.1 in the Annex) that SA covered (in 2018) about 16.4% of children AROPE and about 31.6% of children AROP, and (in 2017) about 132% of children in the official extreme (food) national poverty and 41.8% of children in absolute poverty. If we assume that poverty rates for children aged 0-6 are the same as those for children aged 0-18, then only about 16.4% of children AROPE, 31.6% of children AROP, and 41.8% of children in national poverty are formally eligible for ECEC public services – although these figures are higher than the proportion of children in national food poverty who were eligible (before their enrolment prioritisation was removed).

On the other hand, there are no statistics or proxy figures available that would approximately indicate how many children from other at-risk groups qualify for free public, full-time ECEC services.

However, formal eligibility does not translate into access in practice, due to a lack of available services. In the 2019/2020 pedagogical year, the total enrolment rate of children under 6 in full-time public ECEC services (excluding preparatory classes) was just 2.8% (Mustafa, 2021: 374). In other words, there were only 5,171 children in the relevant age range enrolled in public ECEC services, whereas there were about 17,800 children in households receiving SA (source base: MLSW, 2021). Even if the entire population of enrolled children came from officially poor households, most poor children would therefore have remained uncovered due to the shortage of available services. However, based on official data (KAS, 2020: 52), only a maximum of 5.1% of children receiving SA were enrolled in public ECEC services during the same year (2019/2020), or 17.1% of total enrolments.

Lack of ECEC availability prevents the wider access of other at-risk groups as well, such as children with disabilities. By legislation, no more than two children with special needs can be placed in a group with other children in ECEC facilities (MEST, 2022a: Article 5.9).

By contrast, enrolment in preparatory classes (aged 5-6) in Kosovo amounts to more than 80% of enrolment in the first year of elementary school. The preparatory classes remain voluntary (although there are legislative initiatives under way to make them mandatory), while elementary schooling is mandatory. This indicates that when ECEC services are broad or universal, affordable or free, and perhaps public (since they have a better social reputation), they support the access of the more disadvantaged social groups. According to a World Bank study (2021a: 38-39) based on multiple indicator cluster survey (MICS) data, fewer low-income children in the first year of elementary school in 2019/2020 (81.1% of the poorest household

⁷ European Union statistics on income and living conditions.

income quintile) had previously attended preparatory classes than the highest-income children (95.2% of the richest quintile); but the gap was significantly narrower than the gap in access to full-time ECEC services, which enrolled about 2.5% of children in the poorest quintile and 42.5% of those in the richest quintile (for the latter gap see also: UNICEF, 2020: 291).

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

1.2.1 Financial barriers

Because of the shortage of public full-time ECEC services, there are significant financial barriers for most children in Kosovo, and especially for low-income children, to accessing services – which are, in general, increasingly market-based (already about 60% of enrolments). As an illustration, households on SA with four members are most common (23.4%) among the total beneficiaries (ranging from one-member households to 13-member ones) (MLSW, 2021); in December 2022, a family of four members received a total SA transfer amounting to €100 a month. However, a family with children in private ECEC services spent on average €120 a month on such services in the previous pedagogical year (Mustafa, 2021). This means that average private ECEC costs would amount to more than the average monthly income of households on SA. Research evidence indicates that children in low-income households are less likely to be enrolled in private market services than children in better-off households (*ibid.*), suggesting that these inequalities in access will become starker as private market services expand.

So far there have been no public subsidies in Kosovo for parents to help them access private market ECEC services. Although the current (2021-2025) mayor of Prishtina, the capital city, pledged such subsidies during his mayoral campaign in late 2021, subsidies or detailed plans for them are yet to be launched at the time of reporting (February 2023). Municipal subsidies (up to 50%) in the private sector have been limited only to “community-based services”, which are usually built with European Union donations and municipality funds but are managed by parent councils. However, so far, the centres concerned remain few, concentrated in Prishtina, and target children of households in which both parents work, therefore having no direct positive impact on poor children.

In September 2021 the current national government, which was voted in by the first-ever left-wing majority in parliament in March 2021, brought in a universal cash benefit. The programme is for children aged 0-15 and pays an annual transfer of €240 for children under 2 and €120 for children aged 2-15. In terms of coverage, it is the most extensive programme in the entire western Balkans (Mustafa, 2022). Being a universal programme, it should have indirectly relaxed to a certain degree the financial barriers to low-income households accessing ECEC services, by adding to their total disposable budget; but no studies have been published yet measuring the concrete impact on low-income children. The programme was also not directly aimed at relaxing the financial barriers to accessing ECEC services.

The high enrolment rate in preparatory classes (see Section 1.1.2 above) also suggests that the existence of free or affordable services (in addition to their being available and potentially public) can result in broad overall enrolment of the most disadvantaged in ECEC services by easing entry and financial barriers.

1.2.2 Non-financial barriers

The lack of available places in public ECEC services is the main access barrier for low-income children (see Section 1.1.2). During the 2019/2020 pedagogical year, for example, Kosovo had

only 44 public facilities, which would not be enough to cover low-income children even if these services were entirely targeted at them.

Other barriers for low-income children are created by power relations. Specifically, while public calls for enrolment in public ECEC services have typically been accompanied by information on evaluation criteria (a points system that favours vulnerable groups), children from well-off households may have attended the services due to evaluation discretion. Furthermore, a few municipalities, particularly smaller ones that were opening ECEC centres for the first time (e.g. Hani i Elezit, Malishevë, and Klinë), appeared to prioritise working parents through public calls, contrary to what national legislation required.

Nonetheless, it is regrettable that the current Kosovo government decided (June 2022) to discontinue the prioritisation of enrolment in ECEC services for children from at-risk groups. Although it shows commitment to universal approaches (as seen in other social protection programmes) – approaches that, as demonstrated above, may benefit low-income children even more than targeted programmes – the removal of the prioritisation until significantly more public ECEC services are built creates another barrier for low-income children to access such services, as facilities will now be able to enrol children from better-off households with no formal legal restrictions.

In terms of enrolment in overall available full-time ECEC services (6.7% in 2019/2020 for children under 6), which are increasingly private market-based, additional barriers seem to include area of residence, low social status, and belonging to marginal ethnic minorities. Children in rural areas, households with lower-educated parents, and (non-Serbian) minority families, are more disadvantaged or less likely to be enrolled, particularly in private market services (Mustafa, 2021; World Bank, 2021a). In the four northern Serbian-majority municipalities, children of working parents are prioritised, but at the same time there are more extensive public services available that seem to benefit children living in poorer households (Mustafa, 2021).

In general, there are hardly any cultural factors that might explain the low enrolment rate in ECEC services. This is best illustrated with the case of broad access to preparatory classes (see Section 1.1.2). Again, the World Bank (2021a: 38-39) found, for example, that the attendance rate of rural first-year schoolchildren in preparatory classes was higher than for urban ones, but significantly lower when it came to attendance in full-time ECEC services. This means that more available, affordable, and perhaps better-quality services support children living in disadvantaged backgrounds, such as (in this case) children living in rural areas.

The current left-wing government pledged to build 160 new ECEC centres through its four-year (2021-2025) governing programme (Haxhikadrija, 2021a) and pledged to raise total enrolment in full-time ECEC to 15%, and enrolment in pre-school preparatory classes to 100%, by 2025 (MEST, 2022c): but so far there has been no significant progress in implementing the pledge. The government was also planning to convert parts of existing school buildings into ECEC facilities (*ibid.*), because the number of children enrolled in schools is declining, particularly in more remote rural areas and small towns.

In the absence of more extensive services, low enrolment in ECEC has an indirect negative effect on the female employment rate (16.5% in 2021), as the burden of care due to a lack of services falls on women, therefore implicitly encouraging and cementing familialism in care duties.

1.3 Free meals provision for low-income children in ECEC

Low-income children attending public full-time ECEC centres are provided with free meals. In the capital, Prishtina, for example, meals for ECEC centres are prepared by a municipal

enterprise (*Kuzhina qëndrore*). According to the World Bank (2021a: 33), children in public ECEC services are provided with three meals a day. Usually, the private market centres provide meals as well (which are included in the service fees).

In June 2022, the MEST published an administrative instruction with detailed guidelines (for each meal, time and day) on the nutritious and healthy feeding of children in ECEC services (MEST, 2022b).

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:⁸

- 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.

⁸ Tuition fees charged by private schools are not covered.

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

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
NO	ALL	NO	NO	NO	NO	NO	ALL

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

Based on the international standard classification of education, primary schooling commences at age 6 and lasts five years (OGRK, 2011: Article 9.1.2). Kosovo grants all children in public primary education free books (MEST, 2016: Article 2.1). Under the law on pre-university education (OGRK, 2011: Article 15.5), municipalities are obliged to provide "efficient and safe" transport for children living 4 km or more from public schools. The law says that municipalities can offer this service for a fee or entirely for free. According to the MEST, in practice this service is provided for free (Interview 1, 2022). All other costs (in Table 2.1a) are borne implicitly by parents or families. According to the MEST, any other costs (e.g. for notebooks, pens, and reading tablets) may be covered only on an ad hoc basis from international donations or relief measures for repatriated emigrants (*ibid.*).

The same rules also apply to public lower secondary schooling, which usually starts at age 12 and lasts four years (OGRK, 2011: Article 9.1.2).

Only 2.5% of the children attending elementary and lower secondary schools were in private schools during 2020/2021 (KAS, 2021).

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
NO	POOR	NO	NO	NO	NO	NO	NO

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.

When it comes to upper secondary education, which enrolls children aged 15-17 (OGRK, 2011: Article 9.1.3), an administrative instruction on the calculation of SA benefit grants low-income children the right to free books (MLSW, 2002: Article 5.2.3) (see also: World Bank, 2019: 13). All other costs (in Table 2.1b) are borne implicitly by parents or families.

About 4.9% of the children attending upper secondary schools were in private schools during 2020/2021 (KAS, 2021).

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

Low-income children (only relevant to upper secondary schooling; Table 2.1b) are defined as the children of parents or households receiving SA. The criteria for qualifying as a low-income child are entirely the same as in Section 1.1.1 above.

During the 2020/2021 pedagogical year, there were 2,030 children in public upper secondary schools (2.8% of all enrolments) who came from households receiving SA (KAS, 2021: 52), thus officially qualifying as low-income children.

According to the latest available national poverty statistics (KAS, 2019: 16), the absolute consumption poverty rate for pupils and students in Kosovo was 16.6% in 2017. Taking this

figure as a proxy and supposing there were no upper secondary school drop-outs, 16.4% of all poor children attending secondary school in 2020/2021 would have been on SA. Similarly, taking as a proxy the latest extreme poverty rate for all children (0-18; Table A.1 in the Annex), it would emerge that 37.9% of extremely poor children attending school were on SA. Most schoolchildren in national poverty and extreme poverty would therefore not have been eligible for free books.

These figures would be worse if based on the latest available AROP (31.1%) and AROPE (60.9%) statistics for the Kosovo population aged 15-19 (Eurostat, 2018). Specifically, only about 8.7% of children AROP and only 4.4% of children AROPE attending upper secondary school would have been on SA.

Unfortunately, more up-to-date EU-SILC data on child poverty in Kosovo have not been published by Eurostat or the national authorities since 2018.

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

In Kosovo, there are no cash benefits for low-income children with the specific purpose of assisting with educational costs.

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

2.3.1 Financial barriers

Existing studies and data do not allow for a precise analysis of the financial barriers that low-income children face when participating in school-based activities, but broader and indirect evidence can still provide an informed picture of the situation on the ground.

An indirect illustration of the financial barriers potentially faced by low-income children in accessing school-based activities is the school attendance figures from the MICS: they show that 70.1% of the children from the lowest wealth quintile, compared with 95.9% of the children from the highest wealth quintile, attended upper secondary schools in Kosovo in 2019/2020. Furthermore, 79.8% of upper secondary school students were materially deprived in three or more items (UNICEF, 2020:306). Therefore, one might reasonably expect that barriers to accessing school-based activities (e.g. learning by means of sport, leisure, or cultural activities that take place within or outside regular school hours) should be even higher than those to attending school.

On the other hand, the attendance (*ibid.*, 300) of children from the poorest quintile in primary and lower secondary schools is higher (90.7%) than attendance in upper secondary schools, suggesting that the universal provision of free books and transport in primary education might somewhat lessen access barriers compared with upper secondary education, where free books are provided only for children on SA (although the fact that upper secondary education is not mandatory by law, and other factors, may also affect drop-out rates). As shown above (in Section 2.1.2), it is nevertheless important to keep in mind that far more schoolchildren aged 15-17 are poor than children receiving SA, and are thus ineligible for free books.

During the 2020/2021 pedagogical year, 12,412 low-income children receiving SA attended primary, lower secondary, and upper secondary schools in Kosovo, accounting for 4.1% of the total attendee population (KAS, 2021). As previously mentioned, SA is linked to the minimum level of food consumption (see Section 1.1.1 above). The budget of households on SA in and of itself therefore does not account for any potential school-based activity, although most

school activity costs are borne by parents (see Tables 2.1a and 2.1b). Whereas the value of SA for a four-member family was €100 a month in 2022, the average consumption of a family in 2017 (the latest available data) was €650 a month, of which €260 (or 40%) went toward food consumption (KAS, 2018). In the meantime, prices have significantly increased due to inflation (KAS, 2023a); but even without inflation, such a low family budget is a barrier. Another earlier survey conducted in 10 elementary schools (Agani-Destani *et al.*, 2015: 19-20) supported this point, since 33% of children responded with “not much” (the most common answer), and 13% responded with “not at all”, when asked whether they attended extracurricular activities. Concrete studies can, however, better explore the relationship between low income and access to specific school activities in the future.

Based on the MICS survey (UNICEF, 2020:471), SA was received by a higher percentage of households: with a female head than a male head; with a lower-educated household head than a higher-educated one; in rural areas than urban ones; and from ethnic minorities than the majority Albanian ethnicity – meaning that they were officially poorer. According to national statistics, poverty incidence was also higher in households with a higher number of children than in households without or with fewer children (KAS, 2019: 19). Barriers for low-income children to accessing targeted free (and especially non-free) school activities could therefore be more significant, and could intersect along all those dimensions with financial barriers. Again, the very narrow, outdated major criterion for qualification for SA is a major barrier in itself (for SA’s shortcomings, see: World Bank, 2019).

The introduction of universal child cash benefits since September 2021 (€120 a year for a child at school) has increased the budgets of households with children (see also Section 1.2.1). Even though the value of the benefit is small, the dimension of universality in the programme is positive. As the higher attendance figures in schools and pre-school preparatory classes (compared with attendance in pre-school full-time ECEC services) indicate, universal programmes could translate into higher inclusion of children from more disadvantaged backgrounds. Given this and the research evidence on the positive investment return from education in established welfare states (see e.g.: Lindert, 2021), Kosovo and the international donors may want to consider expanding free access to school activities. However, an action plan of the government (MEST, 2022c: 23) for the coming years suggests contrary commitments – targeted at “low socio-economic status” children, such as through targeted public transport support, and potential scholarships.

2.3.2 Non-financial barriers

Lack of adequate school infrastructure, starting with disability-related infrastructure, is an important non-financial barrier for low-income children to accessing school activities. A recent study of 144 primary schools, among others, in Kosovo found that none had a parking lot dedicated to people with disabilities; none had stairs equipped with contrasting strips to help the mobility of children with visual impairment; only one had a (non-functioning) lift for children with disabilities; only two had access markings; and only 7% had accessible toilets (Basha, 2020: 16). The children perceived the lack of adequate infrastructure for people with disabilities as an obstacle to inclusion in school activities as well (Agani-Destani *et al.*, 2015: 20). These barriers could be additional causes of non-participation in school activities. According to the government, about 38,000 children with disabilities do not attend school at all; this means that only 2.1% of children attending school have a disability of some kind, while among the whole population this is estimated at 15% (MEST, 2022d: 35).

The infrastructural barriers are wider, with implications for more children, as illustrated by the IT infrastructure. For example, on average, pre-university school institutions have 1 computer per 35 children attending school, and 1 projector per 182 children; and about 33% of them do not have access to the internet (MEST, 2022d: 54–55). The lack of IT infrastructure may

prevent low-income children from accessing digital learning materials, broader information, and opportunities for skill creation, since they may lack such technology at home – as suggested by, for example, the evidence that about 33% of households do not have computers (KAS, 2022: 19). According to the government, when schools closed down due to the COVID-19 pandemic in 2020 and education was organised online, the school system found it challenging to adapt and provide services due to the lack of adequate technology, limited learning digital materials, and often teachers' lack of technological skills; in particular, the period worsened the access inequality gap in education for low-status social groups (*ibid.*: 24).

Due to demographic ageing and internal migration, in various remote rural areas the number of children attending school is declining. About 200 schools may have just four children per class (MEST, 2022d: 34). In relation to this issue, a reform was launched by the small municipality of Kamenica in 2019: it closed 19 of its 29 elementary and lower secondary schools (most of which had only about 20 children attending up until then) in order to put children in larger learning groups and create more opportunities for them to learn from one another. Due to protests by teachers from the schools closed (who continued to receive most of their wages but feared they would lose them in the long term), as well as parents' arguments that children had to travel long distances (although that was organised by the municipality), and political opposition, the government annulled the reorganisation in March 2021 and a new mayor backtracked on the reform (Hoxha, 2022). This is an important issue, however, because the low number of children per class may make school activities less interesting and rich. The same goes for the absence of proper learning laboratories and often a lack of sports facilities, which the government has pledged to address (see MEST, 2022c: 26). These aspects, in addition to the quality of teaching and limited extracurricular activities, should all combine to affect Kosovo's PISA⁹ learning scores, the poorest in the western Balkans (OECD, 2019).

Bullying within school environments, which is recognised by both children attending school (Agani-Destani *et al.*, 2015: 23) and government authorities (MEST, 2022d), may create an additional barrier to participation in, and enjoyment of, school activities, particularly for the most disadvantaged and marginalised social groups. In the past, in places, explicit segregation also took place – for example, placing Roma, Ashkali, and Egyptian children in separate classrooms (see e.g.: Zenelaj, 2013). According to the government, the participation of ethnic Roma, Ashkali, and Egyptian children in school education remains low, with a 76% participation rate in primary and lower secondary schools and only 31% in upper secondary ones (MEST, 2022c: 22).

Kosovo's overall public spending on education relative to GDP is about 4.6%, which is higher than the OECD average (4.1%); but it has more limited resources per student, due to a larger population of young people (OECD, 2022 and 2023) and probably lower spending on primary and secondary education (UNICEF, 2015). More funds have been pledged under the new government action plan, rightfully with more attention to certain sub-sectoral areas such as quality improvement, IT technology, inclusion, and sports and laboratory facilities (MEST, 2022). However, in the case of low-income children it is also critical to keep other areas of the social protection and service systems up to date and aligned with education, as the ultimate educational outcomes are frequently interdependent with them.

⁹ Programme for International Student Assessment.

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 recent years, various municipalities in Kosovo have provided a basic meal consisting usually of bread rolls (*kiflle*) for children in elementary schools. This started in September 2014, when the municipality of Prishtina launched for the first time its universal programme of providing bread rolls (GAP, 2017); later, Prishtina added milk and, at times, fruit (at least during the week). School meals were promised during the November/December 2013 mayoral elections by the left-wing candidate Shpend Ahmeti, who competed on behalf of the Lëvizja Vetëvendosje party and won. This was the first taste of power for parties with a left-wing orientation in the country under democracy. The main right-wing opposition parties ridiculed the programme, questioning the nutritional value of the meal, but in the following years the programme was embraced by various municipalities such as Ferizaj, Gjilan, Kamenicë, Prizren, Malishevë, Vushtrri, Mitrovicë, and Podujevë. Most of the time, only elementary schools received bread rolls for their students, but in some cases the provision extended to lower secondary schools and included milk as well. The arrival of the COVID-19 pandemic put a halt to the programme in most places, but it has returned in some municipalities.

Following its major electoral victory in February 2021 at national level, the government of the left-wing Lëvizja Vetëvendosje has engaged in efforts to make the universal meal programme national for all children in elementary schools (classes 1-5). It made €6.2 million available for the second half of 2022 and €11.6 million for 2023 (MEST, 2022c: 27) to begin implementing the programme, but implementation had yet to begin at the time of reporting (February 2023). Apparently, the authorities aim to go beyond bread rolls to provide more nutritious and healthy meals (Gazeta inFokus, 2022). If this is to happen soon, the programme will have evolved from small-scale and modest trials to the national-level provision of more nutritious meals. As a universal programme it could have massive positive impacts on the well-being of low-income children and their school attendance. In general, a successful programme would be a great achievement for Kosovo, marking an entry into a higher welfare stage. In addition to meals, children can benefit from learning about healthy food, socialising over meals, and gaining energy to focus on learning.

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

Not applicable: access is not free for low-income children at the time of reporting.

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

3.2.1 Financial barriers

There are no concrete data on low-income children’s out-of-pocket expenditure on meals, or studies of whether such costs are a financial barrier to their accessing meals. Even the more general information is limited, but it can help to contextualise the relationship between low income and meal access. Thus, for example, based on EU-SILC statistics published by Eurostat (2018), the two poorest income quintiles of the population of Kosovo had average monthly incomes of €73.50 and €140, respectively (see Table A.2 in the Annex for annual equivalents). In 2017 (the latest available national statistics) 7.2% of children under 18 lived

under the extreme food poverty threshold of €1.27 a day (KAS, 2019). During the same year average household food expenditure was €257 a month.

Such low budgets for the low-income population, compared with average food consumption, suggest mounting barriers to accessing healthy out-of-pocket meals during school days and other deprivations for low-income schoolchildren. In 2018, most people in the two lowest income quintiles were materially and socially deprived – that is, lacking at least five out of 13 basic EU-SILC items such as the “ability to afford a meal with meat, chicken, or fish every second day”, and the ability to manage “unexpected expenditure” (see Table A.2 in the Annex). In addition, 32.5% of the population under 18 were materially and socially deprived (Eurostat, 2018).

According to the more general and recent EU-SILC statistics published by the Kosovo Agency of Statistics, about 56% of Kosovo households could not afford a meal with meat, chicken, or fish every second day of the week in 2020, and 53% of households could not afford unexpected expenditure of €100 (KAS, 2022).

Moreover, these financial barriers will probably have worsened due to the recent high inflation. In January 2023, the overall inflation rate was reported at 12.1% (KAS, 2023). Bread and cereal prices had increased by 21.2%, and those of food products by 16.5% (*ibid.*).

3.2.2 Non-financial barriers

Because of the higher incidence of SA receipt and poverty rates, as seen in the previous cases (see Sections 1.2.2 and 2.3.1), it is highly likely that determinants such as the number of household members, parental education and employment status, area of residence, and ethnicity reinforce barriers to meal access for low-income children. For example, the in-work poverty rate among women (3.4%) was found to be lower than that of men (8.4%) (Eurostat, 2018), and this was very likely because employed women were more likely to be found in households where there were more people in employment and in the better-paying public sector jobs (Haxhikadrija *et al.*, 2019: 6). As a result, children living in households where women are employed might be in a better position (face lower barriers) to access food.

In policy terms, the government has been disproportionately focused on tertiary education – perhaps due to the faster growth of private and public higher education institutions, which required regulatory legislation and mechanisms – compared with primary and secondary education. As a result of this neglect, combined with unfavourable economic conditions¹⁰ and a long-dominant neo-liberal paradigm in overall public policy, ideas and debates about inclusive school meal provision and more generous minimum income social transfers have struggled to gain mainstream traction until recently. Awareness that universal (insurance) programmes could sometimes ultimately be more cost-efficient than private ones (see e.g.: Lindert, 2021; Rothstein, 2016: 79) in addition to their solidaristic and redistributive virtues, is also lacking among both the public and decision-makers. Calls for more generous social protection have frequently been portrayed negatively in public discourse as threats to public revenues and economic development.

Currently, most schools do not have the infrastructure, experience, and staff for directly preparing meals, and this represents an obvious barrier to Kosovo’s recent efforts to launch meals in elementary schools. However, as the experience of bread roll programmes has shown, when such programmes are sub-contracted, the practice can lead to low-quality and even out-of-date food sometimes being provided to schools. In addition, through its national

¹⁰ Kosovo’s GDP per capita in 2008 was 6,650 purchasing power parities, international dollars, and 13,000 in 2021 (IMF, 2023).

meal programme, Kosovo may want to consider reducing children’s exposure to food safety risks in the market (Molliqaj, 2019).

In the long term, in addition to the various expected benefits for low-income children, such a programme would effectively contribute to the defamilialisation of care services, which could aid efforts to increase female employment rates and female participation in broader socio-political life. According to a recent study, the value of unpaid care work amounted to 33% of GDP in Kosovo, and women spent 6.2 hours per day in unpaid care work while men spend 3.5 hours a day; women spent significantly more time than men providing childcare and cooking meals (Drevinja and Ymeri, 2022: 15-20).

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

Kosovo has a healthcare system of direct provision, with the state acting as both the purchaser and the provider of healthcare services. Access is universal, but not entirely free at the point of use – a small user fee (co-payment) is required from all patients, except for vulnerable population groups that are exempt by law, including children aged 0-17 and households that receive SA. Although healthcare services are formally free for all children, a large share of health-related expenditure in Kosovo is paid out of pocket, which raises many concerns about the equality and equity of access to healthcare services, particularly for vulnerable groups, including low-income children.

Table 4.1 summarises the access to key healthcare services for children in Kosovo.

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	ALL	ALL	ALL	ALL

Note: “ALL” means that all services/products in the category are free for all children.

Child vaccination in Kosovo is mandatory for certain diseases. Vaccines are offered free of charge to all children at medical centres throughout Kosovo as part of the national immunisation programme. Vaccines are also available for a fee at private clinics. In Kosovo, **basic immunisation** refers to children aged 2 who have been vaccinated against tuberculosis, polio, diphtheria, tetanus, pertussis, and measles. **Full immunisation**, on the other hand, refers to children aged 2 who have received all vaccines from the basic immunisation programme, plus vaccines against hepatitis B, mumps, rubella and haemophilus influenzae type b, an additional oral vaccine against polio and revaccination against diphtheria, tetanus and pertussis. Children are also revaccinated against polio, diphtheria, tetanus, measles, mumps and rubella at ages 6-7, 12-13, and 17-18, mostly through visits from medical staff at schools throughout the country.

In addition to the immunisation programme, children aged 0-17 in Kosovo have free access (exempt from co-payment) to all other healthcare services, including GP (family doctor) visits, specialist care visits and free medicines from the essential drugs list. Dental care services,

including orthodontics, are also provided free of charge for children and adolescents, both in family medicine centres (FMCs) and in the university clinical centre.

The exemption from co-payments initially included only low-income children, as regulated by the Law No 04/L-125 on Health, which states that “*citizens exempted from co-payments are those persons with an income under the official socially vulnerable line established by the Government, including categories of registered individuals as socially vulnerable or poor (Article 61.1)*”. Later, the Administrative Order 04/2007 on “collection and utilisation of co-payments in Kosovo” (Article 5), adopted by the Ministry of Health (MoH) and the former Ministry of Finance, extended the exemption from co-payments in all public healthcare facilities to every child aged 0-17. Free access to healthcare services for low-income children is therefore regulated more strongly, as it is directly incorporated in the Law No 04/L-125 on Health, whereas free access for all other children is regulated by internal MoH protocols or secondary legislation, which are more prone to changes.

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

Not applicable: access to healthcare services in Kosovo is free for all children aged 0-17.

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

The most significant financial support for healthcare costs for children in Kosovo comes through the “programme for medical treatment outside public health institutions”, managed by the Health Insurance Fund (HIF) and overseen directly by the MoH. The programme provides financial support to citizens for diagnosis and medical treatments in local private health institutions, as well as in international public and private health institutions, for all healthcare services that are not currently offered in the public health system in Kosovo. According to Administrative Order No 03/2017, the measure is open to all citizens/residents of Kosovo when a certain healthcare service is not provided by public health institutions, and covers the costs up to €30,000 a year. The programme covers 100% of healthcare costs for children aged 0-17, while compensation for adults is limited to 70% of the total treatment costs. It also includes a targeted medical treatment fund for leukaemia, cancer, and other malignant diseases for children under 18, for which direct approval of treatment is granted by the HIF Director. All applications for this programme are submitted physically to the HIF and consist of the application form, medical reports, at least two invoices from health institutions that can provide the treatment, and other supporting documents. Once the application is submitted, its status can be tracked online on the HIF webpage.

According to the latest available report from the HIF, the programme for medical treatment outside public health institutions received 1,436 applications in 2019, of which 1,312 were approved by the HIF and MoH (HIF, 2019). The HIF report does not provide the age breakdown of applicants; however, among the approved cases in 2019 there were 23 neo-natal and 200 paediatric treatments. Children may have also benefited from other specialised treatments listed under different categories (e.g. haematology and orthopaedics). It also remains unclear how many children's requests for treatment abroad were not approved during 2019.

The programme has been welcomed as it helps ensure that children in Kosovo have access to the medical care they need; however, it also highlights the weaknesses of the healthcare system, which is unable to provide treatments that any developed system should offer. The main weaknesses of the healthcare system, which directly affect children in need, are explained in Section 4.3.

Aside from the programme for medical treatment outside public institutions, the government believes that health-related cash benefits are not necessary, since the healthcare services described in Section 4.1 are free in the public system. The only time local authorities provided cash benefits to help meet healthcare costs was during the COVID-19 pandemic, when municipalities such as Prishtina introduced a one-time cash benefit of €100 for all COVID-19 patients, including children aged 0-17, to cover the costs of the treatment.

It is also worth noting that while in principle healthcare services should be free to all children in Kosovo, in practice they are not. The healthcare system is chronically short of medication, equipment, and supplies: private out-of-pocket payments therefore remain significant in Kosovo, and amounted to 40.5% of total healthcare expenditure in 2018, according to the national health accounts report (MoH, 2020). Medicines from the essential drugs list are purchased centrally by the MoH and distributed among public health centres throughout the country. If a doctor prescribes a medicine, patients can get it free of charge. However, the demand for medicine is higher than supply, so not all medicines are available, which often limits the affordability of long-term treatment for non-communicable diseases (WHO, 2019). Many low-income households are therefore forced to pay for medicines and other medical supplies that are not included in the essential drugs list, and in many cases even for medicines from the essential list due to severe shortages. Unfortunately, there are no cash benefits in place to cover out-of-pocket payments for low-income households in Kosovo. The government aims to reform healthcare financing by moving toward a social health insurance model, hoping to address some of the shortcomings of the system, including reducing out-of-pocket payments.

Until healthcare reforms are introduced, it is safe to say that the current system in Kosovo does not provide targeted, financial risk protection for low-income children. Kosovo has all three factors that generally give rise to catastrophic health-related expenditure by the population: healthcare services requiring out-of-pocket payments; low household capacity to pay; and lack of health insurance or risk-pooling (Qosja *et al.*, 2018). The incidence of payments also indicates that the poorest are less well protected from the financial risks of maintaining their health. Households with an older head, belonging to the two poorest quintiles, and having disabled and aged members, are significantly more at risk of catastrophic health-related expenditure (*ibid.*).

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

There are several non-financial barriers that affect effective access to healthcare for children, including the underdevelopment and underfunding of the healthcare system in Kosovo, lack of child-friendly services, and lack of awareness among certain ethnic groups of the need to adhere to and benefit from certain preventive services, such as immunisation.

Many structural problems remain to be solved before a fully integrated healthcare system in Kosovo can be achieved. One key element is the lack of a national health information system (HIS), which leads to fragmentation of data across the healthcare system and prevents accurate monitoring of children's health, as well as preventing the delivery of integrated and comprehensive services for children. In FMCs with several GPs, neither doctors nor nurses have any assigned population (WHO, 2019). There are no patient lists, so patients can consult any doctor in the FMC or even in other centres and other districts, which creates a challenge for continuity of care. The assessment of primary healthcare centres (FMCs) revealed that the doctors only had patient records in approximately 20% of cases (*ibid.*). Without patient lists or a proper HIS, healthcare-providers are unable to fully understand patients' problems, apply a more holistic approach, and provide more comprehensive, patient-centred care.

The lack of a HIS also hampers evidence-based decision making and budgeting, which relies on historical budgeting (i.e. the budget is based on the previous year's allocations). It also makes it difficult for the government to measure the effectiveness of spending and services for children, as it is hard to link outputs (i.e. which spending and services reach various children) to outcomes (i.e. the impact of these services on child well-being) (World Bank, 2021b: 22). Families in need often struggle to access available services due to a lack of co-ordination between government agencies and programmes. This affects those with less education, with access barriers, or from ethnic minority populations the most. As a result, children in need often miss out on available services (*ibid.*).

Another major barrier to children's access to healthcare in Kosovo is the unequal distribution of doctors among municipalities, with 1 doctor serving 845 inhabitants in Obiliq and 6,993 in Novobërdë (MoH, 2020:14). This affects waiting times and the quality of healthcare services. In many remote areas nurses are the only medical staff available on a permanent basis in FMCs, with a physician visiting the area once or twice per week (WHO, 2019). Furthermore, small FMCs are only open seven hours per day, from 8:00 until 15:00, five days per week (*ibid.*), which means that low-income children who largely reside in remote areas have limited access to GPs in their location and are forced to travel to the nearest town, thus increasing their out-of-pocket payments. Increasing levels of emigration by health professionals will only weaken further an already fragile system. Overall, Kosovo lacks a strategy on human resources for healthcare that addresses challenges related to migration, distribution of medical specialties among graduates, the education, specialisation and professional development of family medicine nurses, and a more equal geographical distribution of GPs (WHO, 2019).

In-patient care is also underdeveloped. The number of beds per 1,000 population is less than half of the EU average. There were 3,855 beds in the public sector and 576 beds in the private sector in 2019 in Kosovo (latest available data), resulting in a total of 4,431 beds or 2.4 per 1,000 inhabitants, which is less than half of the EU average of 5.3 beds per 1,000 inhabitants (Haxhikadrija, 2021b). Although there is no evidence on how this is directly affecting children in need, it is obvious that the healthcare system is underperforming with regard to in-patient care. In addition, certain healthcare services are not offered at all in public institutions, hence children in need are sent abroad for treatment, as described in Section 4.2. Undoubtedly, offering the treatment in domestic healthcare institutions would avoid the inconvenience of people having to travel sometimes long distances when a child is seriously ill, as well as prevent additional individual and societal costs (such as missing work) related to parents accompanying the child. Overall, the government of Kosovo's spending on healthcare in 2018 (before the COVID-19 pandemic) was 3% of GDP, and healthcare accounted for approximately 10% of total government spending (*ibid.*). This was below the contemporary averages for south-eastern Europe and the EU, which in 2018 were approximately 28.3% of general government spending and 9.9% of GDP, placing Kosovo among the lowest in Europe (*ibid.*).

Another non-financial barrier to effective access to healthcare for children in Kosovo is the lack of child/adolescent-friendly services and a lack of experience among healthcare practitioners in reaching adolescents at risk. Healthcare facilities are not child-friendly – while the standards for the development of healthcare facilities in Kosovo exist, they are more in the way of general standards rather than being oriented toward child development (World Bank, 2022b:25). In addition, no national policies, programmes, projects or initiatives aimed at making healthcare facilities more youth-friendly have been implemented in Kosovo to date (Council of Europe, 2021:21). Healthcare services provided in FMCs are also not child-friendly: only 23% of FMCs, and only 69% of main FMCs, in Kosovo had a designated consulting room for children¹¹ (Save

¹¹ Not required by MoH secondary legislation but considered to be the minimum standard for primary healthcare services.

the Children, 2018:17). Similarly, only 31% of main FMCs and 42% of FMCs had a child stethoscope available in their facilities, while the equipment to assess and monitor child growth (e.g. a box of blocks in different colours, or simple puzzles) was generally missing in all FMCs (*ibid.*).

Finally, although healthcare services for children are free in Kosovo, their utilisation is subject to socio-cultural norms and barriers, especially for marginalised ethnic groups. This is notably seen in the immunisation of children – according to the latest MICS data, whereas the overall rate of fully vaccinated children in Kosovo was 73%, it was only 38% among the Roma, Ashkali and Egyptian communities (UNICEF, 2020). Many international organisations, such as UNICEF and the World Health Organization (WHO), provide support to the government of Kosovo to help improve immunisation coverage, especially among the Roma, Ashkali and Egyptian communities. They provide training and support to health professionals, raise public awareness, and provide additional resources to increase immunisation rates. In 2021 UNICEF Kosovo set up a programme to identify children who had missed out on their vaccinations, supporting a door-to-door campaign with a focus on communities with historically low vaccination rates. According to the official UNICEF website, 5,877 children were vaccinated in catch-up immunisation sessions as part of this campaign. In addition, the “home visiting programme” initiated by UNICEF, and implemented by the MoH and the organisation Action for Mothers and Children, sends care teams of doctors and nurses to visit marginalised women at home twice during their pregnancy and five times between their child’s birth and third birthday, with extra visits when necessary. They promote child vaccinations among these communities.

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition. It analyses nutritional practices from a child's birth to adolescence, including breastfeeding, a minimum acceptable diet, and minimum dietary diversity.

5.1 Main barriers to effective access to healthy nutrition

5.1.1 Financial barriers

Access to healthy nutrition for low-income households in Kosovo is becoming increasingly challenging due to ever increasing food prices, which are not accompanied by adequate increases in social transfers. Data from recent surveys revealed that low-income households were facing serious challenges in accessing healthy nutrition even before the war in Ukraine caused food price spikes worldwide. According to the MICS, as many as 80% of households in Kosovo belonging to the poorest wealth quintile reported that they were unable to eat meat or proteins regularly (UNICEF, 2020).

In terms of feeding practices among infant and young children (6-23 months), differences between children belonging to the poorest and the richest quintiles in Kosovo were noticeable – only 33% of children belonging to the poorest quintile received meals with the minimum dietary diversity, and only 29% of them received a minimum acceptable diet, compared with 49% and 42% respectively of children belonging to the richest quintile (UNICEF, 2020).

Similarly, belonging to the poorest or second-poorest quintile significantly increased the chances of children under 5 being stunted or wasted. Poor nutrition is a driving factor in stunting among children; often, these children have impaired health and development potential which cannot be regained at later stages of the life cycle, thus further impairing their ability to

learn when they enter school (UNICEF, 2020). According to the MICS, 5% of children under 5 who belonged to the poorest quintile were moderately or severely underweight, compared with 0% of children from the richest quintile; 10% were moderately or severely stunted, compared with 2.5% of children from the richest quintile, and 5.1% were wasted, compared with 0.1% from the richest quintile (UNICEF, 2020). The situation was even more dire among the children of Roma, Egyptian, and Ashkali communities. It should be noted that while stunting is used to measure access to adequate nutrition, it is also affected by access to adequate water, sanitation, and child healthcare, of which low-income children are more deprived, as highlighted in this report. On the other hand, children belonging to the richest quintile were more prone to child obesity, with 9.6% of them being moderately or severely overweight, compared with 5% of children belonging to the poorest quintile (UNICEF, 2020).

5.1.2 Non-financial barriers

One of the key non-financial barriers related to children's access to healthy nutrition in Kosovo is related to the parents', namely mothers', awareness about healthy nutrition, including an understanding of the importance of breastfeeding and a minimum acceptable diet. It is known that breastfeeding in the first years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. UNICEF and WHO recommend that infants be: (a) breastfed within one hour of birth; (b) breastfed exclusively for the first six months of life; and (c) breastfed up to age 2 and beyond.

Despite essential benefits, breastfeeding practices are sub-optimal in Kosovo. Many children do not start breastfeeding early enough, do not exclusively breastfeed for the recommended six months, or stop breastfeeding too soon. According to the latest MICS data (2020), only 32% of children in Kosovo were breastfed within one hour of birth and only 29.2% were exclusively breastfed during the first six months of life (UNICEF, 2020). The percentage of children who were exclusively breastfed during the first six months was considerably higher among mothers who had completed higher education (37%).

In Kosovo, the gap between mothers who had completed higher education and those with only primary education widened further when it comes to the feeding practices of infants and young children (6-23 months). Nearly 59% of breastfed children whose mother had completed higher education received a minimum dietary diversity, compared with only 44% of children whose mother had only completed primary education (UNICEF, 2020). Similarly, 44% of mothers with higher education provided their children (aged 6-23 months) with a minimum acceptable diet, compared with 37% of mothers who had only completed primary education (*ibid.*).

The same pattern was also observed regarding undernutrition among children under 5. The incidence of moderate and severe underweight among children whose mother had no education was 6%, compared with only 0.5% of children whose mother had completed higher education. The gap was even higher in terms of stunting – the incidence of moderate and severe stunting was 14.3% and 1.8%, respectively (UNICEF, 2020). Finally, 9% of children whose mother had either no education or had completed primary education were moderately or severely wasted, compared with 1% of children whose mother had higher education (*ibid.*).

In order to improve the situation, the MoH started the aforementioned home visiting programme for pregnant women and for children aged 0-3, with financial support from the government of Luxembourg. The programme supports families in applying the best practice for a healthy development of a child, including healthy nutrition, and enables early identification of undiagnosed childhood conditions, developmental delays, and other vulnerabilities. From December 2022, the home visiting programme is being implemented in all municipalities of Kosovo.

In addition, in order to promote healthy eating habits among pre-school and primary schoolchildren in Kosovo, Action for Mothers and Children and UNICEF implemented the child nutrition programme, focusing on the tools, guidelines/menus and recommendations for healthy nutrition for children¹² which were developed, approved and disseminated by the MoH and MEST. It is anticipated that the guidelines will be integrated in pre-school and primary school curricula, in order to create healthy eating habits among children in Kosovo.

5.2 Publicly funded measures supporting access to healthy nutrition

Financial transfers to low-income households can result in improved consumption and nutritional outcomes among children within these families. The SA scheme contributes towards these objectives in Kosovo, given that it is the only social assistance programme that is targeted at poor households. Since 2012, households on SA have also received a supplement for each child (increased from €5 to €10 per child in 2022), which helps to improve access to nutrition for low-income children. However, SA will not be discussed here as the focus is strictly on measures that support direct access to healthy meals.

Publicly funded measures that support access to healthy nutrition in Kosovo can be divided into two categories: (a) meals provided through soup kitchens; and (b) basic food supply packages provided to low-income households.

5.2.1 Provision of meals through “soup kitchens”

The Ministry of Finance, Labour and Transfers (MFLT), as part of the "economic recovery package" (measure 3.4), provides free meals to low-income individuals through soup kitchens (*Kuzhina Popullore*) operating throughout the country. The measure is implemented through small local non-governmental organisations (NGOs), which receive grants from the MFLT through an open call. According to the announcement on the official MFLT website and social media, nearly 300,000 meals were distributed to low-income households, namely SA beneficiaries, through this measure during 2022. The MFLT does not provide age-disaggregated data on the beneficiaries, so it is impossible to determine the exact number of low-income children who benefited from this measure. The eligibility criteria to access SA were already described in Section 1.1.1; no other criteria are required for this measure.

On 13 February 2023, the MFLT signed a new €1.2 million contract with 19 local NGOs for the implementation of measure 3.4 during 2023. The list of NGOs that provide meals through soup kitchens can be obtained on the MFLT website.

The measure only started in 2022, and there are therefore no reports available regarding the quality of meals provided through soup kitchens or the level of satisfaction among the users. There are also no reports that provide the age breakdown of beneficiaries. Considering the constant increase in food prices and the limited budget available for this measure, it is questionable whether the meals provided fit into the category of healthy nutrition.

5.2.2 Basic food supply for low-income households

According to the MFLT, 35,000 basic food packages were distributed to SA beneficiaries throughout Kosovo during 2022 as part of measure 3.4 of the economic recovery package. The value of the "basic food package" was up to €50, and 70% of the food items were produced domestically. The measure will continue during 2023, but the MFLT did not specify the number

¹² The example of the brochure: https://amchealth.org/wp-content/uploads/2020/07/Fletushka-LunchBox_main.pdf.

of food packages that will be distributed to SA beneficiaries. The implementing mechanism and the beneficiaries are the same as for soup kitchens; the measure is implemented through local NGOs (or private businesses), and the beneficiaries will be households who receive SA.

In addition, municipalities provide basic food packages to low-income households. There is no specific budget code for this measure in the municipal budget and no legislation to regulate it, so the intervention is not consistent across municipalities and has not been provided consistently across the years. In most cases, the main beneficiaries are households on SA, although municipalities may also target other categories such as war invalids or war veterans.

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

According to the MICS 2020 data, 42% of households belonging to the poorest quintile in Kosovo had housing problems in the form of a leaking roof, 70% had problems with damp walls or flooring, and 54% had rot on window frames or on their floors (UNICEF, 2020). Overall, 25.5% of respondents (90% of whom belonged to the poorest or second poorest quintile) were living in dwellings that experienced leaking roofs, had no bath/shower, had no indoor toilet, or were too dark (*ibid.*). In addition, 72% of households from the poorest quintile were unable to pay the rent, mortgage, or utility bills, and 54% could not keep their house adequately warm (*ibid.*). Finally, 3% of children belonging to the poorest quintile lived in dwellings with unimproved sources of drinking water (unprotected wells/springs), and 17% lived in dwellings with unimproved sanitation (*ibid.*).

In this situation, providing housing allowances is very important, especially for low-income households. Currently, housing allowances are limited to a rent subsidy, a partially subsidised electricity bill, and an upcoming subsidy for the water bill, all of which are targeted at SA beneficiaries.

6.1.1 Rent subsidy (housing bonus)

The rent subsidy, or housing bonus, targeted at low-income households is regulated through the Law on Financing Specific Housing Programmes (Law No 03/L-164), which is designed to provide access to adequate housing for those in need who are unable to afford it. The law also covers other schemes related to social housing, which are explained in the next section. In terms of the housing bonus, municipalities are required to subsidise up to 50% of the rent for low-income households, although the maximum value of the housing bonus can increase as defined each year by the municipal assembly, based on the previous year's data. The share of rent that low-income households pay should not exceed 30% of their income. Article 11 of the Administrative Instruction No 19/2010 on Housing Bonus envisages that the rent subsidy paid by the municipalities can be increased above 50% for households that have a disabled or severely ill member or in other cases where the municipal assembly deems it appropriate. The municipality pays the rent subsidy directly to the lessor after the rent agreement is submitted by the tenant when applying for the allowance.

According to primary and secondary legislation, SA beneficiaries should be prioritised under the rent subsidy scheme; but implementation of the law is sub-optimal, and its shortcomings

are described in Section 6.2.2.2. Even among SA beneficiaries, certain categories are prioritised, such as households with many children, households with a disabled child, female-headed households, and orphans.

Although the rent subsidy (housing bonus) is considered the most efficient scheme deriving from the Law on Financing Specific Housing Programmes, as it can provide quick and reliable solutions for many low-income households in need, it is the least used mechanism by municipalities. According to a recent study, only two out of the 10 municipalities assessed were using housing bonus as a tool to assist low-income households (FES, 2019). The same report revealed many challenges related to the scheme, from a lack of designated staff to the absence of a designated budget code for housing bonus. All these shortcomings are explained in more detail in Section 6.2.2.2. Unfortunately, no studies have been conducted to date to assess whether the rent subsidy adequately covers the housing costs of low-income households with children. In addition, the absence of designated application forms for the rent subsidy scheme in municipalities results in a general lack of disaggregated data on the applicants (see Section 6.2.2.2. for more details) – which makes it impossible to estimate the number of low-income households with children who receive this benefit in Kosovo.

6.1.2 Electricity subsidy

The electricity subsidy scheme is based on the Administrative Instruction No 15/2012, which calls for the payment of a certain amount of the electricity bill for all SA beneficiaries. The scheme has been in force since 2005. The MFLT and the electricity-providers in Kosovo each year sign a memorandum of understanding (MoU) to subsidise a certain amount of the energy bill for the following categories: SA beneficiaries, war veterans, war invalids and families of martyrs, paraplegics and tetraplegics, and blind people. The total annual allowance for all categories is €4.5 million and the maximum monthly subsidy per household is limited to 300 kWh, including the fixed tariff and VAT. All households belonging to these categories are eligible for the assistance as long as their energy meters are registered with the municipality where they receive SA and as long as they are registered as non-commercial users. When two or more SA beneficiaries live in a single dwelling with a single energy meter the subsidy is provided for each family (e.g. if two SA households live in a single dwelling they will be subsidised up to 600 kWh a month). The same rule is not applied to other categories, where the maximum assistance cannot exceed 300 kWh per month. Subsidies are paid directly to energy-providers by the MFLT and are retrospective.

The funding for subsidising electricity bills has remained the same over the years, whereas the price of electricity has increased and more categories have been added to the programme. According to the MFLT, the scheme for subsidising electricity bills for vulnerable groups has received the same amount (€4.5 million) from the government since 2005. Initially designed to cover SA beneficiaries, the latter have been crowded out by other categories such as war veterans, war invalids, tetraplegics and blind people. This has resulted in reduced assistance, both in terms of the number of SA households receiving the assistance and in the amount of assistance received per household.

Between 5 and 20% of SA households were excluded from the energy subsidy programme in Kosovo during 2022. According to the latest data from the MFLT and the Kosovo Agency of Statistics, the number of households that received SA in Kosovo during 2022 ranged from 25,933 in January 2022 to 22,980 in December 2022 (KAS, 2023b), while the number of SAS households that benefited from the energy subsidy scheme during the same year was only 21,897. Between 1,000 and 4,000 SAS households (depending on the period of the year) were therefore excluded from the scheme in 2022. The MFLT believes that this could be due to the inability of many SA households to meet the technical criteria (e.g. SA households in northern Kosovo are not registered with the Kosovo energy-provider, hence cannot be included in the

scheme) or due to the lack of information about the availability of the scheme among some SA beneficiaries.

The scheme pays the bills retrospectively – one year after the actual consumption occurred; which in the meantime puts many SA households at risk of being disconnected from the energy-supply system. The standard procedure of energy-providers is to disconnect all consumers from the system if they are unable to pay their debts within 15 days. The MoU between the MFLT and the energy-provider does not state formally whether SA households who are part of the energy subsidy scheme are excluded from this rule. MFLT officials have confirmed that there is an unwritten agreement with energy-providers that they will refrain from disconnecting these households from the system; however, this is an unnecessary burden for SA households and shows the limitations of the scheme.

Many low-income households who are not on SA because of non-income eligibility criteria (explained earlier) remain without help. The World Bank believes that compensating low-income households via income transfers would be more economically efficient than direct energy subsidies, which distort relative prices and encourage overconsumption of energy (World Bank, 2017). It also believes that the current mechanism for subsidising the electricity costs of only SA households is inadequate, as the majority of poor households are excluded because of non-income eligibility criteria. Hence, a new, more comprehensive means-tested transfer needs to be established to ensure adequate protection for all low-income households from ever rising electricity tariffs (*ibid.*).

6.1.3 Water subsidy

The Law on Regulation of Water Services 05/L-042 (Article 20, Paragraph 36) requires the government to assist low-income households in accessing water and sanitation services. On 16 February 2022, the Inter-Ministerial Water Council (IMWC), which operates under the Office of the Prime Minister, proposed a scheme that would provide direct transfers for water and sanitation services for SA beneficiaries, and requested the MFLT to develop and implement the scheme. The MFLT is currently finalising the details and modalities of the scheme (e.g. the amount of water bill that will be subsidised). The IMWC suggested that the scheme should subsidise the costs of 110 litres of water per person per day, which is considered a minimal water usage requirement in most countries. Considering that the average SA household in Kosovo has 4.1 members, the subsidised monthly water allowance per household would be 14 m³ per household.

The new scheme will target the majority of SA beneficiaries, although households not connected to regional water company (RWC) networks will be excluded. The IMWC estimates that around 90% of households in Kosovo on SA are connected to piped water systems operated by RWCs; however, the exact figure will be known when the MFLT figures on SA beneficiaries are matched with RWC data on registered consumers. Households connected to RWC networks will be the only beneficiaries of the scheme, since the programme is designed to subsidise water and sanitation bills through direct payment to RWCs. It remains unclear what assistance will be provided to the 10% (or more) of SA households who are not connected to RWC networks. Furthermore, many low-income households who are not on SA, as explained earlier in this section, will be excluded from this programme.

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

6.2.1 Mapping the provision of social housing

The legal framework in Kosovo reaffirms the obligations of government institutions to realise the right to adequate housing. The Law on Financing Specific Housing Programmes (Law No 03/L-164) was adopted in 2010, aimed at providing access to adequate housing for those in need who are unable to afford it. It requires municipalities to provide adequate and sustainable housing services for households with low income by creating three rental schemes: (a) apartments/houses newly built by municipalities, central authorities or donors; (b) housing bonus (explained earlier in Section 6.1); and (c) rented apartments owned by municipalities for specific housing programmes. The Ministry of Environment, Spatial Planning and Infrastructure (MESPI) is responsible for supervising and monitoring the implementation of the law and national strategies. Municipalities are required to design a three-year housing programme based on housing needs, identify land available for construction, and subsequently request a financial contribution from central government or the donor community to implement it. The law also requires the MESPI to draft a three-year Kosovo-wide strategy (including budget allocation) based on the information provided by municipalities, and establish a Kosovo-wide database related to housing needs.

In terms of social housing supply, rented social housing estates currently represent only 0.3% of the total housing stock in Kosovo (PMO, 2022) compared with the average of 6% in OECD and non-OECD countries (OECD, 2020). According to the records from the MESPI, only 51 social apartment blocks with a total of 1,178 social rented apartments were built across Kosovo between 2003 and 2018 (MESP, 2019), while there were 9,000 applications for social housing (social rental) in Kosovo in January 2022 (PMO, 2022).

Currently, only SA households and war-related categories (families of war veterans, martyrs and invalids of war) are eligible for social housing units. The eligibility criteria for receiving SA in Kosovo are explained in Section 1.1.1. It should be noted that in many cases war-related categories are prioritised over SA households in terms of the distribution of available social housing units, and this will be elaborated on in Section 6.2.2.2 on non-financial barriers.

Being aware of these shortcomings, the current left-wing government plans to improve the housing situation in Kosovo through new social housing legislation, increased availability of social rented units (social housing) and the provision of affordable home-ownership, which will be explained in Section 6.3. The new law on social housing is designed to address the specific needs of low- and middle-income households by earmarking 30% of social housing for low-income households and 20% for middle-income households. The remaining 50% of the dwellings will be distributed among households that are part of SA schemes.

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

Many low-income households that are not on SA, because of very strict non-income eligibility criteria, remain ineligible for social housing programmes. Overall, SA remains a highly targeted and limited programme, which has seen a gradual fall in beneficiary numbers (a drop of nearly 10,000 households or 50,000 family members in total, during 2008-2018 and before the COVID-19 pandemic). The reduction in the number beneficiaries came about mainly as a result of the non-adjustment of the eligibility criteria of the scheme over the years, despite changing conditions. For example, the benefit is cancelled upon any income from work or most social transfers; it is cancelled when a child reaches 18 (meaning two family members are then able

to work); or when a family has no other child under 5. The coverage of people in poverty by SA therefore remains very low – in 2016, about two thirds of the poorest consumption quintile did not receive any SA benefits (World Bank, 2019).

The reform of SA in Kosovo is underway and is expected to address the current shortcomings of the scheme. The reform envisages the removal of categorisation; as a result, all families who consider themselves poor would be able to apply. In addition, it provides for the automatic removal of penalisation of other income from social transfers or work; the removal of any other penalisation such as that based on age or school attendance; and the inserting of a more generous equivalence scale. With such reforms, coverage will probably increase due to more generous eligibility, and benefits will be higher due to the new equivalence scale.

6.2.2.2 Non-financial barriers

The main non-financial barriers to social housing are related to the poor implementation of existing legislation, and discrimination towards low-income households regarding the distribution of social housing units.

There is a lack of progress with regard to the duties of municipalities and the MESPI to carry out housing needs assessments and develop housing strategies. Municipalities are required to design a three-year housing programme based on housing needs, identify available land for construction, and subsequently request a financial contribution from the central government or donor community to implement it. The law also requires the MESPI to draft a three-year Kosovo-wide strategy (including budget allocation) based on the information provided by municipalities, and establish a Kosovo-wide database related to housing needs. However, many municipalities were found not to have conducted the mandatory needs assessment and had not drafted a three-year housing programme (MESP, 2019).

The lack of comprehensive and disaggregated data at the municipal level prevents local- and central-level institutions from establishing a clear and accurate picture of the scale of social housing needs, including those of low-income households with children. It also prevents the MESPI from fulfilling its obligations to draft a three-year national strategy and establish a Kosovo-wide database. Furthermore, many municipalities do not have a designated housing officer – instead the housing portfolio is covered by municipal officers from other municipal directorates with no adequate training on housing issues. In addition, municipalities have not developed a specific application form for social housing, with claimants instead using a general “complaint form” when applying for social housing (FES, 2019). The failure of institutions to adequately determine and track social housing needs constitutes a violation of their obligations in relation to the right to adequate housing (FES, 2019; OSCE, 2013).

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

Several other housing measures are either being introduced or about to be introduced in Kosovo during 2023 – namely the forthcoming affordable home-ownership programme, energy-saving subsidy, and energy-efficient heating subsidy for all households, with some schemes having earmarked funding for SA beneficiaries.

6.3.1 Home ownership programme

The most novel housing measure of the current government is the forthcoming affordable home-ownership programme for 4,000 households, which is expected to begin during 2023. The government plans to introduce two distinct packages, “120x120” and “150x150”, which envisage a monthly payment from beneficiary households of €120 and €150 for a period of

120 and 150 months respectively. Typical prices for buying a dwelling in the private market (or equivalent mortgage reimbursements), particularly in bigger towns, are considerably higher. The government plans to invest €20 million annually to build the apartments, but the amount invested will be partially recovered through monthly payments to a new institution that will be established to implement the programme (PMO, 2022). The home-ownership programme will be initially geared towards low-income public sector employees and young couples (first-time home-buyers), although the final list of beneficiaries will be determined based on the feasibility study that is being conducted by the International Finance Corporation.

6.3.2 Municipal allowances for renovation of houses

Although the Law on Financing Specific Housing Programmes (Law No 03/L-164) does not require the renovation of private dwellings, many municipalities use this mechanism to support low-income households. The support is limited to €5,000 for renovations such as window or roof replacement, and repair of sanitation systems. A Friedrich Ebert Stiftung report revealed that all 10 municipalities that were part of the assessment were providing financial support to low-income households for the renovation of their private homes (FES, 2019). While there are no reports available to confirm that the presence of children in the household is among the criteria to access the house renovation allowance, anecdotally this is an important criterion that municipalities take into consideration when selecting the beneficiaries.

Despite being a sustainable solution, this financial support is not in accordance with the actual legislation, which requires municipalities to provide housing support only to households that do not possess a dwelling. In fact, many municipalities are warned by internal auditors about this practice, but they ignore their recommendations and continue to offer it. Furthermore, many municipalities collaborate with local humanitarian organisations (e.g. Jetimet e Balkanit) and co-finance the construction of new private houses, which are donated to low-income households. Again, this is a desirable and sustainable solution for many low-income households, but the funding mechanism is not based on the current legislation.

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Annex

Table A.1: Latest available poverty data according to overall population and population under 18 (%)

AROPE		AROP		National extreme poverty		National absolute poverty	
Overall pop.	<18	Overall pop.	<18	Overall pop.	<18	Overall pop.	<18
56.7	58	27.9	30.2	5.1	7.2	18	22.8

Note: AROPE old definition (EU 2020 strategy). AROPE and AROP statistics for 2018; national poverty statistics for 2017.

Sources: EUROSTAT, EU-SILC 2018 [ILC_PEPS01, ILC_LI02], downloaded on 20 February 2023; National poverty (KAS, 2019)

Table A.2: Distribution of income (€) and material and social deprivation rate (%) – by quintile (2018)

Quintiles	Distribution of Income (€)	Material and social deprivation rate (%)
Q1	882	79.9
Q2	1,680	63.9
Q3	2,511	38.7
Q4	3,940	23.0
Q5	N.A.	11.2

Source: EUROSTAT, EU-SILC [ILC_DI01, ILC_MDSD02], downloaded on 20 February 2023.

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