



This brochure titled "Social Inclusion: People behind Figures" provides a snapshot of the status of social inclusion in Kosovo. The document describes the situation of the most vulnerable people living in Kosovo, drawing on data generated by Kosovo institutions, UN development agencies, as well as Think Tanks and Academia. The brochure reflects serious disparities, where too many individuals, associated with specific demographic groups, are unfairly left behind.

Our aim in compiling this document is to generate muchneeded discussion on the importance of prioritizing investment so as to narrow the gap between the "haves" and the "havenots" in Kosovo. Making social inclusion a centerpiece of Kosovo's development agenda is about people's right to live a life free of discrimination and inequality, but – it is just as much - about steering Kosovo towards realization of its European integration aspirations and compliance with international human rights standards.

UN development agencies enjoy a longstanding partnership with the Kosovo Parliament in advancing two complementary agendas representing two sides of the same coin: The first agenda concerns the eight Millennium Development Goals (MDGs), which provide a framework for the entire international community to work together towards a common end – making sure that human development reaches everyone, everywhere. If these goals are achieved, world poverty will be cut by half; tens of millions of lives will be saved; and billions more people will have the opportunity to benefit from the global economy. The second agenda is about Social Inclusion, or conversely – the goal of eliminating Social Exclusion, whereby Social Exclusion can be understood as the process through which individuals or groups are wholly or partially excluded from full participation in the society in which they live.

The United Nations Kosovo Team (UNKT) is a group of 21 UN agencies and affiliates present in Kosovo, and includes OHCHR, UNICEF, UNFPA, UNHCR, IOM, WHO, FAO, ILO, UNDP, UN-HABITAT, UNOPS, UNWOMEN, UNV as well as other Non-resident Agencies, UNESCO, UNEP, UNCTAD, UNODC, and UNIDO. The IMF and WB are also members of the UNKT. All UNKT members share a long-term commitment towards the well being of all people of Kosovo each through their respective areas of specialization – be it health, education, children and human rights, women's empowerment and gender equality, good governance, agriculture, assistance to migrants in need, refugees and internally displaced people, assistance in urban and rural settlements, economic development and employment.

They gather under UNKT umbrella to harmonize interventions, address all aspects of Kosovo development challenges and work together with the government, civil society and private sector to jointly aim to achieve the Millennium Development Goals as a framework of all international agencies, with one joint aim- to ensure that all are given equal chance to be actively included in Kosovo society.

The UNKT is chaired by the United Nations Development Coordinator (UNDC), who supports and facilitates the dialogue and coordination of the UNKT in order to ensure collaboration in a concerted and harmonized manner, with a view to improve the overall effectiveness and efficiency of the UNKTs' interventions in Kosovo.

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While most Kosovars have heard about HIV/AIDS the majority are not informed adequately

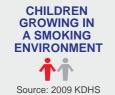
Smoking during and after pregnancy is common, and represents a threat to the health of the whole family

Half of children grow in a smoking family environment









HIV/AIDS

Kosovo has a low HIV/AIDS prevalence rate (<1% of the population) and less than 5% among high-risk groups. However, the situation remains uncertain due to underreporting, and because of a lack of prevention among high risk groups, whose risk behaviours seem to have become more common. The growing number of intravenous drug users, sex workers, the discriminated MSM community, changing social norms, the large mobile and migrating community and the low awareness about HIV prevention methods, represent risk factors, which the weak health sector might have difficulties to address.

The knowledge of the existence of HIV/AIDS is high, with nearly 90% of males and more than 80% of women above age 15 having heard about it. Unfortunately, there is a stigmatization of people living with HIV/AIDS illustrated by the low rate of 40.5 % of the men, and 33.3% of women, that would buy vegetables from a vendor living with HIV/AIDS. The need for sensitization on the topic is especially high in rural areas.

NUTRITION

Pregnant women and their babies are healthier because of adequate nutrition, while much risky behaviour remains wide-spread. Among pregnant women, 23% have a problem with anaemia, mainly caused by iron deficiency. With an improved supply of iodized salt, Kosovo seems to have tackled the problem since its population has reached an adequate iodine nutrition status.

SMOKING

Smoking presents the most widespread public health risk in Kosovo for children, with a recent study revealing that 20.9 percent of pregnant women smoke during pregnancy (WHO, 2010), and over 60 percent of newborns are exposed to cigarette smoke on a daily basis; other environmental risk factors include dangerously high levels of lead and heavy metals contamination (Mitrovica area).

Increased production and use of accurate statistics and research is crucial in guiding effective action to address social exclusion and to achieve the MDGs. A functioning statistics system represents the eyes and ears of any nation and is the backbone for planning, decision-making and monitoring of policy decisions and processes. Kosovo should celebrate the recent census, as well as the adoption of a strong Law on Official Statistics. These are important steps towards better targeted responses to address social exclusion. These steps, however, must be followed by further action, including support for strengthening capacities for data gathering and analysis, as well as allocation of adequate financial resources that are required for Kosovo's statistical system to function effectively.

For our part, the UN development agencies working within the umbrella of the UN Kosovo Team (UNKT) are guided by a Common Development Plan (CDP) 2011-2015 which will focus and harmonize the work of the UN agencies over the next five years around the overarching goal of advancing Social Inclusion in Kosovo. The Plan focuses on four Strategic Themes: (1) Development of Inclusive Legislative and Policy Frameworks; (2) Accountability for Delivering on Social Inclusion; (3) Local Participation and Empowerment; and (4) Environmental Health and Protection. As Kosovo increasingly seeks to take the reins of its own future, the UNKT will continue to nurture its partnership with Kosovo's Parliament, the Government, civil society and private sector to advocate and leverage support and for social inclusion.

Osnat Lubrani UN Development Coordinator



33.1% 2003 DECREASED 28.2% 2009 <15 YEARS

60.5% 2003 INCREASED 64.8% 2009 AGE 15-64

Source: 2009 & 2003 KDHS

PLANNED PREGNANCIES



Source: 2009 & 2003 KDHS

AVERAGE HOUSEHOLD SIZE

Source: 2009 & 2003 KDHS

EFFECTIVE METHODS OF CONTRACEPTION

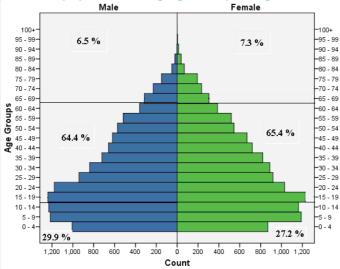


Source: 2009 KDHS

DEMOGRAPHICS

Comparisons of the 2009 and 2003 population pyramids reveal notable changes in the age structure between the two Demographic and Health Surveys (KDHS). These trends imply the population structure is aging due to decreased fertility rates and in age-specific mortality rates combined with age-selective emigration. These population dynamics create a demographic dividend, which is a window of economic opportunity, opening when the share of working age people is rising among a population, and the proportion of dependents decreases.

The population is aging not replacing itself



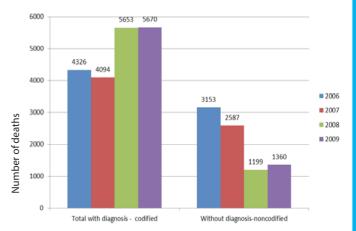
Source: 2009 KDHS

Appropriate family planning is important to the health of women and children by:

- 1) preventing pregnancies that are too early or too late;
- 2) extending the period between births; and
- 3) planning the number of desired births.

Better family planning helps limit the number of abortions a woman may otherwise have because of unwanted or unplanned pregnancies. The low (and decreasing) rate of can be considered high risk populations affected by health care exclusion, as their access to health care is often especially difficult.

Despite notable efforts in codifying deaths, no diagnosis was given for 19.4% of deaths in 2009 illustrating the imperative for the collection of data in the health sector to identify the needs of Kosovars and to be able to address them.



Source: 2009 KDHS

Kosovo's allocation for health care remains relatively low at 35 to 45 Euro per capita which is three to five times lower than neighbouring countries.

FACTORS • Distance to doctor's office/hospital/medical centre • Delay in getting appointment • Waiting time to see doctor on day of appointment • Cost of seeing the doctor • Cost of buying medicines	%
None of the above factors	15.2
1-4 of the above factors	57.8
All the above factors	27.0

Kosovars live 2 to 6 years less than citizens from neighbouring countries

The cost of health care services remains an important barrier, especially for vulnerable groups

Kosovo's financial allocation for health care remains relatively low three to five times lower than neighbouring countries





DEATHS FROM DISEASES OF THE CIRCULATORY SYSTEM



Source: 2009 Causes of Death

DEATHS NOT CODIFIED

Source: 2009 Causes of Death

MAJOR OBSTACLES ACCESSING HEALTH CARE

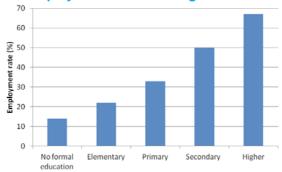


Source: 2009 Causes of Death

The Roma, Ashkali and Egyptian Communities are the most marginalised in terms of access to education with only 1 in 70 members of their communities having attended or finished high school and even less have completed or even attended university.

Literacy and a well-rounded education are strongly connected to life-chances as portrayed by the recent UNDP Mosaic Survey which demonstrated that education levels are positively correlated with employment levels i.e. those with more years of schooling are more likely to be employed.

14% of those with no formal education are employed vs. 67% with higher education



Source: 2009 Kosovo Mosaic Survey

HEALTH

The health situation has improved over the last decade yet Kosovars live 2 to 6 years less than citizens from neighbouring countries. While wealthier citizens seek treatment abroad, many barriers make access to health services difficult for Kosovars. The relatively low investment in health, the cost of services and the difficult access to adequate provision are only some examples of subsisting institutional, socio-cultural and environmental barriers. In this context, social inclusion remains a challenge in the domain of health. Young persons, people living with disabilities and Roma, Ashkali and Egyptian communities

use of effective methods of contraception (9.2%) and the reliance of one in four women (25.2%) on the relatively ineffective method of withdrawal are causes for concern. Kosovar families are becoming smaller, yet contraceptive use patterns and method choices are not consistent with the desire for smaller families and women risk unintended pregnancies that they may choose to abort later.

The total fertility rate (TFR) is 2.03 children per woman, slightly below replacement-level fertility of 2.1 children with the 0.1 to account for children who don't survive to reproduce, and is the TFR at which each couple just replaces itself. The TFR estimated from the 2003 DHS was 2.98 – nearly one child higher than the TFR estimated during the 2009 survey. The 2003 fertility rate was the highest in the region where an ageing population is common and most European countries have undergone this demographic transition to a now smaller fertility rate.

The current fertility rate is below replacement levels and decreasing



Source: 2009 & 2003 KDHS

Kosovo households continue to be traditionally large with households often comprised of extended family members spanning several generations, especially in rural areas.

83% of households have 4 or more members



30% of households have 7 or more members



Kosovar families are becoming smaller, yet contraceptive use patterns and method choices are not consistent with the desire for smaller families and women risk unintended pregnancies that they may choose to abort later

For the first time the 0-4 age group is smaller than the 5-9 age group

One in four couples use the relatively ineffective method of withdrawal as a method of contraception



BELOW THE EXTREME POVERTY LINE

(not enough to buy food necessary to survive)



Source: 2010 World Bank

EXCLUSION RATE AMONG ROMA, ASHKALI AND EGYPTIAN HOUSEHOLDS



Source: Kosovo Human Development Report 2010

36% OF HOUSEHOLDS DON'T HAVE ACCESS TO ALL UTILITIES





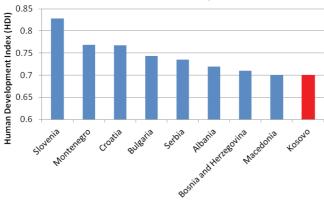


Source: Kosovo Human Development Report 2010

HUMAN DEVELOPMENT

Kosovo's Human Development Index (HDI), a critical measure of its progress for people, measuring access to education, health and economy is the lowest in Europe.

Lowest HDI in Europe



Source: Kosovo Human Development Report 2010

POVERTY

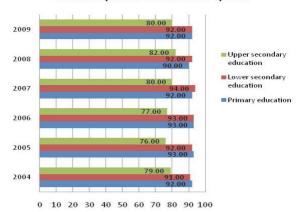
Poverty is higher among those living in large families, living with many unemployed members, and those who have low educational levels. It is important to note that employment alone does not protect a family from poverty since 6.4% of poor households had employed members of the household. Furthermore a relatively high number of households (7.6%) do not have businesses nor arable land and are unemployed.

Of the ethnic populations in Kosovo the Roma, Ashkali and Egyptian communities have the highest exclusion rates with more than 40% excluded from all factor markets, meaning that they do not have anyone in the family who is employed, do not have a business, object for rent, land to work, or assets to sell in markets.

been made in the area of education there has been little change in the gender parity index (GPI) or ratio of girls to boys at various levels of the education system. Of concern is that GPI has not statistically changed over the past 6 years implying that girls are still excluded from accessing schooling, especially at the upper secondary level where the general society ratio of boys to girls is equivalent and this area should receive due attention.

No statistical change in the ratio of girls to boys accessing school

Girls to boys ratio in education system



Source: 2010 MDG Factsheet

In the last two years, girls have exhibited a lower than average transition rate from lower to upper secondary education when compared to that of boys.

Transition rate from lower to upper secondary education



Source: Kosovo Human Development Report 2010

Attendance rates of the 5-9 age cohort is low (79.6%) even though it increased from 66% in 2003

Only 7 out of 10 children age 5-6 access school even though this is the formative stage of their educational development

During the past 6 years there has been no statistical change in the ratio of girls to boys that attend school



Source: 2009 & 2003 KDHS

PRIMARY SCHOOL ATTENDANCE ROMA, ASHKALI & EGYPTIAN

Source: Kosovo Human Development Report 2010

SECONDARY SCHOOL ATTENDANCE ROMA, ASHKALI & EGYPTIAN

Source: Kosovo Human Development Report 2010

GENDER PARITY OF CHILDREN WITH DISABILITIES



Source: MEST Data

EARLY CHILDHOOD EDUCATION (AGE 5-6)

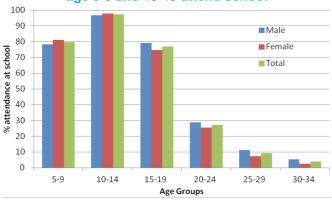
Source: 2008/2009 MEST Data

One of the obstacles towards gender integration is that fact that Gender Equality Officers have not been appointed in all ministries and gender equality committees have only been established in two out of 30 municipalities.

EDUCATION

Kosovo has advanced in terms of the education sector in recent years with high attendance rates among the 10-14 age cohort (98%). However there is concern that the attendance rates of the 5-9 age cohort at 79.6% is low even though there has been an increase in attendance from 66% in 2003. School attendance rates for students aged 15-19 has also increased between 2003 and 2009 from 63% to 77% but is an area which requires attention to close the gap.

Only 4 out of every 5 children between age 5-9 and 15-19 attend school

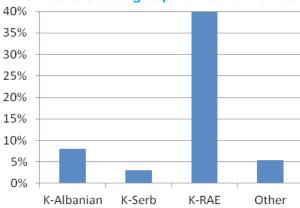


Source: 2009 KDHS

Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

Datafrom the Ministry of Education (MEST) for the 2008/2009 academic year indicates that only 70% of children age 5-6 access school. Unfortunately although great efforts have

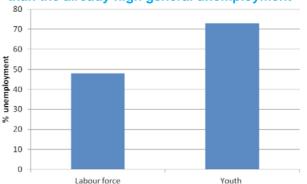
Roma, Ashkali and Egyptian communities are the most excluded group from factor markets



Source: Kosovo Human Development Report 2010

About 48% of the labour force was unemployed in 2008, while unemployment rate for youth stood at 70%. Unemployment tends to be long-term, where nearly 82% of the unemployed are out of work for more than 12 months. The job market swells by an average 30,000 young jobseekers every year, with little opportunity available to them.

Youth unemployment is substantially higher than the already high general unemployment



Source: Kosovo Human Development Report 2010

Every third other Kosovar is at risk of not having enough to buy beyond food

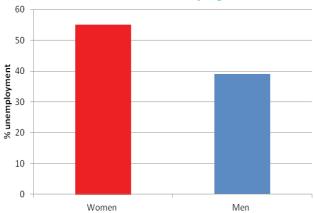
Every sixth Kosovar is at risk of hunger not having enough to buy food to meet daily calorie requirements

Only one out of every six Kosovars can access a doctor and medicines without any financial problem or social barrier



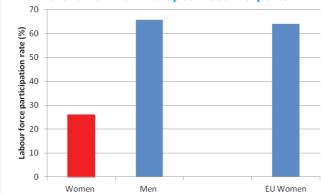
Not surprisingly given the context, the female unemployment is almost 50% higher than that of male unemployment. Similarly the labour force participation rate in distinctively lower for women at 26.1% compared to 65.8% for men which is actually closer to the European Union average for women's participation at 64%.

Female unemployment is substantially higher than that of male unemployment



Source: Kosovo Human Development Report 2010

Kosovo female labour force participation rates are lower than European counterparts



Source: Kosovo Human Development Report 2010

POLITICAL PARTICIPATION

There have been sterling efforts to increase the participation of women in the political realm. While 1/3 of Presidential Advisors are women only 1/4 are at the political level. Similarly 1 in 3 MPs are women yet only 2 commissions out of 16 are led by women.

ADVISORS



Source: Kosovo Human Development Report 2010

Unfortunately the same advances have not occurred in the public administration realm where 1/5 jobs are held by women, only a marginal increase since 1999. Furthermore in minority communities none of the senior positions are held by women. Moreover women hold approximately 1 in 4 seats at the municipal level but none of the Mayoral seats.

MUNICIPAL MAYORS



Source: Kosovo Human Development Report 2010

At the governmental level there are great disparities towards gender equality where only 2 out of 19 ministers are women and only 1 out of 30 deputy ministers is a woman.

The female unemployment is almost 50% higher than that of male unemployment

Similarly the labour force participation rate in distinctively lower for women at 26.1% compared to the European Union average of 64%.

Only 2 out of 16 commissions are led by women

Only 1 out of 30 deputy ministers is a woman