BETTER START IN LIFE FOR ALL CHILDREN IN KOSOVO

A POLICY BRIEF BASED ON MICS 2019/2020 FINDINGS

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for every child

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FINDINGS

*All references to Kosovo should be understood in the context of United Nations Security Council resolution 1244 (1999).

The time to invest in the future strength of our nations, our economies and our communities is in the earliest years of life. **The clock is always ticking and the time to act is now.**

(***Jack P. Shonkoff***, *M.D., Director of the Center on the Developing Child at Harvard University*)

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Executive summary

social protection, and other sectors, at national and local level. It also addresses civil-society groups, development partners, professional associations, academic institutions and funding initiatives. In addition, the policy brief is intended as a source of inspiration for parliamentarians, service providers, health, social and educational institutions, the private sector and the media – for ways in which they can help ensure all children develop to their full potential.

Overall, the 2019-2020 MICS data indicate a worrying situation as far as child health, early development and wellbeing in Kosovo. Most key health, development and education indicators fail to show progress since the last MICS survey. Inequities remain substantial and have not decreased.

MICS data show neonatal infant and child mortality indicators which at best are stagnating when compared with the previous 5-year period. Quality of care (prenatal, perinatal and postnatal) has not improved, as shown by the data on the content of prenatal visits and care around births. Striking inequalities have persisted with poorest children, those whose mothers are less educated and those belonging to ethnic minorities, at significantly increased risk of morbidity and mortality. Data suggest that lack of progress in key mortality indicators is caused by gaps mainly in the quality and equity of health care provision across the whole range of antenatal, perinatal and postnatal health services, and at both primary as well as hospital care. Nutrition indicators have not improved over the previous 5-year period and this is a matter of concern since inadequate nutrition has long-lasting implications for health and education. Despite recent emphasis and efforts put by a number of organizations in supporting families to make them more capable of responsive caregiving and early learning, MICS data regarding responsive caregiving show that investments have not been sufficient to make a difference on the overall population and to reduce existing dramatic inequalities between children belonging to different social and education background. Attendance of children in early education is appallingly low, particularly in the earliest age group, where only a little minority of children aged 3 to 4 years attend an early education programme, and very little progress has been made in providing early education opportunities. The poorest children, those whose mothers are less educated and those belonging to ethnic minorities, are at significantly increased risk

of unfavourable educational outcomes as well as of functional difficulties. MICS data also show a persisting high prevalence of harsh discipline methods and this fact, combined with reports indicating that domestic violence is frequent and has been exacerbated by the pandemic, shows that the issue of protecting children from toxic stress early in life is highly critical.

The overall picture emerging from MICS is coherent in showing how health, nutrition, early education, responsive caregiving and social protection, the five pillars of early child development, are all affected in Kosovo. Social disadvantage, mainly poverty and low parental education, negatively influence all these components of nurturing care, undermining access to health and education services, hampering responsive caregiving and increasing the risk of maltreatment. Children from to Roma, Ashkali and Egyptian communities suffer the most, being quite often exposed to the combined effect of poverty, low education and social exclusion.

The many and closely interlinked implications of this situation need to be fully understood. Health care around birth is an important determinant of maternal and neonatal outcomes. Pregnancy, delivery and postnatal complications, even when they do not cause mortality, spread their consequences over the following years and along the whole life course, causing further morbidity in the following years and contributing to poor development. This is for example the case of prematurity and/or low birth weight, and of malnutrition, both under and overnutrition. Inadequate caregiving increases the risk of emotional and behavioural disorders and learning difficulties which persist into adolescence and adulthood. Lack of early education hamper child development across all dimensions, with consequences on school performance and, later in the life course, on occupation opportunities. Gaps in social protection, from poverty to social exclusion to domestic violence and neglect, have implications on almost all physical and mental health, often with intergenerational effects. Inequalities in the provision of health and education services further widen the gap among children which is established very early in life. The early functional and learning deficits are harder to remedy as the time goes on and set the children on low learning and capacity curve, which shapes their future and their lives. Implications are not only true for individuals. Medium- and long-term consequences of a poor start in life such as impaired school performance and later on poorer job opportunities lead to a series of negative social and economic outcomes and to higher cost for remedial actions.

In Kosovo, the findings of 2019-2020 MICS show that all the main threats to early child development (maternal and neonatal diseases and complications, preventable infectious diseases, poor diet content and diversification, lack of responsive caregiving and early education, early exposure to material hardships and physical and psychological maltreatment) are prevalent, putting at risk the survival, growth and development of large numbers of children. In this way, Kosovo is not ensuring its children all the rights they deserve and is undermining the development of its greatest resource: its human capital. It is thus imperative that Kosovo's Government and the whole Kosovo's society, in line with the recommendations of the international community fully commit to invest in the earliest years of a child's life through actions to address the existing gaps across all the five components of the Nurturing Care. The disastrous effects of the pandemic on children the new generations further stress the need for immediate action.

In line with this perspective and taking onto account the areas to be prioritized, a "better start in life for all Kosovo's children" policy package is proposed. This multi-sector policy package is designed to include actions that can contribute synergically to achieve measur-

able results in all Nurturing Care components (Health, Nutrition, Responsive Caregiving, Social Protection, Early Education). The policy package includes actions aimed at improving the quality of antenatal, perinatal and postnatal care, improving responsive caregiving and the home learning environment and expanding the provision of early education and ECD services and the relevant indicators. It also includes the overarching action of scaling-up and further strengthening the contents of the Universal Progressive Home Visiting Programme. The breadth of the policy package requires a mobilization of all key sectors (health, education and social welfare) and of all key actors of Kosovo's society, including Government, Municipalities, NGOs, Development partners and the private sector. A coordination mechanism should be established with the participation of all main actors for operationalize in a five-year plan the policy package. Shared vision, common objectives and coordinated efforts, with a closely monitored result-based plan, can make the difference for all Kosovo's children and for the whole country.

1.1 A Policy Brief on investing in Kosovo's children: background and purpose

01

Introduction

The UN Secretary-General's (UNSG) Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 is informed by a new vision, which is synthetized by the objectives of Survive, Thrive and Transform [1]. In accordance with the UNSG Strategy, Global institutions – including UNICEF, the World Bank Group, UNESCO and the World Health Organization – have prioritized early childhood development in their programmes of work. The Sustainable Development Goals have also embraced young children's development, seeing it as key to the transformation that the world seeks to achieve by 2030 [2]. Embedded in the SDGs are targets on malnutrition, child mortality, early learning and violence – targets that, together with others, outline an agenda for improving early childhood development. Never before has the need for strengthening investment in early childhood development been as compelling as it is now, when the dramatic implications of the pandemic add to the already heavy burden of ill health, poor development and education that, starting in early childhood, hamper health, education and social outcomes for the entire life course [3].

In Kosovo, investment in early childhood development and education is among the key priorities outlined in the national agenda and in international commitments. Investment must be led by data, and UNICEF Multiple Indicator Cluster Survey (MICS) provide a unique set of rigorously collected data to understand trends in the main areas of child health development and wellbeing [4].

Based on the analysis of 2019-2020 Kosovo MICS findings and on internationally consolidated science and strategic directions, this Policy Brief identifies priority areas and policy options to improve child health development and wellbeing in Kosovo, focusing on the first decade of life. This document addresses a broad range of stakeholders. First, it addresses policymakers and programme managers in the areas of health, nutrition, education, child protection, social protection, and other sectors, at national and local level. It also addresses civil-society groups, development partners, professional associations, academic institutions and funding initiatives. In addition, the policy brief is intended as a source of inspiration for parliamentarians, service providers, health, social and educational institutions, the private sector and the media – for ways in which they can help ensure all

children develop to their full potential.

1.2 The case for stronger investment in children starting from the early years.

Evidence about the long-lasting implications of early exposures during the first years of life has accumulated over the last decades.

> Scientific findings from a range of disciplines have converged to show that, during pregnancy and the first three years after birth, critical elements of health, well-being and productivity, which will last throughout childhood, adolescence and adulthood, are laid down [5-6]. A new-born baby's brain contains almost all the neurons it will ever have. By age 2, massive numbers of neuronal connections have been made in response to interactions with the environment, and especially interactions with caregivers. This rapid brain development is driven by genetic inheritance but it is substantially influenced by the young child's experiences. Research shows that the large majority of cognitive and non-cognitive are shaped by the environment (nurture) much more than by genetics (nature) [7]. This early adaptive learning is what makes the period from pregnancy to age 3 critical, as it creates blueprints for future adaptations to the environment.

Similarly, science has shown how early adversities threaten children's development during pregnancy and birth, as well as when they are new-borns, infants and toddlers. When adversity in pregnancy leads to low birthweight or preterm birth, this raises the risk of developmental difficulties and chronic diseases in adulthood [8-9]. Other factors that threaten early childhood development include inadequate maternal nutrition, suboptimal maternal and perinatal care, poor diet, HIV infection, mental health problems in caregivers, malnutrition, exposure to environmental pollutants, illnesses, injuries, poor parenting, maltreatment, disabilities, and violence at home and in the community. Discrimination between boys and girls – and the way they are socialized into different gender roles in childhood – can also have negative effects on children's development at this young age.

Threats to early child development tend to cluster together, often in conjunction with lack of services and social exclusion. So being exposed to one risk usually means being exposed to many [10-11]. It is very difficult for families to provide care for their young children when they are in extreme poverty or struggling for survival. This is compounded by factors including young parenthood, disability, family violence, race or ethnicity-based discrimination, substance abuse and maternal depression. This adversity and lack of support can undermine families' capacity to provide nurturing care for their young children. Protecting and supporting families and caregivers – and promoting nurturing care among them – depends on the resilience of communities and systems. That resilience is the result of coordinated action among many stakeholders – across sectors and across levels of government, both national and local.

1.3 A guide for action: the Nurturing Care Framework

The increasing amount of scientific knowledge on the critical importance of the earliest period of life led to a milestone document produced by the main international agencies

and a broad partnership of professional associations and academic centres (WHO, Unicef and World Bank, 2018) [3]. The Nurturing Care Framework (NCF) provides a clear framework for investments in the first years of life, guides action across sectors to improve children's lives also as a prerequisite for realizing the 2030 SDGs Agenda. The NCF, based on accumulating evidence about the key factors that may influence development particularly in the early life stages, identifies five pillars for healthy brain development: health, nutrition, responsive caregiving, safety and security, early education (fig.1).

The NCF builds on state-of-the-art evidence about how the foundations for lifelong health, well-being and productivity are built in pregnancy and the first three years after birth and how child development can be improved by policies and interventions with benefits that last a lifetime, and carry into the next generation.

Last, but not least, the Framework speaks – through these stakeholder channels – to caregivers who provide nurturing care for their young children every day. The Framework calls out to all levels of government and all sectors – especially the health sector, whose services have extensive reach among pregnant women, families and young children.

1.4 The case for investing in children in Kosovo

Strengthening the efforts to improve the health, development and wellbeing of children and adolescents is a key strategic move for all countries' future. The abilities to reasoning,

continuous learning, effective communication and collaboration with others – all of them originate in early childhood. Therefore, ensuring a good start in life builds the foundations for lifelong benefits across all dimensions of life, as the future of individuals and society in the 21st century will be increasingly relying on a combination of multidimensional skills [12].

There have been long-term studies in countries across the socioeconomic spectrum looking at nutritional and psychosocial programmes implemented from pregnancy to age 3. These studies show that the programmes have significant long-term benefits, including for adult health, well-being, education, earnings, personal relationships and social life. Without intervention, adults who experience adversity in early childhood are estimated to earn close to a third less than their peers' average annual income [13-14]. This makes it harder for them and their families to improve their lives, which means it is less likely their children will escape poverty. These individual costs add up, constraining wealth creation and national earnings. Estimates show that some countries spend less on health now than they will lose in future from the consequences of poor growth and development in early childhood.

What is one of the best ways a country can boost shared prosperity, promote inclusive economic growth, expand equitable opportunity, and end extreme poverty? The answer is simple: Invest in early childhood development. Investing in early childhood development is good for everyone – governments, businesses, communities, parents and caregivers, and most of all, babies and young children. It is also the right thing to do, helping every child realize the right to survive and thrive [3].

This is extremely relevant for Kosovo, that must invest on developing human capital as its main resource for economic and human development, and where children up to ten years of age constitute about 22%, more than a third of the population is younger than 18, making it the youngest population in Europe. The case for investing is double: it is needed to fulfilling essential rights to health, education and wellbeing today, and to set the foundations for boosted economic development and increased social cohesion for the whole society in Kosovo.

1.5 COVID-19 pandemic is showing even greater urgency for coordinated action for the youngest population

Just as elsewhere in the world, COVID-19 pandemic is having a considerable impact on Kosovo's children, both direct and indirect [15]. Consequences on physical and mental health of children due to confinement and physical distancing combine with those deriving from decreased access to key health and education services. Because of inequal distribution of financial hardship across households, COVID-19 pandemic disproportionately affects those living in poverty, including children, by exacerbating existing inequalities, pushing those affected by poverty deeper into poverty and increasing familial stress.

COVID-19 pandemic is having a dramatic impact on children mainly by its direct effects on all services and dimensions of child health, education and wellbeing. First, access to qual-

ity preventive and curative care has decreased staring from antenatal care to postnatal care and immunizations, with the most negative effects on mothers and children who are at risk or in need of continuous care and rehabilitation. Second, an already problematic and scarce access to early education has been further jeopardized due to fear of contagion and school closures. Low-income households have difficulties in access to technology and internet for distance learning and there is an increased risk of children being pushed into child labour to support their families and, for girls in particular, of early child marriage. Finally, the economic crisis, the consequent increase in underemployment and the overall stress brought into households by the pandemic have increased domestic violence with direct and indirect effect on children. This will negatively affect realization of children's rights, particularly of those already at risk of being left behind: children living in poverty, minority children, children with underlying health conditions, children with disabilities and those hosted in asylum centers [16].

Following the burst of the pandemic, the European Union and many countries have been developing mechanisms and policies to ensure all children a better start in life across all sectors, with an emphasis on early learning and focus on disadvantaged children [17-21]. There is now the opportunity to get inspired by the European policy agenda to use the results of 2019-2020 MICS for producing indications on where to intervene, both with sector specific and cross sector, whole-of-government actions.

02

State of Kosovo's children based on MICS 2019-2020: key features and implications for Kosovo's social and economic development

nutrition, responsive caregiving, early education and social protection.

2.1.1 Mortality rates

The 2019-2020 MICS show that there has been no further progress in neonatal,

2.1 Health

infant and child mortality rates with respect to previous MICS 2013-2014 survey. Actually, all three indicators show a slightly worsening trend, in both Kosovo's general population and in Roma, Ashkali and Egyptian communities (fig. 2, 3 and 4). Although caution must be used since the confidence intervals for relative rare events such as deaths are rather wide, for sure the favorable trend which we have seen in the previous two decades has stopped, leaving, at best, a stagnating situation for all mortality indicators (neonatal, infant and under-five).

The other key element regarding mortality rates is that striking inequalities persist across all indicators between Kosovo's general child population and children from Roma, Ashkali and Egyptian communities (fig.2-4) and in Kosovo's general population by wealth and education level (fig. 5). However, the inequalities for mortality indicators over the 5-year period have narrowed. For example, in 2019-2020 the under-five mortality rate is almost double for children among Roma, Ashkali and Egyptian communities (21 vs 11) compared to children from general population, which during 2013-2014 it was three times higher and the gap between the poorest and the richest quintile moved from 19 to 9 vs 17 to 11.

2.1.2. Access to quality and equitable health services along the

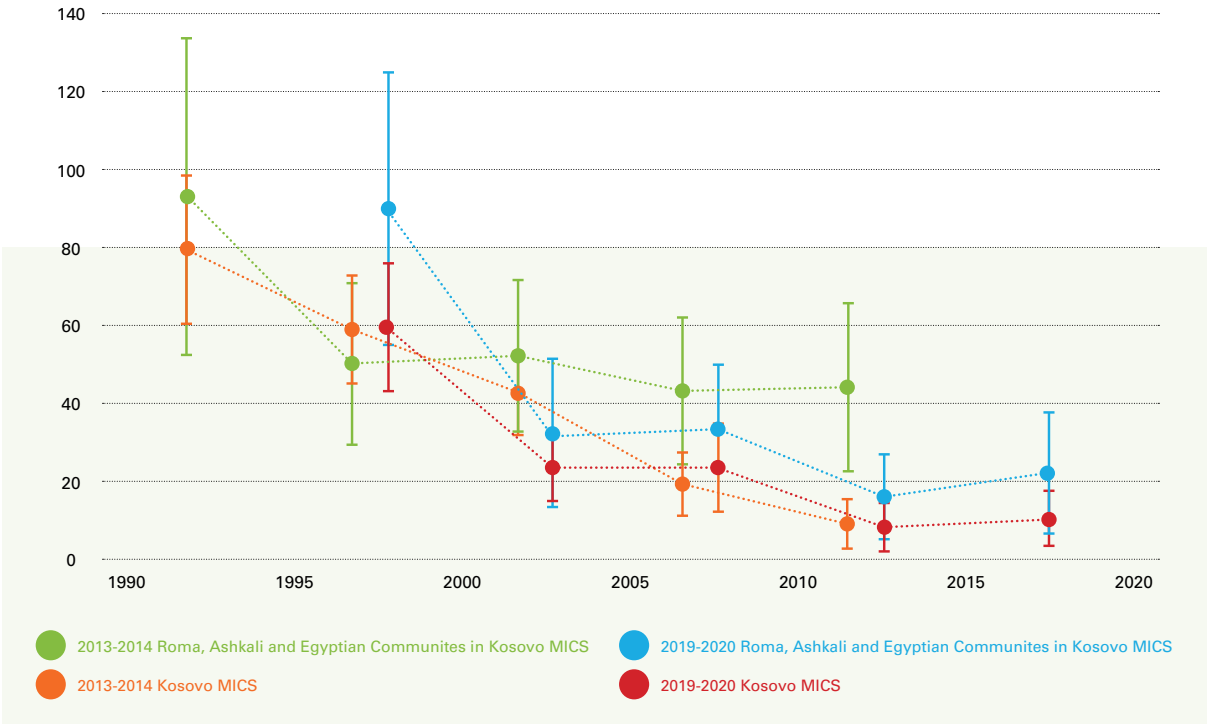


Fig. 2. Trends in under-5 mortality rates, according to MICS (data are referred to the 5- year period preceding the survey).

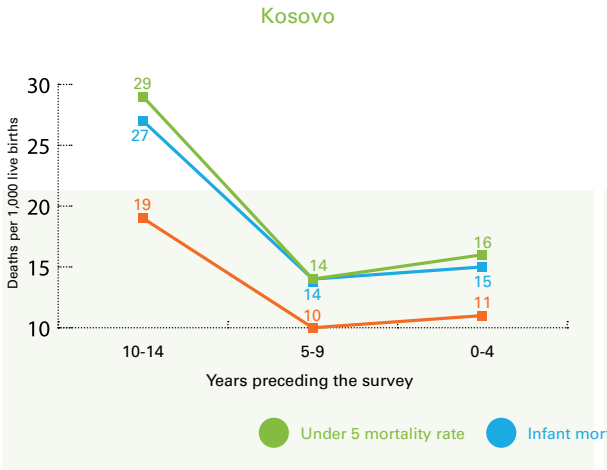


Fig. 3. Trends in neonatal, infant and under-5 mortality in Kosovo's children (general population)

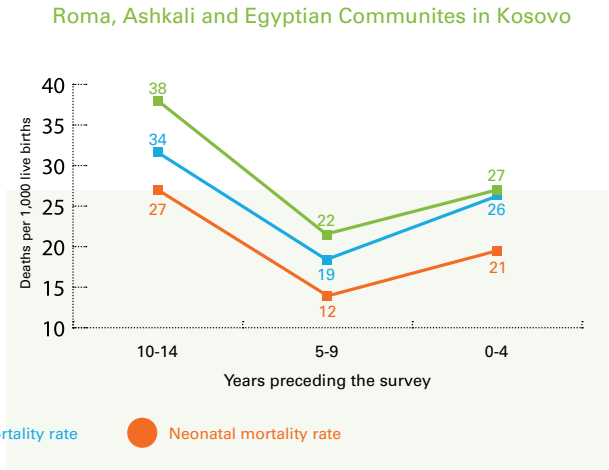


Fig. 4. Trends in neonatal, infant and under-5 mortality in Roma, Ashkali and Egyptian children.

Fig. 5 Under-5 mortality rate by background characteristics.

continuum of care from antenatal to childcare

MICS data provide an accurate description of what happens at the encounter between health services and users along the continuum of care from conception to the first years of life. In a significant proportion of antenatal visits the essential components are still not ensured (fig. 6), and very little progress, if any, can be seen with respect to the previous MICS data. Only 84% of pregnant women get all the essential prenatal care components (blood pressure, urine sample and blood sample) and less than 2/3 (and just above 50% in Roma, Ashkali and Egyptian communities) get their pregnancy book updated. Interestingly enough, this occurs in spite of almost 100% ultrasound coverage, which indicates that access to a specific prenatal care component works well only when the offer by the service matches the demand from the users and that there is still much work to do to qualify both the offer and the demand of health services towards the essential care components.

The proportion of low birth weight infants, which is influenced by health and nutrition status of the mother and therefore by care during pregnancy, rose slightly to 6% from 5% of previous MICS, with much higher rates (9%) among the poorest in Kosovo's general population and in Roma, Ashkali and Egyptian communities (9%).

While almost all women (99%) deliver in hospital, skin-to-skin contact immediately after birth,

which should be standard care for all births assisted by skilled health personnel, is very low (33%), and postnatal care for both mothers and newborn babies is not satisfactory, with almost 6% of newborn babies and 38% of women not receiving any postnatal visit.

Children fully immunized at 2-3 years are only 73%, data which seems to be getting worse over the last 5 years (it was estimated at 79% in 2013-2014). Only a small portion (38%) of children from Roma, Ashkali and Egyptian communities get fully immunized. It is worth noting that immunization coverage is, among all child health indicators, the one that shows the least unequal distribution globally, while in Kosovo inequalities are still strong (fig 8 and 9). Immunization against Measles Rubella and Mumps is suboptimal and late in the general population (MMR coverage is 72% before 2 years and reaches 91% only at 3 years of age; in Roma, Ashkali and Egyptian communities is appallingly low (44% and 72% at 2 and 3 years respectively).

2.1.3 Interpretation and implications of MICS data about the health of

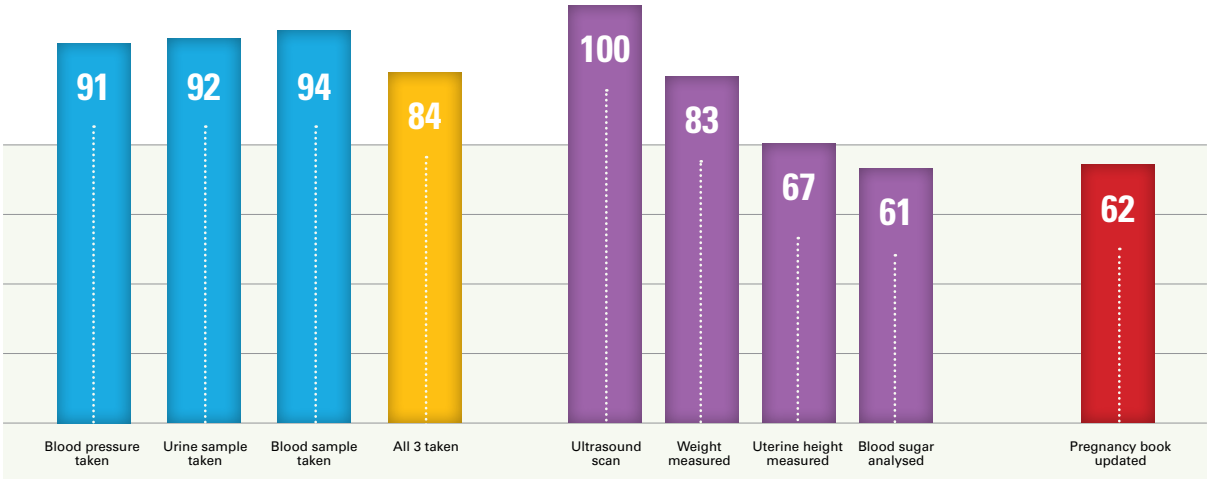


Fig. 6 Content and coverage of antenatal care services.

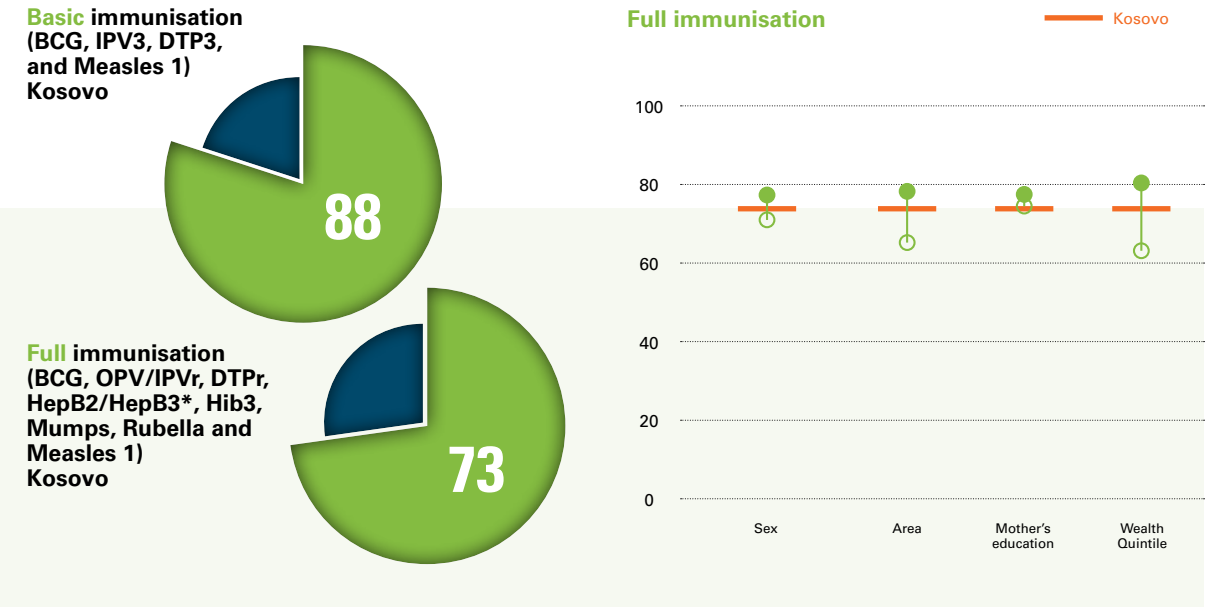


Fig 8 and 9. Immunization coverage (basic and full) and immunization by background characteristics.

Kosovo's children

The 2019-2020 MICS data outline progress made with regards to **access** for maternal, neonatal and childcare. However, the progress made has not been translated in a corresponding improvement in outcomes, with mortality indicators which at best are stagnating when compared with the previous 5-year period analyzed by MICS. Data show that **quality of care** (prenatal, perinatal and postnatal) has not improved, as shown by the data on the content of prenatal visits and care around births. Striking inequalities have persisted too, with poorest children, those whose mothers are less educated and those belonging to ethnic minorities, at significantly increased risk of morbidity and mortality.

These unfavorable trends need to be interpreted, as the identification of its likely causes is crucial for guiding action. It is widely acknowledged that both health system related factors and social determinants, such as economic crisis, increasing poverty, unemployment and low educational levels play a role in influencing maternal and child morbidity and mortality [22]. In Kosovo, none of these factors got worse over the last five-year period: economic growth was relatively stable (GDP has been increasing at a rate ranging from 3 to over 4% from 2015 to 2019), child poverty rates and young adult occupation and education did not get worse than in the previous 5-year period [23] and Kosovo health budget improved slightly although remaining at a quite low level as a proportion of GDP (below 3%). It is therefore reasonable to assume that, given the stability of social determinants, the stagnating or in some cases unfavorable trends in neonatal infant and child mortality shown by the 2019-2020 MICS are mainly the consequence of factors to be identified within the health sector. There are three main aspects of health service provision that are closely linked to health outcomes: access to services, quality of care provided, and equity in both access and quality [24]. MICS data strongly suggest that lack of progress in key mortality indicators is caused by gaps mainly in the quality and equity of health care provision across the whole range of antenatal, perinatal and postnatal health services, and at both primary as well as hospital care.

It is worth noting that in the same period countries in the region managed to improve their corresponding child mortality indicators (table 1). In all these countries, prenatal and postnatal care indicators and immunization rates are substantially better, inequalities by social and educational background characteristics are less evident and the gap with children from Roma, Ashkali and Egyptian communities, while still important, is significantly smaller [25].

Indicators	Kosovo	Albania	Serbia	North Macedonia	EU average
Neonatal Mortality Rate	11	8	4		
Infant Mortality Rate	15	9	4.6	5	4
Under 5-years old Mortality Rate	16	9.7	6	7	5

Table 1.7. Mortality rates in Kosovo, other countries and EU average.

2.2 Nutrition

2.2.1 Breastfeeding, infant and young child feeding

Only 1 in 3 newborns (32%, showing a significant decrease with respect to the 43% recorded in 2013-2014) is breastfed within 1 hour of birth. Early initiation of breastfeeding in Roma, Ashkali and Egyptian communities and among newborns whose mothers have lower levels of education are far more common (55% among newborns from Roma, Ashkali and Egyptian communities and 40% in the least educated mothers) a pattern which is typical of countries where promotion of breastfeeding is poor and relied more on cultural norms and traditions than on information provided by the health system. The high incidence of caesarean section is also a contributing factor (18% only in newborns born from caesarean section). Exclusive breastfeeding prevalence in the first 5 months is also very low at 29% (see fig. 7) and even lower among Roma, Ashkali and Egyptian communities at 17%, showing lack of information and lack of protection of mothers and families from marketing of breast milk substitutes and other industrial food. Policies in this field have been established in the recent past, including the Law on the Protection of Breastfeeding and the Baby Friendly Hospital initiative, but have not been enforced and given continuity at both hospital and primary care level. Fig. 7 shows that for the majority of children in Kosovo, and once more for the overwhelming majority of children from Roma, Ashkali and Egyptian communities, the minimum diet diversity and minimum acceptable diet are not ensured.

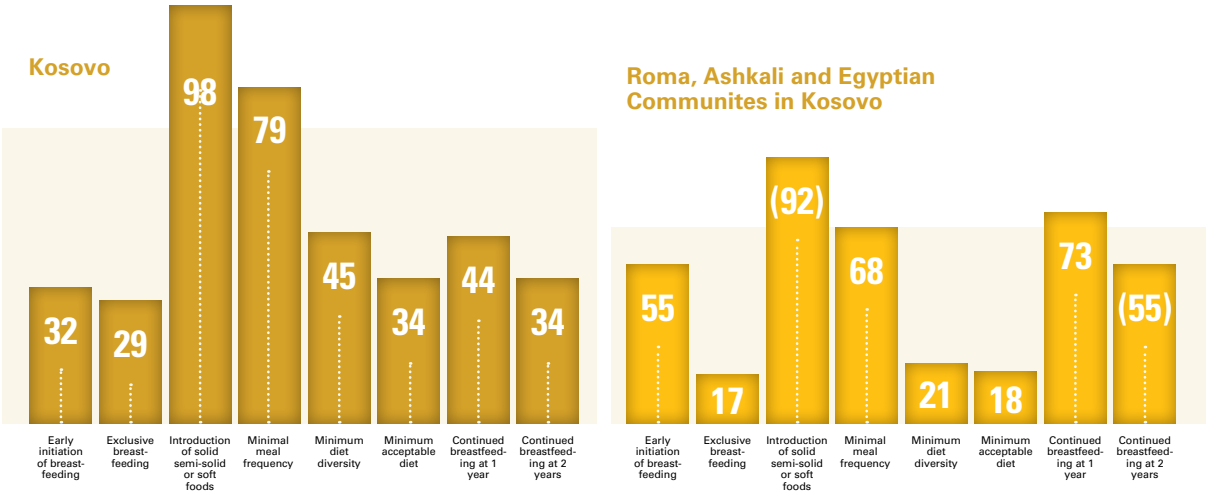


Fig. 7 Main nutrition indicators, for the general population and for Roma, Ashkali and Egyptian communities in Kosovo.

Finally, at the age of 5, 6% of children in general population and 3% in Roma, Ashkali and Egyptian communities are beyond 2 Standard Deviations for weight, a condition which predisposes to ill health later in life.

The 2019-2020 MICS shows that 4% of children under the age of 5 are stunted (with no significant change with respect to 4.3% in 2013-14). This high percentage is mainly the result of very high prevalence of stunting among the most disadvantaged children. For example, stunting prevalence is 9% among children living in the poorest households and 2% in those living in the richest households and is 15% among children from Roma, Ashkali and Egyptian communities.

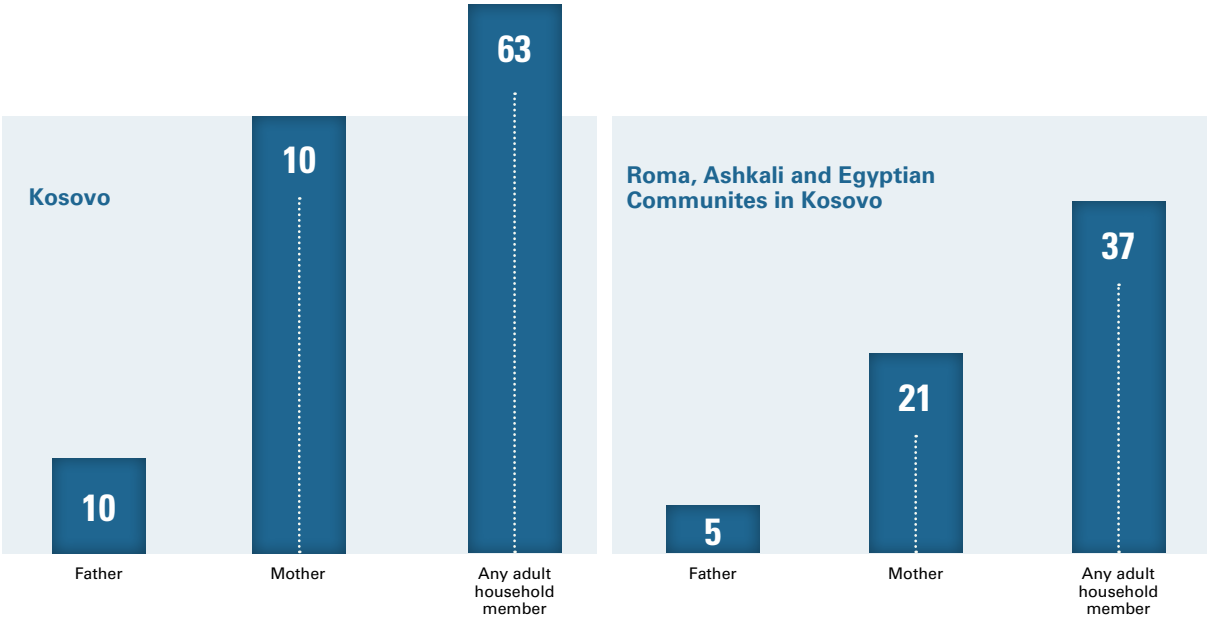
2.2.2 Interpretation and implications of MICS data about the nutritional status of Kosovo's children.

MICS shows that nutrition indicators have not improved over the previous 5-year period and this is a matter of concern since inadequate nutrition has long-lasting implications. Stunting is closely related to several dimensions of child development, especially with learning [26]. Cognitive development can be hampered also by lack of appropriate diet diversity and overall minimal nutrition content (27). Stunting is the tip of the iceberg of "hidden hunger" i.e. lack of vitamins and other essential micronutrients, which impedes the full development of the immune system and therefore predisposes to more frequent and severe infectious diseases and to a variety of chronic conditions including learning difficulties [28]. Wasting is usually the result of poor nutrient intake or disease. The prevalence of wasting may shift seasonally in response to changes in the availability of food and/or disease prevalence. The increase of overweight is also worrying as it represents a risk factor for non-infectious chronic diseases, mainly cardiovascular and metabolic, over the life course.

2.3 Responsive caregiving

2.3.1. Early stimulation and responsive care from caregivers

In general, MICS 2019-2020 shows that opportunities for learning in the home environment are far too low. Around 1 out of 3 children age 2–4 years in the general population and 2 in 3 children in Roma, Ashkali and Egyptian communities did not receive any kind of early stimulation and responsive care from any of the adult household members in the three days preceding the survey. Early stimulation activities included telling stories, singing songs and reading books to the child, playing with the child or simply paying attention to child development by naming things, counting things, and responding to the child cues. In Kosovo, early stimulation and responsive care are low for mothers and even lower for fathers (fig. 10). Low engagement of parents is also observed among children living in Roma, Ashkali and Egyptian communities (fig 11).



Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days

Fig.10 Early stimulation and responsive care in Kosovo's general population.

Fig.11 Early stimulation and responsive care in Kosovo's Roma, Ashkali and Egyptian communities

2.3.2 The home environment: availability of children's books

Later on, as the child grows, the situation does not seem to improve as far as the home environment is concerned. For example, only 27% of children under the age of 5, have at least 3 children's books at home (4% among Roma, Ashkali and Egyptian communities) (fig 12). While almost all children (90%) have access to manufacturing toys, only 30% of children have access to homemade toys and 61% have access to two or more playing things. These rates are lower among children living in Roma, Ashkali and Egyptian communities.

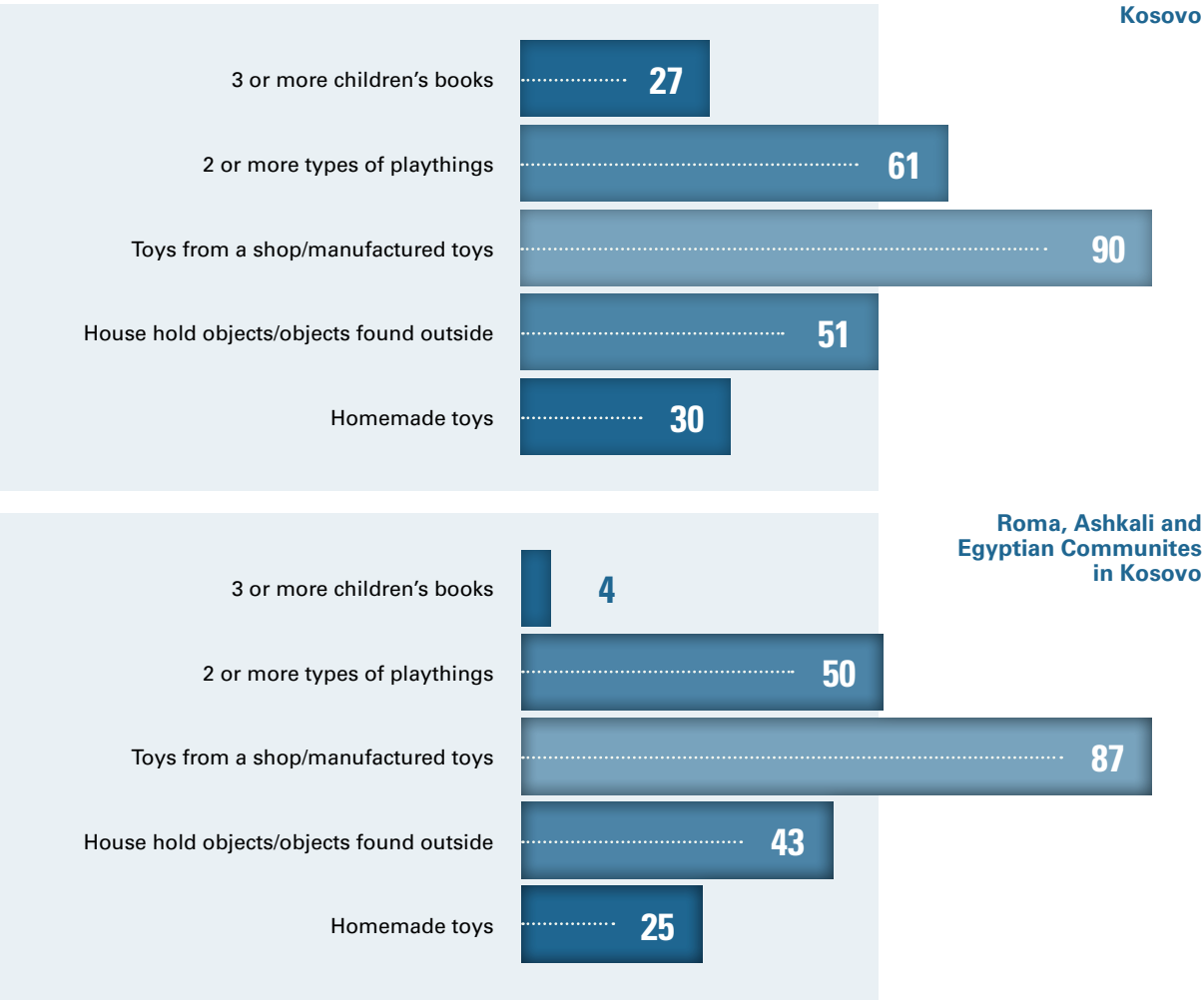


Fig.12 Children under 5 according to their access to books and other learning materials in their home

2.3.3 Interpretation and implications of MICS data about early stimulation and responsive care

Findings of 2019-2020 MICS do not show any improvement with respect to the 2013-2014 MICS survey in spite of recent emphasis and efforts put by a number of organizations in supporting families to make them more capable of responsive caregiving and early learning [29-30]. Despite these efforts, the investments might not be sufficient to yield results that would make a difference on the overall population.

The implications of a so widespread lack of early stimulation and responsive care are serious. Based on a recent and quite comprehensive literature review, WHO identified in responsive caregiving and early learning the two main contributors to child cognitive and socio-relational development [31]. Inputs from both parents are important. Mothers are usually quite more involved in childcare and all studies show how quality maternal time and engagement are the strongest predictors of a child development and educational outcome [32 Del Bono]. A growing body of scientific literature indicates that fathers' engagement since the earliest years is also very important for the social development of children [33].

Shared reading is the single most effective activity that parents can do with their children to promote their receptive and expressive language, sustained attention, socio-emotional competences [34-35]. A study on 100.000 children based on UNICEF MICS data from 25 countries, showed that the availability of even one single children's book made the difference in child development index [36].

2.4 Early education

2.4.1 Attendance to early education

Research shows that quality early education has a compensating effect on the developmental gap that children from disadvantaged family background acquire since the very first years of life. In Kosovo, while the responsive care and a nurturing home environment is lacking, the opportunities for early childhood education are also low – indicating the lowest rates in the region.

Attendance of children in early education is appallingly low, particularly in the earliest age group, where only 15% of children aged 3 to 4 years attend an early education programme. The most vulnerable groups are those most deprived of these opportunities from a very early age: the attendance is 9% among Roma, Ashkali and Egyptian communities, 8% in rural areas and only 3% among children belonging to families from the poorest quintile (while 42% in the richest) (fig.13).

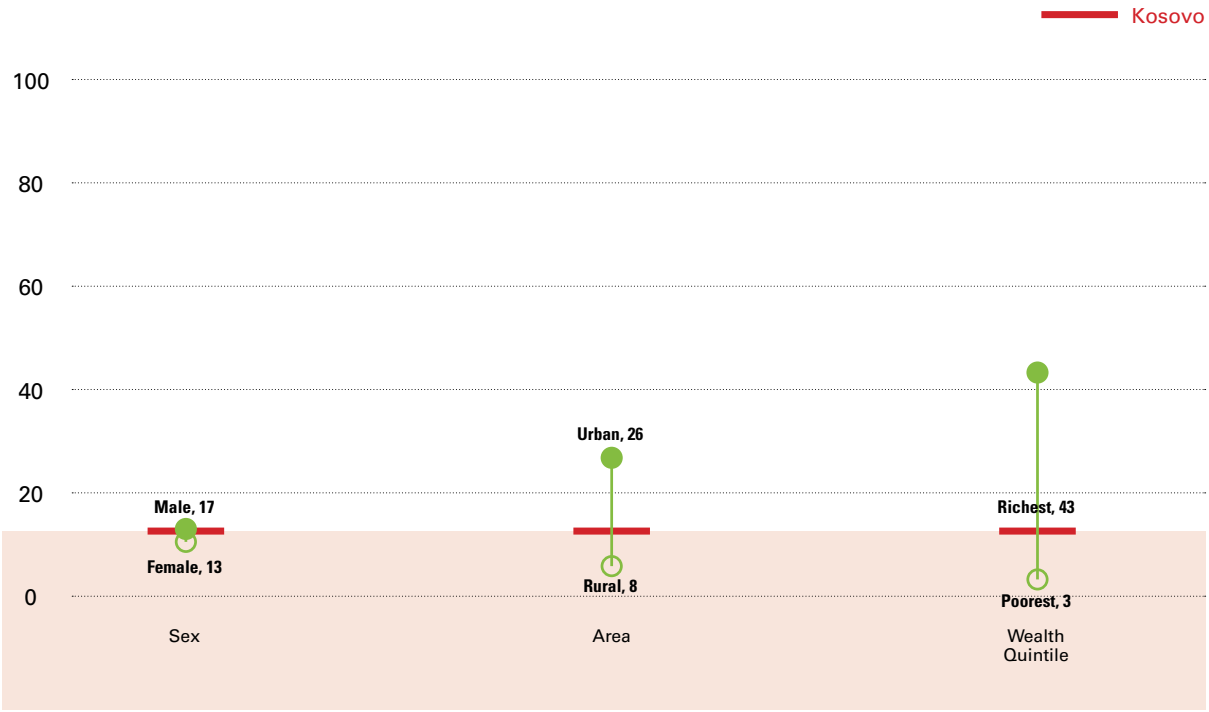


Fig. 13. children aged 36-59 months attending preschool education.

While a larger share of children (84%) attend pre-primary education just one year before school entry age (only 45% among Roma, Ashkali and Egyptian communities) this is far too late, since at this age the inequalities in development have already been established, as confirmed by data regarding the patterns of early learning.

On average, 96% of Kosovo's children attend primary school, but this apparently satisfactory figure hidden significant inequalities: attendance is only 84% for children in Roma, Ashkali and Egyptian communities, and, in the general population sample, 79% among the poorest children and those with the least educated mothers.

2.4.2 Outcomes of learning: literacy and numeracy skills

Even more concerning are the data about the outcomes of learning. Over 2% of children do not complete their primary school and drop-outs increase in later years. But indeed, what matters is also the actual skills of those who remain at school. The 2019-2020 MICS shows that only 80% can read a story with 90% words read correctly and only 41% have complete foundational reading skills (fig.14) and 42% numeracy skills (18% and 13% in Roma, Ashkali and Egyptian communities, respectively).

As for numeracy skills, it is worth noting that there are substantial gender disparities (boys 46% and girls 39%), which indicates the persistence of a widespread strong (but not based on any evidence), stereotype about "girls not been fit for numbers!" [37].

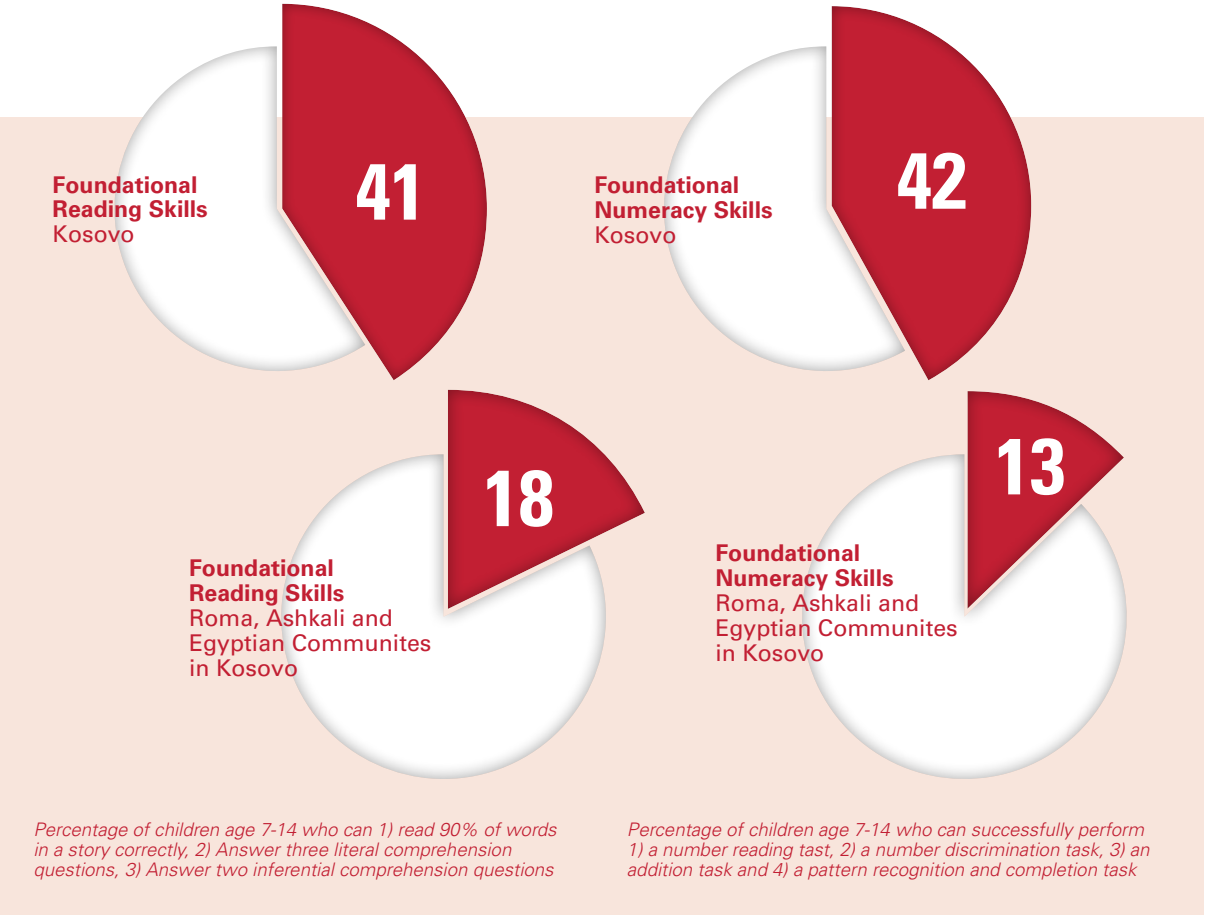


Fig.14 and 15. Literacy and numeracy essential skills among general population and in Roma, Ashkali and Egyptian communities (7 to 14 years).

2.4.3 Child functioning

Child functioning is the product of early care including health and education. The 2019-2020 MICS shows that 4% of children aged 2 to 4 years in general population (5% in Roma, Ashkali and Egyptian communities) show some kind of functional difficulty and this percentage increases up to 8% in the age group 2 to 17 years, with a very clear social gradient (from 5% to 11% in the richest and poorest wealth quintiles respectively (fig. 16).

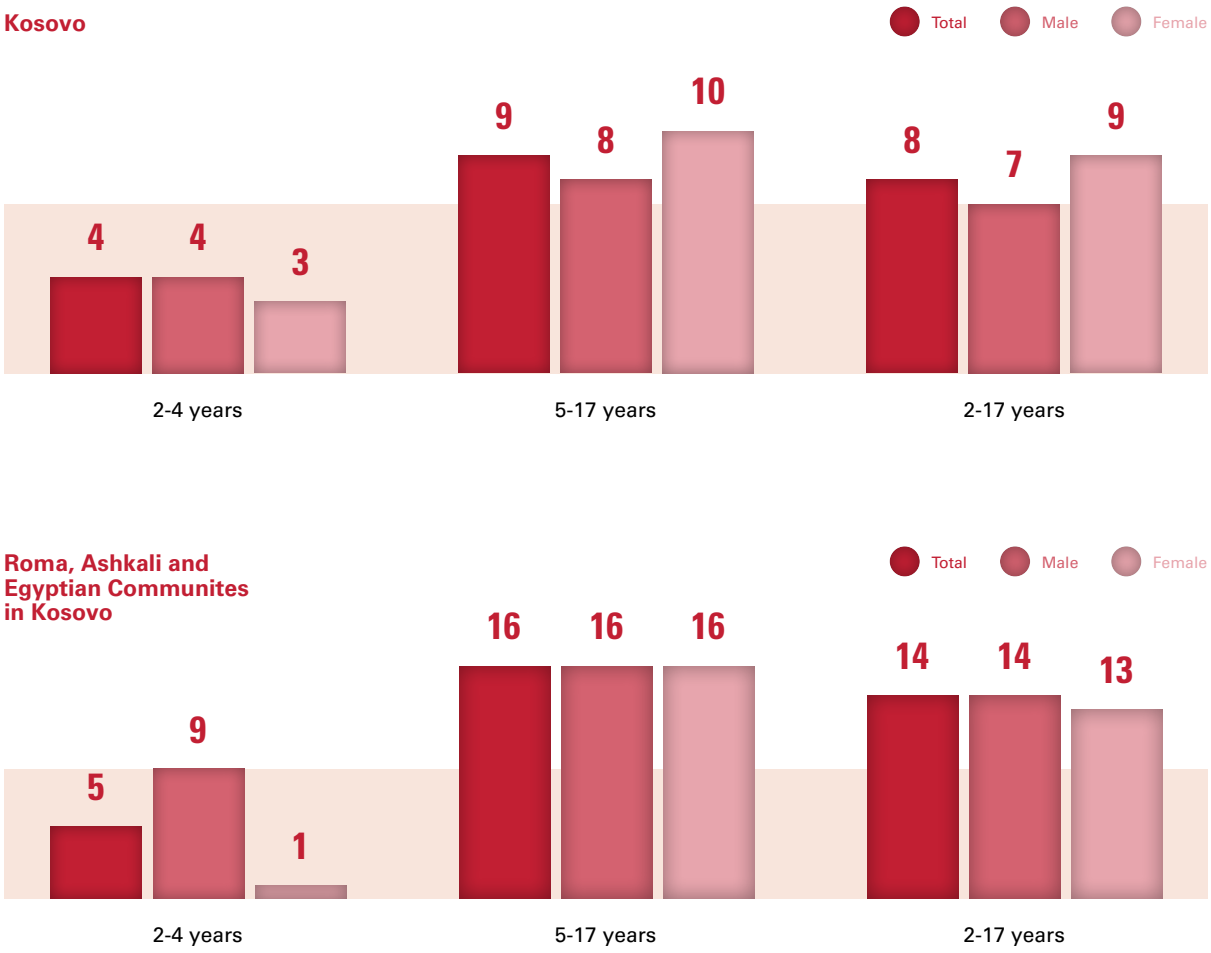


Fig.16. Child functioning. Percentage of children aged 2-17 years with some kind of functional difficulty, among general population and Roma, Ashkali and Egyptian communities.

Child functioning is normally the results of three diverse factors: a) genetic factors including congenital anomalies; b) pre, peri and postnatal maternal diseases and obstetric complications and neonatal diseases and complications; c) insufficient early education and responsive care and early exposure adversities in the home environment. The relatively high percentage of children with some kind of functional difficulties in Kosovo points to gaps in the second and third groups of factors, since there is no evidence that the genetics in Kosovo is particularly troublesome. This is confirmed by the strong social gradient: the probability of having some kind of functional difficulty in children from the poorest families is twice that of children from the wealthiest families and is more than 50% higher in children from ethnic minorities than in the general population.

2.4.4 Interpretation and implications of MICS data about early education of Kosovo's children

The 2019-2020 MICS data show that, in spite of very low attendance rates shown by the 2013-2014 MICS, very little progress has been made in providing early education opportunities. Once again, the poorest children, those whose mothers are less educated and those belonging to ethnic minorities, are at significantly increased risk of unfavourable educational outcomes as well as of functional difficulties, confirming the results of decades of studies and research [38-39]. While these data undoubtedly indicate that quality of education should be improved, it is important to underline that inadequacy in basic literacy and numeracy skills have their roots in the very first years where the foundations of literacy and numeracy are built.

Once more, it should be underlined how crucial is early education for the development of cognitive and non-cognitive skills, which are needed to build a strong foundation for the essential learning outcomes. The Program for International Student Assessment (PISA), an international assessment that measures 15-year-old students' reading, mathematics, and science literacy every three years, depicts a serious gap of Kosovo's students with respect to the EU average (box 1).

In reading literacy, 15-year-olds in Kosovo score 353 points compared to an average of 487 points in OECD countries.

In mathematics, 15-year-olds score 366 points in mathematics compared to an average of 489 points in OECD countries.

In science, the average performance in science of 15-year-olds is 365 points, compared to an average of 489 points in OECD countries.

These data show no progress when compared to the previous PISA survey (2015) as in both surveys Kosovo was third-bottom country listed [40].

The overall low performance of Kosovo students should not be seen as the result of low-quality school education only, but as the combined result of poor early development due to inadequate nutrition and health, lack of sufficient early stimulation and responsive caregiving and very low attendance to early education.

2.5 Child protection

2.5.1 Birth registration

Birth registration shows substantial progress over last 2013-2014 MICS, 98% of children in the general population compared to 88% and 96% of children in Roma, Ashkali and Egyptian communities compared to 80% under 5 years of age are registered. 1 in 10 children under the age of 5 in Kosovo are registered with civil authorities, but do not have a birth certificate. Almost all children in the general population are registered before their first birthday (97%). In Roma, Ashkali and Egyptian communities in Kosovo, 9 out of 10 children were registered before their first birthday.

2.5.2 Harsh discipline and domestic violence

In total, 30% of children aged 1 to 14 years experienced some kind of physical punishment and in 6% of them this was reported as severe. Social as well as ethnic background play a major role: severe physical punishment is 14% among children from Roma, Ashkali and Egyptian communities, while non-violent discipline methods in 28% of children of

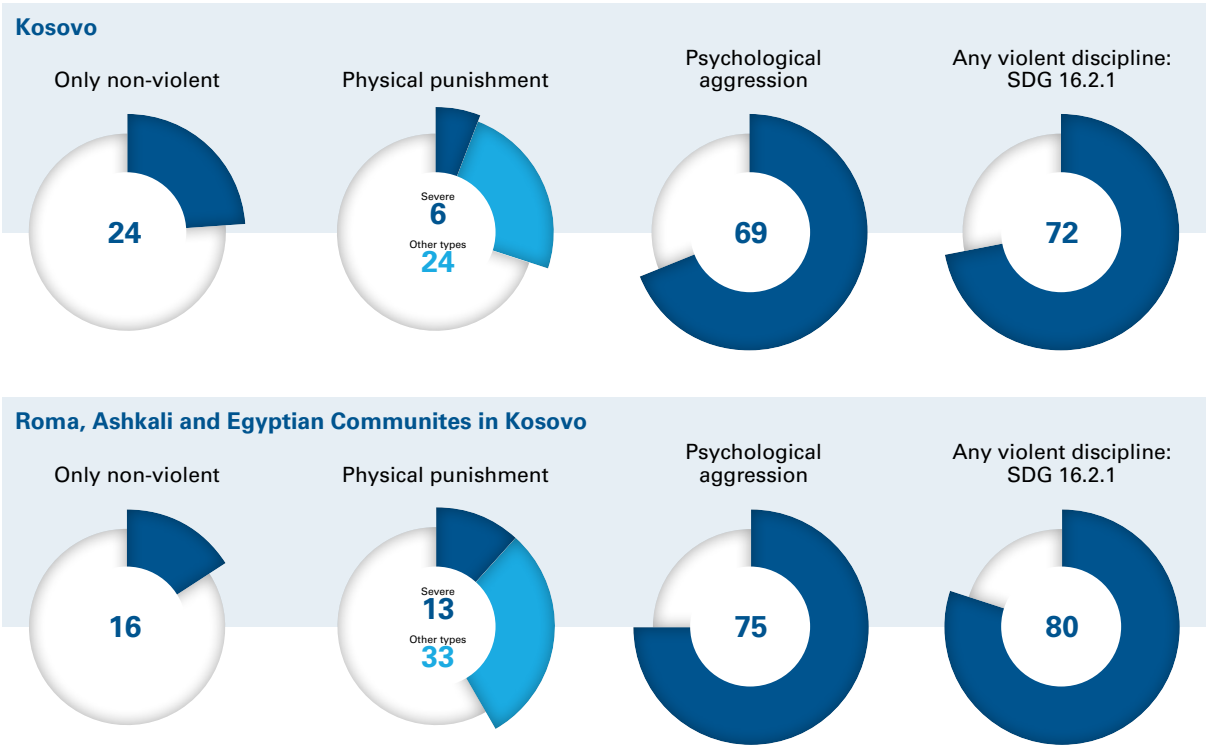


Fig. 17. Percentage of children aged 1 to 14 years who experienced any type of discipline, among general population and in Roma, Ashkali and Egyptian communities.

highly educated mothers versus 12% in low educated mothers. In general, 14% of mothers believe that the child needs to be physically punished, with enormous disparities: this proportion is 54% in low educated mothers, 4% among the highly educated mothers and 29% among mothers from Roma, Ashkali and Egyptian communities. These data are matched by the data regarding the attitudes towards domestic violence in general: 24% of women (25% of men) think the husband is justified to use violence for any reasons, with a similar social gradient (from 65% to 8% by education level).

Domestic violence remains of the most prevalent yet relatively hidden and ignored forms of violence against women and girls in Kosovo. Often social workers and police officers fail to perceive children as direct victims of domestic violence, considering that the physical violence most commonly occurs between adults in the households. Psychological violence, direct or indirect as consequence of witnessed domestic violence is frequently neglected but exposes children to toxic stress similarly to physical violence and hinders their development and achievement of full potential [41].

The pandemic exacerbates domestic violence

As existing inequalities exacerbate and families turn to negative coping mechanisms to deal with insecurities and stressors during COVID-19, the pandemic further exacerbates the risk of violence against children and women, particularly for girls, poor children, children with disabilities, and children of Roma, Ashkali and Egyptian communities. There is an apparent increase in domestic violence cases. Due to the pandemic and the consequent combination of isolation and movement restrictions and increased financial hardship, people feel an increased psychological burden leading to aggressive and violent behaviour. At the same time victims' access to support networks and reporting mechanisms has decreased, leaving children and women more vulnerable as they remain confined with their abusers. According to Kosovo Police there has been an increase in domestic violence reports resulting from COVID-19, which matches similar increase reported globally. [42]

2.5.3 Interpretation and implications of MICS data about child protection in Kosovo

Evidence about the long-term consequences of early exposure to adversities has accumulated over the last years and shows that not only early severe and chronic stress ("toxic stress") impede a child's cognitive and emotional development. This can cause a variety of mental health disorders, but, through the mediation of impairments in the immune and inflammatory systems, can increase the risk of developing a wide range of chronic diseases, including cardiovascular, metabolic and cancer and mental health disorders [43]. As MICS data show a high prevalence of harsh discipline methods and a variety of reports indicate that domestic violence is frequent and has been exacerbated by the pandemic, the whole issue of protecting children from toxic stress early in life becomes highly critical, as it yields serious consequences which project for the entire life course and may be transferred to the next generation.

2.6 An overall view to the implications of MICS data for Kosovo

The 2019-2020 MICS data indicate a worrying situation as far as child health, early development and wellbeing in Kosovo. With the exception of improvements in birth registration, most key health, development and education indicators fail to show progress since the last MICS survey, and a few seem to get worse. Inequities remain substantial and have not decreased. Some improvement in access to health services has not been accompanied by improvements in quality of services, thus failing to achieve the desired results.

The overall picture emerging from MICS is quite coherent in showing how health, nutrition, early education, responsive caregiving and social protection, the five pillars of early child development, are all affected. Social disadvantage, mainly poverty and low parental education, negatively influence all these components of nurturing care, undermining access to health and education services, hampering responsive caregiving and increasing the risk of maltreatment. Children from Roma, Ashkali and Egyptian communities suffer the most, being quite often exposed to the combined effect of poverty, low education and social exclusion. The many and closely interlinked implications of this situation need to be fully understood.

Health care around birth is an important determinant of maternal and neonatal outcomes. Pregnancy, delivery and postnatal complications, even when they do not cause mortality, spread their consequences over the following years and along the whole life course, causing further morbidity in the following years and contributing to poor development. This is for example the case of prematurity and/or low birth weight, and of malnutrition, both under and overnutrition.

Inadequate caregiving increases the risk of emotional and behavioural disorders and learning difficulties which persist into adolescence and adulthood.

Lack of early education hamper child development across all dimensions, with consequences on school performance and, later in the life course, on occupation opportunities.

Gaps in social protection, from poverty to social exclusion to domestic violence and neglect, have implications on almost all physical and mental health, often with intergenerational effects.

Inequalities in the provision of health and education services further widen the gap among children which is established very early in life. The early functional and learning deficits are harder to remedy as the time goes on and set the children on low learning and capacity curve, which shapes their future and their lives.

Implications are not only true for individuals. Medium- and long-term consequences of a poor start in life such as impaired school performance and later on poorer job opportunities lead to a series of negative social and economic outcomes and to higher cost for remedial actions.

Figure 18 illustrates how early negative exposures to poor health care, nutrition, responsive caregiving, early education and unsafe environment all contribute to poor outcomes later in life through complex causal interactions.

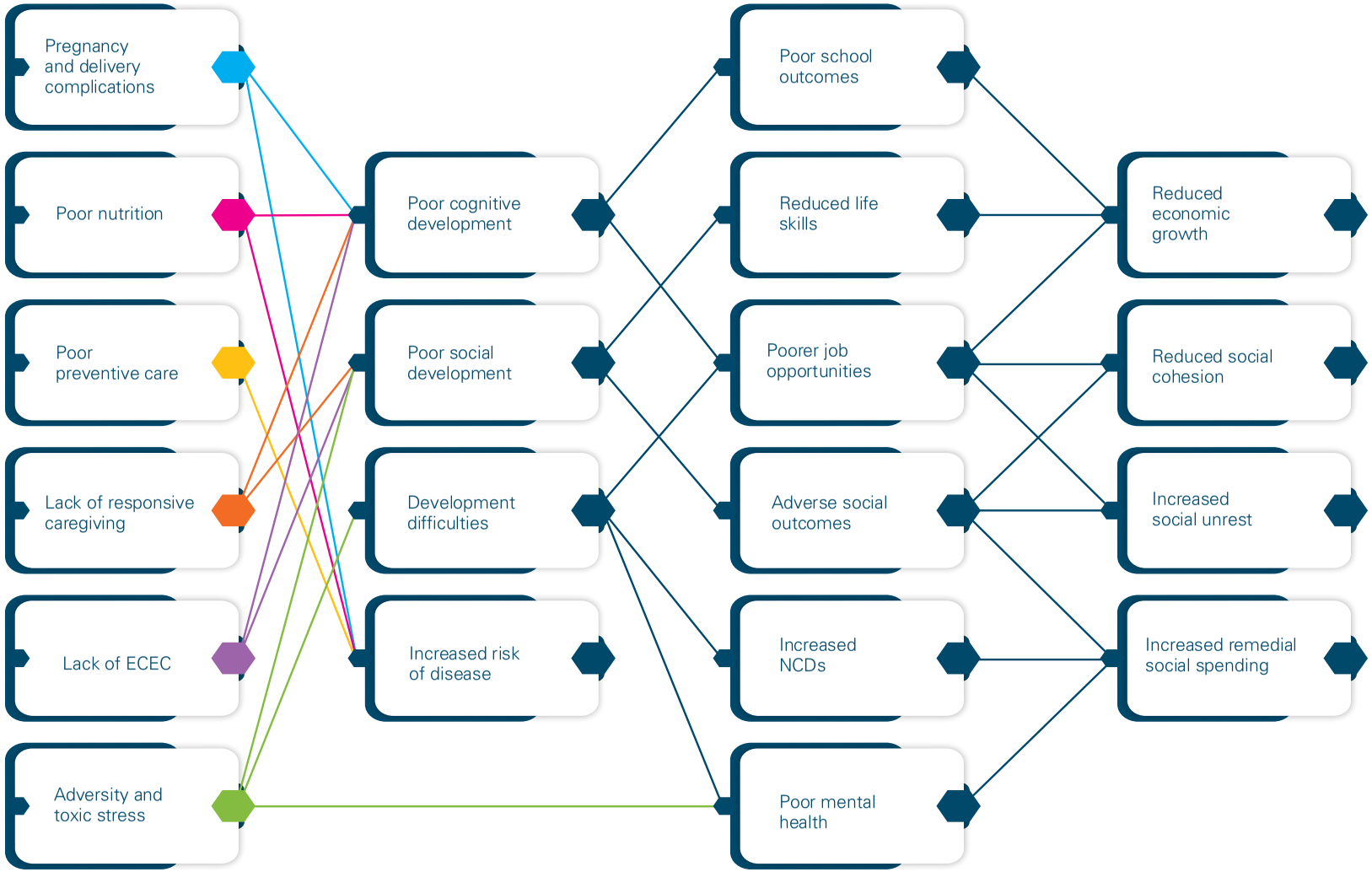


Fig. 18. How a poor start in life leads to short, medium-and-long term negative outcomes for individuals and societies.

The causal links between what happens in the early years and later health, education, social and economic outcomes are well known. A growing body of research in economics, epidemiology and developmental psychology establishes the importance of attributes shaped in childhood in determining adult outcomes. Studies estimate [44] that at least 50% of the variability of lifetime earnings across persons results from attributes of persons determined by age 18.

The implications for the overall Kosovo's social and economic development of MICS data are huge, as they show that an important proportion of children is deprived of essential rights according to Convention of the Rights of Children and that the future of Kosovo's society in terms of social and economic development is seriously hampered, mainly due to a dramatic loss of human capital.

The Convention on the Rights of the Child states that a child has a right to develop to "the maximum extent possible" and recognises "the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development [45].

For children living in Kosovo, poor early childhood development could mean they earn around one-quarter less in income, as adults. Overall, at the national level, this could mean an economic loss about twice the gross domestic product spent on health. Investing in early childhood development is a cost-effective way to boost shared prosperity, promote inclusive economic growth, expand equal opportunity, and end extreme poverty. For every $1 spent on early childhood development, the mid-term return on investment for societies can be as high as $13 [46-50]

Moving from this analysis and in accordance with the NCF and a consolidated science basis, the following section proposes a policy package to mobilize a whole-of-government and whole-of- society effort to address the challenges emerging from the MICS and ensure a better start in life for all children in Kosovo.

03

A better start in life for all children in Kosovo. A policy package for a whole-of-government and whole-of-society effort.

3.1 Compelling reasons for a new commitment

Thanks to compelling scientific evidence we understand why comprehensive Nurturing Care, provided in the earliest period of life to all children, builds the foundations for physical and mental health and for cognitive and social development, reduces inequalities and breaks the intergenerational cycle of poverty [3]. In brief, nurturing care boosts a country's economic and social development.

Science has also identified that the main threats to early child development are: maternal and neonatal diseases and complications, preventable infectious diseases, poor diet content and diversification, lack of responsive caregiving and early education, early exposure to material hardships and physical and psychological maltreatment [3,6].

In Kosovo, the findings of 2019-2020 MICS show that all these main threats exist and are largely prevalent, putting at risk the survival, growth and development of large numbers of children:

- At least one out of 100 die before their fifth birthday for diseases that are either preventable or curable
- 2 out 3 do not receive a minimum acceptable diet
- 6 out of 10 cannot enjoy the benefits of responsive caregiving and an adequate home learning environment
- More than 8 out of 10 have not the opportunity to attend an early education service
- 2 out of 10 children from the most disadvantaged background are not attending primary schools.
- 3 out of 4 are exposed to some kind of violent discipline and more than 1 out of 20 to severe physical punishment. Domestic violence is widespread although largely undetected.

In Kosovo, not all children enjoy the rights they deserve and the development human capital – Kosovo's greatest resource is undermined.

It is thus imperative for Kosovo's commitment, in line with the recommendations of the international community [1,3,50] for greater investment in the earliest years of a child's life through actions to address the existing gaps across all the five components of the Nurturing Care. The disastrous effects of the pandemic on children, the new generations, further stress the need for immediate action to "prevent the loss of an entire generation" [51].

3.2 An integrated multi-sector policy package to address priority areas indicated by 2019-2020 MICS.

The Kosovo 2019-2020 MICS findings clearly indicate the areas to be prioritized for urgent and coordinated action, as those where MICS data show the largest gaps and where focused investment can yield the greatest returns:

- **Quality care before, around and after birth,** as it decreases maternal mortality and morbidity, neonatal and infant mortality and morbidity and reduce functional problems and disabilities;
- **Supportive home environment,** as they can promote early development and key cognitive and social competences;
- **Early childhood education,** as it can boost child development and build the foundations for essential literacy, numeracy and socio-relational skills.

Besides responding to immediate children's and families' needs and respecting essential child rights, investments in these three areas are capable of improving physical and mental health, reducing functional difficulties, building the foundations for literacy and numeracy, and thus paving the way for more successful schooling and substantially strengthening Kosovo's human capital.

Investments need to be focused and result oriented. By documenting a stagnation in most indicators with respect to 2013-2014 in spite of the efforts put in building a more favourable policy environment, 2019-2020 Kosovo MICS indicate the existence of substantial gap between policy development, planning and effective implementation, particularly in the health and education sectors. Filling this implementation gap requires a system-oriented perspective, including:

1. A **whole-of-government, whole-of society approach** where all sectors are involved, with contributions by the public as well as by the private sector, by development partners as well as by Kosovo's Civil Society Organizations.
2. Emphasis on **information, participation and engagement of all families** as the main interested parties in their children's health development and wellbeing.
3. Increased **recognition of the role of service providers,** as the ultimate implementing actors and key bridge between policies and programmes and beneficiaries.

In line with this perspective and taking onto account the areas to be prioritized, a "better start in life for all Kosovo's children" policy package is proposed. This multi-sector policy package is designed to include actions that can contribute synergically to achieve measurable results in all Nurturing Care components (Health, Nutrition, Responsive Caregiving, Social Protection, Early Education).

A BETTER START IN LIFE FOR ALL CHILDREN IN KOSOVO

Legend: H = Health; N = Nutrition; SP = Social Protection; RC = Responsive caregiving; ECE = Early Childhood Education

1. Improve the quality of antenatal, perinatal and postnatal care.

Action 1. Develop and implement an updated paper-and-digital **pregnancy and birth ("best start") notebook**, to serve as a memo and a tool for dialogue between women and service providers (H)

Action 2. Implement a **Maternal and Neonatal Quality Assessment and Improvement Cycle** (H)

Action 3. Set up **a follow-up system for at risk births** (H, N, SP) building on the Home Visiting experience and provide training on perinatal and postnatal risks for health providers.

Rationale: leveraging on women's empowerment to make them active in asking quality care for themselves and their children; making health professionals aware of quality standards and committed to deliver quality services; ensure quality and continuity of preventative care.

2. Improve responsive caregiving and the home learning environment.

Action 1. Develop and conduct a multimodal (media and social networks) **positive parenting campaign** (RC)

Action 2. **Train Health Professionals of Primary Health Care teams** and particularly Home Visiting **in promoting a nurturing environment and monitoring child development** (RC)

Rationale: making caregivers more aware (best investors in their children) of the importance of the Home Learning Environment; make health professionals working with families more knowledgeable about Home Learning Environment and proactive in providing advice; foster inter-sector collaboration in prevention and early detection of child maltreatment.

3. Expand the provision of early education and ECD services.

Action 1. **Expand substantially the offer of subsidized ECD/E services**, also building on Public-Private Partnerships and exploring innovative approaches and models based on the population estimates and adaptation of existing infrastructure for early education (ECE)

Action 2. **Set up ECD corners and ECD centres** in health and other public and private facilities (ECE/H)

Acton 3. **Develop and implement a national plan to expand and further qualify the early education ECD/E workforce** including ECD/E educators and ECD centers' facilitators (ECE)

Rationale: make ECE accessible to children from rural and disadvantaged urban households; make ECD-focused spaces visible and readily accessible for all children 0-3 and their caregivers; expand the qualified workforce for ECE services and facilitate the establishment of a (trained) volunteer role of ECD-facilitator to involve communities in the early learning mission.

Overarching action: Scale-up and further strengthen the contents of the Universal Progressive Home Visiting Programme (UPHVP)

Rationale: the UPHVP is instrumental to all actions, by a) providing systematic support and guidance to all women in order to improve their access and quality to pre-, peri- and postnatal health care; b) promote adequate nutrition, responsive caregiving and attendance to early education, with specific attention paid to at risk mothers, children and households.

Relevant indicators are provided in *Annex A*

Annex A. Proposed indicators and targets

Health

1. Proportion of mothers who receive all essential components of antenatal care;
2. Under-five, infant and neonatal mortality rate;
3. Percentge of children 24-35 months fully immunization;

References:
Under-five mortality rate: SDG 3.2.1
Neonatal mortality rate: SDG 3.2.2
Adolescent birth rate: SDG 3.7.2
Percentage of children fully immunized: Global Strategy

Adequate nutrition

4. Exclusive breastfeeding prevalence in the first 5 months;
5. Proportion of children aged 6–23 months who receive a minimum acceptable diet;

References:
Percentage of infants under 6 months old who are fed exclusively with breast milk: Global Strategy
Proportion of children aged 6–23 months who receive a minimum acceptable diet: Global Strategy

Responsive caregiving

6. Engagement of adult in activities to promote early learning;
7. Percentage of children aged 0–59 months who have three or more children's books at home;

References:
Engagement of adults in activities to promote early learning: MICS
Percentage of children aged 0–59 months who have three or more children's books at home: MICS

Opportunities for early learning

8. Percentage of children 3-4 years attending ECE;

References:
Percentage of children who attend at least a year of preschool: SDG 4.2

Security and safety

9. Proportion of children living below in absolute poverty (SDG 1.2.1);

10. Percentage of children aged 1 to 14 years who experienced non-violent discipline in the past month;

References: children living in absolute poverty SDG 16.2.1

Distinctive features of the package are:

- It addresses all five Nurturing Care components, thus providing a synergic approach to child health, development and wellbeing;
- It identifies the UPHVP as an overarching programme as it can increase the effectiveness of all the other actions and promote integration across sectors;
- It is based on sound scientific evidence and international experience;
- It proposes precise indicators for monitoring implementation and tracking progress.

The proposed policy package adopts a system approach by contributing to four strategic directions:

- Strengthening systems at the national level (planning, financing/budgeting, quality programming etc.);
- Bridging the gap between legislation, policy formulation and implementation in the ground (implementation of quality services at the PHC level, community etc.);
- Strengthening partnerships for greater investments in health (coordination of programmes and leveraging innovative budgeting and financial support for quality health and education services etc.);
- Strengthening performance and progress monitoring to ensure results for children (data and evidence, close monitoring etc.).

The financial effort which is needed to implement the policy package appears affordable: significant capital investments will only be needed to cover the cost of infrastructure for newly established ECD/E services while investments in current expenditure will be needed to cover the cost of the additional workforce to be employed in the new ECD/E services and in the scaling up of the UPHVP.

Investments in ECD/E and in the UPHVP, besides addressing the most important health, nutrition and education gaps emerging from the MICS and reducing the early onset of inequalities, will provide immediate returns in terms of qualified jobs created, particularly for women, foster gender equality and the conciliation of occupation and child care. In

addition to formal ECD/E services, the creation of ECD centers and ECD corners will provide less formal, part-time opportunities to experience quality activities for young children and their caregivers such as shared reading and play [3] [52,54]. ECD corners and one-two rooms ECD centres can be established with a minimum of furniture and materials in health facilities or in other public services or spaces made available by NGOs or private companies and can offer part-time occupation for a range of workers with intermediate qualification, if a sensible selection recruitment and training system is set up [3] [55].

The COVID-19 pandemic has also underlined the need for strengthening community health services, also recognized as an urgent global priority, with task shifting towards nurses and non-medical health professionals. With its UPHVP, Kosovo can be at the forefront in Europe in scaling up evidence-based community health programs based on non-medical health professionals.

3,4 A whole-of-government, whole-of-society mobilization and a shared coordination mechanism to operationalize the policy package

The breadth of the policy package requires a mobilization of all key sectors (health, education and social welfare) and of all key actors of Kosovo's society, including central and local level, NGOs, Development partners and Private Sector Organizations.

The policy package should be seen as a **whole-of-government effort**. Adjunctive budgetary allocations should be ensured to the Health, Education and Social Affairs ministries in order to cover the additional capital and current expenditure to set up new ECD/E services and scale-up the UPHVP. Development partners and donors could contribute to these efforts with additional financial investments. A guideline should be developed jointly by the Ministries of Health and Education to set up ECD corners and centres and recruit and train qualified professionals as well as providing continuous professional development to those already employed.

Municipalities shall contribute by identifying priority sites for the new ECD/E services and explore opportunities for using existing school or preschool underutilized spaces.

The private sector, both non-profit and profit should align with the effort by contributing to the implementation of the package. Companies operating in Kosovo should contribute by introducing in their welfare policies for the employees direct ECD/E services or providing vouchers for facilitating attendance to ECD/E services for their employees with young children.

The ECD Advisory Body within the Ministry of Education, Science, Technology and Innovation and with participation from key line Ministries, i.e. Ministry of Health, Ministry of Finance Labour and Transfers, should be strengthened in its coordination and advisory role with established structure and workplan. Besides Ministries, the ECD Advisory Body comprises represenatives from development agencies and the EU Mission in Kosovo, Academia, NGOs, service providers and the private sector. Its founding principle is strengthening the communication, cooperation and coordination of activities related to early childhood care, development and education, as well as raising general awareness on the importance of investing in this age group. Shared vision, common objectives and coordinated efforts, with a closely monitored result-based plan, can make the difference for all Kosovo's children and for the whole country.

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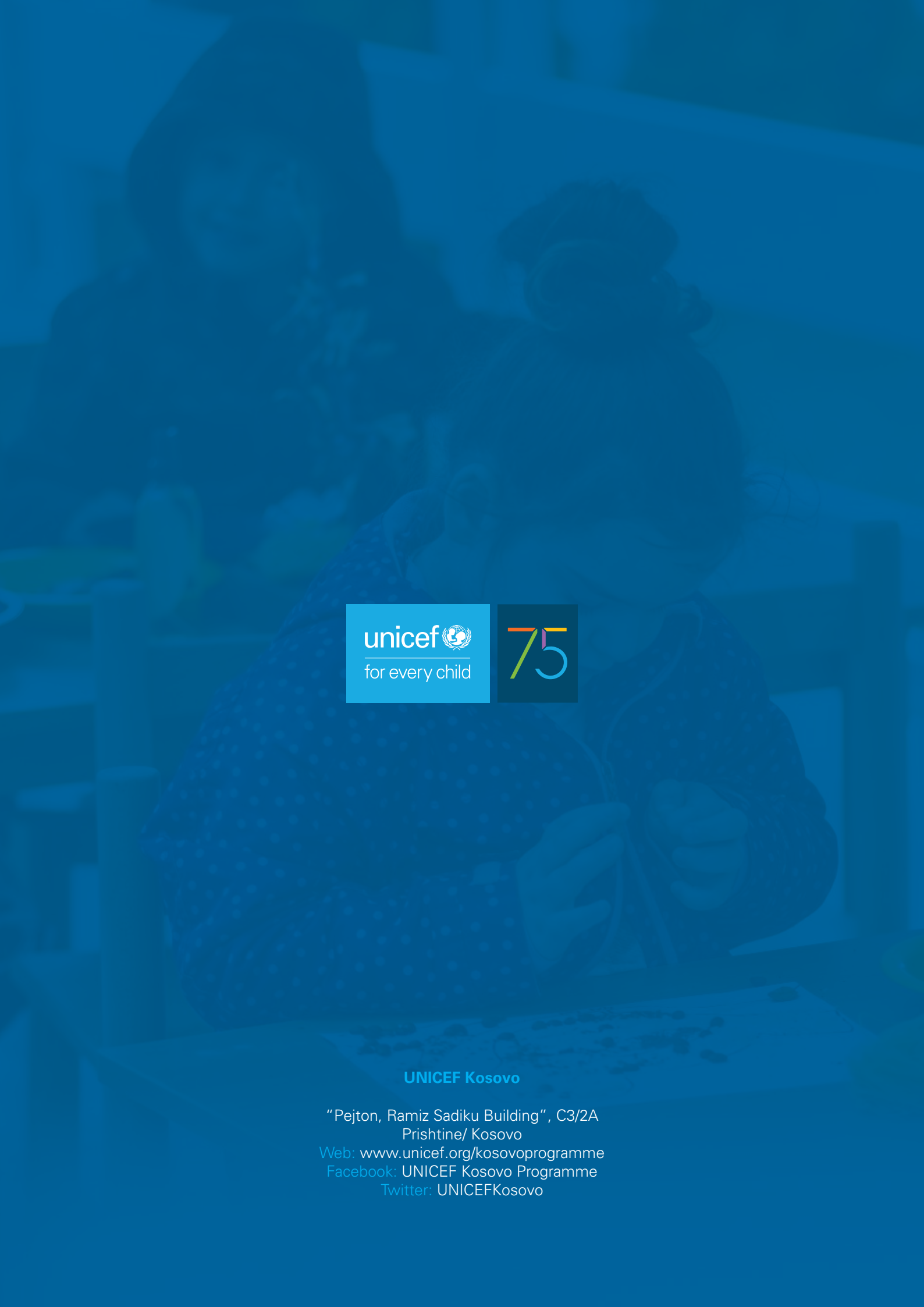

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