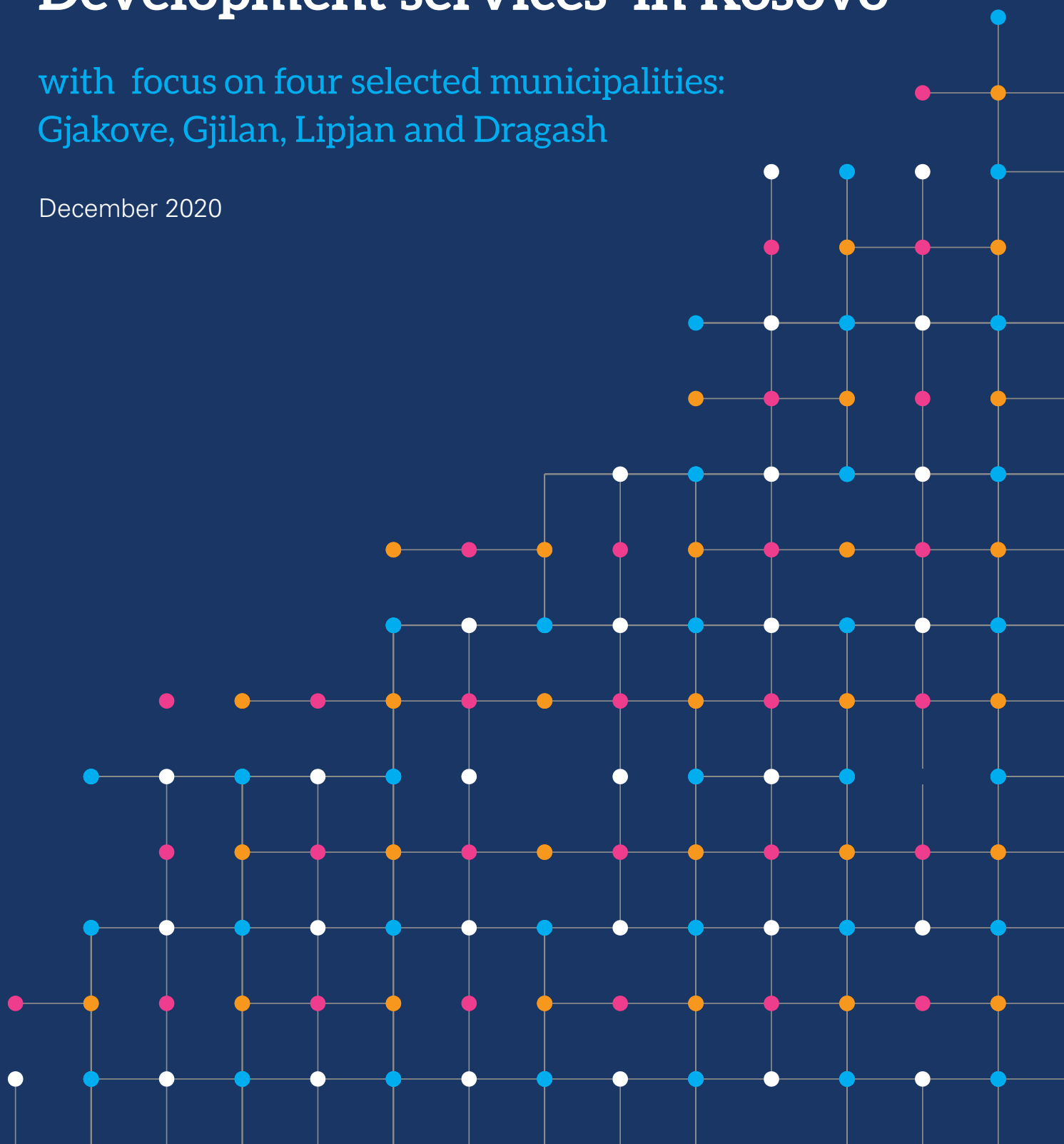


Mapping of Early Childhood Development services in Kosovo

with focus on four selected municipalities:
Gjakove, Gjilan, Lipjan and Dragash

December 2020



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Acronyms

AMC	Actions for Mothers and Children
AQH	Accessible Quality Healthcare
ASK	Kosovo Agency of Statistics
CSO	Civil society organizations
CSW	Center for Social Work
EU	European Union
HVP	Home Visiting Program
ISCED	International Standard Classification of Education
KESP	Kosovo Education Strategic Plan
LC	Learning Centers
MCSC	Municipal Community Safety Councils
MED	Municipal Education Directorate
MES	Ministry of Education and Science
MEST	Ministry of Education, Science and Technology
MFMC	Main Family Medicine Center
MICS	Multiple Indicator Cluster Survey
NGO	Non-governmental organization
PEN	Peer Educators Network
PHC	Primary health care
SCiK	Save the Children

Introduction

Early childhood education is a period of endless opportunities for social, cognitive and emotional development of children. Investments in the early childhood education constitute a cornerstone toward creating an environment that will nourish conditions which enable realization of children's potential and healthy social interaction with family members, peers and beyond. Central and local governance institutions bear great responsibility in developing policies and engage in programs that will tender the requirements of childhood education, by allocating sufficient resources to address preschool education needs.

UNICEF is supporting Kosovo society to enhance emphasis in the preschool education. In close collaboration with other local stakeholders, UNICEF is putting efforts to increase the level of enrollment and advance the quality of services. Through endeavors in the preschool education, UNICEF aspires to improve provision of preschool education services by mainstreaming preschool education to children of young age. Extending outreach activities and inclusion of children coming from vulnerable groups in the preschool education represents a vital component of this endeavor.

This mapping study has been initiated and is being implemented in close collaboration with the Ministry of Education and Science. The four targeted municipalities, that of Gjakove, Gjilan, Lipjan and Dragash, were selected to explore the availability and type of childhood education, as well as elaborate on available opportunities for healthy and prosperous growth to children of all communities. This study sheds light into the situation and eminent needs that are identified in the preschool education sector.

Scope of work

This mapping study was commissioned to derive information about five pillars of service provisions for early childhood development and education. The pillars were organized around a series of indicators, which are enlisted below.

1. Good health – current coverage of home visiting program; perinatal services, immunization delivered for children 0-3 years of age; services for monitoring child development and early identification of children with disabilities.

2. Adequate Nutrition – breastfeeding and support to breastfeeding programmes; pre-school feeding practices.

3. Opportunities for early learning– current preschool¹ system and of all actors involved in delivering a continuum of early learning services at local level (pre-school education coverage rate and enrolment of the general population and Roma, Ashkali, Egyptian children, including children with disabilities).

Legal framework recognizes the organization of preschool education through preschools and primary schools. Preschool education in preschools is organized in two separate age-groups: from 9 months up to 3 years, known as a nursery, and from 3 to 6 years, known as kindergarten. Pre-primary classes for children 5 to 6 years of age are offered both in preschools and primary schools.

4. Responsive caregiving – implementation of various support programmes for parenting.

5. Security and Safety – current programmes, services for protection from violence, birth registration, prevention of family separation, children in residential care and institutions.

¹ Law on Pre-university Education (No. 4-L-032) recognizes pre-school education, for children under the age of 5 years old, as part of the Kosovo Curriculum Framework Stage 0, for early child care and education. Pre-primary grade education is assigned to children of ages 5 and 6, and belong to the KCF Stage 1 education. Both KCF Stage 0 and 1 belong to ISCED Level 0, including children from zero to six years of age. Sub-legal provisions further divide preschool education based on age groups: nursery for children 9 months to 3 years of age, and kindergartens for children 3 to 6 years of age.

Methodology

The field research for this mapping study has taken place in the timeframe of January to March 2020. To meet the research objectives, desk research has been utilized to extrapolate policy documents, legal framework and other available data regarding early childhood development and education.

Following the desk research, a series of interviews were conducted to collect information about the type of services for early childhood education provided at the four selected municipalities: Gjakove, Gjilan, Dragash and Lipjan. Detailed list of stakeholder interviews is included as Annex 1. Both public and private services were visited and included in the interviewing process, respectively for the section of service provision to children that is available in all four selected municipalities. The list of topics and questions discussed with the interviewed stakeholders is provided as Annex 2.



Executive summary

A vast number of studies in the field of neuroscience, sociology, anthropology, and psychology make explicit reference to the early childhood education as one of the main building blocks that impacts the quality of one's life. The explosion of interest in early childhood development and education can be traced to scientific evidence on its effectiveness in improving child's potential of leading a fulfilled life. This report aims at mapping the landscape of services and stakeholders that provide these services in four selected municipalities, Gjilan, Gjakove, Dragash and Lipjan, so that one can get a robust sense of its scope and impact to early childhood development and education in Kosovo.

One of the main challenges that researchers in Kosovo encounter when studying the quality and quantity of services in the realm of early childhood development and education is lack of reliable data. As this report will depict, the data are either accrued in a batch that include ages outside the scope of this study or they are conflicting depending on who collected them. The data about the proportion of children enrolled in preschool education differs greatly between official reports of the Ministry of Education and Science and CSO organizations that explored the area of early childhood education in Kosovo. On the other hand, the institutions that have managed to adopt baseline indicators for improving public health, especially the health of mothers and children, have struggled in making progress in data collection, producing of the indicators and acting on the insight that metrics reveal. Putting in place a good metrics system is far from being simple. Nevertheless, letting the data tell the story of children is the starting point of steady progress in improving the formation of human capital.

Primary health care services provided to preschoolers are organized through family medicine centers accessible to all settlements across Kosovo. In Lipjan Main Family Medicine center, there is a remarkable high number of health visits in primary health care, up to sixty visits per medical specialist per shift, whereas in other municipalities the workload, albeit being intensive, does not reach such a high level. Healthcare professionals report coverage of immunization as being satisfactory. The official data show a prevalence of immunization in excess of 95% coverage. The four selected municipalities recognize the immunization coverage as adequate. Identification of early signs of delays or illnesses during child development is insufficiently attended, neither in terms of established procedures and protocols, nor measurements and reporting of key indicators. Aligning all stakehold-

ers' understandings that any delay in intervention will produce less favorable outcomes may provide impetus for converted efforts in prompt services to vulnerable children. Policy level intervention often is not able to utilize data-driven programs, failing to witness the impacts of planned interventions and projects.

There is general lack of programmes and interventions that tackle the nutrition among pregnant women and preschool children. It is uncertain whether household budgets are being utilized for establishing and maintaining healthy eating habits. Intervention programmes such as Home Visiting Program, endorsed by the Ministry of Health, put much emphasis into adequate nutrition and promotion of breastfeeding. Anecdotal evidence shows a decrease of exclusive breastfeeding practices among young mothers. Legal framework mandates affirmative actions and encourages breastfeeding. Nevertheless, monitoring and evaluation data about the scope of implementation of the legal provisions are not systematically collected nor used for policy making purposes. Apart from Home Visiting Program, other donor driven projects are limited in scope to tackle the complexity of the adequate nutrition for children ages 0-6. From the municipalities in focus, Gjilan stands out as highly effective in reaching out to pregnant women and young mothers with home visits. In addition, in Gjilan, peer-support mother classes, established by donor organizations in collaboration with civil society organizations, contribute to comprehensive and inclusive early childhood development services. Raising awareness among parents, caregivers and other adults in child's life that proper nutrition is among key influences on child's development and learning, is one of the areas that can yield high returns. The link between the impact of nutrition and child's development and learning needs to be explained and clarified for mothers and caregivers who are the main decision-makers on what foods children are consuming. There is evidence that good practices for adequate nutrition are being utilized, such as organizing peer support classes and provision of dietary supplements to pregnant women and young mothers, however, its impact needs to be further studied.

This report reflects on official data findings that inclusion of children in preschool education is considerably low. Vulnerable groups are the most disadvantaged groups deprived of opportunities from a very early age. Municipal budget allocations for preschool education, despite slight increase over the recent years, still remain insufficient for meeting the needs of providing services to all preschool children. The municipality of Gjakova has pioneered in inclusiveness of minorities in preschool education, both in public and UNICEF supported preschool education. In Dragash, preschool for children 3-5 is being provided for the first time, greatly contributing to a shift in paradigm regarding gender roles and responsibilities within the family, as well as great opportunity for children to attend to developmental needs from very early age. The lack of enrollment in preschool education widens the gap between children and is a source of inequalities in opportunities. The early learning deficits are hard to remedy and set the children on low learning curve, which shapes their future and their lives.

UNICEF supported preschool education facilities provide a good impetus for establishing a model that can promote inclusiveness of children in preschool education, especially those from vulnerable groups. Education stakeholders

interviewed provide evidence that attendance of children from vulnerable groups in preschool education increases learning potential, provides the environment for better integration in school and society and decreases the likelihood for school dropout. Better parenting classes organized by donor driven projects tackle early childhood development and positive disciplining. Scaling up this intervention will potentially reach out to different social groups and steadily change social norms regarding parenting skills and styles.

The data in this report show an increase of cases in domestic violence in all four visited municipalities. Domestic violence exposes children to toxic stress and as such, it hinders their development and achievement of full potential. The study finds that neither police officers nor social workers perceive children as direct victims of domestic violence, considering that the physical violence most commonly occurs between adults in the households. Emotional or psychological violence experienced by young children witnessing domestic violence does not get the attention, as is the case with physical violence. By shifting where the staff that deals with domestic violence places their attention when preschool children are involved, psychological violence will be recognized as the source of a lifelong set of problems in behavior and learning.

Although training of the staff in various institutions has been attended to, the narratives from the participants in the study reveal the great need for training in psychosocial education with focus on establishing trust and nurturing positive rapport with children.

Policy initiatives that situate the child at the center of community development are the standpoint from which actions must be taken. The basic science behind child's development must be clearly understood by the public and decision-makers. Relying on baseline data, measurements of effectiveness of interventions, and in general building a data-driven policy making will build bridges between service providers and the needs of parents, caregivers, and children. Calculating and presenting scientific development and economic evidence why one intervention and/or service for early childhood development is more beneficial compared to others, will enable the identification of the investments that maximize the value of these services.





Policy and legal framework

This chapter provides a brief overview of key policy and legal framework documents governing early childhood development and education sector in Kosovo. A complete list of documents is presented as an annex to this document.

Taking into consideration that Kosovo is neither a member of the United Nations nor the Council of Europe, and has therefore not been able to be a signatory to a range of international and regional human rights treaties, including the UNCRC (The United Nations Convention on the Rights of Child), Kosovo applies a range of human rights instruments, including the UNCRC², through its Constitution. Such directly applied human rights treaties prevail over national legislation. Having that said, the Government of Kosovo has undertaken to respect, protect and fulfill children's rights through various measures including general measures of implementation. The constitution also recognizes the right of children for protection and care, by ensuring efforts to safeguard children's wellbeing and protection from harm. The Government of Kosovo, through laws and regulations, recognizes that activities related to children must take into account best interest of the child.³

Kosovo Law on Health⁴ promotes the protection and promotion of public health of citizens, and is organized in a three-tier health system with distinctive responsibilities. This law requires ensuring conditions that protect the health of pregnant women and new mothers, ensures the initiation of a healthy life, as well as the healthy development of children and youth.⁵ Primary healthcare, organized around family medicine centres, serves as an entry point in the health system, and is provided at a community or settlement level all around Kosovo. Primary healthcare includes prevention services through the implementation of health programs and systematic visits of children in educational facilities. Primary healthcare further provides healthcare services for young mothers and children, as well as family planning services.⁶

Home visits is a home-visiting program for both mothers and children, organized by the Ministry of Health, supported by UNICEF, and implemented by Action for Mothers and Children. The program aims to provide home-based services in 22 Kosovo municipalities (as of current information), as an approach to further improve the health and well-being of children by building trust between nurses and the community for a better family medicine system. Home visits help families identify newborn problems, including

signs of illness and at the same time support the practices of breastfeeding, vaccinations, by also contributing to the child's growth and development in order to reach the full potential of the child. The main target groups of the home-visiting program are pregnant women and children up to the age of 3. With the home visiting program, the overall goal is to increase the knowledge of health professionals, pregnant women and parents in antenatal care, postpartum care, postnatal depression and early childhood development.

At central level, the Office for Good Governance, with the support of UNICEF, has developed the 'Child and Maternal Health Indicators Framework'.⁷ The purpose of this framework is to develop indicators regarding the health of mothers and children, to identify actors responsible for the progress and attend to set indicators, and to enable efficient health reporting and monitoring. A total of 22 indicators have been selected from a list of 100 core global health indicators, which aspire to increase data availability regarding the health of mothers and children, as well as enable reporting, comparing, and monitoring of health services. The 22 indicators in the framework are grouped around three key pillars, respectively (1) health status, (2) risk and protective factors, and (3) prevalence of services. Out of 22 indicators, 16 are linked to the health of children up to the age of 5. This framework aspires to mainstream data collection, analysis and reporting, while recognizing the challenges that developing such indicators entail. This framework has been adopted in March 2018, along with the action plan to attain key objectives and indicators reflecting child and maternal health.⁸ Office of Good Governance, sitting at the Prime Minister's Office, has been made responsible to monitor the implementation of these indicators. Monitoring framework activities for the implementation of efforts outlined in the framework, has not been reflected in the adopted documents. Monitoring activities should aspire to observe efforts and to establish a coordinated system for data collection and monitoring activities. The lack of resources and of a clear action plan to implement the monitoring framework hinders progress in relation to monitoring and development of tailored interventions for realization of children's rights.

The Law on Preschool Education⁹ was enacted in 2006 along with several sub-legal acts developed to facilitate the implementation of this law, setting the legal framework for general learning and development standards of pre-school education. The law foresees the establishment of associations or counseling groups, constituted by preschools which aim to jointly attend to common challenges and increase collaboration with professional and administrative units.¹⁰ Minimal academic requirements for pre-school staff are delineated in this law,¹¹ and the Ministry of Education and Science (MES)¹² is mandated as the professional and pedagogical supervisor of pre-school staff.¹³ Furthermore, inclusiveness and equal participation in preschool education are one of the main objectives of the law, which encouraged MES to aspire the inclusion of all children 5 to 6 years of age in pre-school education

7 Prime Minister's Office, Office for Good Governance, 2018. Child and Maternal Health Indicators Framework.

8 Ministry of Health. Action Plan for child and mother's health, and reproductive health 2019-2021.

9 Law no. 02/L-52 on Pre-School Education.

10 Ibid. Article 17.

11 Ibid. Article 28.

12 Following the reorganization of the central government operational structures in 2020, the former institution known as Ministry of Education and Science (MES) was restructured and named Ministry of Education and Science (MES). These two terms were used in correspondence to the time-slot the event or action mentioned in this report relates to.

13 Law no. 02/L-52 on Pre-School Education. Article 38.



by the year 2010.¹⁴

Pursuant to the Law on Preschool education, a sub-legal act has been developed with the purpose of enabling the inclusion of all children in preschool education.¹⁵ The sub-legal act categorizes two main types of preschools by age groups: nursery for children from 9 months to 3 years of age, and kindergartens for children from 3 to 6 years of age.¹⁶ Registration in formal primary education system is compulsory for children of 6 years of age. Enrollment in preschools is subject to a fee, determined by a sliding scale system based on family's ability to pay (i.e. household income). Children coming from vulnerable communities are not required to pay, whereas children with disabilities can enroll as long as the institution meets the professional capacities required to satisfy their needs.

Early Learning Development Standards for Children Age 0 to 6,¹⁷ adopted by MES in 2011, aim to promote and monitor the developmental milestones of children up to age 6. Standards of early learning stages set forth in this document are grouped into five developmental areas: physical health and motor development, development of language and communication, emotional and social development, cognitive and general knowledge development, and development of access to learning. The standards are encouraged to be used during curriculum development and planning of interventions, as well as for monitoring purposes. The document highlights the eminent need to use the standards in light of efforts to nurture and promote child's individual development, respectively attain child's optimal potential.

The Curriculum Framework, revised in 2018,¹⁸ represents a cornerstone of developing and implementing pre-university education curricula in Kosovo. Curriculum Framework recognizes preschool education as the first level of education, and includes age group of children between 0 and six years of

¹⁴ Ibid. Article 48.

¹⁵ Administrative instruction (MES) No. 19/2016 for Children Inclusion in Preschool Institutions in Kosova.

¹⁶ Ibid. Article 2.

¹⁷ Ministry of Education, 2011. Early Learning Development Standards for Children Age 0 to 6.

¹⁸ Ministry of Education, 2018. Curriculum Framework for Preuniversity Education of Republic of Kosovo (Revised).

age. Preschool education, as per the curriculum framework, is organized in age groups of 0 to 3 and 3 to 5 years of age. Preschool education also includes preschool classes (preparatory classes), of children 5 to 6 years of age. Ministry of Education has initially adopted core curriculum for preparatory classes in 2016, for children ages 5 to 6, which provides instructions for common requirements that children of this age group are expected to attain, based on key competencies.¹⁹ The Draft Core Curriculum for Early Childhood Education²⁰ (for age groups 0 to 5 years) developed by MES, aligned with the Curriculum Framework, was made public for discussion for the first time in April 2018. After numerous remarks in terms of its quality, in November 2018, the document in question was withdrawn from further discussion by MES. A revised version of the core curriculum (for ages 0 to 5 years) was adopted by the Ministry of Education in late 2019. Remarks made by the stakeholders and preschool education practitioners found the document to lack clarity and guidance to be used in preschool environments. The revised core curriculum provided insufficient attention to core competencies for this age group, which was considered not to be aligned with governing principles of curriculum framework. Ministry of Education has temporarily suspended the core curriculum for further consideration.

The Kosovo Education Strategic Plan²¹ (KESP) recognizes insufficient increase of children enrolled in preschool education, as per the assessment of implementation of strategic plan for education in Kosovo for the 2011-2016 period. Whereas the inclusion of children in pre-primary school institutions (ages 5 to 6) is approximately at 92.4%²², the inclusion of children in preschool education is significantly lower – less than one in twenty children (4.8%) ages zero to four is enrolled in a preschool education.²³ KESP further highlights the challenges faced by the education sector regarding the inclusion of children from ethnic communities in preschool education (predominantly children of the Roma, Ashkali and Egyptian communities), as well as the low enrollment of children with disabilities in preschool. KESP anticipates that by year 2021 to reach the inclusion of 20% of children ages zero to five years in preschool education, reach a 50% increase of enrollment of children with disabilities in pre-university education and a 10% increase of Roma, Ashkali and Egyptian children enrolled in preschool education. The currently low number of children enrolled in preschool poses significant challenges towards reaching these goals. Presented enrollment rates are susceptible to numerous limitations, subject to the primary sources of information utilized, as well as whether it accounts all children from the public and private sector enrolled in preschool education.

The Law on the Protection of Breastfeeding²⁴ promotes and encourages breastfeeding of children up to the age of 3. It poses restrictions on the commercializing of breastfeeding substitution products (e.g. infant formula) in health premises, encouraging breastfeeding instead. The law obliges health workers to protect and encourage breastfeeding practices, through communicating the benefits of breastfeeding, healthy eating practices of young mothers, and supporting young mothers to engage with their child.²⁵ The

19 Ministry of Education, 2016. Core Curriculum for preparatory classes and primary education in Kosovo (Classes 0, I, II, III, IV and V) (Revised).

20 Ministry of Education, 2018. Core Curriculum for Early Childhood Education Age 0 to 5.

21 Ministry of Education, 2016. Kosovo Education Strategic Plan 2017 – 2021 (KESP).

22 Ministry of Education, 2018. Core Curriculum for Early Childhood Education Age 0 to 5.

23 Kosovo Education and Employment Network - KEEN, 2018. Preschool education in Kosovo.

24 Law no. 05/L-023 on the Protection of Breastfeeding.

25 Ibid. Article 4.

law further foresees the allocation of additional time for young employed mothers to breastfeed their child during working hours.²⁶

Birth registrations are regulated by the Law on Civil Status²⁷ and the Law on Family.²⁸ The Law on Civil Status was enacted in 2011. It foresees a 30-day registration window succeeding the day of birth, with a late registration fee enforced. According to results obtained from an analysis of civil registration accessibility in Kosovo,²⁹ relevant institutions have failed to conduct sufficient outreach activities and raise awareness on the importance of birth registration. The report further concludes that communication with the civil registry officials is hindered, especially among the ethnic communities who do not speak the language of the majority community living in a given municipality. Moreover, enforcement of fees and conditioning people to pay property taxes in order to obtain civil documents represents a major barrier in accessing civil registration, particularly for poor communities. Data from 2013-2014 MICS show that about 12% of births of under five-year-olds in Kosovo are not registered,³⁰ which is considerably higher than that of neighboring countries.³¹ Monitoring activities regarding the prevalence of access to civil registration indicate that birth registrations are lower among the ones who live in rural area and have poor financial conditions.³² Active engagement of government institutions, in collaboration with the international stakeholders, has enabled significant increase of birth registrations among Roma, Ashkali and Egyptian communities.³³ Reasons for non-registration may include home births, poor financial conditions, lack of knowledge birth registration is obligative, illiteracy and parents lacking identification documents.³⁴ Dominant reason, stated by 40% of the mothers of unregistered children participating in the 2013-2014 MICS survey, for not registering birth of their children among Roma, Ashkali and Egyptian communities is lack of knowledge about registration procedures.³⁵

Domestic violence cases are regulated by the Law on Protection Against Domestic Violence³⁶ and the Criminal Code.³⁷ The legal framework in Kosovo defines domestic violence as 'any intentional act or omission that results in abuse, when committed by a person who is or has been in a domestic/family relationship with the victim.'³⁸ The law foresees protective measures, repercussions of perpetrators stemming from domestic abuse, as well as rehabilitation measures. The new Kosovo Criminal Code, entered into force in 2019, includes domestic violence and violence against children as a criminal offence.³⁹ Frequency of use of violent disciplining of children seems considerably prevalent. Data from the 2013-2014 MICS reveal that the use of any form of violent disciplining among Kosovo families is widely spread, with 61.4% of children between the ages 1 and 14 to have experienced any form of

26 Ibid. Article 5.

27 Law no. 04/L-003 on Civil Status.

28 Law no. 2004/32 Family law of Kosovo.

29 Organization for Security and Co-operation in Europe – Mission in Kosovo, 2012. Access to civil registry in Kosovo.

30 Kosovo Agency of Statistics and UNICEF, 2014. Multiple Indicator Cluster Survey 2013-2014: Key Findings, 2014.

31 UNICEF, UNICEF Data – Birth registration, access at <http://data.unicef.org/topic/child-protection/birth-registration/>. (Neighboring countries have about 1% of unregistered children under the age of 5.)

32 UNICEF Early Childhood Development: The key to a full and productive life, 2011.

33 UNICEF, 2017. Analysis of the Situation of Children and Women in Kosovo.

34 Office of Good Governance, 2008. Strategy for the Integration of Roma, Ashkali and Egyptian Communities 2009-2015.

35 Kosovo Agency of Statistics and UNICEF, 2014. Multiple Indicator Cluster Survey 2013-2014: Key Findings, 2014.

36 Law no. 03/L-182 On Protection Against Domestic Violence.

37 Criminal code no. 06/L-074.

38 Law no. 03/L-182 On Protection Against Domestic Violence. Article

39 Criminal code no. 06/L-074. Article 182.

violent disciplining in the last month.⁴⁰ Prevalence of any form of violent disciplining among Roma, Ashkali and Egyptian is even higher: 71.2% of children have experienced violent disciplining during the last month. MICS data further show that children between ages 3 and 4 experience violent disciplining more often compared to children between ages 1 and 2 (82.3%, respectively 62.3%).⁴¹

Law on Protection of Children⁴² represents the latest legal undertaking in Kosovo enacted to protect and enhance the wellbeing of children. This law aspires to align institutional efforts in protection of children, as well as to plan and allocate resources to enhance children's wellbeing. The law foresees the establishment of an inter-ministerial committee for children's rights, aspiring to improve communication among stakeholders and coordinate activities which will attain children's rights and enable active participation of children in the society.⁴³ The law calls for intensification of efforts of central and local governments to increase the participation of children in preschool education.⁴⁴

The Strategy for Children's Rights 2019 – 2023⁴⁵ aspires to create an inclusive policy framework, which shall serve as a driving force for other sub-sectorial strategies and create a synergy towards the unification of institutional efforts in undergoing reforms of the system that address children's rights. The document sets forth five strategic objectives, two of which are directly related to early childhood development. These two strategic objectives foresee the inclusion of children in integrated services for early childhood development and education, improvement of child health and well-being, as well as protection of children from all forms of abuse and harm, enabling them to reach their full potential. This strategy has been complemented with an action plan,⁴⁶ setting out goals and activities for each strategic objective. The action plan aims to increase children enrollment in preschool education to 50% by year 2021, particularly that of children with disabilities and children of the Roma, Ashkali, and Egyptian communities. Strategy implementation monitoring mandate lies within the appointed monitoring institutions, set forth in the Law on Protection of Children.

40 Kosovo Agency of Statistics and UNICEF, 2014. Multiple Indicator Cluster Survey 2013-2014: Key Findings, 2014.

41 Kosovo Agency of Statistics and UNICEF, 2014. Multiple Indicator Cluster Survey 2013-2014: Key Findings, 2014.

42 Law no. 06/L-084 on Protection of children.

43 Ibid. Article 16.

44 Ibid. Article 37.5

45 Prime Minister's Office/Office for Good Governance. Strategy for Children's Rights 2019 – 2023.

46 Action plan 2019 – 2021 for Implementation of Strategy for Children's Rights 2019 - 2023.

Institutional service provision

Country overview

Kosovo faces a unique set of challenges and opportunities as one of Europe's poorest countries. Since its independence in 2008, the country has made considerable socioeconomic progress. Support from the international community has been crucial in consolidating public institutional capacities, as well as funding humanitarian and development projects in the last two decades. Kosovo diaspora remains one of the key driving economic factors of the country, whereas a significant portion of Kosovo households are much dependent on the flow of remittances. With policies anchored in its overarching political objective of joining the European Union (EU), Kosovo has made some progress in promoting economic growth and reducing poverty. Business climate has also been showing signs of improvement, albeit facing a challenge to meet the increasing demand for job openings to accommodate considerable number of youngsters entering the labor force. In the last decade, GDP per capita reached EUR 4,442,⁴⁷ making Kosovo the fastest growing country in the Western Balkans.

The country remains particularly challenged to meet aspirations regarding labor dimensions of gender equality. Female labor force participation is low at 18.4% (compared to 63.3% among men).⁴⁸ Female employment rate is also low at 12.3% (compared to 45.3% among men), and unemployment rate is high at 33.4% (28.5% among men).⁴⁹ Over 62% of the country's population lives in rural areas; small-scale agriculture activity, predominantly for self-consumption, is a dominant form of households' dependence on securing livelihood. Poverty rate is high with 18.0% of the population living below the poverty line, with 5.1% living below extreme poverty.⁵⁰ Poverty in rural areas is especially high and over 40% of the rural population is unemployed. At the same time, with its new statehood and majority of its population under the age of 30,⁵¹ Kosovo is the youngest country in Europe. Kosovo has a population of 1.7 million, children up to four years of age constitute about 9% of the population and two thirds live in rural settlements.⁵²

47 World Economic Outlook Database, October 2019. Nominal value, estimation for 2019. Retrieved from <https://www.imf.org/external/pubs/ft/weo/2019/02/weodata/weorept.aspx?pr.x=63&pr.y=13&sy=2017&ey=2021&scsm=1&ssd=1&sort=country&ds=.&br=1&c=967&s=NGDPD%2CPPP%2CNGDPDPC%2CPCIPCH&grp=0&a=>

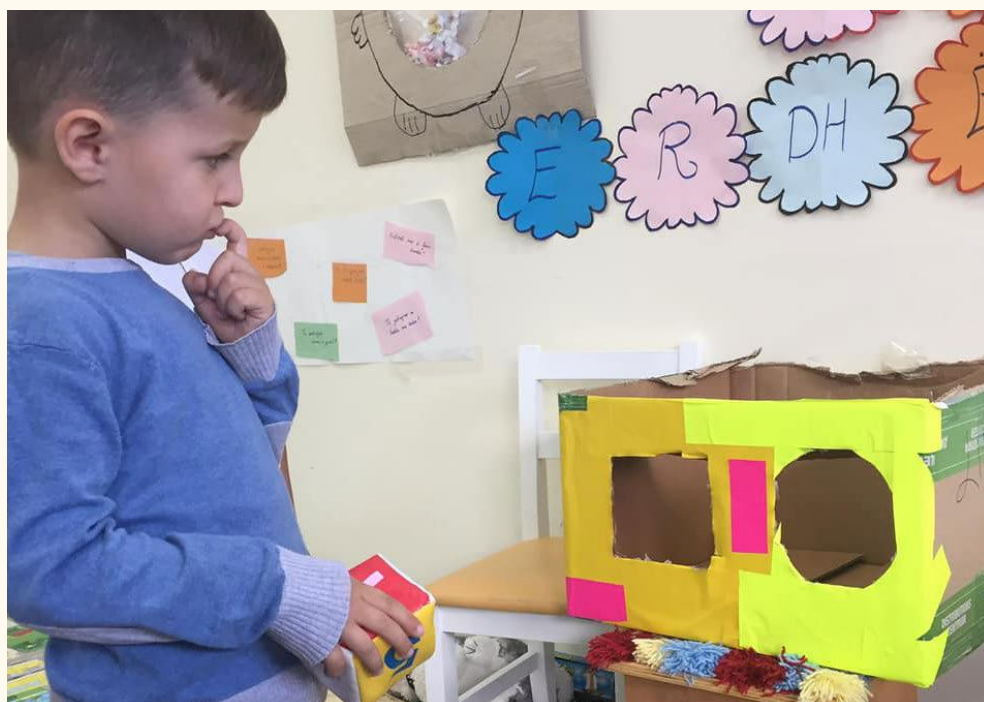
48 Kosovo Agency of Statistics, 2018 Labor Force Survey of Kosovo Statistics Agency

49 Ibid.

50 Household Budget Survey 2017

51 Kosovo Agency of Statistics, Statistical Yearbook of the Republic of Kosovo

52 Kosovo Agency of Statistics, Census 2011 data.



Healthcare

The Constitution of Kosovo calls that healthcare and social assistance be regulated by law.⁵³ The Law on Health (2013), provides standards that have enabled the healthcare system to advance in operational and systemic capacities.⁵⁴ This law calls for the establishment of legal grounds to protect and improve citizens' health.⁵⁵ The law further stipulates that the healthcare system is responsible for health promotion, preventative activities, and provision of comprehensive and quality healthcare services.

Law on Health regulates the healthcare system in Kosovo through three levels: primary, secondary and tertiary. The primary healthcare system was designed to have a crucial role, representing the primary entrance of citizens in the healthcare system. It is organized and managed at the municipality level. Primary healthcare aims to functionalize the referral system across two other levels of healthcare system. The referral system from the primary to secondary and then to tertiary level would constitute a comprehensive healthcare system, which would enable the preventative measures and offering of appropriate health services to reach the aspirations of the healthcare system.

Central units of primary health care system are organized through Main Family Medicine Centers (MFMC). Each of Kosovo's 38 municipalities has a MFMC, where citizens can access health services. Family healthcare facilities serve a population of up to 2000 inhabitants, and at a minimum have employed a family doctor and a nurse. World Health Organization recommends for one medical physician to serve a population of 1000 inhabitants. With 1084 physicians employed in primary health care system in Kosovo, each medical physician, on average, serve a population of about 1600 inhabitants.⁵⁶

⁵³ Constitution of the Republic of Kosovo, 2008, Article 51.

⁵⁴ Law on Health.

⁵⁵ Ibid. Article 1.

⁵⁶ Kosovo Agency of Statistics. Office of the Prime Minister. Series 5: Social statistics. Health Statistics 2017. Calculation made based on the number of Kosovo population, as per the projection data for 2020 census, and number of reported physicians employed in primary healthcare system.

Primary healthcare system in Kosovo provides services aspiring to promote health and preventative measures, early detection and diagnosing, preserving and promotion of public health, dental care and hygiene, as well as healthcare services for mother and children and family planning. Strengthening of primary healthcare system had aspired to provide necessary healthcare services to population at a community level, as well as decrease the need for routine health visits from medical specialists. Despite considerable success in consolidating primary healthcare services, it still faces the challenge of gaining trust among the population.⁵⁷ The healthcare system has, however, contributed significantly in decreasing infant and maternal mortality rates, and increasing life expectancy (at birth), from 67 years in 1999 to 72 in 2018.⁵⁸ The shift in paradigm among the general population to approach healthcare system through its primary gates, has still not taken root, putting much pressure into the secondary and tertiary healthcare facilities.⁵⁹

The secondary healthcare system is organized through seven regional hospitals. The regional hospitals are located in Ferizaj, Gjilan, Gjakova, Prizren and Peja, whereas the region of Mitrovica has two regional hospitals: one in Mitrovica North, providing healthcare services for Kosovo Serbs from across Kosovo,⁶⁰ whereas the other regional hospital is located in the city of Vushtrri. The University Clinical Center of Kosovo (UCCCK) provides secondary and tertiary healthcare services; secondary healthcare services to Prishtina inhabitants, and tertiary services to all Kosovo residents. About half of all medical specialists are employed by the tertiary system.⁶¹ The tertiary level has identified the need for over 500 employees, while the vast majority of the shortage of staff is said to be medical nurses.⁶² Immediate financial budget deficit has been identified in the category of maternity, without providing specific details what it implies.⁶³

Adequate nutrition

Legal framework in Kosovo encourages and promotes breastfeeding for infants and young children.⁶⁴ The Law in place further makes it mandatory for young mothers to be encouraged and promoted breastfeeding, based on the scientific data on the benefits of breastfeeding, as approved by the Ministry of Health.⁶⁵ The monitoring of implementation of these provisions are mandated with the Division of Maternal Health, Child and Reproductive health, management and quality assurance coordinators of healthcare service provision institutions and organizations promoting the health and wellbeing of mothers and children, based on the implementing agreement with the Ministry of Health.

Data on breastfeeding practices has not been systematically collected and monitored throughout the years, hence there is no available data on the trends and current situation about breastfeeding practices. Earlier strategies

57 Homan et al, Post-conflict transition and sustainability in Kosovo: establishing primary healthcare-based antenatal care, Dartmouth, 2009

58 World Bank, Country Data Kosovo, 2016 at: <http://data.worldbank.org/country/kosovo>

59 See for example Access to Healthcare, 2016. Kosovo Women Network

60 OSCE, Municipal Profile of Mitrovica North, 2018.

61 UCCCK, Hospital and University Clinical Service of Kosovo. Period 2014-2017.

62 UCCCK, Hospital and University Clinical Service of Kosovo. Period 2014-2017.

63 Ibid.

64 Law on the Protection of Breastfeeding.

65 Law on the Protection of Breastfeeding, Article 4.5

for health of mothers and children⁶⁶ have included, among the major objectives, neonatal screening and ensuring essential care for newborns, including breastfeeding practices since birth, setting the target at 50% of children to be under exclusive breastfeeding regime. No assessment of the strategy implementation was carried out, therefore it is unclear whether the target has been reached. Anecdotal evidence from field visits show a considerable decrease in exclusive breastfeeding practices.⁶⁷ Sectorial Health Strategy 2017-2021⁶⁸ speaks only about general advancement of mother and child health, disregarding objectives and targets about prevalence of breastfeeding among young mothers. Furthermore, a manual produced for the purpose of monitoring implementation of sectorial strategy sets only indicators to measure the level of awareness regarding the importance of exclusive breastfeeding.⁶⁹

Home visiting is an outreach program endorsed by the Ministry of Health, established to provide in-house counseling sessions to pregnant women and new mothers. This program was introduced to 22 municipalities, since 2013 when it was first piloted by Ministry of Health in collaboration with UNICEF. Home visits are performed by trained medical professionals, employed at the primary health sector by the respective municipalities. Home visiting program has an accredited training program and standard operating procedures to conduct home visit. The visits are scheduled based on a calendar, starting from early pregnancy, up to the age of three for newborns. In a study conducted in 2017, the home visiting program has 'provided some evidence that has contributed to reducing inequities of care, strengthened health system, incorporated resilience and risk-informed planning, and increased attention on importance of healthy pregnancies'.⁷⁰ Topic of breastfeeding, its importance, promotion and breastfeeding techniques, were among the most often discussed topics during home visits of the health professionals.

Other donor-funded projects have designed and implemented projects regarding adequate nutrition, especially working with pregnant women and young mothers. Action for Mothers and Children has established peer-support groups, where young mothers may share experiences and gain knowledge about parenting, early childhood development and adequate nutrition. Breastfeeding classes are among the key intervention cornerstones of the project design, where exclusive breastfeeding is promoted and encouraged among new mothers. The AMC project is implemented through family medicine centers, organizing peer-support groups and outreach activities. AMC provides support to educational programs, different supplies to healthcare institutions that promote the wellbeing of mothers and children, and conducts research and advocacy programs.

Save the Children has organized various activities with the purpose to promote the importance of breastfeeding and adequate nutrition of pregnant women, young mothers and children. In collaboration with the National Institute for Public Health, informative material was developed and distributed to pregnant women and young mothers through public healthcare system. SCiK further engages in intervention projects to improve child health

66 Health of Mothers, Children, Adolescents and Reproductive Health 2011 - 2015. Ministry of Health.

67 Interview with HVP coordinators.

68 Sectorial health strategy (SHS) 2017-2021. Ministry of Health.

69 Manual for Monitoring and Evaluation of SHS 2017-2021. Ministry of Health.

70 UNICEF. Report for Focus Group Discussions for Home Visiting for Mothers and Child Care, 2018.

and development, as well as care-giving practices for young children 0 to 6 years of age. Project puts emphasis on the work with vulnerable groups, and has been focused in the municipalities of Mitrovice, Kline and Junik.

Learning Centers (LC) represent a concept, supported by the German GIZ organization, that were established to 'offer educational activities, homework support, and oftentimes personalized teaching services to returnees and children who are confined in low learning trajectory.'⁷¹ A number of LCs were also established by various international donor organizations, including The European Union Office in Kosovo, Kosovo Foundation for Open Society, Swiss Agency for Development and Cooperation, and others. Around 83 Learning Centers are operational in 20 Kosovo municipalities, attended by a total of 5555 children from preschool education up to the twelve grade.⁷² Four-hundred and twenty-four children of pre-primary ages attend LCs.⁷³ LCs provide after-school support to primary school children coming from vulnerable groups, and are established mainly in municipalities where most Roma, Ashkali and Egyptian communities live. LCs usually employ tutors who assist children to finish their homework or catch-up with the study topics. Some LC's provide snacks during the time children spend there. Finding from a study about the impact in performance of the children enrolled in LCs provided evidence that 'effects of providing meals to students are amplified as they serve as incentive to attend the afterschool session, as a temporary nourishment, and a factor that improves how children experience the afterschool sessions.'⁷⁴

Opportunities for early learning

Preschool education in Kosovo represents the first level of pre-university education, based on the International Standard Classification of Education (ISCED).⁷⁵ Preschool education represents level 0, based on the ISCED 97 standard of classification, which includes children up to the age of six. Preschool education is delivered through public, private and community-based-⁷⁶preschools, categorizing children in three distinct groups: children ages 0 to 3 - in nurseries, children age 3 to 5 - kindergarten, and children 5 to 6 - pre-primary classes. In many primary schools, pre-primary classes are also provided, based on the request of the community (parents) and the availability of financial means secured by the local government to establish pre-primary classes in respective localities. Kosovo legal framework further offers the possibility for community-based preschool education, which represents a form of community initiative and self-organization that allows to establish a preschool and seek financial support from local government.⁷⁷

Implemented education policies in Kosovo have not managed to attain desired level of enrollment of children in preschool education. Public preschools

71 German Cooperation Support – GIZ/CDBE. Accompanying study on the implementation of German Cooperation support in the field of educational reintegration and inclusion. 2017 (Not published)

72 Kosovo Integration Initiative 2020 – KOSINT. 2018. Impact of Learning Centers on Inclusion of Roma, Ashkali and Egyptian children in education.

73 Ibid.

74 German Cooperation Support – GIZ/CDBE. Accompanying study on the implementation of German Cooperation support in the field of educational reintegration and inclusion. 2017 (Not published)

75 International Standard Classification of Education, ISCED 2011. UNESCO.

76 Community-based preschool institutions, as per the Law on Preschool Education of 2006, are allowed to offer preschool education in localities where capacities of preschool institutions exceed the needs of the communities or are inexistent. Local governance is encouraged to support community initiatives to establish or expand capacities of preschool education, in concordance to the legal framework.

77 Law on preschool education, 2006. Article 7.

are located in 24 out of 38 municipalities, with a total of 43 public preschools. Municipal yearly budgets for preschool education have sustained negligible increase over the years, mainly covering the remuneration of employed educators and supporting staff. With only a few public preschools constructed over the years, preschool education has not been perceived as a priority by public education stakeholders.

Inclusion of children in the preschool education in Kosovo is considered to be very low. Data from the MES show that there are about 6% of children ages zero to four years enrolled in preschool education.⁷⁸ Other resources place the proportion of children of this age enrolled at preschool education at a slightly lower rate, at 4.8%.⁷⁹ Government efforts to increase the inclusion of children in early childhood is assessed to be progressing very slowly.⁸⁰ Number of children enrolled in pre-primary classes is considerably higher: based on the Education Statistics in Kosovo, for 2017/2018 school year, a total of 24,308 children of ages 5 to 6 were enrolled in pre-primary classes, placing the enrollment proportion of children at 92.4% for this age group. Proportion of participation of children in preschool education (pre-school and pre-primary) is 19.1%.⁸¹

Private sector in preschool education has considerably increased capacities in the recent years, aspiring to meet the market demand for preschool services. A total of 113 private licensed preschools are operational in Kosovo, with capacities to accommodate around 6,500 preschool children, both at the pre-school and pre-primary level. Half of the private preschools are situated in capital Prishtina, both in terms of number of licensed preschools, as well as number of children that can be accommodated in these institutions. Out of 38 municipalities in Kosovo, there are only 12 that have private licensed preschools,⁸² 23 municipalities have public preschools and one municipality also has a community-based preschool supported by the local governance.⁸³

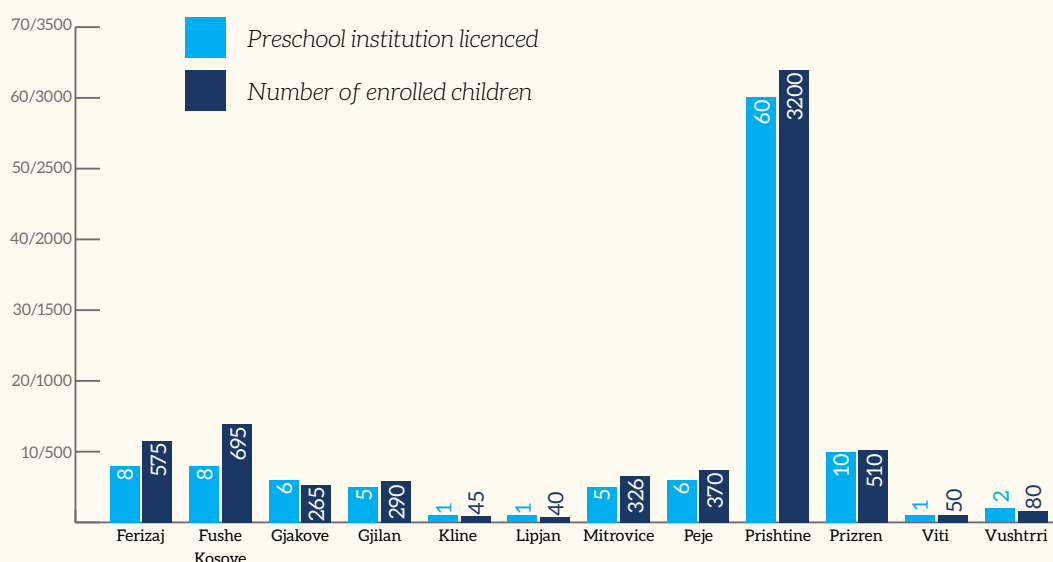


Chart 1. Number of licensed private preschool education and capacity for child enrollment

Source: MES. Licensed preschool institution list

78 Interview with Laberie Luzha. MES. Division for early and preschool education and MES statistics <https://masht.rks-gov.net/uploads/2019/12/raport-vjetor-statistikor-me-tregues-arsimore-2018-19.pdf>.

79 See for example Kosovo Education and Employment Network - KEEN. Preschool education in Kosovo, 2018.

80 European Commission. Kosovo 2020 Report.

81 KEEN. Preschool education in Kosovo, 2018.

82 Ministry of Education and Science, 2020. Licensed Preschool Education Institutions. Access to <https://masht.rks-gov.net/uploads/2018/05/lista-20022020.doc>

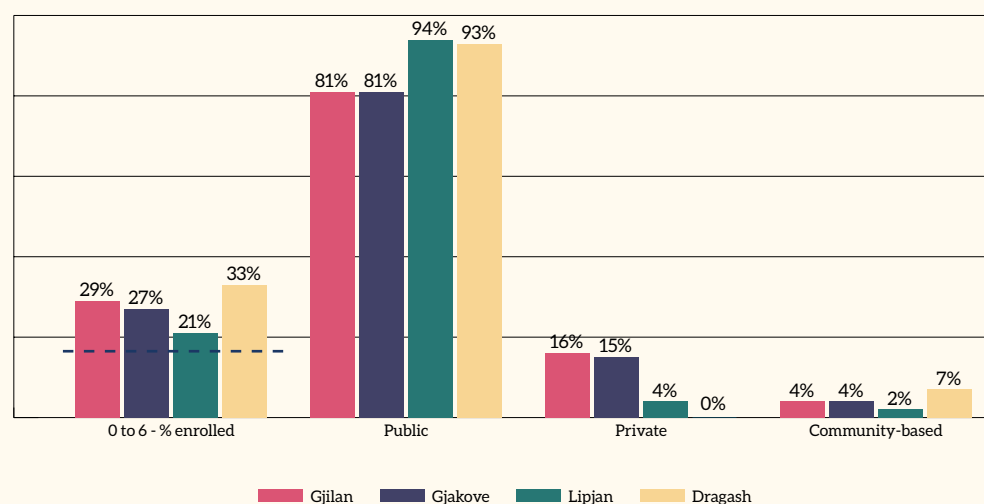
83 Ministry of Education and Science, 2018. Education Statistics in Kosova. Education Management Information System.

Through the support of international organizations operating in Kosovo, numerous community-based preschools have been established in the last decade. UNICEF efforts to increase inclusiveness of children in preschools have resulted in establishing four community-based preschool classes, with a capacity of accommodating 135 children. Save the Children has worked closely with the local governances in 6 Kosovo municipalities, and between the period of 2015 and 2019 managed to support 10 community-based preschools, with an enrollment rate of 323 children. Save the Children is currently underway to support establishment of 5 additional community-based preschools, extending collaboration with municipalities that have embraced expansion of children enrolled in preschool. Moreover, CARITAS is currently implementing project Shprese,⁸⁴ planning to equip and make operational 100 pre-school classes in 21 municipalities.

Child enrollment in preschool education in the four selected municipalities is somewhat consistent with the official data regarding enrollment rates of preschool children. Official data about the overall number of preschool children in the four selected municipalities is not available. A calculation method for this study, with the purpose to assess the enrollment rate of children in preschool education, has utilized variety of source. The enrollment rate has been calculated based on the projection of data obtained from enrollments of children in primary classes for the last 7 years. There is a steady decrease of children enrolled in first class in all four selected municipalities, and the declining trend is considerably consistent. The information from enrollments in primary school has been used to mitigate the volatility of families that reside in any other municipality, but are registered within any of the four municipalities included in this mapping study. The information presented in this section should be used only for general descriptive purposes. Based on these calculations, all four municipalities exceed the enrollment rate of all preschool children in any of the education scheme, accounting all public, private and community-based preschools. The enrollment rate in preschool education for children up to the age of five is somewhat prevalent. Two of the municipalities (Lipjan and Dragash) come short of the average country rate of children enrolled in preschool education, whereas the other two municipalities have a considerably higher enrollment rate of children in preschool education.

Chart 2. Enrollment rate of children up to six years of age in preschool education

Note: Blue dotted line in the enrollment rate represent country level enrollment rate



⁸⁴ Acronym for Setting High-Quality Preschool Standards Reinforcing Education, Science and Economy. Further information about the project is provided later in the text.

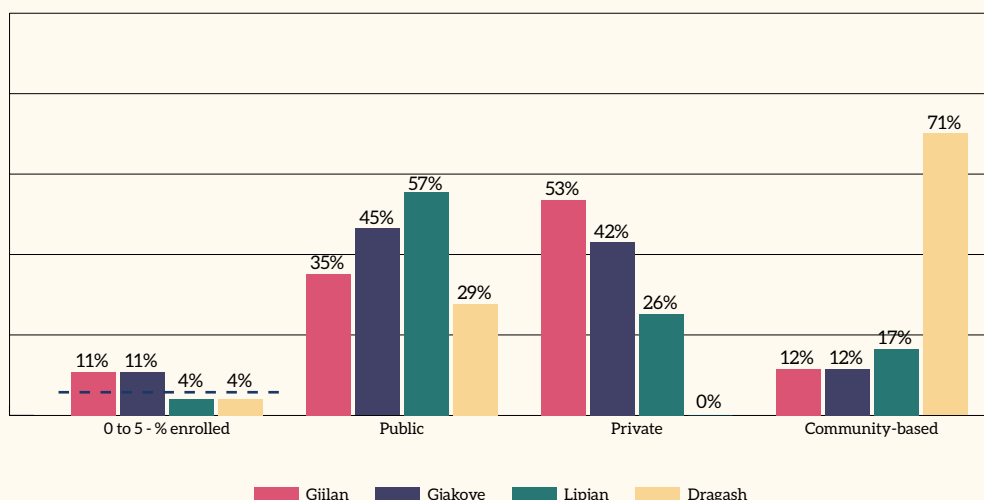


Chart 3. Enrollment rate of children up to five years of age in preschool education

Note: Blue dotted line in the enrollment rate represent country level enrollment rate

Conversations with preschool management have revealed considerable inconsistency in the regular participation of children in the preschool education. Number of children enrolled in preschool education varies greatly throughout the school year, with a considerable volatility of number of children

regularly attending preschool. Highest attendance in preschool education usually reaches its peak at the onset of fall and summer semesters. For some age groups, the number of children enrolled per group drops almost by half on some months of the year, and the decrease in regular attendance usually is impacted by seasonal flu, weather conditions, and alike.

Number of unlicensed private preschools providing services to preschool is uncertain, due to a process of preschool registration that is not well aligned between registering institutions. Anecdotal evidence is that the number of preschools is considerably high.⁸⁵ The registration of a preschool as a commercial enterprise is administered by the Ministry of Trade. Upon registration with the Ministry of Trade, preschools are required to apply for license at the Ministry of Education. Issuance of work permit by the Ministry of Trade is not contingent upon the license issued by MES, which allows for preschools to continue work without applying for license at MES. The revised law on preschool education, which is currently being drafted, is scheduled to attend and regulate this issue and increase the monitoring capacities to identify and monitor unlicensed preschools.⁸⁶

Two key documents that provided guidance for restructuring and development of curriculum content for preschool education are related to core preschool curricula⁸⁷ and development standards in early childhood.⁸⁸ Draft-document for core curriculum for children ages 0 to 5 was made available to the public for discussion in 2018, but has been suspended due to the comments submitted by the public. Lack of core curriculum for age group 0 to 5 has created many uncertainties among educators working with this age group, as they do not have a foundation upon which to plan class activities.⁸⁹ Lack of nationally adopted core curricula is diminishing possibilities for educators to develop working plans and programs that would provide a structure and guide their working capacities.

⁸⁵ Interview with Laberie Luzha. MES. Division for Early and Preschool Education.

⁸⁶ Ibid.

⁸⁷ Revised Core Curriculum for Pre-Primary Grade and Primary Education in Kosovo, 2016, which includes only curriculum material for pre-primary classes, respectively age group 5 to 6. MES

⁸⁸ Early Learning Development Standards for Children Age 0 to 6. MES.

⁸⁹ KEEN. Preschool education in Kosovo, 2018

In a pool of over 200 registered students in preschool education, a group of 25 students have graduated in preschool education program for ages 0 to 3. Each academic year, close to 100 students are enrolled at the Faculty of Education for preschool program. However, legal infrastructure still allows for applicants with a secondary degree in health sciences, to apply for the position of educators in preschools for nurseries – preschool education for age groups 0 to 3. This demonstrates the lack of initiatives to consider early childhood development as the cornerstone of subsequent development phases, and a dedication to provide basic nursing care to this age group, rather than engaging with children to develop their psycho-physical abilities.

Caritas, a non-governmental organization from Switzerland, has been supporting early childhood education in Kosovo for more than a decade. Caritas's most recent early childhood project is coined Shprese (translated as *hope* in Albanian language), an acronym for Setting High Quality Standards for Preschools Reinforcing Education, Science and Technology. This project, initiated in 2018, is designed to provide institutional support to improve skills of the pedagogical staff working with pre-primary school aged children. Project also aspires to enhance the quality of educational spaces, by procuring qualitative equipment and furnishing of pre-primary classes with pedagogical and educational material. Project works in close collaboration with the Pedagogical Institute of Kosovo, who will also benefit from this project by having six⁹⁰ pedagogues trained to be master trainers to monitor and evaluate the implementation of the Shprese project. Project aspires to provide training and equip 100 public pre-primary classrooms in 21 Kosovo municipalities. Educators will be trained to organize learning process through play and hands-on experience. All four municipalities, part of this mapping study, will benefit from this project: Gjilan with 5 classrooms, Dragash with 3, Lipjan with 7 and Gjakove with 5 classrooms. Delivery of trainings and equipment of pre-primary classrooms is still in progress.

Save the Children (SCiK) has also been heavily involved in Early Childhood Care and Development, since 2000, with different projects located in all regional municipalities across Kosovo. The four pillars that SCiK implements interventions are grouped around child protection, governance, education, and health and nutrition. Intervention projects are designed through an integrative approach, by aligning all four pillars in reaching project objectives. SCiK, since 2015, has set up 10 community-based centers, in 9 Kosovo municipalities. The program aspires to increase the number of community-based centers (kindergartens) by additional five during this year. Establishment of community-based centers are coordinated with the Ministry of Education and Science and local governance. All kindergartens are established in rural settlements. Kindergartens are established within the premises of the local primary school, whereas SCiK supports the facilities with inventory and pedagogical equipment, and provides financial support for remuneration of educators for an initial period. Part of the agreement with local government is to endorse functionalization and sustainability of these kindergartens, and transfer of responsibilities to local governance has been successful in all settlements. The kindergartens have enrolled 323 children of age group 3 to 5 years. SCiK has recruited community mobilizers in each settlement where kindergarten was planned to be established, who liaised with the parents and raised awareness about the importance of early childhood education.

90 Along with four external trainers that are identified in collaboration with the Pedagogical Institute of Kosovo.

Role of community mobilizer is assessed as critical to ensure enrollment preschool education, as well as encourage continuous attendance of children in preschool education. Gjakove and Gjilan rural areas have one community-based center each.

Representatives of the NGO sector who work in the early childhood education agree that the preschool education puts much focus on achievements of children during preschool education. In this sense, children are expected to undergo a school-like teaching process from very early age. Often it occurs for children to acquire the skill of writing and reading during preschool education. Educators put less emphasis on learning through playing, withholding the opportunity for children to nourish social relations, interact with their peers and explore the world at their own pace.

Responsive caregiving

Responsive caregiving is among the key pillars that are seriously underutilized in Kosovo. The programs available are predominantly undertaken by the non-governmental sector, which still come short to penetrate among young parents and families. The responsive caregiving programs seldom aspire to challenge the existing social norms, which are deeply ingrained into the roots of the society and require intensive interventions and multi-sectorial collaboration to yield expected results.

Responsive caregiving is mainly supported by the donor-organization community and civil society present in Kosovo. The Action for Mothers and Children (AMC) is a non-governmental organization supporting the well-being of mothers and children. AMC organizes classes for mothers, in close collaboration with the primary healthcare sector, through family medicine centers. The trained medical professionals engage with pregnant women and young mothers and encourage their participation in the classes for mothers. Classes for mothers are organized in a way that promotes collaboration and sharing of experience between participants, under the guidance and assistance of trained medical professional. Further promotional material, such as administration of dietary supplements and dissemination of informative material, is enabled through these classes. AMC has also undertaken a series of training lectures for new mothers, focusing on breastfeeding and healthy eating.

Action for Mothers and Children has established an internet platform,⁹¹ which promotes the activities of the organization, as well as provides valuable information to parents and families about early childhood development and education. This platform offers information to new parents, both mothers and fathers, about key phases of pregnancy, birth and early childhood development stages. The platform also provides a schedule for classes for mothers, organized in 10 locations throughout Kosovo. The platform is available in English, Albanian and Serbian languages.

Peer Educators Network (PEN) is a non-governmental organization supported by donor organizations in Kosovo, including UNICEF. It is a youth organization that aspires to empower young men and women, and become

91 www.beba-ks.com.

agents of social change. PEN is active in 36 municipalities throughout Kosovo and manages a network of over 4,000 volunteers. PEN has supported the establishment of a club that challenges social norms in terms of gender stereotypes, named *Klubi Bonu Burre (Be a Man Club)*. This club undertakes grassroots activities and informative campaigns, targeting school-aged children and youngsters, promoting equality and human rights. Part of the informative campaigns and activities undertaken by the Club are related to better parenting skills and challenging the social norms that contribute to disparities between genders.

The legal framework for parental leave has been regulated through the law on labour, promulgated in 2010.⁹² This law foresees the duration of up to 12 months of maternity leave for mothers,⁹³ whereas the father is granted only two days of parental leave upon birth or adoption of a child. Analysis of the parental leave rights in Kosovo was assessed to be insufficient and poorly implemented.⁹⁴ European Commission report of 2018 outlines the need of reform in parental leave rights from a social perspective, delineating that the current system represents barriers for employment of women, especially in the private sector.⁹⁵ This report further underlines that limited access to child care and lack of flexible working arrangements represent significant barriers to women's employment.⁹⁶ In line with the requirements of the European Union, with the aim to advance the legal framework regulating working arrangements and parental care, the Kosovo Government has initiated revision of the law regulating labor issues and adoption of the law on parental care. Following a public consultations process with relevant stakeholders, both laws were submitted to the Kosovo Parliament in 2018. The law on parental care aspires to advance the rights of both parents and establish a framework that will enable a more balanced contribution in upbringing of children. To this date, neither of the two laws was adopted by the Kosovo Parliament.

Security and safety

Centers for Social Work (CSW) have the mandate to provide social services at the municipal level. CSW are funded and managed by the local governance, whereas professional support is provided by the Ministry of Labor and Social Work. CSWs are located in all Kosovo municipalities and offer a range of social services. Scope of work of CSW is regulated via Law on Social and Family Service, which includes children who may be in need for social assistance, such as children without parental care, children with anti-social behavior, victims of domestic violence, and so forth.⁹⁷ Legal framework regarding social services does not recognize early childhood development and education as a separate category for service provisions; all persons below the age of 18 are categorized as children, and minors belong to the age group between 14 and 18 years of age. In an analysis of legal framework and

⁹² Law no. 03/L-212 on Labour.

⁹³ Law on Labour, article 49, regulates duration of the parental leave in a sliding scale: first six months, mother receives a remuneration of 70% of the base Kosovo salary, additional three months remuneration is paid from the Government of Kosovo in an amount of 50% of the base salary, and the last three months are unpaid leave. The parental leave entitlements permitted to the mother, as per this law, may also be transferred onto the father. The first six months of parental leave is not transferable. Should the mother have a medical condition, pass away, or abandon the child, the parental leave may also be transferred onto the father.

⁹⁴ Democracy for Development Institute. Parental Rights in Kosovo: Legal analysis regarding the proposed amendments to maternity and parental leave. 2019.

⁹⁵ European Commission, Kosovo 2018 Report.

⁹⁶ Ibid.

⁹⁷ Law no. 02/L-17 for Social and Family Services.

institutional capacities of all social service providers in Kosovo, key findings regarding Centers for Social Work were lack of statistical data needed to develop local interventions, especially among vulnerable groups, and insufficient training needs assessments leading to provision of trainings to licensed social workers.⁹⁸

A total of 22 NGOs are licensed to provide social and family services at the central and local level. These NGOs provide services to victims of domestic violence, children with disabilities, family-based services for children without parental care, and so on. In 2016, the Ministry of Labour and Social Welfare has financially supported the work of 20 NGOs; none of the supported projects were solely related to early childhood development. Lack of support for early childhood development and education has persisted throughout the years; in a pre-qualified list of 95 NGOs per 2019, no selected project was designed for early childhood development and education.

With the purpose to advance security and collaboration with the communities, Ministry of Local Government Administration has established the Municipal Community Safety Councils (MCSC).⁹⁹ These councils were made operational since 2009 in all Kosovo municipalities. Municipal safety councils represent an inter-sectorial collaboration of stakeholders, aimed at improving security and safety at the community level. These councils aspire to create a safe environment and advance the sense of security, among others, of children at their living communities. In some municipalities, task forces for prevention and intervention against domestic violence, as well as against child abuse and protection of children from exploitation¹⁰⁰ were established primarily by donor organizations, and these initiatives are slowly transferring to institutional-led bodies mandated for public safety and security.

Kosovo Police, through the unit for domestic violence, confirms an increase of domestic violence cases in the recent years. The increase of domestic violence cases in 2019 is for about a quarter compared to a year before, from 1,533 cases in 2018 to 1,915 in 2019. Domestic violence is prevalent in a vast majority of cases between parents or adult members of the households. Data regarding age groups of all family members are not collected, in reports of domestic violence cases that the police forces intervened. Sporadic information confirms that number of young children that are victims of domestic violence is rather low.¹⁰¹ Head of the unit for prevention against domestic violence confirm lack of training among police officers dealing with domestic violence where young children are involved.¹⁰²

Public information campaigns regarding prevention and reporting of domestic violence have been intensified since 2016, including public information campaigns, such as “16 days of activism” organized every year during November, presentations delivered to secondary school students, outreach activities through different means of communication and stakeholders, and so forth. Police officers from the domestic violence unit consider that awareness raising for domestic violence has contributed to a greater level of reporting of domestic violence cases.¹⁰³

98 Save the Children. Situation Analysis: Legal and fiscal context and capacities of social service providers in Kosovo, 2018.

99 Guidelines: Municipal Community Safety Council. Ministry of Local Government Administration.

100 See for example task force groups established by Terre de Homes in regional cities of Kosova. Retrieved from <http://tdh-europe.org/news/task-force-to-prevent-abuse-and-protect-children-from-exploitation/689>

101 Internal police communication data sharing confirm 6 victims of domestic violence between ages 3 to 6 in 2018.

102 Interview with Kosovo Police.

103 Interview with Kosovo Police. Unit for prevention of domestic violence and community policing.

In terms of capacities for intervention, it is assessed that with the existing number of domestic violence cases, Kosovo police has sufficient resources to intervene and deal with reported domestic violence. In each police station, depending on the category of the police station, respectively the size of the settlement they serve, there are police officers assigned to deal with domestic violence cases. In most of the police stations, there are two police officers engaged in domestic violence cases. In smaller police station units, police officers that deal with domestic violence are also assigned additional police work. A centralized telephone number solely dedicated to reports of domestic violence is operated by the Kosovo police.





Mapping of services in selected municipalities

GJAKOVE

Overview of the municipality

Gjakova is located in the south-western part of Kosovo, between the municipalities of Peja and Prizren. Municipality of Gjakova includes the town of Gjakova and 91 villages and has a total population of 94,556 inhabitants.

¹⁰⁴Data from the 2011 population census show that less than half of the inhabitants of municipality of Gjakova live in urban areas (40,827). Gender balance among inhabitants is almost equally split - 47,330 females and 47,226 males. The vast majority of Gjakova inhabitants belong to the Albanian ethnic group, with a considerable representation of Kosovo Egyptians, Roma and Ashkali ethnic group, who constitute about 7% of the population.

¹⁰⁵ A quarter of the population consists of children up to the age of 9 years old; male children considerably outnumber female children - 8,144 male children compared to 7,404.¹⁰⁶ Data about children up to 6 years of age is not made public.

Economy in Gjakova used to be predominantly based on social enterprises, which provided employment in the sector of metal, textile, food, and construction industry.¹⁰⁷ Private sector contributed to a small portion of the overall economy, whereas the social enterprises did not manage to withhold the challenges posed by the transitional phase of economy in the post-conflict Kosovo. Nowadays, economy in Gjakova is run by small family businesses, retail and wholesale stores and service activities, such as restaurants and cafeterias. The private sector is weak, with very few employment opportunities and lack of perspective, especially among youth.

Infrastructure is generally assessed as good, with vast majority of villages being connected to the town through a network of asphalted roads. Whereas Gjakova town has installed water and sewage system, less than half of villages have water supply infrastructure in place. None of the villages have an installed sewage system, and therefore use alternative methods to dispose of sewage discharge.

¹⁰⁴ Census 2011. Kosovo Agency of Statistics.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Municipality of Gjakove, Economy. Retrieved from <https://kk.rks-gov.net/gjakove/City-guide/GjakovaTriZonaKommun.aspx>



In terms of the local governance performance, Gjakova's local administration is assessed among the top five performing municipalities in Kosovo.¹⁰⁸ The highest scoring indicator for Gjakova's local governance is the ease of businesses entering the market (4th ranked municipality), and the lowest scoring indicators are participation and predictability (30th ranked municipality). Business representatives perceive local governance to have advanced in transparency, respectively the right to information and access to public documents.¹⁰⁹ Municipal performance indicators, developed and monitored by the Ministry of Local Administration, assessed the performance of local governance of Gjakova as satisfactory in 2018, which enabled its qualification for a municipal grant scheme for the development of local projects.¹¹⁰ Moreover, Gjakova scored high on democratic governance, and below average on the provision of services and municipal management.

GOOD HEALTH

Healthcare sector

There is one Main Family Medicine Center in the town of Gjakova, and additional 10 Family Medicine Centers located in different parts of the town. Sixteen family medicine centers are available in rural areas. The town also has a functioning mental health center. Secondary healthcare system is also available, including the regional hospital and the Kosovo Occupational Health Institute. Both institutions are managed by the Ministry of Health. The health sector employs 344 persons, including medical professionals and support staff. Most health sector employees are women: 245, compared to 99 men.¹¹¹

¹⁰⁸ USAID, Municipal Competitiveness Index, 2019.

¹⁰⁹ Ibid.

¹¹⁰ Performance Evaluation of 2018 for the Municipal Performance Grant for Fiscal Year 2020, Ministry of Local Government Administration 2020,. Scoring of the municipal performance provides municipalities with an opportunity to receive additional grants from the central level for development implementation of local projects.

¹¹¹ Municipal Directorate of Health and Social Welfare.

Healthcare visits at the regional hospital in Gjakova have sustained a decrease in number over recent years, from 92,019 in 2016, to 80,315 in 2017.¹¹² Healthcare visits at the primary level exceed the number of visits in the regional hospital by over 50%. A total of 128,563 visits were completed by a family medicine doctor in primary healthcare level in 2016, whereas the pediatrics unit completed 8,398 health check-ups.¹¹³

Home Visiting Program in Gjakove has been offering services to pregnant women and young mothers since 2015. There are about 20 house visits planned each month,¹¹⁴ including both pregnant women and young mothers. Home visits are conducted with the intention to provide information to young mothers and families about better parenting skills, including early development of children, healthy eating habits and child immunization. There is lack of data about the accurate prevalence of immunization among children in Gjakove; healthcare professionals assess the immunization level to exceed 95% of children. Medical professionals of HVP develop a tailored approach to visited families, offering information and suggestions that are contextual to the needs of each individual mother and young child. Difficulties to access pregnant women and young mothers are evident, due to lack of transportation means. On the other hand, from the perspective of medical professionals that provide home visits for all young mothers, disregarding ethnic background, to some extent the HVP fulfills the gap that exists due to unsatisfactory access of vulnerable groups, especially Kosovo Roma, Ashkali and Egyptian communities to health services provided by MFMC.

ADEQUATE NUTRITION

Home Visiting Program conducts family visits to pregnant women and young mothers in Gjakova municipality. Consultations about adequate nutrition are one of the key elements medical professionals provide during home visits. The goal of the home visits is to encourage young mothers to exclusively breastfeed, as well as for young mothers to maintain a healthy diet during breastfeeding. Field visits of medical staff performing home visits shed light on an eminent issue that young mothers are applying baby formula from early age of newborns, especially among young mothers delivering a baby through caesarian delivery.¹¹⁵ Exclusive breastfeeding has been steadily decreasing among young mothers.

OPPORTUNITIES FOR EARLY LEARNING

There are 43 primary schools in Gjakova municipality, with 12,744 students, of which 1,487 are of non-Albanian communities. A total of 1,100 teachers are employed in the primary and lower secondary education, i.e. grades 1 to 9.

Preschools in Gjakove

There is one public preschool that has five units in different locations of the city, with a total of 438 enrolled children ages 0 to 6, including 20 from Kosovo Roma community.¹¹⁶ There are six privately owned preschools, licensed from the Ministry of Education and Science. Five of these institutions pro-

¹¹² Kosovo Agency of Statistics. ASK data. Health and social wellbeing.

¹¹³ Ibid.

¹¹⁴ Interview with HVP Coordinator. Main Family Medicine Center in Gjakove.

¹¹⁵ Interview with HVP coordinator. MFMC in Gjakove.

¹¹⁶ Interview with Municipal Directorate of Education, Municipality of Gjakove.

vide services to children from 9 months to 6 years, whereas one institution enrolls children from age 1.5 to 6 years of age.¹¹⁷ Most private preschools are licensed for a period of two years; five of the six private preschools have a duration of license for two years, and one has for one year. The total capacity of licensed private preschools is 265 pre-school-aged children. The majority of preschools have a considerably small capacity: five institutions have a capacity between 30 and 45 children, and only one has a capacity of accommodating 79 children.

Preschool enrollment in Gjakova has sustained a slight increase over the years. This increase is predominantly associated with new pre-primary classes (age group 5 to 6) that were made operational in different primary schools within the municipality. Both number of children enrolled in pre-school education and pre-primary classes has slightly increased between 2016 and 2018. The total number of enrolled children in pre-primary education in 2018 was 1,430. The Municipal Education Directorate in Gjakova confirmed that opening of new preschool classes is much dependent on the requests submitted by community members, respectively parents of children who want to enroll in pre-primary classes in a given settlement. Upon further analysis of various indicators, such as the number of pre-school age children in the respective locality, availability of budget, parent commitments to enroll children in pre-school classes, etc., MED takes the necessary measures to open new pre-school classes within existing schools.¹¹⁸ Data obtained for the 2017/2018 academic year show a somewhat lower number of children enrolled in pre-school classes, compared to the earlier period. A total of 870 pre-primary students are enrolled in 38 schools, whereas 99 pupils are enrolled in preschool classes, operating under the public preschools. A slightly higher percentage of male children are enrolled in grade 0 classes (44.5% are female children).

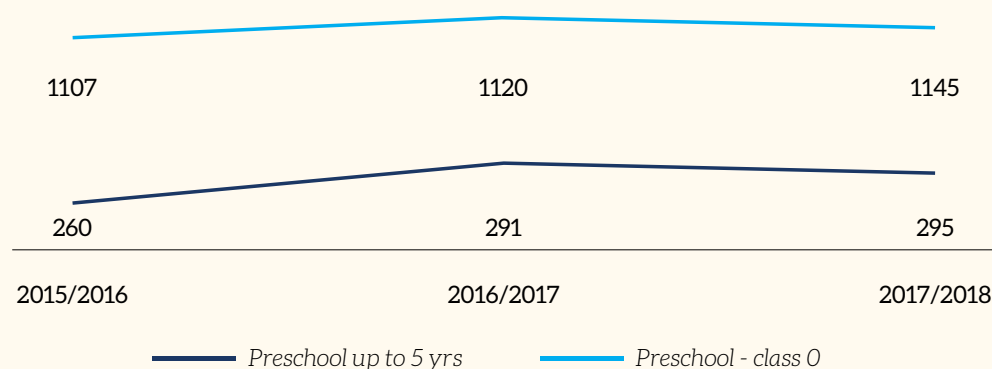


Figure 1. Number of children enrolled in public preschool education in Gjakova

Source: Kosovo Agency of Statistics. ASKData. Education

Public preschools

Public preschool is situated in 5 different facilities in Gjakova town. Out of the five public preschool facilities, one is a community-based preschool, admitting 20 children of Kosovo Roma community. The preschool was constructed with the assistance of an international development organization, whereas the operational expenses are covered by the local government. This preschool is located in a neighborhood predominantly inhabited by Kosovo Roma community. All twenty children are enrolled in the pre-primary class. Capacity of this public preschool education in Gjakove is always fully reached.

¹¹⁷ MES. List of licensed preschool institutions. Retrieved from <https://masht.rks-gov.net/uploads/2018/05/lista-20022020.doc>

¹¹⁸ Interview with MED officials. Municipality of Gjakove

There are 438 children enrolled in all five public preschool education facilities, out of which 99 are enrolled in pre-primary classes. All five facilities work at full capacity; on certain occasions, the preschool slightly exceeds the allowed number of children enrolled in any age group, but generally aspires to keep the size and ratio of the groups as per the suggested legal framework. The number of enrolled children exceeding the maximum is temporarily allowed only for children of age group 3 to 6. Every year the number of submitted applications significantly exceeds the number of available admission spots in the preschool. For example, while a total of 650 applications were submitted for the year 2020/2021, only 438 admissions were made.

New enrollments are based on the instruction provided by the legal framework. Most often, priority is given to applications proving that both parents of the child are employed.

The director of public preschool asserts an increase in parents' involvement and interest in their children's development over the recent years. The old perception of preschool institutions' mandate was to provide care and well-being however, this has been considerably modified, for parents now showing interest about children's development and fulfillment of their potential and not only basic care. The interest of parents goes beyond care provided for children, such as feeding and sleeping; parents are more engaged to find out whether the activities foreseen by the preschool's plan have occurred and competencies acquired by children.

Infrastructure of public preschool premises

The preschool infrastructure and facilities are assessed as very good. All premises of public preschools are constructed to specifically serve education needs, as well as satisfy the conditions necessary to deliver preschool education services. All preschool premises have an outdoor garden as well, which serves as a playground for attending pupils. Playgrounds are equipped with swings, slides, and other playing and recreational equipment.

MED officials confirmed that public preschool in Gjakove offers a suitable and safe environment for children, including adequate infrastructure, cleanliness, safety, detailed monitoring of activities taking place, and so forth. In recent years, the preschool has also improved the menu, providing healthier food options for children. The inspection unit is conducting monitoring and evaluation of performance of other school grades, nevertheless the preschool level inspection has still not commenced.

Educators' skills and qualifications

All 48 educators working in public preschools are adequately qualified. Based on the legal framework, preschool education staff members who work with children aged 0-3 need to hold a medical nurse qualification (TBC). Educators working with children of other age groups have completed bachelor degrees, mainly in the field of preschool education and social well-being.

A recent training for staff members was provided on the Early Learning Development Standards for Children and the new curriculum for children aged 5-6. The training was delivered by the Pedagogical Institute and MES. The last organized training discussed the importance of enhancing commu-

nication with parents. The staff was very satisfied with both the content and structure of the training, assessing it to be highly beneficial. However, parent participation in the training was very low, hindering the training's possibility of reaching its full objectives.

Both the school director and MED officials agree that older educators should be exempt from applying the new curricula, as it requires them to spend a great amount of time in preparatory and administrative tasks, which they were not required to perform before. Early retirement may also be feasible, enabling new employees to apply uniform procedures in their work.

Monitoring and training in public preschools

Monitoring of educators is conducted via a protocol developed by Save the Children.¹¹⁹ This protocol enables the institution director to work jointly with the educators in developing and monitoring activity plans, as well as to outline the competencies and achievements of each enrolled child. Class monitoring is conducted regularly, and feedback is provided upon completion of the monitoring and evaluation activities.

The public preschool director considers it very important to remain flexible while assessing the performance and engagement of children. Early childhood period is a stage where children are continuously developing and observations conducted in class may not reflect the actual performance abilities of children. For example, children may not be able to demonstrate cognitive abilities while being observed by a third party, although educators have developed activities diligently to enhance the cognitive abilities that are being monitored. As such, the director considers it very challenging to measure the impact and work of educators while performing their everyday work with children; while systematic observations, in conjunction with the observations of educators, may be required to properly evaluate the role of an educator in child's development.

Existing support and referral documents in public preschools

Communication with other relevant stakeholders is assessed as considerably good. Communication with the MES is conducted frequently and considered necessary. Meetings with all public preschool directors are regularly organized by MES, where all pertinent issues regarding the difficulties and improvement needs are discussed. The available documents governing early childhood education are considered satisfactory and used widely by preschool staff.

Preschool in Gjakove	Public preschools – five facilities
Number of admissions	420
Vulnerable families	20 from K-Roma families
Children with disabilities	N/A
Educators	48
Supporting educator /special educator	N/A
Age group	0 to 6

Table 1. Overview of children enrolled in public preschools in Gjakova

¹¹⁹ Save the Children. Observation protocol of children in preschool institutions. Available at https://kosovo.savethechildren.net/sites/kosovo.savethechildren.net/files/library/Protokoli%20i%20Vezhgimit_print_0.pdf

Opportunities for improvement in public preschools

Despite the available trainings provided to educators, preschool management considers the provision of specific capacity-building trainings essential in improving the performance of educators. The type of trainings required concern methodology of work, techniques and resources for a fruitful engagement with children, and education through art.

The preschool director calls for further enhancement of educators' skills in the realm of becoming research-based oriented, seeking proof about any intervention they may undertake, and carefully observing the impact such interventions yield. More specifically, educators should be trained to observe not only the performance and achievements of children, but also their behavior. When behavior is properly and objectively observed, the intervention may be suited to utilize the existing potential, or modify the behavior accordingly. The lack of research-based approaches is consistent across educators and trainings are mandatory to instigate an approach that would make educators more engaging and fruitful at their work.

Municipality	Public		Private	
	Fee per month	Specifics	Fee per month	Specifics
Gjakove	35 Euro	Number of admissions: 420 Admission based on AI Parent(s) employed Affirmative action for inclusion of children from under-served groups Working hours 6:30 to 16:30, drop-in time is until 8:30	70 - 100 Euro	Number of admissions: 265 (38.6%) Both parents employed Inclusion of children from disadvantaged groups under self-initiative Provide additional services against a fee, such as transportation Working hours 7:00 to 18:00, flexible drop-in time

UNICEF supported community-based preschool education

Preschool in rural settlement of Brekoc has been opened as part of the project to expand services offered to preschool children in Gjakova municipality. Opened in autumn of 2019, this preschool represents the one of its kind in the rural settlements of Gjakove municipality. Implemented through a local non-governmental organization, the opening of the preschool education represents a joint collaboration of UNICEF, Ministry of Education and Science and local governance of Gjakove, through Municipal Directorate of Education. A total of 29 children, age 3 to 5 years, are enrolled in this preschool, during a three-hour shift operating daily.¹²⁰ A group of additional sixteen children, age 5 to 6, attend pre-school class. It is the first time in the village that such groups are organized for children 3 to 5 years of age, whereas groups of pre-school children, five to six years, were organized in the past as well. Children come from various ethnic background; most of children en-

¹²⁰ Interview with preschool educators. Village Brekoc. Municipality of Gjakove.

rolled come from Kosovo Roma, Ashkali and Egyptian communities. Village of Brekoc is inhabited by Kosovo Roma, Ashkali and Egyptian communities, as well as Kosovo Albanian community. The preschool education efforts have managed to bring together children of mixed ethnic communities at an unprecedented level. Families do not have to pay any fees to have their children enrolled in this preschool.

The two educators working in the preschool education also conduct outreach activities, informing parents for better parenting initiatives, positive disciplining and early childhood development. A round of information sessions in the community was conducted prior to enrollment period of children in the preschool. Obtained data show that additional 50 preschool age children from the village are not enrolled in preschool education.

Families who have enrolled children in preschool education mainly come from poor economic background. Vast majority of families are enrolled in social assistance scheme. The educators are still underway of accommodating children in the preschool education process. Children are in the process of integration and socialization with other peers. Some children manifest symptoms of delays in cognitive development and learning disorders, needing further professional attention. Neurological disorders are also present among children, who are under medical treatment.

Educators working in the preschool education have adequate academic attainment or working experience with preschool children. The two educators have experiences in working with preschool education, including working with children coming from vulnerable families. Educators are well-acquainted with the Early Learning Development Standards for Children 0 to 6, based on which they develop individual working plans with children in the preschool. Trainings in psycho-social education are needed, with a focus in establishing trust and building rapport with children.

Parents report considerable satisfaction with the available preschool education in their community; parents have observed their children to exhibit higher self-esteem, are more collaborative while playing with other peers and have developed fine motors skills. Families were previously not able to enroll their children in preschool due to lack of availability of such institutions in their area of residence, or because of high cost for transportation and enrollment in the town of Gjakova.¹²¹

Both educators and school director of the primary school in Brekoc report that children who have enrolled in preschool education are less likely to drop out of school, integrate adequately in the primary school environment and have better developed cognitive and psycho-motor skills to follow the requirements of the curriculum. School director also report that attending preschool enables children to diminish the gap between children coming from different socio-economic backgrounds. Considerable portion of the parents in the village are illiterate; their abilities to assist children with homework is very limited. Preschools represent an eminent need to provide more equal opportunities for all children, including those who lack parental support with school requirements.

¹²¹ Interviews with parents of children enrolled in preschool. Village Brekoc. Municipality of Gjakove.

Private preschools in Gjakove

Visited private preschool has been operating in Gjakova since 2015. Main motivation to extend services in this private preschool has been the need to introduce a paradigm of better collaboration and treatment of children. Considering extensive needs for qualitative preschool education, interviewed private preschool aspires to expand operations and enroll a higher number of pupils. Parents who enroll their children in this preschool are generally better off financially, usually have higher educational attainment, and one or both of them are employed.

This preschool enrolls up to 50 children, between the ages 1.5 to 6 years. There is an additional pre-school class, organized in a different facility. A staff of 10 runs the institution, of which 8 are qualified educators.

Recruitment for new staff is usually conducted through an internship scheme, where young graduates or students about to graduate are enrolled as interns in the institution. The preschool director, who is also a graduate in education, requests to hire new staff that has not been previously employed by other, public or private, preschools. The importance to recruit staff that will be trained and monitored, without prior working style or engagement, is considered vital to ensure quality of work and good collaboration among peers and school management.

There are in-house resources of a therapist who works with children with disabilities, whereas the services of a speech therapist are contracted individually by parents but provided within the facilities of the preschool. The preschool also provides dancing classes, meditation activities, and other activities that make children's stay fun and educational.

All educators are qualified for the work with preschool children. Trainings are not available; most of the training support is provided through coaching and mentoring method, primarily conducted by the institution's director. Collaboration between educators serves as an important aspect to share ideas and support between peers; daily interactions enable creation of good working environment and sharing of experiences. Further trainings are required, especially on project-based learning and attuning work with individual children based on preferences and abilities.

Collaboration with other stakeholders is generally assessed as satisfactory. Inspection is primarily conducted for sanitary purposes. Sanitary inspection is conducted three times a year, against a fee. There is a lack of support by governmental institutions in improving the services offered by the preschool. There is no supporting training or other activity which would assist the institution in enhancing the skills of its educators.

There are a few resources that this preschool uses to assess the progress of children, as they reach main milestones and grow-up. The set of development indicators needs to be further defined and established, which would benefit from the support of a team of experts. Further needs identified by the preschool director are the availability of didactic materials, and versatility and availability of durable and cost-efficient educational toys.

RESPONSIVE CAREGIVING

The Home Visiting Program in Gjakove has been particularly active in supporting young parents regarding good parenting practices and responsive caregiving. The HV Program medical professionals have been sporadically organizing classes for young parents at the community level, although these campaigns have not been ingrained into the regular HV scheduled activities. The public preschool in Gjakove, in collaboration with the organization Save the Children, engages with parents of children enrolled in the preschool regarding good parenting practices, with a focus on exclusive breastfeeding and positive discipline. The outreach informative activities for young parents are also organized by a local non-governmental organization, Bethany Christian Services Kosovo (BSC), which primarily works with the Roma, Ashkali and Egyptian communities. BCS regularly carries out outreach activities with the intention to increase the enrollment of children in the formal education and reduce drop-out rates.

SECURITY AND SAFETY

Overview of police forces

The police station in Gjakova town employs 94 police officers, out of which 91 are Albanian, two are Kosovo Egyptian and one is a Kosovo Bosniak.¹²² Four police officers are women; one of the two officers dealing with domestic violence is a woman. The Regional Kosovo Police Directorate in Gjakova has 93 police officers, out of which 10 are women.¹²³

Working capacities

The Unit for Domestic Violence in Gjakova is responsible for all reported family violence cases. The unit is comprised of two police officers, a female and a male officer. The unit has an office that is furnished by a UN Women project in 2012, which made the facility convenient and child-friendly. The facility has a crib, a small fridge and toys which can be used by children that are temporarily accommodated in police premises.

During 2019, there has been a significant increase in number of reported domestic violence cases. A total of 128 cases were filed during this period. This number represents double of reported cases from 2018, which were about 60. The increase seems to have been impacted by raised awareness among the general population through information campaigns, as well as several domestic violence cases that received a lot of media coverage during this period. The significant increase of reported cases during 2019 does not seem to follow a similar trend in 2020; the first quarter of 2020 had, on average, about 5 reported cases per month. Most of the reported cases come from urban areas; in rural settlements, the perception is that domestic violence cases are still less frequently reported. As confirmed by the police officer of the Domestic Violence Unit, Kosovo Roma, Egyptian and Ashkali households in Gjakova prevail in reported cases concerning domestic violence. There is no reported distinction in the socio-economic status of households that report domestic violence.

¹²² Gjakove regional police directorate and police.

¹²³ Ibid.

There is a functional task force against domestic violence operating in Gjakova, organized by Terre des Hommes. The task force is housed with the Center for Social Work, which serves as a coordination mechanism for child protection. The task force gathers pertinent professionals coming from various social and child protection institutions, and serves as a platform for case management of children at medium and high risk of delinquency, neglect, abuse, exploitation and trafficking. The police is a member of this task force, and regularly participates in its organized meetings and activities.

Any police reporting regarding domestic violence requires the presence of the Unit for Domestic Violence officers. In cases when a minor below age of 14 is a member of the household, the Center for Social Work is immediately summoned. CSW lacks transportation means, which is often facilitated by police forces.

The vast majority of domestic violence occurs between partners. Most often, children are not directly involved in domestic violence. Children are usually victims of psychological violence and witness different forms of aggression occurring in the family. Standard reporting forms require obtaining demographic data of all household members; all children below the age of 18 are accrued into a single category, therefore it is not possible to extract statistics whether any young child has been involved in a domestic violence case.

The Domestic Violence Unit is currently being funded by a project that was secured by a women's network in Gjakova, with a monthly budget allocated to purchase basic commodities, such as milk, diapers, snacks, etc. These commodities are used to provide for the basic needs of family members, including young children, who are temporarily sheltered within police premises, in cases when an interview with the victim takes place or short-term accommodation is needed. The monetary support provided is temporary; a long-term, institutionally arranged and sustainable solution is mandatory.

The police officers in the Unit for Domestic Violence reported to have had little experience in approaching and working with children. There is a reported need to have training in approaching, building rapport and interaction with young children.

Center for Social Work (CSW) in Gjakove has seventeen social workers employed. Representatives of the CSW recognize the increase of domestic violence in Gjakove region. There is a government-funded safe house in Gjakove, which serves to accommodate women and children that are victims of domestic violence. Most of the domestic violence cases observed by the police forces require the presence of a social worker from the CSW in Gjakove. A psychologist employed at the CSW actively engages with children of parents who are undergoing a divorce. Representative of the CSW mentioned that the capacities of preschool education in Gjakove are low considering the needs of the population, and families that are enrolled under the social assistance scheme generally lack financial means to enroll children in preschool education.

LIPJAN

Overview of the municipality

Lipjan is a rather small municipality that belongs to the Prishtina region. With a population of 57,605 inhabitants,¹²⁴ it includes Lipjan town and 62 villages. Data from the 2011 census reveal that only a small portion (just about 12%, respectively 6,870) of Lipjan's inhabitants live in the town of Lipjan, whereas the vast majority live in rural settlements. Gender distribution of Lipjan inhabitants is somewhat equal, with 49.1% of the inhabitants being females. Almost 95% of the Lipjan population belongs to K-Albanian ethnicity, followed by K-Ashkali (3.1%), K-Serbs (0.9%), K-Roma (0.6%), and other ethnicities. Less than one fifth of the Lipjan population belongs to the age group of children up to the age of 9 years old: out of 10,579 children up to the age of 9, slightly over half (52.2, or 5526) are male children, and 47.8% (5053) are female children.¹²⁵

The economy of the municipality of Lipjan is mainly based on agriculture and small trade businesses. There are approximately 2,110 registered private businesses operating in the municipality.¹²⁶ Economy is driven by small-scale initiatives, usually run as a family business with very limited employment opportunities. The industry sector in Lipjan predominantly comprises of the production of goods required in the construction sector and food production.¹²⁷ The local administration is among the best-performing municipalities in Kosovo, particularly with regards to the professional and efficient local administration, transparency, and collection of taxes.¹²⁸ Lack of skilled labor force is reported to be particularly challenging, impeding the growth and development of private initiatives. Vocation schools, albeit being established in Lipjan town, have not managed to properly prepare youngsters with the skills required to competitively enter the labor force.¹²⁹

Public infrastructure in Lipjan municipality is assessed as good. Only a few of the villages are not connected via asphalted road network with the Lipjan town. Lipjan and forty, of the 62, villages are connected to water supply network, and forty-seven villages are connected to the sewage system.¹³⁰ The municipality of Lipjan is among the municipalities that yielded most satisfaction from businesses and citizens regarding municipal physical infrastructure.¹³¹ Lipjan also scored among the highest-ranking municipalities for municipal grants, administered by the Ministry of Local Governance.¹³² Moreover, Lipjan scores high on the assessments for democratic governance, local management, and provision of services. The municipal assessment of pre-university education performance indicators for year 2020, which includes an indicator on the percentage of children enrolled in preschool education and on the availability of primary healthcare facilities and services, has not yet been completed.

124 Census 2011. Kosovo Agency of Statistics.

125 Ibid.

126 Municipal directorate of economic development

127 Municipality of Lipjan. Municipal Development Plan 2013-2018+

128 USAID, Municipal Competitiveness Index, 2019.

129 Ibid.

130 Municipal Directorate of Public Services.

131 USAID, Municipal Competitiveness Index, 2019.

132 Performance Evaluation of 2018 for the Municipal Performance Grant for Fiscal Year 2020, Ministry of Local Government Administration 2020, 2020.



GOOD HEALTH

Healthcare sector

In addition to one Main Family Medicine Center located in the town of Lipjan, the network of primary healthcare facilities is populated with four other Family Medicine Centers situated in rural settlements with most inhabitants. In addition, seven family medicine centers are also situated in rural settlements, operating on certain days of the week. In total, primary health sector in Lipjan employs 232 medical staff, which include doctors, nurses and support staff. Twenty-five employed family doctors serve in the primary healthcare system in Lipjan municipality, approximately meeting the suggested number of population for each family doctor employed. Staff comes from ethnically diverse background; majority are K-Albanians, followed by K-Serbs, and other ethnic communities living in Lipjan. Over half of medical employees are women.¹³³

The number of medical check-ups at the primary health care system in Lipjan is exceedingly high. Compared to the number of medical staff, Lipjan primary healthcare system conducts most medical visits. Compared to a municipality with a similar number of inhabitants (Suhareka: 59,722 inhabitants), Lipjan's primary healthcare, in 2016, completed almost three times more visits (166,503 compared to 60,425 in Suhareka), and twice the number of health visits in the pediatric unit (13,939 compared to 7,797 in Suhareka).¹³⁴

¹³³ Lipjan Municipality, Municipal Director of Health and Social Welfare.

¹³⁴ Kosovo Agency of Statistics. ASKdata. Health and social wellbeing.

Healthcare service provision through primary healthcare sector

Main Family Medicine Center in Lipjan conducts an abundance of health visits to the population they serve. The two pediatricians serving at the MFMC, provide between 50 and 60 health checkups per shift. Number of visits per each medical specialization field, available at the MFMC in Lipjan, is within the stated range.¹³⁵ MFMC is currently undergoing a process of adopting key health indicators for child development, which shall provide a better insight into the health status of children up to the age of six. The current level of understanding about the health and development of this age group is uncertain. Furthermore, functionalization of the Health Information System is considered as essential to have a better understanding of the health services provided for different group of children, as well as develop policies that will best meet the needs of the population they serve.

Health services provided to children up to the age of six have been focused on medical check-ups and general services that are offered to this age group. The immunization rate is considered to reach 98%, albeit some vulnerable groups need further improvement in the coverage for immunization. Kosovo Roma, Ashkali and Egyptian communities receive health services from the Serbian-led health institutions, and the level of access of all ethnic communities into the Kosovo healthcare system is still underutilized.¹³⁶ Health services offered to young parents and young children are extended with the Home Visiting Program and Counseling and Family Planning Center, operating under the maternity unit at MFMC. Maternity unit is scheduled to be renovated, due to the current dire state of the maternity facilities. Only emergency births are provided at the maternity unit in Lipjan; all other births are primarily conducted at the medical centers in Prishtina or private sector.

MFMC also conducts regular check-ups at the public preschool education facilities. Children of ages 5 and 6 are not under the scheme of systematic check-ups, as are all other school age children. This is seen as a short falling to understand the health status and wellbeing of young children.¹³⁷

Other health services to young mothers and children

There are a few programs that are being implemented in Lipjan regarding young mothers and children. Home Visiting Program has been operating in Lipjan for almost three years, and recently two other projects have commenced, reaching out to population needing healthcare, respectively palliative care and better parenting groups.

Home Visiting Program in Lipjan is operational since mid-2017. Twenty-four medical professionals have undergone a training to conduct home visits. Most trained medical professionals have previous midwife experience, which represents a great asset for successful implementation of the home visiting program. The HVP in Lipjan is provided throughout 4 family healthcare centers. Trained medical professionals available at some of the family healthcare centers are not able to conduct home visits due to lack of

¹³⁵ Interview with Dr. Agim Krasniqi. Director at Main Family Medicine Center in Lipjan.

¹³⁶ Access to Serbian-run healthcare system is encouraged by the inclusion in the social assistance schemes, access to medication and other benefits.

¹³⁷ Interview with Dr. Agim Krasniqi. Director at Main Family Medicine Center in Lipjan.

medical staff who would continue offering services at the family medicine center facilities.

The initial impetus of 2017 in implementation of the home visits have suffered challenges to continue delivery of service, mainly due to lack of support by the local governance healthcare system to secure transportation and communication means to conduct field visits. During 2019, the HVP in Lipjan conducted 458 home visits, out of which 375 were home visits for children and the other 83 for pregnant women.¹³⁸ Collaboration with a program that was initiated recently at the MFMC in Lipjan, implemented through the organization of Accessible Quality Healthcare (AQH), regarding coordination and commuting is assisting the HVP to conduct field visits.

Medical professionals conducting field visits generally report good acceptance of home visits among young mothers and pregnant women. Inclusion of fathers and other members of the families during home visits is rather poor. Content of the home visits is predominantly concentrated in breastfeeding, healthy eating practices, early childhood development stages and encouragement of good parenting practices. Exclusive breastfeeding is reported to be significantly declining; professional medical staff, primarily pediatricians, are not supporting sufficiently breastfeeding practices and young mothers are very often leaning toward applying a formula to feed their babies. Medical professionals of the HVP have further observed eminent need among young mothers for breastfeeding techniques. HVP medical professionals also report high prevalence of technology use among young children, often observed in large families and utilized by mothers to entertain and sooth young children.

Home visiting program staff has identified a group of Kosovo Roma, Ashkali and Egyptian community children that were not included in the immunization scheme. Under HVP initiative and outreach activities, most of children in the village of Medvec, inhabited by Kosovo Roma, Ashkali and Egyptian communities have been vaccinated.

HVP coordinator in Lipjan has identified a critical need for additional training regarding identification of early signs of developmental delays, emerging illnesses or skills to observe the onset of medical problems.¹³⁹ Priority also needs to be put by the management of MFMC, so that the program receives much needed support to conduct field visits.

ADEQUATE NUTRITION

Home Visiting Program is among the primary interventions in the Lipjan municipality that puts emphasis on the adequate nutrition of pregnant mothers and young children. Interview with HVP coordinator in Lipjan shows that young mothers are often inclined to avoid exclusive breastfeeding, observing the suggestions of pediatricians to apply formula when feeding their newborns. The portion of young mothers who do not exclusively breastfeed newborns is steadily increasing, often because lack of administration of proper breastfeeding techniques and lack of knowledge about the importance of exclusive breastfeeding in early childhood development. The

¹³⁸ Interview with Shemsije Jezerci. Coordinator of HVP in Lipjan.

¹³⁹ Interview with Shemsije Jezerci. Coordinator of HVP in Lipjan.

purchase of the baby formula represents additional expenses to households' budget, with many families in Lipjan municipality living in difficult financial circumstances.

A recent workshop with young mothers regarding breastfeeding has been provided by another organization in MFMC in Lipjan, Action for Mothers and Children (AMC), yielding considerable participation and success among participating mothers. AMC also organizes better parenting classes with young mothers, which represents a platform where young mothers meet on regular basis and discuss and share information regarding parenting practices.

HVP medical professionals also assess young mothers to lack sufficient knowledge about childhood nutrition. Additional efforts are needed to develop and distribute reader-friendly material and reach out to young mothers regarding healthy eating habits.

OPPORTUNITIES FOR EARLY LEARNING

There are a total of 9,903 students enrolled in 24 primary schools and 793 teachers employed in both primary and lower secondary education. A public kindergarten is located in Lipjan town, accommodating 117 children and employing 20 educators.¹⁴⁰ K-Serbs community living in Lipjan municipality are enrolled in primary school teaching facilities that follow Serbian curriculum, in four different locations: 90 pupils are enrolled in primary education and there is one kindergarten with 40 children enrolled.¹⁴¹

Preschools

Lipjan has only one public preschool kindergarten and another licensed private one.¹⁴² The public preschool has admitted 117 of children between ages 1 and 6. An adjacent building has been constructed as the preschool plans to increase the number of children enrolled in the next school year. The private preschool has been licensed to operate for one year, and the maximum number of children allowed to enroll is 40.

There is a somewhat consistent number of child enrollments in preschool education in Lipjan; expansion of capacities has not occurred, as the planned opening of the newly constructed building that will be used for preschool education has been delayed and is scheduled for autumn 2020. The number of children enrolled in pre-primary classes has had a steady increase in the recent years, reaching 917 in 2018. The number of enrolled children aged 0-6 in public preschool education in the 2018 academic year in Lipjan was 1004. Pre-primary class enrollments have sustained an increase of up to 5% throughout the years. Female children enrollment in pre-primary classes is somewhat lower: 43.9% of enrolled children in preschools are female.

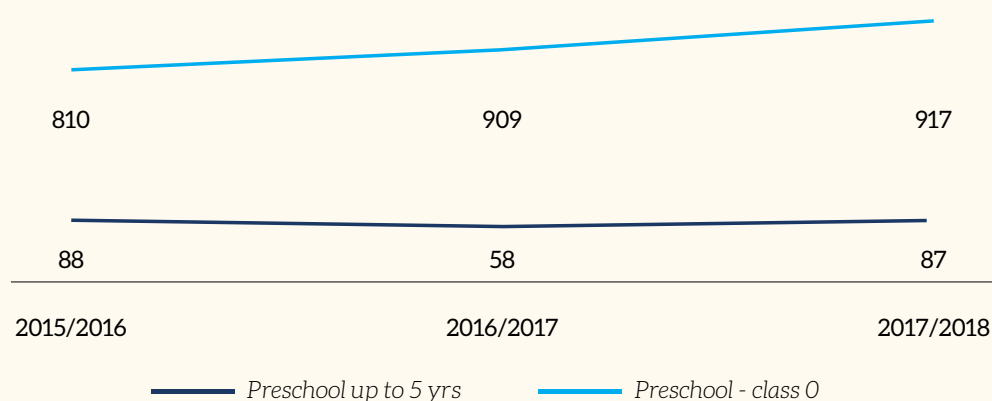
¹⁴⁰ Lipjan Municipality. Municipal directorate of education

¹⁴¹ Lipjan Municipality. Municipal office for communities and returnees.

¹⁴² MES. List of licensed preschool institutions. Retrieved from <https://masht.rks-gov.net/uploads/2018/05/lis-ta-20022020.doc>

Figure 2. Number of children enrolled in preschool education in Lipjan

Source: Kosovo Agency of Statistics. ASKData. Education



Public preschools in Lipjan

Public preschool in Lipjan accommodates 117 children of ages 1 to 6 years of age. The existing premises have been expanded, respectively a new building has been constructed adjacent to the existing preschool building. Opening of new building is scheduled before the new school year. Recruitment of staff and other preparatory work are under way. Currently the size of the groups exceeds the maximum number of children allowed, and it is expected for this situation to be resolved once the additional groups are formed in new premises. The school director has been sitting in her position for the last two years, previously being employed in a management position at a secondary school.

The profile of parents who enroll children in public preschool education in Lipjan is versatile. Common criteria are for both parents to be employed, as well as be inhabitants of Lipjan municipality. There are 25 children coming from vulnerable families, which are waved from paying the fee. Among children coming from vulnerable families, most families are enrolled in social assistance scheme, families of war veterans, single parents, and children with disabilities. Children with disabilities are generally provided with enrollment priority, but lack of qualified staff limits the number of children with disabilities enrolled in preschool. High demand for enrollment in preschool and institutional capacities limits their abilities to enroll higher number of children with disabilities. No children of other ethnic communities besides the Albanian community attend the preschool; there were no enrollment applications submitted by families of other ethnic communities.

Infrastructure of public preschool premises

The existing infrastructure of the preschool premises is very favorable. The institution is hosted in a one-story building, planned and constructed to serve the purposes of a kindergarten. All facilities required for the successful operation of the institution are available. However, following a sanitary inspection control visit, finding was that the current state of the building needs considerable maintenance and reconstruction, particularly water and sewage installations. Public preschool is situated in a convenient location in the city center.

Educators' skills and qualifications in public preschool

All educators are qualified to work with preschool children. A degree in medical sciences (secondary medical school or a degree in nursing) is a hiring requirement for educators working with children younger than 3 years old. The bachelor degree in nursing does not offer any pedagogical or psychological subjects; hired educators working with children up to 3 years old do not have the needed qualifications and skills to develop children's social and cognitive abilities.

A recently established agreement between the PHC in Lipjan and the preschool enables family doctors and a psychologist to perform weekly check-ups of children and where possible, consult with parents of enrolled children. Currently however, these health visits are not taking place, whereas the preschool plans for the visits to be reinstated in the near future.

Parents of children that are enrolled in preschool are generally satisfied with the quality of services received.¹⁴³ There seems to be lack of consistency in performance among educators, as per parent reporting. Educators are generally perceived to be very dedicated and qualified to work with children, albeit there are some whose performance is unsatisfactory. Parents complain that younger age groups, those below the age of 5, are very rarely taken outdoors; these groups are usually maintained only on closed premises within the preschool facilities and do not have the opportunity to play in open air. Age group of 5 and 6 years old have more intensive activities outdoors, along with visits to public institutions and educational visits.

Monitoring and training in public preschool

In-house capacities for monitoring activities are rather scarce. There have been no recent staff monitoring initiatives.

The preschool building was inspected in order to identify necessary interventions and reconstructions that need to be made. As a result, a bathroom repair is requested along with construction intervention to eradicate mold.

There have been a few trainings made available to the educators, albeit not specifically designed for their line of work. There has been a request delivered to MES for additional training and the preschool director is still waiting for the response. Further training needs identified entail advancing educators' knowledge and skills to teach children through games, as well as be more resourceful when planning and implementing daily activities.

Educators¹⁴⁴ working in the preschool have stated the need of receiving support from a pedagogue, particularly in assisting them to develop daily plans and intervention methods that would work best to meet children's needs. Educators further confirmed the need for professional trainings in the field of education and working with children. The recent trainings attended by the educators were not related to their line of duty; these trainings were attended to reach number of credits for re-licensing purposes. Educators are interested to follow professional trainings that would help them score a more successful performance with children.

143 FGD Parents of children enrolled in preschool education. Lipjan.

144 Educators employed in a public preschool education. Lipjan

Existing support and referral documents in public preschool

Communication with other relevant stakeholders is assessed as sub-par. Communication and support from other government officials is not satisfactory. Further support is needed to advance the performance of educators. Educators mentioned internet as the primary source for obtaining work-related information, mentioning a social media page where a pediatrician offers free counsels for early childhood development.

Table 2. Overview of children enrolled in public preschool education in Lipjan

**Staff employed to accommodate planned expansion*

Public preschool in Lipjan	Public preschool
Number of admissions	117
Vulnerable families	25
Children with disabilities	1
Educators	20*
Supporting educator /special educator	0
Age group	1 to 6

Opportunities for improvement in public preschool

There is an immediate need for the preschool to employ a speech therapist due to the increased number of cases of children suffering from speech/language development problems. Delayed speech and / or slow language development among children is thought to be impacted by excessive use of technological devices as well as children's exposal to foreign-language broadcasts. The need for a speech therapist has been confirmed by parents of children as well.¹⁴⁵ A speech therapist is employed in the primary school, despite the more eminent need for a speech therapist to be offered a placement in the preschool as well. Moreover, educators express their need for a pedagogue who would assist them in developing work and intervention plans in order to advance children's skills and abilities.

Staff is not trained to develop Individual Education Plans, which would enable them to deliver a more tailored teaching approach essential in the teaching process of children with disabilities.

The use of children's registration books is not tailored to meet preschool requirements. The currently used registration books are those of the primary school; they do not include all the details pertinent to children of preschool age.

As a prerequisite for enrolling children in preschools, detailed blood and strep test results need to be submitted. The PHC in Lipjan does not complete all the necessary medical tests required for the enrollment of children in preschool education. For these blood tests, parents have to take children to PHC or the hospital in Prishtina. Financially disadvantaged households are constrained with the additional cost of enrolling children in preschool education.

¹⁴⁵ FGD Parents of children enrolled in public preschool. Lipjan

Municipality	Public		Private	
	Fee per month	Specifics	Fee per month	Specifics
Lipjan	45 Euro	Number of admissions: 117 Admission based on AI Parent(s) employed Affirmative action for inclusion of children from underserved groups No enrollment of other ethnic communities Working hours 6:30 to 16:30, drop-in time is until 9:00	75 Euro	Number of admissions: 60 Both parents employed Inclusion of children from disadvantaged groups under self-initiative Provide additional services against a fee, such as transportation and additional classes for pupils Working hours 7:00 to 18:00, flexible drop-in time

Private preschools in Lipjan

Visited private preschool is a recently established private preschool located in the town of Lipjan, providing services to around 60 children, aged between 6 months to 6 years. The preschool provides child transportation services for an additional fee, as well as other additional child-support services as requested by parents. The managing director has over five years of experience in early childhood development and education, and a degree in preschool education.

The number of enrolled children varies across seasons. The oscillation of children attending preschool education is much dependent on seasonal flu, weather conditions, and so forth. Inconsistency in preschool attendance makes planning to expand activities difficult to develop and susceptible in financial terms. In addition, developing individual intervention programs and following the progress of each child is difficult.

A team of 8 educators is employed at this preschool, all qualified in preschool education. The managing director is generally satisfied with the quality of staff, and overall preparedness and availability of applicants in vacancy announcements. The institution also employs a psychologist and sociologist, who offer additional support to the team of educators. A speech therapist is also available, providing regular sessions to about 20% of the children enrolled in the institution. A general perception is that many children in the municipality of Lipjan are in need of a speech therapist, due to speech delays or impediments.

Lipjan municipality has sustained a considerable shift in settlement distribution of the population, with many rural households moving to Lipjan urban settlement in the last decades. The influx of households to urban settlements is still merging into a new mindset that aspires to integrate the interests and needs of all community groups.

Educators generally have good performance, and activities conducted in class and approach they use with children is valued while assessing their performance. Use of Standards¹⁴⁶ and the new curriculum for children 5 to 6 has facilitated the work with children. These documents provide good guidance to educators and preschool management, about the skills and abilities children should demonstrate at different developmental phases.

Professional trainings are provided by the school management; the preschool also utilizes the help of a family member who also offers preschool education trainings. On-the-job training is the most common form of support provided to educators.

Inspection is predominantly carried out for sanitation and hygiene, several times a year. Collaboration with other stakeholders is satisfactory, most often with officials from the Ministry of Education and Science.

The preschool aspires to include parents in the child development process. Parents are often reluctant; their main concerns being related to food consumption habits and sleeping hours of children while in preschool.

Parental profile of enrolled children is predominantly more affluent; usually one or both parents are employed. Inclusion of vulnerable groups in the preschool is very limited. Children of different ethnic communities have very few opportunities to interact and play in common environments. School management considers it crucial to have information campaigns and raise of awareness about inclusion of all children in education and early development process.

UNICEF supported community-based preschool education

Public preschool in the village of Gadime, municipality of Lipjan, has been made operational since autumn 2019. A total of twenty-six children are enrolled, aged 3 to 5 years. Daily working hours are from 10 o'clock to 12:30. Preschool operates within the premises of the local school in the village. Enrollment of children in the preschool is free of charge.

Opening of the preschool has been made possible through close collaboration with the MED and local school authorities. Prior information session and engagement with the local community has generated much interest among the parents. Opening of a second preschool group, with twenty-three other children, is underway. Preschool is open to all interested parents of young children; the composition of the group is heterogeneous, and it includes children from different socio-economic, as well as ethnic background.

There is only one educator in the preschool.¹⁴⁷ Educator has completed the degree for preschool education, and has earlier experience working with preschool age children. Educator has completed training in new curriculum (children 5 to 6) and Early Learning Development Standards for Children 0 to 6. Educator reports having built close working relationship with the parents, and children have become familiarized with the preschool education process very quickly.

¹⁴⁶ Early Learning Development Standards for Children 0 to 6 Years.

¹⁴⁷ Interview with the preschool educator. Preschool education supported by UNICEF in Lipjan.

Parents have reported great satisfaction with the quality of preschool, which was reflected in children's willingness to attend preschool. Parents have stated that children describe the activities from preschool, and that children's language skills have rapidly improved.¹⁴⁸ Children are also showing less need to use technological devices, such as mobile phones, and get more involved in playing with toys, drawing, and recreating activities from preschool. Reporting from the parents further confirm they were unable to enroll children in preschool education, due to lack of transportation means, since no preschool is available in their village. In addition, challenging financial situation of many households deter them from enrolling children in preschool, despite acknowledging the importance of preschool and willingness to enroll children in preschool education.

RESPONSIVE CAREGIVING

Action for Mothers and Children (AMC) has initiated a project in collaboration with Lipjan's Main Family Medicine Center, regarding health of young mothers and importance of breastfeeding for newborns. The project organizes support groups of young mothers, where better parenting practices are discussed and shared. The AMC project has been collaborating with the Home Visiting Program, to encourage young mothers for exclusive breastfeeding in early childhood. Support groups are met on regular basis, moderated by a trained medical professional who engages with young mothers and trains them about breastfeeding techniques. AMC project also aspires to work closely with medical professionals in healthcare institutions in Lipjan to promote exclusive breastfeeding among young mothers.¹⁴⁹

SECURITY AND SAFETY

There is one main police station in town of Lipjan and two stations situated in rural settlements. Police forces in Lipjan number 94 police officers; the majority (80) being of Kosovo Albanian ethnicity, thirteen K-Serb and one Kosovo Bosniak. Fourteen police officers are women.¹⁵⁰

Police officers working for the domestic violence cases in Lipjan confirm children being always indirect victims of violence, whenever there is a reporting domestic violence; no direct violence against children has been reported. The police officers work closely with the Center for Social Work, who represent the primary institution reporting domestic violence to the police. During 2019, police station in Lipjan has recorded 47 domestic violence cases; similar trend has been observed at the beginning of 2020, the first quarter having 10 reported cases.¹⁵¹ Police officers in Lipjan working with domestic violence are assigned other police cases as well; the police station does not have established a unit that will be solely dealing with domestic violence cases. In the municipality, there is a task group with representatives of relevant stakeholders that are engaged in the prevention and intervention of domestic violence cases. This group is tasked with raising awareness and outreach to different groups about information regarding domestic violence.

148 Interview with a parent who have enrolled child in preschool. Municipality of Lipjan.

149 Retrieved from <https://amchealth.org/who-we-are/news/?id=5404>

150 Kosovo Police.

151 Interview with police officer working with domestic violence cases. Police station in Lipjan.

Center for Social Work in Lipjan has four social workers, offering social support to families in need. The coordinator of social services reports being understaffed, both in terms of the number of population they serve,¹⁵² as well as the increase of workload in the recent years. Only in 2019, there has been an increase of 200 new social services provided. There is a decrease of children at risk of being abandoned; two children currently at risk are being closely followed by the social workers of Lipjan's CSW. On the other hand, there is an increase of divorces and domestic violence, receiving assistance by social workers.

Social workers in CSW in Lipjan are well-trained for provision of general social services. No social worker is profiled in any specific social service field they provide; provision of social services is conducted on rotation basis and all social workers get to provide services for all social services offered by the social service system. There has been no training attended by social worker in early childhood development and education of children under the age of six. Age group of family members are collected and reported for all young family members up to the age of 18, and no data analysis is done for families that have children under the age of six.



UNICEF/2020/S.Karahoda

¹⁵² Interview with coordinator of social services at Center for Social Work in Lipjan. Municipality of Lipjan. Based on the minimal standards, for each 10000 inhabitants, one social worker should be available.

DRAGASH

Overview of the municipality

Dragash is one of the smaller municipalities located in southern Kosovo. Dragash is located close to Prizren municipality, which signifies an important location for access to public services for Dragash residents. With a population of 33,997 inhabitants, it represents an ethnically diverse area. Kosovo Albanians represent about 60% of the Dragash population, and K-Gorani and K-Bosniaks constitute the two other major ethnic communities, with 8,957 and 4,100 inhabitants, respectively. Dragash municipality consists of Dragash town and 35 villages. Gender distribution among the population is almost equally split: 17,035 males and 16,962 females. Population of Dragash has particularly a small number of children under the age of 9; every seventh inhabitant (15.1%) of Dragash is nine years old or younger. There is a slightly higher number of male children: out of 5,146 children aged 9 or younger, slightly over half (51.3%, or 2,639) are male, and 48.7% (2,507) are female children.¹⁵³

The economy in Dragash is predominantly driven by agriculture activities and small trade businesses. With approximately 744 registered businesses operating in Dragash, private sector employs 1,152 persons. Dragash has a great potential for tourism development, due to wild mountains and pristine nature. However, the design and implementation of long-term programs for tourism development are needed in order for the sector to contribute to Dragash's economic development of Dragash, particularly through fostering income and employment generation.¹⁵⁴

Dragash public infrastructure is generally assessed as good. Roads of the majority of villages are asphalted. However, there is a delay in installation of water supply system for half of the villages in Dragash municipality. Other villages have individual water supply systems installed.¹⁵⁵

In terms of municipal performance assessment, Dragash has scored particularly low on labor market and support services, which practically entails labor supply and labor demand in this particular market, and local infrastructure.¹⁵⁶ On the other hand, Dragash performance on collected taxes and fees and local administration was assessed better than the average of Kosovo municipalities.¹⁵⁷ Based on the municipal performance assessment conducted by the Ministry of Local Governance, Dragash has not been qualified for additional municipal grants by the central government level for 2020. Dragash has scored considerably low on municipal management, by failing to spend budget allocations planned for capital investments.¹⁵⁸

¹⁵³ Ibid.

¹⁵⁴ Municipality of Dragash. Municipal website.

¹⁵⁵ Municipal Development Plan.

¹⁵⁶ USAID. Municipal Competitiveness Index, 2019.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid.

GOOD HEALTH

Healthcare sector

A Main Family Medicine Center is located in the town of Dragash. Other primary healthcare facilities include thirteen family medicine centers, operating at different hourly schedules. The health sector employs 100 health workers, including medical staff and other supporting staff. The majority of workers in the health sector are males (78 men and 22 women).¹⁵⁹

The number of medical visits carried out at the primary health care system in Dragash is consistent with that of other Kosovo municipalities of similar size. In 2016, the total number of primary health care visits at the family medicine facilities was 50,374, and 3,788 health visits at the pediatric unit.¹⁶⁰

Home Visiting Program in Dragash has been operational since 2012, when it was elected as one of the two municipalities to run this pilot project. Throughout the years, number of home visits varied between 350 and 380.¹⁶¹ With a team of 7 medical professionals, Home Visiting Program covers the town of Dragash and some villages where family centers are located. Recent recruitments of medical staff across some family centers include male nurses, representing a barrier to access pregnant women and new mothers due to the prevailing social norms. Medical professionals from other family centers are obliged to visit the villages where family centers employed male nurses. The challenges of the HVP in Dragash include the difficulty in reaching out to pregnant mothers and young children living in remote villages, hardship in identifying pregnant women and new mothers, lack of proper transportation arrangements, and safety while commuting in rural settlements due to stray dogs. Lack of personal space within visited families also represents an unfavorable circumstance for HVP medical professionals to build rapport and interact in a relaxing environment with pregnant women and young mothers. Elderly members of extended families are curious to find out about the nature of HVP visits, constraining opportunities for HVP medical professionals to engage with young mothers.

There is no gynecologist, nor pediatrician serving at the Main Family Medicine Center in Dragash, which impacts pregnant women and young mothers to conduct health visits in the neighboring regional town of Prizren. Lack of visits of pregnant women and new mothers is disabling the HVP coordinator to collect information about pregnancies and new births in the Dragash region. Coordination with maternity in Prizren hospital enables HVP medical professionals to identify and collect contact information about young mothers, along with collection of information about pregnant women and young children through field visits. There is no female doctor employed at the Dragash MFMC. Lack of female doctor refrains some new mothers, especially those coming from more traditional families, to access services at this health facility.

Child immunization is offered in two healthcare facilities: MFMC in Dragash and FMC in the village of Bellobrad. Healthcare professionals from the immunization unit at family care medicine centers collaborate closely with other medical staff to identify children that need to undergo immunization

¹⁵⁹ Municipality of Dragash. Municipal directorate of health and social welfare.

¹⁶⁰ Kosovo Agency of Statistics. ASKdata. Health and social wellbeing.

¹⁶¹ Interview with Home Visiting Program coordinator. MHFC in Dragash.

schedule. Healthcare staff from the Home Visiting Program and the Information Center for Women's Health provides a valuable resource to identify and reach out to families that have young children from the region of Dragash and need to undergo immunization. Accurate information about the prevalence of immunization of young children is uncertain; it is generally believed that all children undergo immunization schedule by the time they are enrolled in primary school.

ADEQUATE NUTRITION

Home Visiting Program puts much emphasis on all visits to inform and raise awareness among pregnant women and new mothers about adequate nutrition. Medical professionals conducting HVP report a decrease in exclusive breastfeeding practices among new mothers. Pregnant women and new mothers are eager to consult the HVP medical professionals about adequate nutrition. A considerable portion of families report financial difficulties as a constraining factor that limits the availability of different and quality foods for consumption. Families in the social assistance scheme, fulfilling the criteria of having a child up to 5 years of age, receive social assistance in the amount that does not satisfy the basic adequate nutritional needs of the family members.¹⁶²

There is an ongoing project with the Action for Mothers and Children implemented in Dragash. Peer support classes are organized for new mothers in Dragash municipality. These groups are scheduled to meet on regular time intervals, although due to significant distances from remote villages to Dragash town, these meetings are not always organized in a group format. Individual interaction with young mothers is also utilized, by the trained medical professionals employed at the MFMC. Through the AMC project, dietary supplements are provided to young mothers enrolled in peer-support classes, with the aim to balance the nutritional needs during pregnancy and while breastfeeding.

OPPORTUNITIES FOR EARLY LEARNING

There are 35 primary schools with 3,579 pupils and 470 teachers in Dragash municipality. The education system provides teaching in Albanian and Bosnian languages, both seated within the Kosovo curriculum. A multi-ethnic secondary school is situated in Dragash town, and has 601 students, out of which 537 are Kosovo Albanian, and 64 are Kosovo Bosniak. A total of 73 teachers provide education in Albanian and Bosnian languages under the Kosovo curriculum. There are also 6 Serbian-curriculum primary schools spread across the Kosovo Gorani and Kosovo Bosniak inhabited villages, with 600 pupils registered for preschool and primary school classes.¹⁶³

Preschools in Dragash

Dragash municipality has recently benefited from a public preschool for children ages 0-5, whereas private preschools are inexistent. There are pre-primary classes available in fifteen groups at different locations throughout Dragash municipality, including two preschool groups in Dragash town.

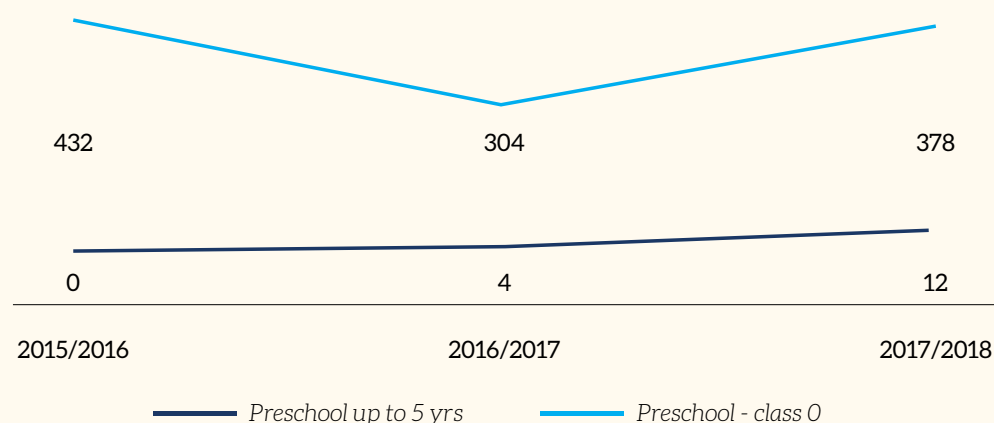
¹⁶² Interview with Home Visiting Program coordinator, MHFC in Dragash.

¹⁶³ OSCE. Municipal Profile 2018, Prizren region, Dragash/Drigas

The number of children enrolled in pre-primary classes was inconsistent throughout years. Data from Kosovo Agency of Statistics show that between 2015 and 2018, the number of children enrolled in pre-primary classes have dropped by 30%. The fluctuation is due to inconsistency of pre-primary classes being operational in different schools in Dragash region. In 2018, the total number of children aged 6 or younger enrolled in preschool education was 390. On some occasions, children below the age of 5 were enrolled in pre-primary classes, depending on child's interest and development abilities to attend pre-primary class activities. Gender distribution of children enrolled in preschool classes show a greater prevalence of male children enrolled, 57.7% versus 42.3% of female children.

Figure 3. Number of children enrolled in preschool education in Dragash¹⁶⁴

Source: Kosovo Agency of Statistics. ASKData. Education



Public preschools

Public preschool in Dragash has been recently established, through a supporting program by UNICEF and in collaboration with MES and Dragash Municipal Education Directorate. Children of preschool age were able to enroll in pre-primary classes (class 0) in one of the fifteen groups where these classes are made available. Preschool classes are provided within primary schools, free of charge.

UNICEF supported community-based preschool education

A total of 30 children are enrolled in the UNICEF-supported preschool in Dragash, made operational in the autumn of 2019. Out of 30 enrolled children, 23 of them attend preschool activities regularly. The group consists of multi-language children, coming from different ethnic backgrounds. Enrollment of children in this preschool is convenient, with few administrative procedures that are easily attainable.

There has been a considerable interest among parents to enroll children in preschool education; there is no typical profile of a household that enrolls children in preschool. Few of the families who have enrolled children in this preschool consist of working parents. Parents' main motivation to enroll their children in this preschool is the hope of providing them with a better opportunity, socialize and be well-prepared for primary school. Interviewed¹⁶⁵ parents confirm that enhancing social interaction with other children is one of the primary motives behind enrolling their children in

¹⁶⁴ Discrepancy in terms of number of children enrolled in pre-primary classes. School director in Dragash reported 15 children in Dragash town and about 40 children in rural areas to be enrolled in pre-primary classes.

¹⁶⁵ Parent of a child enrolled in preschool education. Dragash

this preschool. Additionally, parents want their children to develop a wide range of skills and abilities, develop their vocabulary and speaking skills, as well as adopt behavioral values and ethics by getting accustomed to school rules. Parents confirm that with time, the verbal skills of children have improved, as they are able to engage in conversations and intensified verbal communication since attending preschool.

Enrollment and attendance in this preschool is free of charge. Working hours of the institution are between nine and eleven-thirty. The preschool is currently in the process of applying for a license.

There is only one educator employed working with twenty-three children, which makes class management quite challenging. Attending children are between the ages 3 and 5 years old. The educator reported to have had several issues engaging all children, due to the large number of children present in the group and their young age. The educator is qualified in preschool education, with limited experience working in preschool education. There is an increase in competency to organize the class and work with children.

Following the initial registration period, children have become easily accustomed to the environment of preschool. Children are becoming more willing to socialize and to follow the class rules. They are also more eager to attend the institution and get along well with other peers.

Infrastructure of preschool premises

Preschool premises are conveniently located at Dragash's city center, adjacent to the primary school. The renovated building provides a good and safe environment for organizing preschool activities. Plenty of natural light and airing offer great opportunities for children to play and learn in an adequate setting.

Educators' skills and qualifications

The educator has attended a training on the implementation of the new curricula designed for children aged 5 and 6. There is a need for the educator to attend additional professional capacity-building trainings. The educator is supervised and assisted by the implementing partner of the project, and is underway of consolidating and advancing the structure of tasks and activities implemented in their job. Parents assess the educator as capable and engaging with children, acknowledging the educator's motivation and resourcefulness to undertake different activities with children on a daily basis.

Monitoring and training

The local implementing organization is currently providing coaching to the educator. Increase of capacities is enabling the educator to manage the group in an efficient manner. The preschool is in good collaboration with the primary school director, who is responsible for managing preschool's daily activities, as well as with the Municipal Education Directorate, who closely monitors preschool's performance and progress. School management and MED officials generally seem to be satisfied with the work conducted at this preschool.

Existing support and referral documents

Available support is accelerating as the project progresses. Children are getting accustomed to the new environment, and the educator is attending to their immediate needs. No structured and formal assessment of children is currently underway, albeit the educator is vigilant about any specific situation that needs further attention and is learning more about the existing referral documents on early childhood development.

Table 3. Overview of children enrolled in public preschool education in Dragash

Preschool education in Dragash	UNICEF supported preschool
Number of admissions	30
Vulnerable families	N/A
Children with disabilities	0
Educators	1
Supporting educator /special educator	0
Age group	3 to 5

Opportunities for improvement

Parents interviewed have confirmed the need to increase the working hours of the preschool education. Working parents are obliged to leave work in order to take their children to and pick them up from the preschool. The provision of meals or snacks would also enable children to stay for longer hours and increase their efficacy of learning. Local government officials are currently underway of drafting the municipal budget and there is a commitment to allocate necessary funds to institutionalize the preschool functionality and make its operation sustainable.¹⁶⁶

There is no public playground in the town of Dragash. Parents would prefer to have a playground available for children enrolled in preschool, which would enable them to play with peers in an open environment.

Dragash town offers very few opportunities for children to play and learn. Parents of enrolled children deem the existence of preschool education as vital for the healthy development of young children. Children are usually expected to stay at home with extended family members, most often grandparents or cousins. Structured activities and opportunities to learn are very few, and preschool offers children a great opportunity to develop and enhance their abilities at a young age.

RESPONSIVE CAREGIVING

Project implemented by Action for Mothers and Children (AMC) provides mother classes to young mothers of Dragash. These classes are organized in a group format, where young mothers are provided with an opportunity to engage and share experiences. The great distance of rural areas to Dragash town makes it difficult for these classes to meet on regular basis; the coordinator and trained medical professionals engage with young mothers on individual basis. Nature of the project enables young mothers to get information about better parenting skills, such as positive parenting, healthy eating habits, social, cognitive and emotional development of young children, and

¹⁶⁶ Interview with school director. Municipality of Dragash.

alike. There is also video material that is presented to young mothers, within the premises of the MFMC, in a friendly and relaxing environment. Number of young mothers accessing these services is considered to be rather low.¹⁶⁷

SECURITY AND SAFETY

A Kosovo Police force is situated in the town of Dragash, with a workforce of 55 police officers. There is a sub-station of six police officers in the rural settlement of Krusheve. Two thirds of the police force is of Kosovo Albanian ethnicity (36), just over a quarter (15) is Kosovo Gorani and four police officers are Kosovo Bosniak.¹⁶⁸

The police station in Dragash has two police officers that deal with domestic violence. The two officers are of Kosovo Albanian and Gorani community. The reporting domestic violence cases have recorded a steady increase in the recent years, from 15 in 2018, to 20 in 2019.¹⁶⁹ The increase in reported cases has been associated with the raising of awareness among population, coming as a result of different informative campaigns and regular outreach of the police officers in the communities. In the outreach program undertaken by the police officers, presentations and informative campaigns regarding domestic violence, intervention capacities and institutional remediation measures are organized with secondary school students every year. The police station in Dragash has a special premise, equipped in a child-friendly manner, which is used to temporarily accommodate victim members of the families with young children in domestic violence cases. There has been no physical violence case against a child in reported domestic violence cases. Police officers have undergone many trainings in dealing with *inter alia* domestic violence, although no training has been provided how to approach and work with young children during their intervention.

Center for Social Work in Dragash does not have any currently registered abandoned child that needs alternative family care. The provision of social services does not entail any specific intervention means to young children. Social service workers are not trained to work with young children. Child services available in Dragash are very limited; the opening of the preschool education supported by UNICEF has been assessed as very positive, providing children with opportunities to socialize and develop their skills.¹⁷⁰

167 Interview with MFMC medical professional in Dragash.

168 Kosovo Police

169 Interview with police officer dealing with domestic violence. Police station in Dragash.

170 Interview with Director of Center for Social Work. Municipality of Dragash.



UNICEF/2014/G. Pirozzi

GJILAN

Overview of the municipality

Gjilan constitutes of the municipalities with most inhabitants in Kosovo. Situated in south-eastern Kosovo, Gjilan municipality includes the town of Gjilan and 42 villages. Gjilan municipality has a population of 90,178 inhabitants; 60% (54,239) live in the town of Gjilan, and 40% (35,939) live in rural settlements. Gender balance is equally split between genders: 45,354 males and 44,824 females. The vast majority (97%) of Gjilan population is of Albanian ethnicity, followed by Kosovo Turks (978), Kosovo Serbs (624), Kosovo Roma (361), and other ethnic communities.¹⁷¹ Children under the age of 9 constitute just over 15% of the Gjilan population, with slightly more male children (7337) compared to female children (6886).¹⁷²

Gjilan was known for its highly developed industrious economy during the 1970s and 1980s, particularly in textile, tobacco, and heating radiator production. Nowadays however, Gjilan's economy predominantly relies on small businesses, mainly focused on trade and services. With 4,100 registered businesses, the private sector employs over 6,700 employees.¹⁷³ Diaspora plays a vital role in maintaining a revenue stream for many households, while remittances contribute significantly in meeting households' needs.

Gjilan's public infrastructure is generally assessed as very good. All roads connecting villages with Gjilan town are asphalted. The water supply network is deficient throughout all Gjilan region, due to lack of sufficient re-

¹⁷¹ Kosovo Agency of Statistics. Census 2011.

¹⁷² Ibid.

¹⁷³ Municipality of Gjilan. Municipal directorate of economy and development.

sources to meet population needs. Less than one third (14 out of 42) of rural settlements are connected to the water supply system. About half (20 out of 42) of rural settlements have collective sewage systems installed.¹⁷⁴ Due to water scarcity and recurring droughts, Gjilan is at frequent risk of severe shortages of water supply, particularly during summer months.

Gjilan scored rather poorly in terms of local governance performance. It sits in the bottom eight of all Kosovo municipalities assessed.¹⁷⁵ Gjilan's local governance has scored particularly low on local administration and somewhat average on the indicator of taxes and fees, as well as meeting labor offers and demand in the labor market. Despite its low ranking, Gjilan's local governance performance has qualified Gjilan as a beneficiary of additional grants, which may be used for capital investments.¹⁷⁶ Gjilan scored above average in service provision, whereas performed sub-par on municipal management.

GOOD HEALTH

Healthcare sector

The primary health care system in Gjilan municipality includes one Main Family Medicine Center, located in the town of Gjilan, thirteen Family Healthcare Centers, and ten Healthcare Centers (outpatient facility). The primary healthcare system in Gjilan employs 282 employees, out of which 262 are Kosovo Albanians, eight are Kosovo Serbs, ten Kosovo Turks, one is Kosovo Roma and one other ethnicity.¹⁷⁷ Regional hospital located in the town of Gjilan staffs 549 employees, where a vast majority is Kosovo Albanians (541). Gjilan inhabitants of Serb ethnic origin generally access Serbian-run health facilities, located in the town of Gjilan and two other rural settlements inhabited by Kosovo Serb population.

The primary health care system in Gjilan provides a remarkable number of medical check-ups, reaching 181,537 in 2016. Health data show that a considerable number of medical check-ups are also performed at the pediatric unit, reaching 8398 in 2016. The secondary health care system consisting of the regional hospital in Gjilan, experienced a significant decrease of medical check-ups performed during 2016-2017, providing less than half of services in 2017 (70,665) compared to the previous year (191,584).¹⁷⁸

Vaccination

Data obtained from the Unit of Vaccination at the Main Family Medicine Center in Gjilan confirm that vaccination coverage is between 95% and 98%. The manager of the Vaccination Unit considers the vaccination coverage to be in line with international standards. In the city of Gjilan, there are four vaccination centers that operate regularly. Apart from the vaccination centers, regular visits to school premises are scheduled and conducted to monitor and administer vaccines for children who have not been vaccinated as per the immunization schedule.

¹⁷⁴ Municipality of Gjilan . Municipal directorate of public services

¹⁷⁵ USAID, Municipal Competitiveness Index, 2019.

¹⁷⁶ Performance Evaluation of 2018 for the Municipal Performance Grant for Fiscal Year 2020, Ministry of Local Government Administration 2020 .

¹⁷⁷ Gjilan municipality. Municipal directorate of health and social welfare

¹⁷⁸ Kosovo Agency of Statistics. ASK Data. Data on health.

There are between 1100 and 1200 births in Gjilan region per year. All new births are obtained from the gynecology departments; the list of all new births is copied and data is managed and maintained by the vaccination unit to track immunization coverage in the Gjilan region. The manual system of collecting and administering information on new births requires lot of effort by a team of two doctors and five nurses. The records are kept in printed lists and notebooks, and file cabinets are used to accommodate immunization lists from the previous period.

The manager of the Vaccination Unit reports a very low prevalence of parents who refuse to vaccinate their children; about 5 in 1000 parents demonstrate reluctance or refusal to administer the vaccine, especially against measles. In vast majority of cases, further engagement with the parents results in success: parents are properly informed about the importance of immunization and they approve the immunization schedule.

Immunization of the Kosovo Roma, Ashkali and Egyptian communities is not properly maintained by the Vaccination Unit at the MFMC. Roma, Ashkali and Egyptian communities seldom access health services offered by the Serbian-run system, and data on the immunization coverage of these communities is not adequately and accurately maintained. The vaccination unit staff, as well as, other health medical professionals at MFMC inform Roma, Ashkali and Egyptian parents on the importance of immunization and the immunization schedule during their health visits to the MFMC premises.

ADEQUATE NUTRITION

A home-visiting program is organized through the MPHC in Gjilan. Main activities of the home-visiting program include promoting healthy practices, informing young families about parenting skills, working with pregnant mothers for a healthy and supportive pregnancy, and so on. Further activities of the home-visiting program include positive disciplining and encouraging parents to get more involved in the healthy development of their children. Routine check-ups are conducted in each home visit, and parents are informed on the importance of emotional, social, and cognitive development during early childhood.

The home-visiting program in Gjilan conducts between 110 and 120 visits a month, through fifteen family medicine centers. The visits are conducted in both urban and rural areas. Some areas, particularly those which do not have a family medicine center and which pose greater commuting difficulties for medical staff, are unfortunately more poorly covered than others. Some family medicine centers have male nurses; pregnant women and new mothers are generally reluctant to accommodate visits of male nurses.

A key goal of the home-visiting program is the promotion of breastfeeding. During home-visits, young mothers are informed on the importance of breastfeeding and are provided with more information on optimal breastfeeding tips and positions. According to the HVP coordinator in Gjilan, there is a considerable decline of young mothers pursuing exclusive breastfeeding. New mothers are encouraged by medical professionals to consider formula feeding, particularly in cases when young mothers face breastfeeding difficulties. Young mothers, especially those that are in the working force, are utilizing the formula,

compared to exclusive breastfeeding. Anecdotal evidence show that only about 30% of young mothers use breastfeeding exclusively. Paradoxically, another contributing factor to the low rate of exclusive breastfeeding is the higher educational attainment of young mothers, under the argument of having sufficient and reliable information about parenting skills.

OPPORTUNITIES FOR EARLY LEARNING

There are 29 primary schools in Gjiilan municipality, out of which 25 follow the Kosovo curriculum and 4 follow the Serbian curriculum. A total of 12,370 students are enrolled in primary education, with the vast majority (12,023) being Kosovo Albanian, 236 Kosovo Serbs, 75 Kosovo Roma, and 36 Kosovo Turks. There are 1,014 teachers employed in primary and lower secondary education institutions. There are four public kindergartens, out of which three are located in Gjiilan town and one is located in a rural settlement inhabited by Serb population. Out of 350 children enrolled in kindergartens, 310 are Kosovo Albanians and 40 Kosovo Serbs. 37 teachers (35 Kosovo Albanians and two Kosovo Serbs) work in the public kindergarten facilities.¹⁷⁹

Preschools in Gjiilan

There are three public preschools located in Gjiilan city, and one is located in a village inhabited by Kosovo Serb population. There are five private preschools, providing services for children aged 9 months to 6 years.¹⁸⁰ Most of private preschools are licensed to operate for a period of one year, renewed upon conditions foreseen in sub-legal acts. The enrollment capacity in private preschool education exceeds 290 pre-school age children. Four out of five licensed preschools have a planned enrollment capacity of up to 50 children; one preschool has been licensed to operate with a capacity of enrolling up to 100 pre-school children.

Comparing data from academic year 2015/16 and 2017/18, there is a slight decrease in the number of children enrolled in preschool education (ages 0-5), respectively in kindergartens. A decrease in the number of children enrolled was caused due to facility renovations and expansion of capacities that took place during that period. On the other hand, the number of children enrolled in pre-school classes (class 0) has increased from 1,165 during the 2015/2016 academic year to 1,288 in 2017/2018.

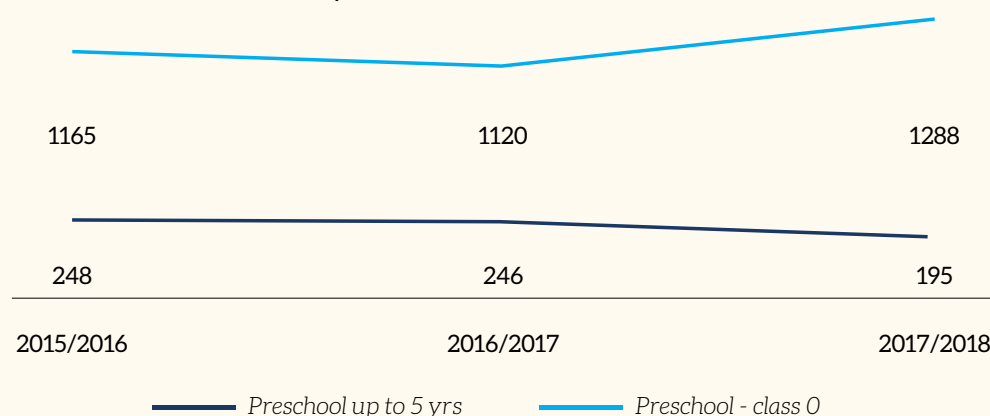


Figure 4. Number of children enrolled in preschool education in Gjiilan

Source: Kosovo Agency of Statistics. ASKData. Education

¹⁷⁹ Gjiilan Municipality. Municipal Directorate of Education.

¹⁸⁰ MES. List of licensed preschool institutions. Retrieved from <https://masht.rks-gov.net/uploads/2018/05/lista-20022020.doc>

Public preschools

A total of 328 children are enrolled in the three public preschools: preschool Ardhmeria 1 has 90, Ardhmeria 2 has 115, and Dardania has 123 children enrolled. All three preschools work at full capacity considering the high demand of child enrollment in preschool. Enrollment of children is decided upon a set of criteria, delineated in the administrative instruction for inclusion of children in preschool education.¹⁸¹ About 15% of children (nineteen in Ardhmeria 1, eleven in Ardhmeria 2, and 7 in Dardania), come from vulnerable groups and are exempted from paying the fee. There are 17 children with disabilities enrolled. Other children come from single parent households, families of veterans of war, repatriated families, poor families, etc. Enrollment priority is given to children whose parents are employed. A large number of enrollment applications is submitted each year, particularly for children aged 2 and 3, exceeding the number of available spots in the preschool. For example, in Ardhmeria 2, out of 34 applicants, for the 2019/2020 enrollment, aged 2-3 years old, only 16 were enrolled. It is estimated that the number of preschool enrollment applications exceeds the number of available spots by about 60%. The waiting list is developed based on the scoring system, with new enrollments made available as per other children's drop-out rate. Although enrollment of children from all ethnic communities in preschools is more than welcome, the three above-mentioned institutions have no Kosovo Roma, Ashkali or Egyptian pupils.

Infrastructure of preschool premises

The quality of infrastructure and facilities in the three-above mentioned preschools is somewhat not equally prevalent. Ardhmeria 2 facility was designed and constructed according to requirements that meet the standards of a preschool. Dardania preschool was constructed recently with the support of an international development organization. On the other hand, Ardhmeria 1 has been operating in a private multi-dwelling house, with no possibility of conducting outdoor activities, and in need of a larger space. All preschools are generally well-maintained and working conditions somewhat favorable.

Educators' skills and qualifications

The directors of the above-mentioned public preschools in Gjilan share different opinions regarding the qualifications educators obtain from preschool education graduate programs. The director of Ardhmeria 2 thinks highly of the quality of education and training provided by the public university in Gjilan, enabling preschool educators to excel in their performance as educators. Furthermore, newly graduated staff is thought to be generally well-prepared for the labor market; the combination of theoretical and practical aspects of the graduate studies have enabled students to acquire good skills to work in preschool education. On the other hand, Ardhmeria 1 director has reported having faced lack of computer skills, even among recent graduate degree students. Inability to use technology limits the opportunities for educators to seek for additional resources for educational purposes and limits the communication of teaching material with other peers and management.

¹⁸¹ Administrative Instruction (MES) No. 19/2016 for Children Inclusion in Preschool Institutions in Kosovo

A total of 34 educators are employed in both preschools. All educators are eligible to work with preschool children, having obtained the required academic and completed relevant pedagogical degrees¹⁸². There is one supporting educator for children with disabilities in Ardhmeria 2, and one special needs educator in Ardhmeria 1 and Dardania who work exclusively with children with disabilities.

Monitoring and training in public preschools

The monitoring of educators is done by the school directors, through an evaluation instrument which is approved by MED and MES. Monitoring is done in class two times a year, and feedback is provided to highlight the strengths and weaknesses of each educator. In order to eliminate potential biases, it might be advisable that monitoring be conducted by an external expert.

There are no external inspection visits conducted to assess the teaching process in preschools. The preschools partially collaborate with the Municipal Education Directorate, which is predominantly focused in discussing the needs posed forward by the preschool and areas of improvement, rather than inspecting the quality of work done with children. Higher involvement and collaboration with MED is deemed as essential to advance the work in the preschool sector. There is no inspection performed by MES; the Pedagogical Institute has requested input while developing the new curricula for preschool children and this support was provided. Municipal sanitary inspectors perform regular inspections of preschools' sanitary conditions (up to four times a year). Sanitation reports have always been satisfactory. Besides regular cleaning, sanitizing, and disinfection of preschools by authorized companies, no further requests were posed by the inspectors.

A variety of trainings were delivered to educators including the training on the new curricula for children aged 5 to 6, Early Learning Development Standards for Children,¹⁸³ and Individual Education Plan (for special education teachers). Almost all educators have completed the necessary trainings to work with respective age groups.

Existing support and referral documents in public preschools

Guiding documents for working with preschool children, developed and approved by MES are widely used, especially the Early Learning Development Standards¹⁸⁴ and the New Curriculum for children aged 5 to 6. The new curriculum is deemed as highly demanding, predominantly requiring completion of administrative tasks that are not seen as effective in improving educators' performance. On the other hand, the curriculum for children aged 0 to 5 is considered as a crucial and necessary by preschool directors.

182 Some educators have gone through the so-called AKM program, which refers to on the job career advancement skills program organized by University of Prishtina, offered to around 1900 teachers who had completed a two-year post-secondary program and attained bachelor degree upon successful completion of the program.

183 Only a few Dardania educators have attended this training.

184 MES. Early Learning Development Standards for Children Age 0 to 6

Table 4. Overview of children enrolled in public preschool education in Gjiilan

Preschools in Gjiilan	Ardhmeria 2	Ardhmeria 1	Dardania
Number of admissions	115	90	123
Vulnerable families	11	19	7
Children with disabilities	5	8	4
Educators	11	10	12
Supporting educator / special educator	1	1	1
Age group	2 to 6	2 to 6	0 to 6

Opportunities for improvement in public preschools

Despite relevant qualifications attained by educators, there is, however, a demand to have additional trainings provided, with the purpose of further enhancing the skills of educators to work with preschool children. Further trainings on the application of new teaching methodologies are particularly assessed as necessary. Trainings on work methodology, inclusivity, and professional support have also been assessed as much needed for the educators. Certain education programs, such as Montessori education, is considered as highly beneficial for educators to advance their working skills. Development of Individual Education Plan should also be offered to all educators, not only those that work with children with disabilities. In addition, computer literacy trainings are also deemed favorable. Furthermore, cooking staff are not qualified for the position they are hired. Cooking classes would benefit the staff to prepare meals served to children.

Parent concerns are primarily related to the room temperature, which may be considered as inappropriate for children of young age. Parents are also concerned with the sleep schedule and amount of daily food consumption. Parents are almost not at all concerned or interested about issues regarding the curriculum and children's individual working plans, drafted by educators.¹⁸⁵ Ardheria 1 was supported by an intervention program, designed and implemented by Save the Children, which aimed to raise parents' awareness on the importance of early childhood development and to enhance their parenting skills. However, only about a quarter of parents participated in the informative sessions organized under this initiative.

¹⁸⁵ Interview with the public preschool director. Municipality of Gjiilan.

Municipality	Public		Private	
	Fee per month	Specifics	Fee per month	Specifics
Gjilan	40 Euro	Number of admissions: Admission based on AI Parent(s) employed Fair inclusion of children from disadvantaged families Affirmative action for inclusion of children from underserved groups Working hours 6:30 to 16:30, drop-in time is until 8:30	60 Euro	Number of admissions: 620 Both parents employed Inclusion of children from disadvantaged groups under self-initiative Provide additional services against a fee, such as transportation Working hours 8:00 to 16:00, flexible drop-in time

Peer-to-peer support was reported to be one of the main forms of engagement among educators and preschool management. It is valued as a crucial form of collaboration, which very often yields positive results. It is perceived as a feasible form of collaboration that is often utilized to advance educator's skills and attend dilemmas or work-related issues faced by educators.

Private preschools in Gjilan

Interviewed private preschool in Gjilan has expanded the scope of offering services to pre-school children, originally designated as a primary school. This private education institution was established as a family initiative. Education services have been extended to offer kindergarten and pre-primary classes since 2010. Currently, there are groups of preschool children in Gjilan as well as town of Viti, a small municipality adjacent to the municipality of Gjilan. The age group of children enrolled in the visited private preschool is from 6 months to 6 years, whereas in Viti, the age group of children enrolled starts at 9 months of age.

The number of children enrolled in preschool classes varies across season of the year, dropping as low as 50% of the overall capacity, dependent on the age groups of children. Peak of the season is usually associated with the school year – from September to December, and February to May. Other factors impact the consistency of children attending the preschool education, predominantly being impacted by the seasonal flu, weather conditions, and alike. The most persistent number of children per age group is those between 3 and 4 years of age. During peak season, number of children 3 to 4 years goes up to 120, whereas off season this number drops between 10-20%. The age group of pre-school classes has the least consistency throughout the year; with up to 205 children enrolled during peak of the season, this number drops by half in off-peak months. The number of children in pre-school classes also varies considerably: from 115 enrolled children during peak season, the number drops to about 60% of school's capacity. Variations

in terms of attendance from the private preschool management have been confirmed to occur at other preschools as well. Private preschool employs a staff of 27 educators, who work with pre-school children.

The common profile of families who enroll children in private pre-school institutions is an average-income household, in which both parents are usually employed, and the age group of parents is early adulthood. Especially among this group of parents, there seems a significant increase in the awareness on the importance of early childhood education, which creates greater opportunities for the private sector to provide qualitative services for pre-school age children.

Qualified educators entering the labor market do not have the necessary skills to be easily accommodated in their job positions. The Faculty Department functions under the umbrella of University of Gjilan since 2013 and managed to provide degrees for a considerable number of qualified educators, in the programs for pre-school and school education. Qualified educators from the pre-school program have been assessed to be better-qualified compared to those from the school program. The pre-school program seems to provide some competitive advantage to graduates, specifically in training them to be more resourceful, enhancing their sense of dedication, and utilizing more advanced teaching programs.

The training of educators is very often reliant on school's capacities to enhance their skills in working with preschool children. Educators have been valued to undergo trainings and often eager to enhance their abilities. The preschool has, however, not been able to provide educators with trainings and capacity-building opportunities to enhance their performance with pre-school children. All training support is organized via in-house resources, which does not seem to comply with any pre-developed training schedule. In-house resources of a school psychologist are utilized to conduct trainings, and school's management got involved very often in monitoring and assessing performance of educators. On-the-job training and coaching are the most dominant forms of assistance provided to educators to enhance their skills. Job performance is assessed through the concepts of inclusiveness and integrative approach; inclusiveness is assessed as the educator's ability to include all children in organized activities and integrative approach aspires for educators to develop projects and activities they undertake with children through various forms of engagement, so that children who have different learning abilities and preferences will benefit the most out of such activities and tasks. Communication skills of educators are also greatly valued by the supervisors and school management, entailing an important part of the job performance evaluation conducted annually. School management at this preschool acknowledges the difficulty to objectively assess children's development stages and progress, compared to their chronological age. It is reported that the early learning development standards for children 0 to 6 years is challenging to use, coming as a result of inability to objectively observe the set milestones that children should reach throughout their development phases.

The work relations between the private preschool and the Ministry of Education have been assessed as fair, albeit MES rarely engages the preschool in central government initiatives that primarily aim to advance the capacities

of pre-school education. Work relations with the Municipal Directorate of Education are rather cold and infrequent, and preschools are rarely consulted or supported in their working process.

Quality assurance for the provision of services is ensured through school management and parent councils, who are established to facilitate the preschool in better managing the teaching process. Establishment of preschool governing mechanisms is conducted via verbal agreements with the parents of children enrolled in the preschool. Members of the parent councils have the right to visit classes and conduct monitoring of the teaching process. Parent councils are also closely consulted to develop and adjust the food menu served to children.

One of the greatest challenges reported by the preschool remains the lack of parent involvement in child's developmental process. Parents, albeit exhibiting greater interest to get involved in the lives of their children, are mainly concerned and interested about whether preschools are providing basic care to their children. Involvement of parents in activities that will enhance children's cognitive, physical and emotional development is still unsatisfactory. Private preschools have observed a generally low attention span among children, which reflects the dire need of involving children in activities that require greater patience and resilience to complete more demanding tasks.

UNICEF supported community-based preschool education

Pre-school community-based education supported by UNICEF in Gjilan has enrolled a total of 34 children, age group 3 to 4 years of age. Despite initial registration, twenty-four children continue attendance on regular basis. The remaining ten children have had difficulties to adapt to the preschool environment, and parents had ceased to bring children to preschool after initial efforts.¹⁸⁶ Preschool operates within the premises of the primary school, representing a sense of safety and comfort to parents who have enrolled children in preschool. There is one educator employed in the preschool, who is having difficulties to attend to the needs of all children in the group. Due to the large size of the group, additional supporting staff is being recruited to meet requirements for preschool education. Preschool provides daily services for two and a half hours. Enrollment is free of charge.

Profile of parents who bring children to preschool is versatile. Some of the parents are employed. Families belong to different socio-economic groups, and children have an opportunity to meet and play with other peers coming from various backgrounds. Parents¹⁸⁷ have welcomed the opening of a preschool, acknowledging it as a great opportunity to expose children in environments that develop skills at the preschool age. Parents interviewed acknowledge some initial difficulties for children to adapt in the preschool, although once adapted children are very eager to attend preschool every day. Parents also confirm that children attending preschool education are using less technology while at home, increasing the interaction with parents after finishing preschool and are more engaged with other family members.

Educator has adequate academic attainment to work with young children, having a university degree in preschool education and earlier experience in

¹⁸⁶ Interview with community-based preschool educator. Municipality of Gjilan.

¹⁸⁷ Interview with parents having children enrolled in community-based preschool education. Municipality of Gjilan.

preschool education. UNICEF has provided equipment for the preschool, as well as learning material which is being used by the educator. Educator has still to undergo further training in early childhood development.

RESPONSIVE CAREGIVING

Action for Mothers and Children has opened a class for mothers in Gjilan, since late 2019. The AMC classes are made operational within the premises of Main Family Medicine Center in Gjilan, offering services to inhabitants of Gjilan and Kamenice municipalities. These classes are designed to offer educational information to young mothers, suggested activities for physical and mental wellbeing, healthy habits during and past pregnancy, breast-feeding, care for newborns, immunization and early child care.

SECURITY AND SAFETY

The Gjilan Kosovo Police Station has 152 police officers, 125 of which are Kosovo Albanians, 22 are Kosovo Serbs, 4 Kosovo Turks and 1 Kosovo Montenegrin. About a quarter of police officers are women. The regional police directorate, regional traffic unit, and specialized regional units located in Gjilan town employ 133 officers, out of which 121 are Kosovo Albanians, 7 Kosovo Serbs, 3 Kosovo Turks and 2 Kosovo Bosniaks. One fifth of the police officers in regional police forces are women.¹⁸⁸

Center for Social Work in Gjilan, sector of social services, employed 7 social workers. Most often, social services provided to children under the age of six are related to abandoned children. Over the recent years, as it was confirmed by coordinator of social services at the CSW in Gjilan,¹⁸⁹ there has been a decrease of abandoned children. On the other hand, Gjilan region was leading in number of families providing foster care in Kosovo, with a considerable decline in the recent years. There are currently only two foster care families in Gjilan.

A total of forty children are without parental care, under the auspices of Center for Social Work in Gjilan. Children are up to the age of 18; no desegregation of data is available for children up to the age of six. Children, most often, are accommodated with extended family, which provides temporary shelter to children without parental care. Center for Social Work has a budget to provide medical services to children without parental care, including regular check-ups and medical treatment for children. The bureaucratic procedures, including delays in payment, make access of medical services less adequate. Children with disabilities, requesting services or medication that is not included in the essential list approved by Ministry of Health, may face delays in receiving adequate care. Only one speech therapist is available in the public sector, with a long waiting list. Children with speech delays, under the custody of CSW, may not be served in adequate time for speech impairment.

Social workers confirm that domestic violence cases do not involve children under the six years of age. On rare cases, late-adolescent children, age between 16 and 18 years of age, may be perpetrators or victims of domestic

¹⁸⁸ Kosovo police.

¹⁸⁹ Interview with coordinator of social services. Center for Social Work in Gjilan.





violence. Close collaboration with police forces are aligned, intervening in all domestic violence cases involving children.

The local government provides funds for a local NGO that provides services to children with disabilities that also receive services from the CSW. The CSW refers all cases of children with disabilities to the NGO supported by the local government of Gjilan. Number of children with disabilities receiving social assistance in Gjilan municipality is 140. Social workers would favor a closer collaboration with the NGO, requesting to receive feedback and more details about the work and progress achieved with children the NGO serve.

Social workers are not properly trained to approach and deal with children under six years, nor has any social worker been assigned to work with families involving young children. Social workers have caseload that includes different social services, assigning each new case to social workers on alternating basis.

Collaboration between police forces and CSW is confirmed by the police officer working on domestic violence unit in Gjilan, consisted of two police officers dealing with domestic violence cases.¹⁹⁰ Every police intervention in cases of domestic violence, when children are involved, includes social workers, who are present for each contact and interview that is conducted by the police officers. Police officers confirm an increase of reported domestic violence cases in the region of Gjilan. The increase of reported cases has been associated with an increase of trust in the police forces, as well as raise of awareness among population about domestic violence and scope of intervention of the police forces. Police officers have been trained by the OSCE and public prosecutors, albeit no training has been provided how to approach and work with children of young age.

190 Interview with police officer working in Domestic Violence Unit. Police station in Gjilan.

Recommendations

The following section outlines a series of recommendations based on the provision of five pillars of services for early childhood development and education.

General/central level

- Increase collaboration between stakeholders involved in preschool education, primarily central and local government, and public and private preschool education, with the intention to advance dialogue and align efforts to strengthen the preschool education sector.
- Advocate to modify indicators developed by Ministry of Local Government Administration to enforce percentage of enrollment of preschool children in pre-school institutions, as contributor toward receiving additional municipal grants. The level of preschool education inclusion should be enforced as soon as possible, so that municipalities would be incentivized to implement policies and endeavors to increase enrollment in preschool education. Also, increase efforts to expand the indicator on primary healthcare facilities, which should include also scope, quality and quantity of the health care provided, compared only to the availability of primary healthcare services. Additional grants disbursed to the municipalities based on their performance on inclusion in early childhood education and quality and quantity of healthcare services would enable improvement of services supporting early childhood development and education.
- On all levels of early childhood education, focus on data collection and setting clear indicators which will make measurement of impact possible. Stronger emphasis on continuous data collection, improving of data quality related to early childhood development and education. Data collection authorities/institutions should be clearly defined and assigned with the responsibility of continuous monitoring and evaluation of the data to ensure periodic follow up on progress achieved in each indicator.
- Promote a communication platform between stakeholders to strengthen the dialogue among preschool education practitioners, policymakers and academia.

- Promote the training catalogue and calendar for preschool education practitioners, and increase efforts to support both public and private preschools to attend desired trainings.
- Conduct an assessment about training needs among preschool education practitioners. Indications have been observed for training needs on basic digital literacy skills and cooking certificate trainings.
- Increase inter-institutional and inter-sectorial capacities and collaboration efforts to mainstream registration procedures, inspections, monitoring and evaluation efforts that would enhance quality assurance of service delivery in preschool education.

Good health

- Increase efforts to place Home Visiting Program on top of local governance agenda, by ensuring the necessary cross-sectorial collaboration and identification of pregnant women and young mothers
- Ensure commuting opportunities to Home Visiting Program medical professionals to conduct home visits
- Undertake informative campaigns to reach out to vulnerable groups regarding the importance of and immunization calendar
- Develop and deliver trainings to healthcare staff regarding early identification of child development delays and early symptoms of illnesses/disorder
- Develop and mainstream training of all preschool educators and other medical professional staff that are engaged in the home visiting program for identification of early signs of developmental delays and early symptoms of illnesses/disorders, through established alternatively set of monitoring indicators to observe children's behavior and manifestation of symptoms. In addition, develop protocols that will enable preschool educators and staff to refer each identified case to the respective early childhood development professionals.
- Include children enrolled in preschool education in systematic medical check-ups. There are indications that there is an increase of children of very young age exhibiting more frequently symptoms of developmental delays, such as short attention span, hyperactivity and speech disorder.

Adequate nutrition

- Collect reliable and systematic data on prevalence of breastfeeding practices; feed in policy making and healthcare strategies with baseline data and set data-driven indicators to meet via planned activities
- Intensify efforts to reach out to young mothers and families and raise awareness about the importance of breastfeeding, including breastfeeding techniques and healthy eating habits. Reiterate the responsi-

ble mechanisms to promote breastfeeding and healthy eating habits, and upon need, modify the intervention activities and set clearly measurable indicators to observe and evaluate, inter alia, prevalence of breastfeeding and healthy eating habits.

- Explore various forms of engagement with younger mothers and families, such as peer-support groups, and tailor intervention methods regarding adequate nutrition to meet needs of different social groups

Opportunities for early learning

- Develop educator performance monitoring guidelines, including protocol and monitoring forms, that will be standardized and used throughout all public, private and community based preschools.
- Conduct a comprehensive needs assessment of the preschools, in regards to the capacities, training needs and opportunities for growth. Developed training schedule for preschool educators should be extended to both public and private sector, through trainings, coaching programs and on-the-job support to meet the needs and short fallings based on the job performance.
- Continue generating support for establishing preschools in locations where enrollment of vulnerable groups is encouraged and supported by local stakeholders.
- Develop informative packages for parents, regarding children needs, development stages, and suggested activities with children of young age. Also, explore means to increase parent involvement in the teaching process, as well as importance of purposeful interactions with children from very early ages.
- Increase activities to promote the inclusion of all children in preschool education, in an environment that promote tolerance, collaboration and empathy.
- Replicate and scale up proven efforts (such as community-based kindergartens) to increase enrollment capacities in preschool education.

Responsive caregiving

- Central government must put additional efforts to delineate strategic goals that will support initiatives that enhance better parenting practices. In line with the strategic goals, develop and widely disseminate educational and informative material dedicated to enhancement of parenting skills. Involve international donor organizations, local governance and other stakeholders to mainstream activities regarding better parenting skills
- Implement awareness raising campaigns for parents regarding child development phases, importance of early childhood education and parent involvement in childhood development

- Support local governance and communities to develop and implement initiatives that challenge gender stereotypes and social norms regarding gender-based violence and traditional gender roles.

Security and safety

- Trainings in psycho-social education are needed, with a focus in establishing trust and building rapport with children
- Advocate to make small-scale monetary support available for domestic violence units within police stations to enable provision of handling short-term accommodation and temporary comfort of victims of family violence.

Annex 1

Annex 1. Stakeholders interviewed and consulted

No.	Institution	Unit	Position	Stakeholder
1	Ministry of Education	Early education division	Chair	Laberie Luzha
2	Kosovo Police	Domestic Violence Unit	Communication officer	Arsim Shala
3	Gjakove	Municipal Directorate of Education	Official responsible for ECD/E	Besarta Saraqini
4	Lipjan	Municipal Directorate of Education	Official responsible for ECD/E	Teuta Berisha
5	Dragash	Municipal Directorate of Education	Official responsible for ECD/E	Alltane Tershnjaku
6	Lipjan	Municipal Directorate of Health	Official responsible for ECD, health provisions and interventions	Dr. Merita Bytyqi
7	Gjakove	Municipal Directorate of Health	Official responsible for ECD, health provisions and interventions	Trumza Lila
8	Dragash	Municipal Directorate of Health	Official responsible for ECD, health provisions and interventions	Dr. Ismet Halili
9	Lipjan	Municipal Directorate for Social Welfare	Official responsible for social assistance and services	Myrvete and Lorik Berbatovci
10	Gjilan	Municipal Directorate for Social Welfare	Official responsible for social assistance and services	Mehat Berisha
11	Dragash	Municipal Directorate for Social Welfare	Official responsible for social assistance and services	Ibrahim Gashi
12	Gjakove	Family Medicine Center	Director of MFMC, HVP coordinator and Classes for Mothers coordinator	Lavdiye Pozhegu
13	Lipjan	Family Medicine Center	Director of MFMC, HVP coordinator and Classes for Mothers coordinator	Dr. Agim Krasniqi and Shemsije Jezerci
14	Gjilan	Family Medicine Center	Director of MFMC, HVP coordinator and Classes for Mothers coordinator	Dr. Ismet Uruqi and Sebahate Haziri

15	Dragash	Family Medicine Center	Director of MFMC, HVP coordinator and Classes for Mothers coordinator	Nexhide Berisha
16	Gjakove	Police Domestic Violence Unit	Officer responsible for child protection and safety	Berlinda Berisha
17	Lipjan	Police Domestic Violence Unit	Officer responsible for child protection and safety	Fejsan Ahmeti
18	Gjilan	Police Domestic Violence Unit	Officer responsible for child protection and safety	Nafije Kqiku
19	Dragash	Police Domestic Violence Unit	Officer responsible for child protection and safety	Qerim Sylejmani
20	Gjakove	NGO	Local implementing partner UNICEF Manager	Berat Thaqi
21	Gjakove	NGO	Local implementing partner UNICEF Educators	Dhurata Xhahnemi and Rukije Kurti
22	Prishtine	NGO	Local implementing partner UNICEF Manager	Dr. Mimoza Shahini
23	Gjakove	Preschool education	Parent	Sose and Indire
24	Gjakove	Preschool education	Primary school Zef Lush Marku	Kruger Ramaja
25	Gjakove	Preschool education	Preschool director Ganimete Terbeshti	Arta Stavileci
26	Gjakove	Preschool education	Preschool director Zgjimi	Mimoza Bytyqi
27	Gjilan	Preschool education	Preschool director Hello	Florian Kurteshi
28	Gjilan	Preschool education	Preschool director Ardhmeria 2	Merita Zejnullahu
29	Gjilan	Preschool education	Preschool director Ardhmeria 1	Shqipe Avdiu
30	Lipjan	Preschool education	Preschool director Foleja Magjike	Mirlinda Recica
31	Gjilan	Preschool education	Preschool Dardania	Adelina Maksutaj
32	Gjilan	Preschool education	Preschool educator	Zejniye Sahiti
33	Gjilan	Preschool education	Parent	Luljeta,
34	Gjilan	Preschool education	Primary school deputy director Selami Hallaqi	Fatmir Selimi
35	Dragash	Preschool education	Primary school director Fetah Sylejmani	Flurim Cengaj
36	Lipjan	Preschool education	Preschool education QEAP	Biha Azemi
37	Lipjan	Preschool education	Preschool educators QEAP	Drita, Dorentina, Liridona, Fatmie and Mimoza
38	Lipjan	Preschool education	Parent	Edita, Ermira, Almira, Besnik
39	Dragash	Preschool education	Parent	Valon and Nimete
40	Lipjan	Preschool education	Community-based educator	
41	Gjilan	Preschool education	Community-based educator	
42	Dragash	Preschool education	Community-based educator	
43	Lipjan	Preschool education	Parent	Ganimete
44	Gjilan	Preschool education	Parent	Zana
45	Prishtine	NGO	Save the Children	Genta Ramadani
46	Prishtine	NGO	Caritas (Shprese)	Krenare Lleshi

Annex 2. Interview guidelines

In-depth interview discussion guidelines

Local governance level

Local governance representative – Section regarding general questions

1. What is the scope of your work and the work of your institution?
2. What is your perception about early childhood development and education in your municipality?
 - a. What is the extent and quality of services available?
 - b. What kind of services are available and what services are missing?
 - c. Is there any hard to reach group (distance, settlement, and alike) or vulnerable group(s) that is systematically left out?
3. What institutions are available in your municipality (public or private) that provide ECD/E services?
 - a. Please name the institutions and target population they provide services to?
 - b. Are these institutions licensed with central/local authorities?
 - c. Who monitors their work and performance? How is their work monitored – is it legally regulated? What are the procedures?
4. What is the scope (percent) of children enrolled in some form of ECD/E services?
 - a. Are there any plans to increase this number?
 - b. What is the trend of children enrolled in some form of ECD/E services? Has it increased or decreased over the years?
 - c. What are the local and central policies regarding ECD/E?
 - d. How responsive is local and central government regarding ECD/E needs?
 - e. Has the local and central government been more involved in providing ECD/E services over the years? How so? Increase of budget, increase of services, prioritizing interventions, something else?

5. What are the available intervention programs in your municipality regarding parenting support, where parents can gain new skills and knowledge regarding parenting practices?
 - a. What is this intervention about? Who is the target? What is the number of beneficiaries? Who benefits most often?
 - b. Any specific social groups or communities that are underserved with these services? Who? How can these services reach these vulnerable groups?
6. How is the birth registration organized in your municipality?
 - a. What is the coverage of children whose birth is registered? Are there any official statistics?
 - b. What are the efforts made to increase the level of birth registration?
 - c. Any specific social groups or communities who do not register the birth more often? Who? How can birth registration increase among these vulnerable groups?

Institution specific questions

7. *Education institution:*
Are you aware of existence or do you use any monitoring tool or procedure to track child development and early identification of children with disabilities?
 - a. Where does this tool or procedure come from? Has this tool been widely used by all education institutions in your municipality?
 - b. What is the coverage of children participating in any pre-school service, both in the public and the private system? How do you monitor this data?
 - c. Are there any specific groups that are lower represented in participating in pre-school services? What are these services?
 - d. Do you engage in detecting developmental lag in children, not specifically related to any disability, such as social withdrawal of difficulty in comprehension? Any specific indicators used, cases encountered?
 - e. Is there any referral system in place or cooperation with other institutions (i.e. health institution, social services, counseling support)?
 - f. In accordance to your perception and experiences, what are the major shortcomings of the services you provide and need immediate attention?
 - g. What are the main challenges you encounter in providing and expanding services?
8. *Healthcare institution sector:*
What are the key indicators for children's health that you observe in your institution?
 - a. How do you perceive health and wellbeing of children in the institution that you work (locality that you cover/overall municipality)? What is the trend? What do you compare against?

- b. What is the immunization level/coverage at your municipality?
 - i. How do you monitor/track child birth and immunization level?
 - c. What is the level of breastfeeding of infants in your municipality?
 - i. How do you monitor/track this data?
 - d. What are the efforts made at your municipality to ensure healthy nutritional practices among children? Are there any intervention programs that are being implemented in your municipality?
 - e. Are there any specific hard to reach groups or vulnerable groups that have lower participation in immunization coverage and/or healthy nutritional practices?
 - f. What institutions do you collaborate most often? Who are your partners? Where do you refer your patients?
 - g. In accordance to your perception and experiences, what are the major short fallings of the services you provide and need immediate attention?
 - h. What are the main challenges you encounter in providing and expanding services?
9. *NGO sector:*
- a. What is the scope of your work and intervention? What target group(s) do you work with?
 - b. What is the current and anticipated target number of beneficiaries you plan to reach?
 - c. What do you consider the greatest shortfall at your municipality (or the ones you work with) regarding early childhood development and education? What are the opportunities for interventions?
 - d. What are the greatest needs regarding ECD E in your municipality?
 - e. Are there any specific social groups or communities that are underserved with ECD E services? Which one?
 - i. What would be the most optimal effort to reach these specific social groups or communities?
 - f. How sustainable is your intervention program? How do you plan to continue should there be no more donor support?
 - g. Are they currently, or have they been, financed by government institutions for ECD programs? International organizations?
 - h. In accordance to your perception and experiences, what are the major short fallings of the services you provide and need immediate attention?
 - i. What are the main challenges you encounter in providing and expanding services?
10. *Safety and security sector:*
- a. How prevalent is domestic violence? What are the trends? How about violence against children? Physical punishment of children?

- b. How is violence against children detected, prevented and ensured?
- c. What are the standard operating procedures when violence against children occurs?
- d. What are your capacities in terms of dealing with domestic and violence against children? Has your staff been trained to deal with such issues?
- e. Is any specific social group that domestic violence or violence against children is more prevalent? How do you work with these communities? How do you suggest working with these communities?
- f. How is funding for prevention and enforcement programs allocated?
- g. In accordance to your perception and experiences, what are the major short fallings of the services you provide and need immediate attention?
- h. What are the main challenges you encounter in providing and expanding services?

11. *Social protection and wellbeing:*

- a. How many families with young children are enrolled in the social assistance scheme?
- b. Are there any available programs from your institution for young children regarding ECD/E? What are these programs about? How about parenting?
 - i. Do you collaborate/refer any of the families you serve to services provided by other organization/partners in your municipality?
- c. What is the situation in regards to ECD/E of families you serve in your municipality?
- d. Are there any specific social groups (ethnic communities, type of settlement, children with disabilities, etc.) that are underserved or in difficult conditions regarding ECD/E?
- e. In accordance to your perception and experiences, what are the major short fallings of the services you provide and need immediate attention?
- f. What are the main challenges you encounter in providing and expanding services?

12. *Early childhood development and education sector:*

- a. What is the number of children enrolled at your institution?
- b. What is the typical profile of families who enroll children in your institution?
- c. What documents are required to register the child at your institution? Is there any fee or participation involved?
- d. What is the number of staff? Ratio of children versus staff? Experience and academic attainments of staff?
 - i. Is it aligned with the institutions' requirement?
- e. What additional trainings has staff undergone, if any?
- f. What are the monitoring tools that you use to track early childhood development and education progress?

- g. What is the level of communication and cooperation you have with the central government institutions (i.e. MES), and other kindergartens?
 - h. How do you track developments in regulations and teaching materials pertaining to ECD and ECE?
 - i. In accordance to your perception and experiences, what are the major short fallings of the services you provide and need immediate attention?
 - j. What are the main challenges you encounter in providing and expanding services?
13. *Parents and caregivers (enrolled and unrolled in ECD/E service provision institution, potentially interview a parent of a child with disability, enrolled and/or unrolled in ECD/E)*
- a. How satisfied are you with the quality and scope of ECD/E services in your municipality?
 - b. How do you monitor development and wellbeing of your child? What source of information do you refer to when observing your child's progress? Family medicine doctor, specialist, internet, other sources?
 - c. Where do you get information about the progress of your child? How about any health symptom or health issue? How trustworthy do you consider this information?
 - d. What are main indicators you look at when choosing a pre-school for your child?



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