WELLBEING OF CHILDREN IN KOSOVO (UNSCR 1244)

Poverty and Deprivation among Children using the Multiple Overlapping Deprivation Analysis (MODA)

Nutrition

Health

Overlap

Child Protection
WELLBEING OF CHILDREN IN KOSOVO*

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* All references to Kosovo are made in the context of UN Security Council Resolution 1244 (1999)
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EXECUTIVE SUMMARY

The children of Kosovo* are of crucial importance for its future. As a landlocked society with little natural resources and an economy with large growth potential, the population of Kosovo* is its most important asset. The development of human capital will be the important contributory factor to economic growth in the near and distant future while the quality of available human capital will be one of the critical determinants of economic success. The Multiple Overlapping Deprivation Analysis (MODA) depicting the situation of children in Kosovo*, is like a “room with a view” on the future of the developments in human capital for the Kosovar* economy. It provides also insights in the equalities and inequities that exist in Kosovo*, allowing to identify and locate the most disadvantaged children and thus complementing the equity analysis provided by other analyses.

Children who are 10 years old today will be the labour force as soon as 2023; the new-born babies of 2014 are the workers of 2030 when, if things go well, Kosovo* will have developed into a high middle-income- or even a high-income economy. This means that taking care of the 10 years olds, the new-borns and all the other children and adolescents today, is important for guaranteeing that Kosovo* is prepared for a competitive environment wherein technological innovations will have to be built on the solid ground of home-grown technical and managerial skills. Kosovo*, contrary to almost all other European economies, has one big competitive advantage, namely its youthful population. With an average age of about 26 years, its population is younger than that of almost all its competitors; with almost half (47 %) of the population is younger than 25 years old, it does not have to bear the burden of the ageing population that is seen in the European Union and in the most of the neighbouring countries. Kosovo*’s ‘demographic dividend’ will be a critical element in its economic growth on the condition that it takes care of the children today; if Kosovo* would fail to do so, this ‘demographic dividend’ will become a ‘demographic curse’.

WHY INVEST IN CHILDREN IN THE POST-CRISIS CONTEXT: ECONOMIC, SOCIAL AND POLITICAL REASONS?

Apart from the economic arguments, there are of course other reasons to take good care of the youngest part of the population. Children have the right to grow and develop in the best possible circumstances, especially after the years that they have suffered the consequences of previous conflicts and when being born into an economy that has the fiscal and economic potential to create ‘the best possible circumstances’. This MODA study guides us an understanding in what respects Kosovo* is doing well and especially in what aspects there is room for improvements so that the economic, social and political ambitions can be realised.

The situation of children in Kosovo* as described in this and other reports1, show some progress in a few areas: most children are born under skilled birth attendance, a large percentage of the children are fully immunised, very few children show symptoms of acute malnutrition, most children live in acceptable housing conditions and most children of primary school age are actually attending school.

There are, however, in nearly all the dimensions of children’s life still startlingly high levels of deprivation that are observed according to the latest figures2. Even in the dimensions of ‘health’ and ‘education’ showing good results in some indicators, some other indicators point to considerable problems.

Japan International Cooperation Agency (2010), Kosovo*: Study for Poverty Profile in European Region.
World Bank (2014), Kosovo*: Public Finance Review.
Gassmann F. & K. Reilen, (2009), Impact of Social Assistance Cash Benefit Scheme on Children in Kosovo*.
2 The K-MODA analysis is based on Multiple Indicator Cluster Survey data referring to 2013-2014.
Moreover, even for indicators that show good results for the majority of the children there is always a significant proportion for whom the equity gap remains and the results are much worse for specific groups including children from the poorer segments of the population where problems are often concentrated and combined. Three areas that emerge of particular concern include health, learning/education and sanitation/water in addition to breastfeeding and exposure to violent discipline. If these inequities are sustained on the mid- and the longer term, they might lead to social and political instability.

HEALTH SECTOR

In health, it is remarkable that on one hand skilled birth attendance is nearly universal, but that post-natal care is not sustained. This seems to suggest that regular access to primary health care is not guaranteed for a large group of households. While the indicators in MODA measure access for health care for the younger age groups among children, other documents confirm the observation that, despite considerable progress on some health indicators, some challenges remain. These problems are especially related to the financial accessibility of the health services with very high out-of-pocket expenditures for households. This limits the access to health care services to those who can pay; in turns this results in lower life expectancy at birth and relatively high rates of infant mortality. This emphasises that the availability of health services is not sufficient to ensure utilisation; in both rural and urban areas, health deprivation rates for young children are often more than double the size for the poorest quintiles than for the most wealthy quintiles according to the adjusted wealth index.

EDUCATION SECTOR

A similar pattern is seen in education; while nearly all children are attending primary school, a notable percentage among them are leaving school without a diploma or a certificate; moreover participation in secondary education is far from complete and is diminished by high dropout rates at higher grades. This is especially true for girls, for young people from ethnic minorities and for children from poorer families. School attainment is therefore problematic for a number of children between 5 and 14 years and even more striking for young people older than 14 years. Despite the fact that the high participation rate in primary school leads to good literacy rates, overall the educational systems’ output, both in numbers and in quality, is below the level that Kosovo* would need to realise the intended economic growth. The Labour Force Surveys reveal that there is an acute shortage in the labour market of highly trained professionals and workers; with the educational system seeming to produce under-qualified workers. As a result, the level of unemployment among young people is extremely high and the number of young people 16 – 20 years old ‘not-in-education-not-in employment (NEET)’ is very high. This is a threat to the growth aspirations of Kosovo* and equally important, it may lead to social instability: large numbers of idle young people will lead to feelings of exclusion and superfluity: at the individual level adolescents and young adults will think that they did not have the opportunity to grow to their full potential. The latter is not only an economic loss, but also it also impedes social inclusion of all young people in the development and the future prosperity of Kosovo*.

Boosting the quantity and quality of the educational output is the matter of seeking the right level and the appropriate composition of public expenditures in education. As a percentage of GDP, Kosovo* is spending considerably less (4.1%) than comparative countries in the region and far less than what is usual in the European Union. Moreover the bulk of these expenditures is spent on salaries. However, only the expansion of the share of educational expenditures in the total public expenditures and the deepening of the expenditures towards investments in the quality of the educational facilities and supplies will not be enough. The best-equipped school system will produce suboptimal results if the pupils and the participants are not motivated and if the educational system would not work as the main driving force behind reducing the large economic inequalities.

\[^{3}\text{World Bank, 2014, p. 79 – 96; see footnote 1}\]
\[^{4}\text{Quoted in the World Bank, 2014; see footnote 1}\]
\[^{5}\text{World Bank, 2014, p. 64 - 66; see footnote 1}\]
and high levels of poverty. As will be illustrated below, deprivation in the educational dimension is much higher among children growing up in poor families. These combined outcomes point to the fact that many children are indeed attending school but that the quality of school system prevent a large part of them to learn effectively. More investments in the quality of the schools and classroom teaching will not only ensure that the overall educational attainments will improve, but also that the gap between children from poorer families and children from wealthier families will decline. A final, but important remark should be made regarding the children lacking a birth certificate. A remarkably high percentage of children under five years of age (almost 30 %) do not have a birth certificate. This lack of a birth certificate is problematic on its own but will make registering into the educational system impossible. It also indicates some flaws in the administrative system that may more generally hinder the development of a single registry system, which in turn is important for administering social protection initiatives and other administrative procedures.

In that respect it is very important to pay attention to Early Childhood Education (ECE). The K-MODA study for Kosovo* studied the participation in pre-school centres for children younger than 5 (below primary school age); 86 percent of the children between 1 and 5 years are not participating in pre-school centres; given this extremely high percentage it has been decided not to include it for estimating the overall deprivation levels of children in that age-group. This, however, does not imply that this lack of pre-school educational participation is not important; it applies to vast majority of children and deserves serious policy attention since pre-school activities are known to contribute significantly to the level of school readiness of children and is a powerful tool in bridging the school attainment gaps between poorer children and children growing up in wealthier families. As an additional indication of the lack of attention to learning at pre-school age in general, K-MODA uses the indicator ‘support for learning in families’; the results tell us that one third of the children age 36-59 months in Kosovo* has not been supported by an adult in their early learning activities. This means that 34 percent of children have not been engaged by a household member 15 years or older in at least four of the following activities to promote learning and school readiness at least once in a three day period: reading a book; telling stories; singing songs; being taken outside; playing together or named, counted, or drew things to or with the child. These are all very important activities for children as these activities prepare them for school and even more importantly, they make them understand that it can be fun to learn and thus motivate them for seeking learning activities at older ages. Moreover, research has been convincingly pointed to the importance of pre-school activities not only for boosting success at school at higher ages, but also for narrowing the gap between children of poorer families and children of wealthier backgrounds6.

The K-MODA results provide strong arguments to direct the efforts of Kosovo* Institutions to a massive investment in pre-school centres in addition to combating social factors such as discrimination, violence in schools and negative social norms in the family related to the education of children. In economic terms, this investment is crucial for preparing the labour force for sustained high levels of economic growth; in social terms, this investment is most probably the best value-for-money in helping children to develop to their potential at older ages. Moreover, it will close the equity gap between children born in poor families compared to children born in non-poor households and thus will contribute substantially to more equity in Kosovo*. Public policy in this respect should be directed towards a heavy and large-scale investment in setting up early childhood day-care centres and towards installing an incentive system for parents and carers who send their children to these centres. When organised in a smart way, these centres can additionally reduce youth unemployment either by organising a public works programme for teachers and young child carers or by setting up a volunteer scheme for young adults to engage in an active contribution to the development of Kosovo*.

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WATER AND SANITATION SECTOR

The last group of dimensions/indicators that require some discussion is related to water and sanitation. Surprisingly for a low-middle income economy and an aspirational member of the EU, levels of deprivation in this sector are not close to zero. Quite the contrary; more than one third of the children grow up in a housing situation lacking adequate sanitation facilities. It is important to overcome that soon since inadequate sanitation is associated with high rates of morbidity, and when combined with other factors, it is associated to problematic levels of stunting. Having access to safe water is also important in the fight against illnesses and long-term stunting. Problems with sanitation are predominantly seen in rural areas.

Overcoming these problems does not require large outlays of funds, but requires the attention of the public authorities. This is also true for merely attitudinal problems that are seen in high levels of deprivation in handwashing and breastfeeding. Lacking a place and detergents for handwashing is rather a matter of informational campaigns than of heavy public investment. It is nevertheless important though, since again better levels of hygiene can prevent the transmission of illnesses among children.

BREASTFEEDING

The fact that 60 percent of the young children under six months are not exclusively breastfed during the first half year of their life, is problematic as breastfeeding is better for children than the alternatives, providing them with adequate nutrition and avoiding food related illnesses.

OVERALL INEQUITIES

While discussions above focused on the child population in Kosovo* as a whole, the problems related to the child deprivations are not randomly distributed in the society; for some groups the problems are much more striking than for others. We pointed already to the differences between urban and rural areas especially for the age-groups 0 – 11 months and 15 – 17 years old; in almost all indicators children in these age groups in rural areas are much more deprived than children in urban areas with one notable exception: high levels of exposure to violent discipline are ubiquitous with more than 60 percent of the children being exposed to an easily preventable deprivation. Prevention in this sector is not just a matter of respecting children’s right, but will contribute to children who are more self-confident and thus equipped to learn better at school and to contribute to society as a whole.

Moreover, a growing body of neuro-scientific studies argue that both acute forms of violence due i.e. to violent conflicts and abuse (leading to Post-Traumatic Stress Disorder) and more continuous forms of long-lasting violence against children contribute to negative development outcomes in children and form an additional source for inequities between children. Development outcomes in children are negatively influenced by violence in all forms because it hampers the development of adequate executive functions in the brain7.

ROMA, ASHKALI AND EGYPTIAN COMMUNITIES

Besides the K-MODA study for the total population in Kosovo*, a separate K-MODA for the Roma, Ashkali and Egyptian communities has been carried out. Children from these communities fare worse in a lot of the dimensions and indicators than the children in the entire population8. The most outspoken results are seen in the nutrition/health indicators, in the educational indicators and in the indicators regarding early pregnancy and early marriage. The Roma, Ashkali and Egyptian communities show less deprivation in the water dimension yet

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7 UNICEF research in Montenegro in 8 primary schools showed that 48% of children experience some form of violence in schools and around 80% of them have not talked about it to adults in school or at home. Since 2002, 500 cases of children victims of violence, abuse and neglect were dealt with by the multidisciplinary teams set up in 7 municipalities with UNICEF and UNHCR support. For research on executive functions see Diamond, A. (2013). Executive functions. Annual review of psychology 64, 135.

8 Comparisons between the results have to be made carefully: the sample on which the results for the entire population are based include a (very small) number of Roma, Ashkali and Egyptian households while the sample for the Roma, Ashkali and Egyptian is an independent sample being representative for the Roma, Ashkali and Egyptian communities.
similar results in the sanitation dimension. The worse results in the housing dimension are not to be attributed to less quality in the housing but mainly as a result of higher rates of overcrowding.

Notably bad results are seen for this group in the educational indicators\(^9\). Children are less taken care of by the adults in the family\(^10\), they dropout from school in higher numbers and participate less in lower and upper secondary education; as a results the illiteracy rate (in any language) is higher among Roma, Ashkali and Egyptians. Similarly, children living in Roma, Ashkali and Egyptian households do not have full access to the health system, leading to significantly lower immunisation rates and more malnourished children under five years of age. A worrying 14 % of Roma, Ashkali and Egyptian girls 15-19 have begun childbearing while less than one percent have had a live birth before age 15 years.

It is easy to conclude that children growing up in the Roma, Ashkali and Egyptian communities are worse off than children in general in Kosovo\(^*\). However, the interpretation of the results should be made carefully and it should be remembered that the Roma, Ashkali and Egyptian communities consists of only 2.1 % of the total population of Kosovo\(^*\). While, the results for this subgroup are significantly worse than for the entire population, the absolute number of children in the total population in Kosovo\(^*\) being deprived in important areas of their livelihood is still much higher than the absolute number of Roma, Ashkali and Egyptian children who are deprived.

Children living in the poorest 20 % of the rural population fare in many cases as badly as the Roma, Ashkali and Egyptian communities and in some cases even worse; in most cases they have considerably higher rates of deprivation than the average of the total population, indicating that many child deprivations are concentrated in the poorer part of the population. This introduces a new field for public intervention since social protection targeting the poorest part of the population would be important for addressing the high levels of deprivation seen in Kosovo\(^*\). As argued above, incentives provided by social protection initiatives are only one of the policy instruments that should be used to address the high levels of deprivations among children observed in Kosovo\(^*\).

An holistic approach to significantly raise the investment levels in children's development is imperative. This holistic approach should primarily be focused on urgently needed investments in Early Childhood Development including pre-school activities and –education as well as on the equally urgent need for raising the quality of the primary and secondary school education for all children.

The K-MODA reports extensively indicate that in the poorer strata the Kosovar\(^*\) children are deprived simultaneously in many of the dimensions and indicators. This means that children, who suffer from a particular deprivation, seldom suffer from that deprivation only; they are often deprived in many dimensions at the same time. Almost one out of four children in Kosovo\(^*\) is deprived in at least two dimensions simultaneously; 38 % of the children between two and five years old are multi-dimensionally deprived and they experience on average 30 % of all deprivations; approximately 36 % of the children aged between 15 and 17 experience three of more deprivations. Most of these children are concentrated in the lowest two quintiles of the wealth distribution. The extremely high level of deprivation among children, who are stunted, also illustrates the importance of overlapping deprivations since more than 75 % of stunted children are deprived not only in nutrition, but also in sanitation and health.

As indicated, the poverty and deprivation levels among children in Kosovo\(^*\) are high; they are also too high to be consistent with its economic and political ambitions. Addressing these deprivations is imperative for social and economic reasons and for safeguarding the rights of the children to experience the possibility to develop their capacities. The public authorities can help to realise better lives for children by investing in the educational and health systems in a systematic and holistic manner. While some groups of children are affected more than others, the most striking result of the K-MODA analysis is that problems are largely society-wide requiring a society-wide policy response.

\(^9\) Here again careful interpretation of the results is necessary since the results on the participation may be partially driven by the fact that some of the children of the Roma, Ashkali and Egyptian communities attend school outside of the Kosovo\(^*\) school system, according to some informants.

\(^10\) The K-MODA study illustrates but may underestimate this: according to anecdotal information, children maybe guarded and played with by siblings younger than 16 and that detail is not picked up by the measurement in the questionnaires.
All references to Kosovo are made in the context of UN Security Council Resolution 1244 (1999).
1. INTRODUCTION

The goal of this study is to examine the situation of children in Kosovo*: whether they are deprived in areas that impede their growth and what are those areas. The objective is to identify the extent to which children in Kosovo* are deprived from adequate: a) nutrition; b) housing; c) water; d) sanitation; e) health; f) child protection, to what extent they are exposed to g) violence; h) lack of information; i) reduced early childhood support; and j) education.

This report consists of an in-depth examination of the above mentioned wide range of dimensions related to deprivations children in Kosovo* face, utilizing up-to-date techniques in this area such as the Kosovo* Multiple Overlapping Deprivation Analysis (K-MODA). The report presents data on variations in deprivation across four age groups: 0-11 months, 12-59 months, 5-14 years, and 15-17 years.

The originality of the study is that the report presents the results not solely for the overall Kosovar* children, but also looks in-depth at the deprivation of children belonging to the Roma, Ashkali and Egyptian communities living in Kosovo*.

The report is structured in three core parts. Firstly, the methodology is explained to better understand the results of the study. The second part entirely addresses the deprivation that children in Kosovo* face, by examining this phenomenon based on two conceptual and technical axes of which K-MODA consists: single deprivations and multiple overlapping deprivations. This section provides the contextual background related to the situation of children in Kosovo* and highlights main areas and challenges that need to be addressed to improve the wellbeing of children in Kosovo*.

The last part of the report deepens the discussion on multiple deprivations faced by children in second part of the report, in this section single and multiple overlapping deprivations are analysed. A narrative story at the end of this part briefly described its main findings.

The report concludes with an overview on major deprivations of children in Kosovo*, both at the Kosovo* level and through the perspective of Roma, Ashkali and Egyptian children. It illustrates in a succinct manner the areas to be addressed by policy makers, sorting the results by age and most pronounced deprivation dimensions.

1.1 ABOUT THE MULTIPLE OVERLAPPING DEPRIVATION ANALYSIS FOR CHILDREN

Understanding child poverty and deprivation is key to develop policies that ensure children's proper development and wellbeing. Analyses often focus on monetary wellbeing, utilizing income or expenditure measures to assess the poverty status of members of a given household. While financial constraints are one of the most important determinants of child deprivation, not all monetary poor children are deprived nor are all deprived children monetary poor. Access to income at the household level may not directly translate into improvements in its members’ wellbeing, especially children, not only because they are not the decision-makers in households (they are not sovereign consumers), but also because their needs are specific and they are not necessarily fulfilled by higher household incomes.

In order to complement traditional income-based measures of poverty with multidimensional deprivation analysis and to generate quality evidence on child poverty and disparities, UNICEF developed the Multiple Overlapping Deprivation Analysis (MODA). MODA adopts a holistic definition of child wellbeing, concentrating on the access of children to various goods and services which are crucial for their survival and development. It recognizes that a child’s experience of deprivations is multi-faceted and interrelated, and that such multiple and overlapping deprivations are more likely to occur, and with greater adverse effects, in socio-economically disadvantaged groups.
While MODA builds on UNICEF’s Global Study on Child Poverty and Disparities, Oxford Poverty & Human Development Initiative’s (OPHI) Multidimensional Poverty Index, and other research carried out in the field of multidimensional poverty, it adds specific features that distinguish it from other studies:

— MODA selects the child as the unit of analysis, rather than the household, since children experience poverty differently from adults especially with regards to developmental needs;

— It adopts a life-cycle approach that reflects the different needs of early childhood, primary childhood and adolescence, with different dimensions and indicators for each age group, as shown in the figure below;

— It applies a whole-child oriented approach by measuring the number of deprivations each child experiences simultaneously, revealing those deprived simultaneously in more aspects related to their needs;

— It measures monetary poverty and multidimensional deprivations simultaneously for each child whenever the data used has information on both, which is not in the case of Kosovo* given the lack of corresponding datasets with income data; and

— It enriches knowledge from sector-based approaches through overlapping deprivation analyses and generating profiles in terms of the geographical and socio-economic characteristics of the (multiply) deprived, thereby highlighting areas of concern for effective policy design.

UNICEF’s MODA methodology is therefore holistic and child-friendly, and provides better information to design appropriate interventions for any particular child, whether related to income support or provision of particular services\(^\text{11}\).

\(^\text{11}\) For more information on the MODA methodology; see the step-by-step guidelines to MODA (de Neubourg et al., 2012) and www.unicef-irc.org/MODA
1.2 K-MODA IN KOSOVO*: DATA AND PECULIARITIES

To enable more accurate and in-depth analysis of child deprivation, a Kosovo* Multiple Overlapping Deprivation Analysis (K-MODA) was carried out. Methods of measurement were customized and age groups, dimensions, indicators and thresholds were chosen to reflect the specificities of Kosovo*.

The K-MODA analysis was not only made for the total population but also for the children living in Roma, Ashkali and Egyptian communities, using a separate sample of households and children representative for Kosovo* from the 2013-2014 Multiple Indicator Cluster Surveys (MICS)\(^1\). The availability of separate data for a subset of the total population makes the Kosovo* MODA a unique analysis since it allows measuring multidimensional deprivation for the total population as well as for the Roma, Ashkali and Egyptian communities. Deprived children are identified, located, and profiled at both levels. The analysis of the type, level, and overlap of deprivations they face provides additional information to inform the design of policies, notably regarding the expansion of the social protection system.

The MICS data covers different aspects of child well-being including health, nutrition, access to water and sanitation, child development, literacy and education, child protection and access to information among others, making it very appropriate for the child deprivation analysis.

1.3 DIMENSIONS, INDICATORS AND AGE GROUPS: THE BASIS FOR ASSESSING CHILDREN’S DEPRIVATIONS

As mentioned above, MODA uses the child as the unit of analysis and acknowledges the heterogeneity of children’s needs and deprivations according to their age. The dimensions, indicators and thresholds used to assess deprivations of children in Kosovo* have therefore been defined for different age groups to reflect the different needs of early childhood, primary childhood and adolescence.

Following the generic MODA methodology, the choice of all of the dimensions has been informed by international human rights standards. Children’s rights enshrined in the Convention on the Rights of the Child (CRC) (1989), in conjunction with the World Summit on Social Development (1995) and the Millennium Development Goals (2000), have guided the construction of a core set of dimensions that are essential to any child’s development irrespective of their country of residence, socio-economic status, or culture. They relate to survival (food, nutrition, water, healthcare, shelter, etc.), development (education, leisure, etc.), protection (violence, exploitation, child labour, etc.) and participation (information, etc.).

A working group, composed of the Kosovo* Agency of Statistics, relevant Institutions from education, health, child protection and social sectors, as well as UN Agencies, Donors, and NGOs discussed the options further during a two-day workshop organized in September 2014, and has guided the decisions on age groups, dimensions, indicators and thresholds for the MODA. The final selection reflects the opinions of the specialists in Kosovo*, standards and data availability. The different age groups selected and dimensions for each of them are presented in the figure below.

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\(^1\) The Kosovo* MICS (2013-2014) dataset covers 4,127 households and 1,648 children which were interviewed, while the Roma, Ashkali and Egyptian communities in Kosovo* MICS (2013-2014) dataset covers 1,118 households and 735 children.
The analysis has been broken down into four age-groups to capture the varying needs of children across their lives. All age-groups have included individual level indicators as well as household level indicators i.e. for the dimensions of housing, sanitation and water to measure deprivation in the direct environment in which the child grows up. For infants (0-11 months) and children in their early childhood (12-59 months), age-specific indicators on nutrition, health, protection from violence, and child protection in addition to housing, sanitation and water have been selected. An additional dimension, namely early childhood education was added for the age group 12-59 months. For children of school-age (5-14 years), the analysis has included indicators on protection from violence, education, housing, sanitation and water. For children beyond the typical age of the obligatory school system (15-17 years), indicators on child protection, education, information, housing, sanitation and water have been used for the analysis. Dimensions, indicators and their thresholds are presented in Figure 2 and Table 1.

As is standard in MODA for each dimension, a child has been identified as deprived if he/she is deprived in at least one of the indicators in the dimension – following the union approach13, all indicators in the dimension are equally weighted as they are selected based on the assumption that they are equally important for child well-being. For example, a child age 0-11 months has been considered deprived in the health dimension if an unskilled birth attendant did not assist with his/her birth, if no skilled person looked after him/her after birth or if he/she has not received BCG and all three DPT vaccinations by age 23 months. While the depth of deprivation has not been taken into account all indicators have been chosen on the basis that they all partly explain the realization (or not) of a child’s rights (see technical report). Since each of the selected dimensions reflects a basic right, they therefore have been considered with the same importance in the analysis.

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13 MODA uses the union approach when combining indicators into dimensions, to identify children who are deprived in any of the selected indicators. Because these indicators are therefore equally weighted, the approach is not sensitive, at this stage, to the severity of deprivation as deprivation status in the dimension is independent of the number of indicators a child is deprived in. (de Neubourg et al, 2012)
For each age group, the following analyses have been carried out (for both children in the overall population and children living in Roma, Ashkali and Egyptian communities):

a) **Sector specific (single deprivation):** The percentage of children deprived in each dimension (and for each indicator) has been estimated to give a sector perspective. It gives a first insight in which deprivations are particularly relevant for children of the four different age groups in Kosovo*.

b) **The distribution of the number of dimensions children are deprived in:** The deprivations per child have been counted to give an overview of the distribution of all deprivations among the different age groups and according to different background characteristics (profiling variables). The deprivation count has also enabled analysis of the depth of multidimensional deprivation.

c) **Multidimensional deprivation overlaps:** the analysis has looked at the different deprivations that are usually experienced simultaneously. Combinations of deprivations have been highlighted and estimations of the number of children suffering from one to eight deprivations at the same time has been given.

d) **Multidimensional deprivation indices:** Several multidimensional deprivation indices have been calculated\(^\text{14}\) to provide summary statistics: (i) the headcount ratio (H) to look at the incidence of multi deprivation in the several dimensions; (ii) the average intensity (A) to look at the number of deprivation a deprived child experiences as a percentage of all possible deprivations; (iii) the adjusted deprivation headcount (M0) has been calculated to capture both the incidence and depth of deprivation. This paper captures the most striking results of the analysis of the multiple overlapping deprivations among children in Kosovo* and among children living in the Roma, Ashkali and Egyptian communities. A deprivation profile of the children in the two samples is also provided. All tabulations and figures for the full analysis are available in a separate document that complements this document\(^\text{15}\).

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\(^{14}\) Indices have been calculated using the Alkire and Foster (2011) methodology

\(^{15}\) De Neubourg, et al., 2015. N-MODA Technical Report for Children in Kosovo*
# Dimensions, Indicators and Deprivation Thresholds by Age Group

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Indicators</th>
<th>Threshold: the child is deprived if ...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td><strong>Exclusive breastfeeding under 6 months</strong> / Minimum acceptable diet</td>
<td>0-5 months old child is not exclusively breastfed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-23 months old child does not receive the minimum acceptable diet (UN syntax to measure the minimum acceptable diet for child above 5 months)</td>
</tr>
<tr>
<td></td>
<td><strong>Nutritional status (underweight)</strong></td>
<td>Child is underweight (weight for height below 2 standard deviations from the median (WHO))</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td><strong>School attendance</strong></td>
<td>Child of primary school age (6-10 years old) is not currently attending primary or lower secondary school; or child of lower secondary school age (11-14 years old) is not currently attending lower secondary or upper secondary school</td>
</tr>
<tr>
<td></td>
<td><strong>School attainment</strong></td>
<td>After primary school age, child (11-14 years old) is no longer in school or more than two grades behind for age</td>
</tr>
<tr>
<td></td>
<td><strong>Literacy rate</strong></td>
<td>Child did not attend upper secondary school and is not able to read whole sentence</td>
</tr>
<tr>
<td><strong>Protection from Violence</strong></td>
<td><strong>Exposure to violent discipline</strong></td>
<td>Child is living in a household where a child between 1 and 14 years old reported to have experienced any type of psychological aggression or physical punishment during the last one month</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td><strong>Access to information</strong></td>
<td>Child does not at least read a newspaper or magazine, listen to the radio or watch the TV once a week, and has not used the internet at least once a week</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td><strong>Overcrowding</strong></td>
<td>There are more than four people per sleeping room (UN HABITAT) (child under five years of age is given a weight of 0.5)</td>
</tr>
<tr>
<td></td>
<td><strong>Housing material (roof and floor)</strong></td>
<td>Both roof and floor are made of natural material, which are not considered permanent (UN HABITAT)</td>
</tr>
<tr>
<td></td>
<td><strong>Cooking fuel</strong></td>
<td>Household mainly uses straw/shrubs/grass or agricultural crop residue/corn stalk as the cooking fuel, and cooking is not done in separate room used as kitchen, in a separate building or outdoors</td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
<td><strong>Access to improved sanitation</strong></td>
<td>Household usually uses unimproved toilet facility i.e. flush to somewhere else, pit latrine without slab/open pit, bucket toilet, flush to unknown place/not sure/DK where, or no facility/bush/field (WHO)</td>
</tr>
<tr>
<td></td>
<td><strong>Place for handwashing</strong></td>
<td>Household does not have a specific place for hand washing where water and soap or other cleansing agent are present</td>
</tr>
<tr>
<td><strong>Water</strong></td>
<td><strong>Drinking water source</strong></td>
<td>Household’s main source of drinking water is unimproved i.e. unprotected well, unprotected spring, tanker truck, cart with small tank, surface water, or bottled water; and if improved drinking water then the source is more than 30 minutes away (WHO)</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td><strong>Early pregnancy</strong></td>
<td>Child under 18 years gave birth</td>
</tr>
<tr>
<td></td>
<td><strong>Early marriage or cohabitation</strong></td>
<td>Child under 18 years got married or started to live with their partner</td>
</tr>
<tr>
<td></td>
<td><strong>Birth certificate</strong></td>
<td>Child does not have a birth certificate</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td><strong>Immunization coverage</strong></td>
<td>Child has not received BCG and all three DPT vaccinations by age 23 months</td>
</tr>
<tr>
<td></td>
<td><strong>Skilled attendant at birth</strong></td>
<td>Unskilled birth attendant assisted with child’s birth i.e. traditional birth attendant, relative/friend, or no one</td>
</tr>
<tr>
<td></td>
<td><strong>Post-natal care of infant</strong></td>
<td>No skilled person checked the infant after the birth</td>
</tr>
<tr>
<td><strong>Early Childhood Education</strong></td>
<td><strong>Support for learning</strong></td>
<td>Over the past three days, child was not engage by a household member older than 15 years in at least four of the following activities: read books; telling stories; sing songs; be taken outside; play with; name/count or draw</td>
</tr>
</tbody>
</table>
1.4 ADDITIONAL ANALYSIS: STUNTING AND EARLY CHILDHOOD EDUCATION

STUNTING

Stunting (measurement of height for age) plays a crucial role in understanding deprivations and poverty in many places including Kosovo*. Just under two out of every 10 children below the age of five years have stunted growth (author’s calculations). Poor nutrition is often considered a driving factor of stunting in children. Children who are stunted are likely not adequately receiving their basic needs, such as nutrition, in their earliest stages of life. These children consequently often have impaired health and development potential which cannot be regained at later stages of the life cycle, further impairing their ability to learn when they enter school.

While stunting is often seen as an indicator for nutrition, it is in many also a result of deprivations in other dimension, notably water, sanitation and health. Including stunting as an indicator in the nutrition dimension would not reflect this reality, as designating it as one of the indicators in the nutrition dimension in the MODA analysis technically limits the ability to analyse it in relation to other potential deprivations.

For these two reasons, a separate analysis on stunting using the deprivations and profiling variables has been carried out. The results of these systematic analyses are presented in Part II for all children in Kosovo* and in Part III for children in the Roma, Ashkali and Egyptian communities.

EARLY CHILDHOOD EDUCATION

Early Childhood Education (ECE) appears as one of Kosovo*’s most neglected investment areas for children. This constitutes a key topic for Kosovo* given its demographic profile, with almost 30% of the population under 15 years of age. This MODA analysis looks at early childhood education and support for learning, as two key areas that contribute to the cognitive, social, emotional and physical development of the child. The results, presented in the single deprivation analysis, confirm those of a recent study showing that early child education appears to be one of the strongest area of inequity for children living in poverty in Kosovo* (Britto et al., 2011).
All references to Kosovo are made in the context of UN Security Council Resolution 1244 (1999).

WELLBEING OF CHILDREN IN KOSOVO (UNSCR 1244)

Poverty and Deprivation among Children using the Multiple Overlapping Deprivation Analysis (MODA)

http://www.unicef.org/kosovoprogramme
2. WHAT DO THE RESULTS FOR KOSOVO* TELL US?

2.1 SINGLE DEPRIVATION ANALYSIS: A SECTOR-BY-SECTOR TYPE OF ANALYSIS

As mentioned above, the single deprivation analysis presents the results for each of the separate dimensions and indicators that have been selected for the analysis. It portrays the number of children deprived in a given dimension as a percentage of all children in the specified age group. The results give an indication of which sectors should receive specific attention for the different age groups.

CHILDREN AGE 0-11 MONTHS

2.1.1. How many children are deprived in Kosovo* and what are they deprived of?

The analysis of deprivation by dimension for children age 0-11 months (seven dimensions in total) shows higher incidence of deprivations in the nutrition, sanitation, protection from violence and child protection dimensions, as shown in the figure below (Figure 3). Around three children out of ten are indeed deprived in those dimensions.

The high deprivation level in nutrition is mainly driven by exclusive breastfeeding for children under six months and minimum acceptable diet for infants age 6-23 month old (deprivation level of 40% - Figure 4). Age inappropriate breastfeeding and infant feeding patterns appear to be a key determinant of the observed nutrition problems faced in Kosovo*. Health related indicators, to the contrary, show lower level of deprivation, thanks to good immunization coverage (94% of children have received BCG and all three DPT vaccinations by age 23 months), skilled attendance at delivery (almost 100%) and skilled post-natal care provided of 87% of infants.

Figure 3. Number of children deprived in a given dimension as a percentage of children age 0-11 months (Source: Authors’ calculations, Kosovo* MICS 2013-2014)
CHILDREN AGE 12-59 MONTHS

2.1.2. How many children are deprived in Kosovo* and what are they deprived of?

For children age 12-59 months, the levels of deprivation for the protection from violence and child protection dimensions are similar to those of children 0-11 months, with approximately one third of children 12-59 months deprived in those dimensions (Figure 5). Three children out of ten live in a violent environment (they are living in a household where they experience psychological aggression or physical punishment themselves or witness it on a sibling), while slightly less do not have a birth certificate (Figure 5).

The early childhood education dimension, measured through the indicator on support for learning, shows that one third of children age 36-59 months do not have adequate support for learning at home (Figure 6). The housing and nutrition dimensions have relatively low levels of deprivation.
CHILDREN AGE 5-14 YEARS

2.1.3. How many children are deprived in Kosovo* and what are they deprived of?

For children age 5-14 years, the levels of deprivation for the protection from violence, housing, water and sanitation are similar to those of younger children (Figure 7). With regards to education, indicators show that nearly 95% of children in the age group 5-14 are attending school and almost all of them are not more than two grades behind\textsuperscript{16}. The exposure to violent discipline remains high, as for the younger children (one third of children age 5-14 years are exposure to violent discipline). Furthermore, one child age 5-14 years out of five lives in a household that uses unimproved sanitation while 14% of children live in households with an unimproved water source (Figure 8).

\textsuperscript{16} Measure for school attainment
CHILDREN AGE 15-17 YEARS

2.1.4. How many children are deprived in Kosovo* and what are they deprived of?

The analysis for children of the overall population age 15-17 years show lower levels of deprivations as well as for younger children. The deprivation levels for school attendance and attainment remain indeed relatively low (around 10%), so does the outcome indicator on literacy rate (1%). Early pregnancy and early marriage or cohabitation, that capture the deprivation level for the child protection dimension, do not appear as major issues with deprivation levels less than 1% (Figure 9).

Figure 8. Number of children deprived as % for children age 5-14 years, by indicator at Kosovo* level (Source: Authors’ calculations, Kosovo* MICS 2013-2014)

Figure 9. Number of children deprived in a given indicator as a percentage of children age 15-17 years for a given dimension (Source: Authors’ calculations, Kosovo* MICS 2013-2014)
2.1.5. Who are the deprived children?

Deprivation by individual and household characteristics

The deprivation rates according to different background characteristics (at individual or household levels) give an indication on whether different groups of children experience varying levels of deprivation and give a first indication of which children are at a greater risk.

For all age groups, the analysis shows that the deprivation incidence is not inevitably higher in rural areas as it is often observed in many countries. Only some dimensions appear to be more severe among children living in rural areas while other deprivations are higher in urban areas. The deprivation level for the indicator on sanitation (use of improved sanitation) is more than 15 times higher in rural areas than in urban areas (2% vs 33%) for children age 5-14 years\(^\text{17}\).

For children age 0-11 months, as presented in the Figure 11 below, deprivation in nutrition, measured by the indicator on exclusive breastfeeding is high in both areas but more than 15 percentage points higher in rural areas (30% vs 46%).

While the deprivation rate concerning secondary education attendance is not too high globally, the value for Kosovo* is 9% (Figure 9) but children age 15-17 years living in rural areas are more than twice as deprived in this indicator (11% vs 5% in urban areas). To the contrary, the level of deprivation in the water dimension appears to be an urban problem, with almost double the number of children age 15-17 deprived in this dimension in urban areas (9% in rural, 19% in urban areas\(^\text{18}\)).

\(^{17}\) See Figure 43 of “Wellbeing of Children in Kosovo*: Poverty and Deprivation among Children using the Multiple Overlapping Deprivation Analysis (MODA) Technical Report” (de Neubourg et al., 2015)

\(^{18}\) See Figure 60 of Technical Report.
Figure 11. Deprivation headcount ratio (%) for children age 0-11 months old living in urban and rural areas (Source: Authors’ calculations, Kosovo* MICS 2013-2014) 19

Note: ** indicates a statistically significant difference (at a 95% confidence level) between the sub-groups.
Using the MODA asset index, an adjusted version of the wealth index\(^{20}\), we can see that the lack of well-being of children does not seem to be much driven by household wealth (as measured by the asset index), especially in rural areas. The levels of deprivation of children age 5-14 years for the different dimensions are fairly similar between the quintiles and consistent within their geographical area. Exceptions are in the water and sanitation dimensions, where deprivation in the water dimension seems to be more of an urban problem, whereas sanitation is more of a rural problem regardless of the wealth quintile (Figure 12). In urban areas, the lack of income support among the poorest households seems to impact negatively the level of deprivation in the education and housing dimensions. This high level of deprivation in housing can be mainly explained by the issue of overcrowding, which has been driving the deprivation in this dimension (Table 2). To the contrary, richer children seem to be more deprived in the water dimension, with 5% of the children from the poorest households lacking access to clean water, against 36% of children from the richest households. The exposure to violent discipline appears as a key issue unrelated to income and geographic location, with one child out of three children age 5-14 years deprived in the protection from violence dimension, regardless of the assets or wealth of household.

Figure 12. Deprivation headcount ratio (%) by dimension for children age 5-14 years according to asset index in urban and rural areas (Source: Authors’ calculations, Kosovo* MICS 2013-2014)

\[^{20}\] The wealth index is a proxy for a household’s socio-economic well-being used in MICS and DHS surveys. To avoid multi-collinearity among the results, the wealth index has been adjusted to be consistent with the context of the MODA analysis and the information used for the deprivation analysis has been removed (see De Neubourg and al., 2012 for more information)
The level of deprivation for children age 0-11 months are tied closely to the highest educational level of the mother. Children whose mother did not attend school beyond the primary level are significantly more deprived in the health dimension than children whose mother has attended higher levels of education, with deprivation rates of 12% vs 51% respectively (Figure 13). The analysis shows that the significantly high level of deprivation in post-natal care of the infant drives the level of deprivation in the health dimension. The proportion of children who did not receive post-natal care by a skilled person is indeed almost ten times higher for children than for the children whose mother did not attend school beyond primary level, in comparison to those whose mothers studied past upper secondary (41% vs 5%). The gap between children whose mother’s highest level of educational attendance is primary and children with mothers with higher levels of educational attendance is also much greater for the child protection (the child has a birth certificate), nutrition (driven by exclusive breastfeeding) and sanitation dimensions.
The comparison of deprivation levels using other profiling variables (e.g., gender of the household head, number of household members being above or below the mean) shows fewer differences in deprivation levels. The analyses, such as the level of deprivation according to the number of children living in the household (disaggregated by gender), are available in the technical report.

2.1.6. Does gender matter? Deprivation by Gender Using child-specific Dimensions and Indicators

The analysis by gender shows that girls and boys are more or less equally deprived in most dimensions for the different age groups. If we take for instance the age group 15-17 years, we can see in the figure below that the levels of deprivation for the different dimensions are similar, with nevertheless incidence levels slightly higher significantly for girls i.e. 11% of the girls do not attend upper secondary school vs 8% of boys, or 5% of girls living in overcrowded housing vs 2% of boys.
2.1.7. Challenges faced in early childhood education

Almost nine children out of ten (88%) children age 12-59 months do not attend any form of early childhood education. Unlike some countries in the region, Kosovo* does not have a strong tradition of early childhood programs or pre-school education. The number of structures (pre-schools and kindergartens or pre-primary classes) is very limited and these structures are mainly located in urban areas (Brito and al, 2011).

Furthermore, the level of deprivation in the early childhood education dimension measured through the indicator on support for learning shows that not enough attention within the family is directed to interaction with very young children. Analysis results show that two in three children age 12-59 months do not have adequate support for learning at home (Figure 15) . A child is deprived in the support for learning indicator if no household member older than 15 years engage the child age 12-59 months in at least four of the following activities: Read books; telling stories; sing songs; be taken outside; play with; name/count or draw. It appears that the awareness on the need to stimulate a child's physical and cognitive development from an early age is still limited in Kosovo*.

With growing evidence on the added value of a set of early childhood education activities, more emphasis should be focused on this aspect. Results of the analysis show that children who do not attend any early education program tend to suffer from more deprivations simultaneously than children who are enrolled21: while 8% of the children age 12-59 months old who are enrolled in an early education program suffer from three deprivations at the same time, the value is twice as high for the same age group who are not enrolled in an early education program.

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21 Aggregating the number of deprivations per child age 12-59 months gives an indication of the distribution of the total possible deprivations among children in this age group.
2.1.8. Summary: main points for the analysis by sector

Key messages for the single deprivation analysis are that:

1. Children of a younger age tend to suffer from higher levels of deprivations than older children;
2. Early childhood education appears as a key sector that is underinvested in the territory;
3. The comparison of deprivation levels using different profiling variables shows that differences between girls and boys is limited and that the wellbeing of children is not mainly driven by wealth, but also by other individual and household background characteristics.

2.2 MULTIPLE OVERLAPPING DEPRIVATION ANALYSIS

To understand the severity of the deprivation faced by children, it is useful to examine whether they are experienced simultaneously leading to a better understanding of who are the children who suffer from several deprivations simultaneously. Moreover, it allows analysing how deprivations are interrelated. The Multiple Overlapping Deprivation Analysis takes a multi-dimensional lens, examining how many and what combination of deprivations each child experiences simultaneously. It shows: (1) the distribution of the number of deprivations, (2) the deprivation overlap between dimensions, (3) multidimensional deprivation ratios, (4) the profile of the multidimensionally deprived children, and (5) the contribution of various characteristics and dimensions to the adjusted deprivation headcount ratio. Understanding how certain dimensions overlap and are experienced allows for identifying the most vulnerable children and allows detecting sectors that could benefit from an integrative approach to policy-making. Additionally, simultaneity in deprivations may point to adopting more generic and universal approaches such as universal child benefits or other social protection interventions thus curing several deprivations at the same time.
2.2.1. To what extent children face simultaneous deprivations and to what extent do deprivations overlap in Kosovo?

The distribution of the number of deprivations for each child at the Kosovo* level indicates that the breadth of deprivation of children is high compared to European countries. According to the results presented in the Figure 16, using two dimensions as the multidimensional deprivation threshold (k=2)\(^{22}\), one out of four children age under 18 years (24%) is deprived in at least two dimensions, 6% are deprived in three or more, and 1% or less are deprived in four dimensions or more.

Looking at the distribution of the number of deprivations for the different age groups, we can see that younger children tend to be deprived in more dimensions simultaneously than older children. While nearly one in five children age 0-11 months is deprived in three dimensions, only 3% of children age 15-17 years face the same breadth of deprivation (Figure 17 and Figure 18).

\(^{22}\) k refers, in shorthand, to the number of deprivations used as a cut-off point for defining a child as being ‘multidimensionally deprived’. E.g. if k=2, a child will be considered multidimensionally deprived if the child has at least 2 deprivations out of the total number of possible deprivations.
The deprivation overlap analysis for each dimension of the age group 0-11 months shows the proportion of children deprived in one, or more additional dimensions. The figure below (Figure 19) demonstrates that in Kosovo*, one third (35%) of the children age 0-11 months are deprived in the nutrition dimension. Nevertheless, only 9% are only deprived in nutrition only while the rest are deprived in nutrition and one to six other dimensions. When analysing deprivation rates by specific dimension, most dimensions (except for water) indicate that children are deprived in more than just the specified dimension.

Figure 19. Deprivation overlap by dimension for children age 0-11 months (Source: Authors’ calculations, Kosovo* MICS 2013-2014)23

Using Venn-diagrams, the deprivation overlap of three dimensions shows the combinations of deprivations that the children are suffering from. Figure 20 gives the overlap analysis for deprivations in nutrition, health and child protection for the children age 0-11 months. While 32% of the children under the age of two are deprived in nutrition only, only 8% are deprived in health and none of the two other dimensions. The overlap analysis for deprivations in nutrition, protection from violence and sanitation for children of the same age shows that 11% of children age 0-11 months are found not to be deprived in any of the three dimensions, while 15% are simultaneously deprived in the three dimensions.

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23 The results in the figure presented here demonstrate the deprivation incidence for each dimension, subdivided by the extent of overlap with other dimensions.
2.2.2. How do deprivation levels change depending on deprivation intensity?

The deprivation distribution is complemented by the multidimensional deprivation indices to show the overall incidence and intensity of deprivation. The deprivation headcounts (\(H\)) gives the percentage of deprived children for each of the possible multidimensional deprivation cut-offs, including only the most deprived children – Table 3. As with the poverty gap in monetary poverty analyses, the average intensity among the deprived children gives an indication of the depth of deprivation.

### Table 3. Multidimensional deprivation indices for children age 12-59 months
(Source: Authors’ calculations, Kosovo* MICS 2013-2014)

<table>
<thead>
<tr>
<th>Deprivation headcount ((H),%)</th>
<th>Average deprivations among the deprived ((A),%)</th>
<th>Average # of deprivations among the deprived</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-7 deprivations</td>
<td>76</td>
<td>21</td>
</tr>
<tr>
<td>2-7 deprivations</td>
<td>38</td>
<td>30</td>
</tr>
<tr>
<td>3-7 deprivations</td>
<td>13</td>
<td>40</td>
</tr>
<tr>
<td>4-7 deprivations</td>
<td>3</td>
<td>51</td>
</tr>
<tr>
<td>5-7 deprivations</td>
<td>0</td>
<td>68</td>
</tr>
<tr>
<td>6-7 deprivations</td>
<td>0</td>
<td>75</td>
</tr>
<tr>
<td>7 deprivations</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

With a threshold of two deprivations, 38% of the children age 12-59 months are identified as multidimensionally deprived, and they experience on average 30% of all possible deprivations, meaning 2.41 deprivations on average per child.
2.2.3. Who are the children with concentrated deprivation?

Profiling the children with more severe deprivation levels highlights differences in characteristics of those deprived. It facilitates the identification of particularly vulnerable children.

Gaps between rural and urban areas are nevertheless more pronounced for children age 0-11 months and age 15-17 years. More than twice as many children 0-11 months in rural areas is deprived in three or more dimensions as compared to urban areas (23% vs 11%). Moreover, 27% of urban children age 0-11 months do not suffer from any of the deprivations studied, while this is the case for only 13% of the children living in rural areas (Figure 22). These results contrast with the finding of small urban-rural differences in the single deprivation analysis above. It points to the fact that urban/rural differences in Kosovo* are small when analysing rural areas (Figure 22). These results contrast with the finding of small urban-rural differences in the single deprivation analysis above. It points to the fact that urban/rural differences in Kosovo* are small when analysing deprivations in dimensions and indicators separately, but become much bigger when studying the coincidence of several deprivations.

Differences in deprivation looking at other profiling variables show similar concentration of deprivation. All results are presented in the technical report.

**Figure 22.** Distribution of the number of deprivations for children age 0-11 months in rural and urban areas
(Source: Authors’ calculations, Kosovo* MICS 2013-2014)

**Figure 23.** Distribution of the number of deprivations for children age 15-17 years in rural and urban areas
(Source: Authors’ calculations, Kosovo* MICS 2013-2014)
2.2.4. Stunting among children in Kosovo*: a systematic analysis

As mentioned in the introduction, stunting (measurement of height for age) plays a crucial role in understanding deprivations and poverty in many places, including Kosovo*.

Indeed, stunting is in many cases not only the result of malnutrition but also of deprivations in other dimensions notably water, sanitation and health. Using stunting as a profiling variable, we can see, as expected, that the level of deprivation in the nutrition for stunted children age 0-11 months is twice that for children who are not stunted (74% vs 38%). The gap for the health dimension is even bigger, with more than four times more stunted children deprived in health than children who are not stunted (Figure 24).

If we look at the concentration of deprivation, with a threshold of four deprivations, 16% of the children age 12-59 months who are stunted are identified as multidimensionally deprived, and they experience on average 53% of all possible deprivations, meaning 4.22 deprivations on average per child (Figure not shown). In comparison, 3% of not stunted children are considered as multidimensionally deprived using the same threshold, and they experience on average a bit less of deprivations (4 deprivations per child).

These results show the need to look at multisectoral solutions and not focusing only at nutrition.

Figure 24. Dimension deprivation rate according to stunting characteristics for children age 0-11 months
(Source: Authors’ calculations, Kosovo* MICS 2013-2014)

Figure 25. Dimension deprivation rate according to stunting characteristics for children age 12-59 months
(Source: Authors’ calculations, Kosovo* MICS 2013-2014)
3. ANALYSIS OF THE DATA FOR ROMA, ASHKALI AND EGYPTIAN COMMUNITIES IN KOSOVO*

According to the latest census, about 2% of the population in Kosovo* belongs to Roma, Ashkali and Egyptian ethnic minorities, of which: 15,436 are Ashkali, 11,524 are Egyptians and 8,824 are Roma. A series of strategies and efforts of key stakeholders in various life domains have been implemented to integrate Roma, Ashkali and Egyptian communities.

To inform further policies and interventions, a K-MODA analysis was made for the children living in Roma, Ashkali and Egyptian communities using data from the Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014. Deprived children living in the Roma, Ashkali and Egyptian communities are identified, located, and profiled.

The current report suggests that Roma, Ashkali and Egyptian children experience deprivation on many levels, but that disparities between children of the overall population and children living in the Roma, Ashkali and Egyptian communities are not always that wide.

3.1 Single deprivation analysis: a sector-by-sector type of analysis

The single deprivation analysis presents the results for each of the separate dimensions and indicators that have been selected for the analysis. It gives the number of children living in the Roma, Ashkali and Egyptian communities deprived in a given dimension as percentage of children in the specified age group. The results give an indication on which sectors should receive specific attention for the different age groups. The age groups, dimensions and indicators are the same as for children of the overall population (see Table 1).

CHILDREN AGE 0-11 MONTHS

3.1.1. How many children are deprived among the Roma, Ashkali and Egyptian communities in Kosovo* and what are they deprived of?

The analysis of deprivation by dimension for the Roma, Ashkali and Egyptian children indicates similar sectors in which deprivation rates are high as compared to the overall child population but deprivation rates appear to be higher for children living in the Roma, Ashkali and Egyptian communities, particularly in the nutrition, protection from violence and sanitation dimensions.

The analysis of deprivation by dimension for children age 0-11 months (seven dimensions in total) shows higher incidence of deprivations in the nutrition, sanitation, and the protection from violence dimensions, as shown in the figure below (Figure 26). More than six children age 0-11 months out of ten living in the Roma, Ashkali and Egyptian communities are deprived in the nutrition dimension (63%) and four out of ten (41%) are exposed to violence and a similar amount live in households who do not use improved sanitation facilities.

As for children of the overall population, the high deprivation level in nutrition is mainly driven by exclusive breastfeeding for children under 6 months, with a deprivation level of 63% among the Roma, Ashkali and Egyptian communities compared to 40% of the overall population.

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Violent discipline among the Roma, Ashkali and Egyptian households affects a high proportion of infants. Four children out of ten live in a violent environment (they are living in a household where they experience psychological aggression or physical punishment themselves or witness it on their siblings). The same proportion live in a household where there is no place for handwashing (39%).
CHILDREN AGE 12-59 MONTHS

3.1.2. How many children are deprived among the Roma, Ashkali and Egyptian communities in Kosovo* and what are they deprived of?

For children age 12-59 months the level of deprivation (45%) for the protection from violence dimension is similar to children 0-11 months but the level of deprivation in nutrition, measured with the indicator on underweight, is lower than of children 0-11 months with only 6% deprived in this dimensions (Figure 28).

To the contrary, the level of deprivation for the early childhood dimension is very high. Almost six children age 12-59 months out of ten do not receive appropriate learning support at home during their early childhood. This value is almost twice as much as when compared to children from the general population. A child is deprived in the support for learning indicator if no household member older than 15 years engage the child age 12-59 months in at least four of the following activities: Read books; telling stories; sing songs; be taken outside; play with; name/count or draw. It appears that despite efforts put in place, notably with early childhood programs, much remains to be done to appropriately contribute to the cognitive, social, emotional and physical development of the child at home.

Figure 28. Deprivation headcount ratio(%) for Roma, Ashkali and Egyptian children age 12-59 months by dimension at the Roma, Ashkali and Egyptian level (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

Figure 29. Deprivation headcount ratio (%) for Roma, Ashkali and Egyptian children age 12-59 months, by Indicator (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)
CHILDREN AGE 5-14 YEARS

3.1.3. How many children are deprived among the Roma, Ashkali and Egyptian communities in Kosovo* and what are they deprived of?

For children age 5 to 14 years, almost half are deprived in the protection from violence dimension and approximately one third in education, housing and sanitation dimensions (Figure 30). While nearly 95% of children age 5-14 years of the overall population attend school, only 80% of the Roma, Ashkali and Egyptian children of similar ages are attending primary or lower secondary school. Furthermore one third (32%) of Roma, Ashkali and Egyptian children age 5-14 years are more than two grades behind\textsuperscript{26} compared to only 6% of children from the main population. The exposure to violent discipline remains high (42%), similar to that for the younger children. Water related indicators, to the contrary, show that most of the children have access to safe drinking water, with about 6% deprived in this dimension (compared to 15% for the overall population of the same age).

\textbf{Figure 30.} Deprivation headcount ratio (%) for Roma, Ashkali and Egyptian children age 5-14 years by dimensions at the Kosovo* level (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

\textbf{Figure 31.} Deprivation Headcount ratio (%) for Roma, Ashkali and Egyptian children age 5-14 years, by Indicator (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

\textsuperscript{26} Measure for school attainment
CHILDREN AGE 15-17 YEARS

3.1.4. How many children are deprived among the Roma, Ashkali and Egyptian communities in Kosovo* and what are they deprived of?

The analysis’ results for children age 15-17 years show even higher levels of deprivation for the education dimension. The deprivation levels for school attendance and attainment are high (respectively 53% and 64%), and the outcome indicator on literacy rate also shows a high level of deprivation of 16% of the children age 15-17 years who did not attend primary or lower secondary school and are still unable to read. Early pregnancy and early marriage or cohabitation, that capture the deprivation level for the child protection dimension, do not appear as major issues (deprivation levels of 4% and 7% respectively) (Figure 32 and Figure 33).

Figure 32. Number of children deprived by indicator, children age 15-17 years (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

![Figure 32](image_url)

Figure 33. Number of children deprived by dimension for Roma, Ashkali and Egyptian children age 15-17 years at the Kosovo* level

![Figure 33](image_url)
ANALYSIS OF ALL AGE GROUPS

3.1.5. Who are the deprived children?
Deprivation by individual and household characteristics

The deprivation rates according to different background characteristics (at individual or household levels) give an indication on whether different groups of children experience varying levels of deprivation and give a first indication of which children within the Roma, Ashkali and Egyptian communities are at a greater risk of being deprived.

For all age groups the analysis shows that the deprivation incidence is higher in rural areas for the place for handwashing, birth certificate and immunization coverage indicators. Exposure to violence is a widespread problem, with more than four children age 0-11 months out of ten deprived in this dimension. Furthermore almost two thirds of Roma, Ashkali and Egyptian children age 0-11 months are deprived of exclusive breastfeeding, regardless of urban / rural location.

Figure 34. Number of children deprived as % of children age 0-11 months living in urban and rural areas
(Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

Using the MODA asset index, an adjusted version of the wealth index\textsuperscript{28}, we can see that the lack of well-being of children living in the Roma, Ashkali and Egyptian communities is partly driven by household wealth (as measured by the asset index in urban as well as in rural areas). The levels of deprivation of children age 5-14 years for the education, housing and sanitation dimensions vary quite widely between the quintiles, as Table 4 shows. In rural areas, the lack of income support seems to particularly impact negatively the level of deprivation in the education dimension, with five times more children age 5-14 years from the poorest

\textsuperscript{27} Note: ** indicates a statistically significant difference (at a 95% confidence level) between the sub-groups.

\textsuperscript{28} The wealth index is a proxy for a household’s socio-economic well-being used in MICS and DHS surveys. To avoid multi-collinearity among the results, the wealth index has been adjusted to be consistent with the context of the MODA analysis and the information used for the deprivation analysis has been removed (see De Neubourg and al., 2012 for more information)
households deprived than from the richest households 5 (10% vs 55%). Similar to the overall population of children in Kosovo*, richer children seem to be more deprived in the water dimension, with only 2% of the children age 5-14 years from poorest households lacking access to clean water in urban areas compared to 17% of children age 5-14 years from the richest households (note this is still less than for the overall population).

The exposure to violent discipline appears as a key issue for all children living in the Roma, Ashkali and Egyptian communities, unrelated to income and location. The rate of children exposed to violence is one of the most acute dimensions for children age 5-14 years, ranging from 60% among children from the poorest households in rural areas to 35% of children from the poorest households in urban areas.

Table 4. Number of children deprived by dimension as % for children age 5-14 years according to asset index in urban and rural areas (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

<table>
<thead>
<tr>
<th></th>
<th>Violence</th>
<th>Education</th>
<th>Housing</th>
<th>Sanitation</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>quint5 (richest)</td>
<td>48</td>
<td>10</td>
<td>15</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>quint4</td>
<td>35</td>
<td>18</td>
<td>7</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>quint3</td>
<td>43</td>
<td>28</td>
<td>34</td>
<td>31</td>
<td>2</td>
</tr>
<tr>
<td>quint2</td>
<td>48</td>
<td>27</td>
<td>31</td>
<td>45</td>
<td>3</td>
</tr>
<tr>
<td>quint1 (poorest)</td>
<td>60</td>
<td>55</td>
<td>60</td>
<td>61</td>
<td>3</td>
</tr>
<tr>
<td>Urban</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>quint5 (richest)</td>
<td>49</td>
<td>17</td>
<td>11</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>quint4</td>
<td>28</td>
<td>16</td>
<td>10</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>quint3</td>
<td>44</td>
<td>39</td>
<td>29</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>quint2</td>
<td>40</td>
<td>33</td>
<td>42</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td>quint1 (poorest)</td>
<td>35</td>
<td>48</td>
<td>37</td>
<td>37</td>
<td>2</td>
</tr>
</tbody>
</table>

Figure 35. Number of children deprived by dimension as % for children age 5-14 years according to asset index in urban and rural areas (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)
The level of deprivation for children age 0-11 months is tied closely to the mother’s level of education, except for nutrition where the deprivation levels are high regardless of the level of education of the mother as the deprivation is driven by the exclusive breastfeeding indicator. Children living in the Roma, Ashkali and Egyptian communities whose mother did not attend school beyond the primary school level are significantly more deprived (59%) in the health dimension than children whose mother has higher levels of education (14%) (Figure 36).

The analysis also shows that the level of deprivation in the sanitation dimension is significantly higher in households in which the mother did not attend primary school. In the the Roma, Ashkali and Egyptian communities, 90% of households with children age 0-11 months, whose mothers did not go to primary school, use unimproved toilet facilities.

The analysis also shows that deprivation levels in health are tied to the level of education of the mother. The proportion of children age 0-11 months who did not receive post-natal care by a skilled person or have not received BCG and all 3 DPT vaccinations by age 23 months is indeed four times higher for children whose mother did not attend primary school (59%) compared to higher education (14%).

Figure 36. Number of children deprived as % of children age 0-11 months according to the highest level of the mother’s education (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

The comparison of deprivation levels using other profiling variables shows fewer differences in deprivation levels. The analyses, such as the level of deprivation according to the number of children living in the household (disaggregated by gender), are available in the technical report.
3.1.6. Does gender matter?
Deprivation by gender using child-specific indicators

As for the overall population, the analysis by gender shows that girls and boys are more or less equally deprived in several dimensions for the younger age groups.

Nevertheless, the analysis for children age 15-17 years shows incidence levels higher for girls for some specific domains. Girls appear to have more limited access to information than boys, with 4% of boys deprived in the information dimension compared to 25% of girls. The level of deprivation for girls in the education dimension is also higher, as the outcome indicator shows: one girl out of five who did not attend primary or lower secondary school cannot read a full sentence, against 10% for boys. Girls are also four times more likely to getting married early or cohabite (2% vs 9%).

Figure 37. Number of children deprived as % by dimension for children age 15-17 years, according to the gender of the child (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

Figure 38. Number of children deprived by indicator as % of children age 15-17 years, according to the gender of the child (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

Note: ** indicates a statistically significant difference (at a 95% confidence level) between the sub-groups.
As for the overall population, the deprivation levels according to the gender of the household’s head show more or less similar levels of deprivations, with deprivation rates slightly lower for children living in households headed by a woman for the early childhood dimension (measured through the support for learning), and for the household related dimensions (housing, sanitation). The level of deprivation in the child protection dimension is higher for children living in female headed households. The deprivation rate for the early childhood dimension for children 12-59 months is higher among children living in household headed by a man by five percentage points. For the housing and sanitation dimensions, the gaps are more pronounced (around 15 percentage points). To the contrary, while 17% of children living in a household headed by a male do not have a birth certificate, they are more than one quarter of children deprived in female headed households (Figure 40).

Figure 40. Deprivation headcount ratio (%) by dimension for children age 12-59 months according to the gender of head of household (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo** MICS 2013-2014)

3.1.7. Challenges faced in early childhood education

Comparable to the results of the analysis for the while children population of Kosovo*, Figure 41 suggests that children age 12-59 months are slightly more likely to have multiple deprivations if they do not receive early childhood education, in comparison to those who do. Nearly 10% of children who do not receive early childhood education are likely to be deprived in at least 4 dimensions at a time, compared to the 3% of children who do receive early childhood education and are likely to have the same number of simultaneous deprivations. This supports the argument that ensuring widespread early childhood education may be an important factor in reducing deprivation intensity among children of this age group.

Figure 41. Deprivation distribution for children age 12-59 months according to early childhood education attendance (Source: Authors’ calculations, Kosovo** MICS 2013-2014)
3.1.8. SUMMARY: MAIN POINTS FOR THE ANALYSIS BY SECTOR

Key messages for the single deprivation analysis for children of the Roman, Ashkali, and Egyptian community are that:

1. Children of a younger age tend to suffer from higher levels of deprivations than older children;
2. For older children, gender imbalances are more prominent, especially in terms of early marriage, access to education and information;
3. Except in the sanitation dimension, there are no significant differences between Roman, Ashkali, and Egyptian children who live in urban and rural areas.

3.2 Multiple Overlapping Deprivation Analysis

As explained in Section 2.2, examining whether deprivations are experienced simultaneously allows an understanding of the severity of the deprivation faced by children, and to understand better which children suffer from several deprivations simultaneously. Moreover, it allows analysing how deprivations relate to each other.

3.2.1. To what extent children face simultaneous deprivations and to what extent do deprivations overlap among the Roma, Ashkali and Egyptian communities in Kosovo*?

The distribution of the number of deprivations for each child at the Roma Ashkali, and Egyptian community level indicates that the breadth of deprivation of children is almost double compared to that of children in the total population of children in Kosovo*. According to the results presented in Figure 42, using two dimensions as the multidimensional deprivation threshold (k=2), almost half the children under 18 years (44%) is deprived in at least 2 dimensions simultaneously (twice the 24% value for children of the overall population), and almost 20% are deprived in at least 3 dimensions (compared to 6% from the total sample). While almost no children from the overall population where deprived in 5 or more dimensions, one percent of Roma, Ashkali and Egyptian children are deprived.

Figure 42. Distribution of the number of deprivations at the level of Roma, Ashkali and Egyptian communities in Kosovo* for all age groups, using the multidimensional deprivation threshold of two (k=2) (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities)
Looking at the distribution of the number of deprivations for the different age groups, we can see that younger children tend to be deprived in more dimensions simultaneously than older children. Figure 43 contrasts the deprivation headcount ratio between children age 0-11 months and 15-17 years. While 22% of children age 15-17 years are not deprived at all, only 6% of children age 0-11 months are not deprived in any dimension.

**Figure 43.** Distribution of the number of deprivations for Roma, Ashkali and Egyptian children age 0-11 months, 12-59 months, 5-14 years, and 15-17 years (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

Venn-diagrams illustrate the deprivation overlap of three dimensions and present the combinations of deprivations that children are suffering from. Figure 44 provides the overlap analysis for deprivations in nutrition, health and protection from violence for Roma, Ashkali and Egyptian children age 0-11 months. While 26% of the children under the age of two are deprived in nutrition only, 11% of them are deprived also in health and exposed to violence simultaneously. Only 8% are deprived in health and none of the two other dimensions.

The overlap analysis for deprivations in education (Figure 45), sanitation and housing for children age 5-14 years shows that 25% of children are found not to be deprived in any of the three dimensions, while 13% are simultaneously deprived in education and sanitation, and only 7% in the education and housing dimensions.
Figure 44. Deprivation overlap for Roma, Ashkali and Egyptian children age 0-11 months for nutrition, health and child protection (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

Figure 45. Deprivation overlap for Roma, Ashkali and Egyptian children age 15-17 years for education, housing and sanitation (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)
3.2.2. How do deprivation levels change depending on deprivation intensity?

As explained in section 2.2.2, the deprivation distribution is complemented by the multidimensional deprivation indices to show the overall incidence and intensity of deprivation. The deprivation headcounts (H) gives the percentage of deprived children for each of the possible multidimensional deprivation cut-offs, including only the most deprived children (Table 4). As with the poverty gap in monetary poverty analyses, the average intensity among the deprived children gives an indication of the depth of deprivation.

With a threshold of two deprivations, 51% of Roma, Ashkali and Egyptian children 12-59 months are identified as multidimensionally deprived (against 38% of the children in the overall population), and they experience on average 35% of all possible deprivations, meaning 2.76 deprivations on average per child.

Table 4. Multidimensional deprivation indices for children age 12-59 months
(Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)

<table>
<thead>
<tr>
<th>Deprivation headcount (H),%</th>
<th>Average intensity among the deprived (A),%</th>
<th>Average # of deprivations among the deprived</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-7 deprivations</td>
<td>80</td>
<td>27</td>
</tr>
<tr>
<td>2-7 deprivations</td>
<td>51</td>
<td>35</td>
</tr>
<tr>
<td>3-7 deprivations</td>
<td>27</td>
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<td>4-7 deprivations</td>
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<td>5-7 deprivations</td>
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<td>63</td>
</tr>
<tr>
<td>6-7 deprivations</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>7 deprivations</td>
<td>0</td>
<td>-</td>
</tr>
</tbody>
</table>

3.2.3. How do deprivation levels change depending on deprivation for Roma, Ashkali and Egyptian children?

Profiling the children with more severe deprivation levels highlights differences in characteristics of those deprived and facilitates the identification of particularly vulnerable children. Children age 12-59 who are deprived in at least 2 deprivations at a time exhibit significant differences when profiled by area (Figure 46), education level of the parent, and wealth/asset index.

Figure 46. Deprivation distribution for Roma, Ashkali and Egyptian children age 12-59 months according to the area
(Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)
The analysis shows that while 10% of the Roma, Ashkali and Egyptian children 12-59 months are deprived in at least 4 dimensions, there are one in five children among this group whose parents did not go to primary school, and 34% of the children living in the poorest quintiles in the rural areas. They experience on average half (53%) of all possible deprivations, meaning 4.23 deprivations on average per child.

### 3.2.4. Stunting among Roma, Ashkali and Egyptian children in Kosovo*:

**a systematic analysis**

As mentioned in the introduction, stunting (measurement of height for age) plays a crucial role in understanding deprivations and poverty. Using stunting as a profiling variable (Figure 47), we can see that unlike children of the total population, stunted Roma, Ashkali and Egyptian children are not much more deprived in the health dimension as compared to children who are not stunted.

Nevertheless, if we look at the concentration of deprivations, with a threshold of four deprivations, 26% of the Roma, Ashkali and Egyptian children age 12-59 months who are stunted are identified as multidimensionally deprived, and they experience on average 52% of all possible deprivations, meaning 4.15 deprivations on average per child. In comparison, 8% of not stunted children are considered as multidimensionally deprived using the same threshold, and they experience on average a bit less of deprivations (4.0).

These results show the need to look at multisectoral solutions and not only focusing on nutrition but to also consider differences between children of the overall population and Roma, Ashkali and Egyptian children.

Figure 47. Dimension deprivation rate according to stunting characteristics for children age 0-11 months and 12-59 months (Source: Authors’ calculations, Roma, Ashkali and Egyptian communities in Kosovo* MICS 2013-2014)
4. CONCLUSIONS

This MODA-analysis for children ages 0-17 in Kosovo*, and additionally for children ages 0-17 of the Roma, Ashkali and Egyptian communities, draws attention to the following:

- In both populations (all Kosovo* children and Roma, Ashkali, and Egyptian children), younger age groups tend to exhibit higher levels of deprivation in both the single deprivation analysis (on a single-sector basis), and in the multiple deprivation analysis (in terms of deprivation intensity). Younger children are more likely to be deprived in multiple deprivations at a time than older children are. As younger children under 5 years old are extremely vulnerable, and any negative impact on their health, growth and development cannot be undone or regained later in life, these are important observations to address. In particular, the high deprivation in the nutrition dimension among the youngest children is important to address to ensure they are able to meet their full potential as they grow older.

- Both populations of children in all age groups face severe deprivations, and while there are differences in the types of deprivations more severely experienced by either group, neither population is particularly less deprived than the other. Some of these important differences include the high level of deprivation in the education dimension among children age 5-17 in the Roma, Ashkali, and Egyptian population compared to the population of all children in Kosovo*.

- Profiling variables such as the gender of the child, the urban or rural location of the child, the wealth/asset-relevant location of the child, as well as whether or not the child has been involved in early childhood education, are important variables which might help to explain some differences between the deprivation levels of sub-groups of children. Importantly, the analysis of these sub-groups suggests that differences among children of different levels of deprivation are not solely explainable by their wealth status, but also by other individual and household background characteristics.

- Stunting may be a crucial variable when analysing differences in deprivation levels between children of both analysed populations. In both populations for children 0-11 months and children 12-59 months old, children who are stunted are significantly more likely to be deprived in nutrition and housing than children who are not.

- Overall, these results show the need to look at multisectoral solutions and not only focusing on one dimension of well-being, but to also consider differences between children of the overall population and Roma, Ashkali and Egyptian children, under the umbrella of knowledge which suggests that children of both populations face severe deprivations.
5. REFERENCES


UN Statistics (2011) “Kosovo* Population and Housing Census 2011” (online source: http://unstats.un.org/unsd/censuskb20/Attachment438.aspx). Note: it is important to mention that the census has been boycotted by the Serbian population living in North Kosovo*.