



UNITED NATIONS AGENCIES IN KOSOVO

# Where Will We Be in 2015?

Millennium Development  
Goals Baseline Report  
for Kosovo



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This report was produced through an initiative of the United Nations Country Team in Kosovo. Research and analysis were conducted by the Sfera Institute and Mr. Marc L. Johnson.

Project Management:

*Deirdre Keogh - UNDP*

*Jennifer Slotin - UNDP*

Coordination:

*Marc L. Johnson - Research and Evaluation Consultant*

*Genc Krasniqi - Sfera Institute*

Research and Writing:

*Shpend Ahmeti - Sfera Institute*

*Linda Gusia - Sfera Institute*

*Marc L. Johnson - Research and Evaluation Consultant*

Expert Reviewers:

*Ilir Begolli - National Institute of Public Health of Kosovo*

*Lulzim Çela - UNICEF*

*Selvete Dibrani - Ministry of Environment and Spatial Planning*

*Xhevat Krasniqi - Ministry of Health*

*Flora Macula - UNIFEM*

*Gerry McWeeney - WHO*

*Igballe Rogova - Kosovo Women's Network*

*Nand Shani - World Bank*

*Aferdita Spahiu - UNICEF*

*Skender Syla - WHO*

*Bahri Tigani - Ministry of Health*

English Language Editor:

*Hope Steele*

# Context: Kosovo and the Millennium Development Goals

When our world crossed over to the third millennium in the year 2000, 189 heads of state agreed to tackle human development problems through a set of time-bound goals called the Millennium Development Goals (MDGs). Although the global challenge to alleviate poverty is overwhelming, these leaders decided to concentrate on eight crucial Goals that touch upon available income and food, education, gender equality, child mortality, maternal health, HIV/AIDS and other major diseases, environmental sustainability, and global partnerships (see Table 1 for the Millennium Development Goals).

The eight **Goals** are set to encourage all countries, rich or poor, to focus on human development problems. They have been carefully selected with the help of the United Nations Agencies and other international organizations. They include 18 feasible straightforward **targets** to be met through country policies and programs, international aid, and civil society engagement. These targets are set to be achieved in a 25-year period from 1990 to 2015.

International agencies have agreed on clear **indicators** to keep track of the progress made toward reaching the targets. These indicators are intended to measure progress made at the country level as well as the global level, since all countries will use the same gauge. Monitoring and reporting on the progress made are important to keep the Goals alive on the public and political agendas. In order to achieve the Goals, there must be a continual commitment of all human development stakeholders at the country level. Advocacy actions must therefore be implemented for this purpose. This report is intended to foster such public awareness and to establish a baseline for Kosovo against the MDGs and their targets.

## Why Are the Millennium Development Goals Relevant to Kosovo?

Kosovo representatives were not sitting at the Millennium Summit in 2000 and thus have not signed its declaration. The Goals that stand out from this declaration are nonetheless relevant to the situation of Kosovo. The following pages will show that most of the targeted problems find a large echo here:

The conflict and violence seen in Kosovo at the end of the second millennium has taken a dramatic toll on human development levels.

Poverty here is widespread: half the population lives below the poverty line.

Education was previously well established, but the events of the last decade have reduced the availability and quality of schools. Women in Kosovo do not stand as equals to men, especially in terms of education and literacy. Maternal and infant health constitutes a major challenge for a region with a very high birth rate. Tuberculosis is endemic. On all these counts, Kosovo compares very poorly with most European countries. HIV/AIDS is not yet a widespread disease, but systematic surveillance and health education must keep it from spreading. Industrial and domestic pollution pose a serious challenge to the environment, although not much is known of its exact scope.

The targets and indicators captured in the table of Millennium Development Goals below represent global objectives. This table sets out Goals, targets, and indicators that have a global relevance. Kosovo must now chart its own course and tailor each target and indicator to its own reality. It is obvious, for instance, that malaria (target 8) does not pose a problem for Kosovo, nor do slum dwellers (target 11) represent a major problem. On the other hand, poverty (target 1) is likely to persist in Kosovo, given the major challenges facing economic development. Tuberculosis prevalence (target 8) in Kosovo is one of the highest in Europe. And a large number of girls tend to drop out of school at the end of the primary level (target 4). In discussing each Goal in the body of this report, those indicators that are not relevant to Kosovo are omitted.

## Kosovo Must Chart its Own Course to the Millennium Development Goals

The government of Kosovo is responsible for social policies including health, education, and gender equality, and for protecting its natural environment. The government's priorities of improving educational standards and the quality of health, and

of promoting economic development, international economic cooperation, and employment are already closely linked to the Millennium Goals.

Bringing the MDGs to bear on these priorities can guide the government's policy making and its allocation of resources. A rigorous diagnosis of what the government needs to accomplish will provide robust arguments for negotiating future international aid.

Policy planning in Kosovo is also guided by many sets of standards addressing human development issues that are defined by the global community. The European Commission has a comprehensive set of criteria within its Stabilization and Association Process aiming to draw South Eastern European countries closer to the European Union (EU). In Kosovo, because of its undefined status, the EU has put in place a tracking mechanism to foster and monitor reforms compatible with its regulations. The United Nations Interim Mission in Kosovo (UNMIK) has also established benchmarks for the Provisional Institutions of Self-Government (PISG). The World Bank and the International Monetary Fund (IMF) support the adoption of economic development and poverty reduction schemes in most developing countries, although such initiatives are yet to be established in Kosovo.

The specific nature of the Millennium Development Goals themselves do not amount to a standalone development strategy. The MDG targets and indicators should be integrated into existing social and economic strategic planning exercises, be they led by the Ministry of Finance and Economy, the EU-focused stabilization process, or an eventual World Bank-sponsored economic development scheme (Poverty Reduction Strategy Paper, or PRSP). The Millennium Goals are focused on long-term human development, but their targets and indicators constitute good governance and performance measurement tools that will enhance the government's capacity to chart its own course.

The Goals highlight human development problems (poverty, health, education, gender equality, sustainable environment) and they intersect with the EU accession criteria, although these are not yet clearly marked for Kosovo. The World Bank and IMF are global stakeholders of the Millennium Goals, and any future negotiations with these institutions would welcome efforts already deployed to inte-

grate the MDG targets and indicators. In other words, **adopting, tailoring, and monitoring the Millennium Goals** are a sure way not only to enhance human development in Kosovo, but also to ensure that Kosovo's population is not left behind in this global effort.

## A Baseline Report for Kosovo

This report establishes a baseline for Kosovo in regard to the global MDG targets. Since new sources of data are emerging all the time in Kosovo's ever-changing environment, this baseline is drawn from the most reliable data in the post-conflict period, relying only on sources up to 2003. Working towards achieving the MDGs and monitoring progress on an ongoing basis is essential and, therefore, this baseline is intended as a starting point from which trends can be documented. Indeed, a number of important data collection efforts are underway by governmental, non-governmental and international actors and these will be crucial to begin monitoring progress on the MDGs through 2004. This report also highlights public strategies that have already been developed and that lend themselves to reaching the targets, and the challenges that must be overcome to ensure adequate monitoring and reporting in the future.

As always in Kosovo's current data situation, this report must be read with some caution because the quality of the data used is generally poor. Many factors contribute to this situation. There has not been any accurate general census since 1981. Most surveys available were conducted independently and did not follow the same methodological standards; therefore it is hazardous to compare figures. Migration and armed conflict in the 1990s introduced substantial fluctuations in demographic, social, and economic trends.

**Since 2000, Kosovo has been rebuilding its statistical capacity, and often a baseline can be established only from that point on.**

The scope of the research and analysis carried out in this report does not allow trends to be established definitively. More in-depth research will be necessary as well as direct involvement of the policy makers of Kosovo. But this report establishes a baseline thereby providing a starting point from which Kosovo can chart its course with regard to the Millennium Development Goals.



Table 1 : Millennium Development Goals (MDGs)

Goals and Targets		Indicators
<b>Goal 1: Eradicate extreme poverty and hunger</b>		
<b>Target 1:</b>	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below one dollar per day (PPP-values) 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
<b>Target 2:</b>	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children (under five years of age) 5. Proportion of population below minimum level of dietary energy consumption
<b>Goal 2: Achieve universal primary education</b>		
<b>Target 3:</b>	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrollment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15- to 24-year-olds
<b>Goal 3: Promote gender equality and empower women</b>		
<b>Target 4:</b>	Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015	9. Ratio of girls to boys in primary, secondary, and tertiary education 10. Ratio of literate women to men, 15-24 years old 11. Share of women in wage employment in the on-agricultural sector 12. Proportion of seats held by women in national parliament
<b>Goal 4: Reduce child mortality</b>		
<b>Target 5:</b>	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1-year-old children immunized against measles
<b>Goal 5: Improve maternal health</b>		
<b>Target 6:</b>	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>		
<b>Target 7:</b>	Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	18. HIV prevalence among 15- to 24-year-old pregnant women 19. Contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS
<b>Target 8:</b>	Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment, Short Course)

**Goal 7: Ensure environmental sustainability \***

- |                   |  |   |
|-------------------|--|---|
| <b>Target 9:</b>  | Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources | 25. Proportion of land area covered by forest   |
| <b>Target 10:</b> | Halve, by 2015, the proportion of people without sustainable access to safe drinking water   | 26. Land area protected to maintain biological diversity  |
| <b>Target 11:</b> | By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers                                 | 27. GDP per unit of energy use (as proxy for energy efficiency)   |
|                   |  | 28. Carbon dioxide emissions (per capita)<br>[Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]                                     |
|                   |  | 29. Proportion of population with sustainable access to an improved water source  |
|                   |  | 30. Proportion of people with access to improved sanitation   |
|                   |  | 31. Proportion of people with access to secure tenure<br>[Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers] |

**Goal 8: Develop a Global Partnership for Development \***

- |                   |   |  |
|-------------------|---|--|
| <b>Target 12:</b> | Develop further an open, rulebased, predictable, non-discriminatory trading and financial system  | Some of the indicators listed below will be monitored separately for the least developed countries (LDCs), Africa, landlocked countries, and small island developing states. |
|                   | Includes a commitment to good governance, development, and poverty reduction-both nationally and internationally  | <u>Official Development Assistance (ODA)</u>   |
| <b>Target 13:</b> | Address the special needs of the least developed countries  | 32. Net ODA as percentage of development assistance committee (DAC) donors' gross national income GNI [targets of 0.7% in total and 0.15% for LDCs]                          |
|                   | Includes tariff and quota free access for LDC exports; enhanced program of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction | 33. Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)  |
| <b>Target 14:</b> | Address the special needs of land locked countries and small island developing states   | 34. Proportion of ODA that is untied   |
|                   | (through Barbados Programme and 22nd General Assembly provisions)   | 35. Proportion of ODA for environment in small island developing states  |
| <b>Target 15:</b> | Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term  | 36. Proportion of ODA for transport sector in landlocked countries   |
|                   |   | <u>Market Access</u>   |
| <b>Target 16:</b> | In cooperation with developing countries, develop and implement strategies for decent and productive work for youth   | 37. Proportion of exports (by value and excluding arms) admitted free of duties and quotas   |
| <b>Target 17:</b> | In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries   | 38. Average tariffs and quotas on agricultural products and textiles and clothing  |
| <b>Target 18:</b> | In cooperation with the private sector, make available the benefits of new technologies, especially information and communication technologies  | 39. Domestic and export agricultural subsidies in Organisation for Economic Co-operation and Development (OECD) countries  |
|                   |   | 40. Proportion of ODA provided to help build trade capacity  |
|                   |   | <u>Debt Sustainability</u>   |
|                   |   | 41. Proportion of official bilateral heavily indebted poor countries' (HIPC) debt cancelled  |
|                   |   | 42. Debt service as a percentage of exports of goods and services  |
|                   |   | 43. Proportion of ODA provided as debt relief  |
|                   |   | 44. Number of countries reaching HIPC decision and completion points   |
|                   |   | 45. Unemployment rate of 15- to 24-year-olds   |
|                   |   | 46. Proportion of population with access to affordable essential drugs on a sustainable basis  |
|                   |   | 47. Telephone lines per 1,000 people   |
|                   |   | 48. Personal computers per 1,000 people  |
|                   |   | Other indicators to be decided   |

\* The selection of indicators for Goals 7 and 8 is subject to further refinement.

# Goal 1

## ERADICATE EXTREME POVERTY AND HUNGER

Perhaps the most important goal of the modern world-eradicating poverty-has become one of the most difficult to attain. Devastated by conflict, challenged with the creation of new institutions and struggling against social problems, unemployment, low growth, and decreasing international aid, Kosovo certainly faces the problem of poverty.

Poverty is one of the most urgent issues facing governing institutions in Kosovo today. However, there are no specific numbers on poverty here before the conflict so any comparative analysis showing deterioration or improvement of the situation cannot be backed by statistical information. Nevertheless, most institutions have a sense that the situation after the conflict is, in fact, greatly worse than ten years ago.

**TARGET 1: HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE WHOSE INCOME IS LESS THAN ONE DOLLAR A DAY**

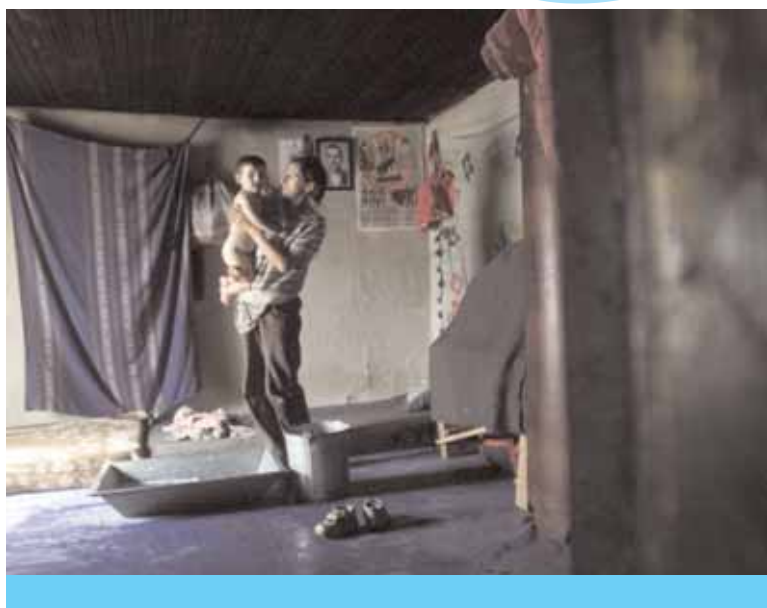
The baseline information that does exist on poverty in Kosovo comes from the World Bank's study from 2001.<sup>1</sup> More up-to-date information should emerge from a household budget survey (release expected in Spring 2004) conducted by the Statistical Office of Kosovo (SOK). Since there is no information on poverty in Kosovo prior to these studies, Kosovo should not be expected to achieve in a shorter period (2000-2015) the same target as other countries are expected to achieve in 25 years (1990-2015).

**The main conclusion of the 2001 World Bank study is that poverty is pervasive but not deep in Kosovo.**

In 2001, around 12% of people lived in extreme poverty, defined by the World Bank as people who cannot afford a minimum food basket that provides 2,100 calories per adult. In Kosovo, this Extreme Poverty Line is estimated to translate to somewhere around \$0.85. The other measure is the Complete Poverty Line, defined as allowing for households' need to consume other goods as well, at \$1.60 per day. According to the World Bank's

2001 study, around 50% of the Kosovo population lives under the Complete Poverty Line.

**Most people who live under the Complete Poverty Line in Kosovo are just barely under the line, so the figures can change a lot if their incomes are increased by just a small amount.**



The greatest challenge to attaining this goal is reaching the 12% of the population that live in extreme poverty. The extreme poverty gap (the mean distance separating the population from the extreme poverty line) is only 2.5%. This is significant because it means that the cost of social assistance required to move these people above the extreme poverty line is relatively low-1.7% of the Kosovo GDP, according to World Bank and IMF estimates.

Kosovo does not compare very well to the rest of the region in this regard. Data show that with 12% of the population below the Extreme Poverty Line, Kosovo finds itself closer to the levels of the poorest countries, such as Armenia (12.8%) and Turkmenistan (12.1%); countries in the immediate region fall into the range of 2% to 5%, such as FYROM (< 2%) and Croatia (< 2%).<sup>2</sup>

Considering the high level of unemployment in Kosovo (total: 49%, male: 41%, female: 64%)<sup>3</sup> and the predicted increase in population in the next 15

<sup>1</sup> World Bank, 2001

<sup>2</sup> World Bank, 2003



years, poverty could become an even bigger problem. Kosovo's population is very young, with the biggest group falling in the 15-24 age group.

Most of these people will soon enter or are already in their reproductive years: thus the expected increase in the population.

**TARGET 2: HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE WHO SUFFER FROM HUNGER**



The percentage of people who suffered from hunger in Kosovo in 2001 is around 12%. This group of people is very distinct, according to the 2001 study of the World Bank. Usually, these are families of Albanian ethnicity that have around seven members and a high dependency ratio because of children. They have been displaced at least once during the conflict. These families depend on agriculture, but do not have land and equipment to earn the necessary income.

Getting information on the percentage of underweight children below the age of five was not possible. Data for the Federal Republic of Yugoslavia for 1995 shows that this number was 1.6%, although it was not broken down for Kosovo.<sup>4</sup> If this number was approximately accurate for Kosovo and is still accurate today, it is low compared with that of other countries in the region.<sup>5</sup>

The government of Kosovo (PISG) has addressed these issues of poverty and hunger within the general framework of economic development. But there is a lack of capacity at local government and community levels to address social issues.

**This lack of capacity will be one of the main obstacles facing Kosovo as competencies are increasingly transferred from UNMIK to the PISG.<sup>6</sup>**

The World Bank is the leading institution assessing poverty in Kosovo, and so far it has implemented a Community Development Project to address these issues. A Poverty Reduction Strategy Paper (PRSP) could be an option for Kosovo, although a lot of preparatory work would be required from all sides, especially the PISG.

Efficient monitoring of the Millennium Development Goal related to poverty will depend on renewed comprehensive studies by the World Bank. The next study should come out in 2004. Monitoring the related targets should be a joint initiative from the Ministry of Economy and Finance of Kosovo and the World Bank.

Indicator *	Baseline value (year)	Source
1. Proportion of population below \$0.85 per day (in 2001 this was equivalent to DM 1.8539)	12% (2000)	World Bank (2001)
1b. Poverty head-count ratio (% of population below the national poverty line - ~\$1.60)	50.3% (2000)	World Bank (2001)
2. Poverty gap ratio	15.7% (2000)	World Bank (2001)
3. Share of poorest quintile in national consumption	N/A	N/A
4. Prevalence of underweight children under five years of age	N/A	N/A
5. Proportion of the population below minimum level of dietary energy consumption	12% (2000)	World Bank (2001)

\* These indicators have been modified from the indicators set out in the Millennium Development Goals table (Table 1) to reflect the available data for Kosovo.

<sup>3</sup> RIINVEST, 2003

<sup>4</sup> World Bank, 2003

<sup>5</sup> World Bank, 2003

<sup>6</sup> World Bank, KOSOVO-Community Development Fund II Project. (Project Information Document). Pristina/Pristina, October 2003.

## Goal 2

### ACHIEVE UNIVERSAL PRIMARY EDUCATION

Primary schooling in Kosovo is treated as a universal right for each child. The law provides for compulsory basic education from age 6 to 15 and non-attendance entails consequences to the parents. In the 2000/01 school year, compulsory education was extended from grade 8 to grade 9. This brings the Kosovo school system in compliance with those of most EU countries, which consist of 5 years of primary school, 4 years of lower cycle, and 3 years of higher cycle of secondary schooling.

In primary schools in Kosovo, there are classes in 5 languages: Albanian, Serbian, Bosniak, Turkish, and Croatian. The total number of students included in the education system in 2000/01 was 308,940, which is an increase of about 20,000 over the 1999/2000 school year. Out of the total number of 962 primary schools, 87% are taught in Albanian, 9.5% in Serbian, and 3.5% in other minority languages. Serb minority children attend a parallel education system organized in enclaves, where classes are still taught according to the curricula from Serbia.<sup>7</sup>

**TARGET 3: ENSURE THAT, BY 2015, CHILDREN EVERYWHERE, BOYS AND GIRLS ALIKE, WILL BE ABLE TO COMPLETE A FULL COURSE OF PRIMARY SCHOOLING**

According to official 2001 data, school attendance is nearly universal, with 97% of children of compulsory school age enrolled.<sup>8</sup> Things are not as simple as they sound, however.

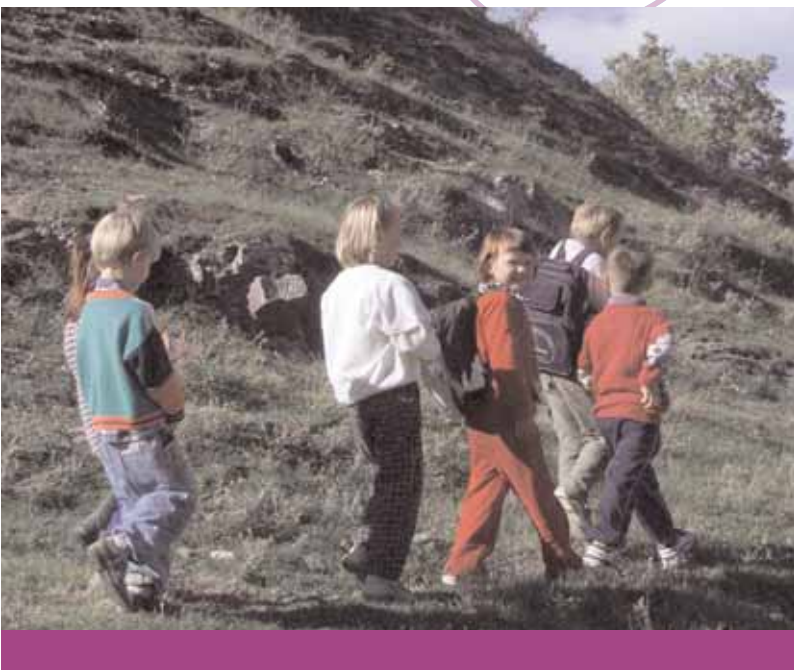
Since two separate education systems were in existence between 1992 and 1999, one (official) for Kosovo Serbian children, and one (unofficial or parallel) for Kosovo Albanian children, today there is lack of clear statistical data to assess the progress of enrollment figures over that period.

The drop-out rate of pupils from grades 1-5 appears to be minimal. According to a 2002 study, 73% of children enrolled in grade 1 end up successfully in grade 8.<sup>9</sup> There are large differences in educational attainment among Kosovans, however.

On average, a Kosovan has 10 years of education, but rural population lags behind urban, women behind men, and non-Serb ethnic minorities behind Albanians and Serbs.<sup>10</sup>

The illiteracy level of the population in Kosovo was 6.5% in 2000, one of the highest in Europe. It is typically higher in rural than in urban areas. Almost 14% of women living in rural areas are defined as illiterate, while the corresponding share of illiterate men is 4%.<sup>11</sup> There is a special concern for Roma schoolage children who, according to research conducted in Zveçan/Zvecan, Leposaviq/Leposavic, and Mitrovicë/Mitrovica (Serb - inhabited areas) in 2002, have an illiteracy rate as high as 85%.<sup>12</sup>

Another major issue is the quality of education, which is not captured by the statistics. The qualifications of primary level teaching staff is especially worrying. According to a study in 2000/2001, 22% of Albanian teachers were not adequately qualified for their job, an increase of 3 percentage points from 1999/2000.<sup>13</sup> There are no data for the Serbian teachers. There is also a lack of textbooks and other learning materials and equipment. The education system is, however, undergoing major reform, including the adoption of a new law on primary and secondary education, a restructuring compliant with European standards, an update of



<sup>7</sup> SOK/ UNICEF/DEST, 2001. Numbers based on the UNFPA/SOK/IOM, 2000

<sup>8</sup> SOK/ UNICEF/DEST, 2001

<sup>9</sup> MEST/UNICEF/SOK, 2002

<sup>10</sup> SOK/ UNICEF/DEST, 2001

<sup>11</sup> SOK/ UNICEF/DEST, 2001

<sup>12</sup> UNICEF (United Nations Children's Fund), Promoting Effective Perinatal Care in Kosovo. Evaluation Report 2002. 2003.

<sup>13</sup> KEC, 2001

the curriculum in an inclusive perspective for all ethnic communities, and a new teacher training program.

UNICEF, the World Bank, and other donors actively support this reform.

There is nonetheless a serious lack of published information on the education system in Kosovo. There is a need for international comparison, and Kosovo should follow standards defined by UNESCO. All the data on students and teachers should be divided by gender. A module on educational attainment should be included. For the Millennium targets monitoring purpose, the Ministry of Education, Science and Technology should play a leading role and provide more access to its Electronic Management and Information System (EMIS) for research purposes.



Indicator *	Baseline value (year)	Source
6. Net enrollment ratio in primary education	97% (2001)	SOK/UNICEF/DEST (2001)
7a. Proportion of pupils starting grade 1 who reach grade 8	73% (2001)	SOK/UNICEF/DEST (2001)
7b. Primary completion rate	N/A	N/A
8. Literacy rate of 15- to 24-year-olds	N/A	N/A

\*These indicators have been modified from the indicators set out in the Millennium Development Goals table (Table 1) to reflect the available data for Kosovo



## Goal 3

### PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Since 1989, and even more so in the post-conflict period, Kosovan women have been highly active in efforts to enhance the status of women in all aspects of society.

Historically Kosovan women have been at an economic, political and social disadvantage in comparison to their male counterparts. Consequently, Kosovo women activists, and particularly women's NGOs have seized the opportunities of the post-conflict reconstruction and peace-building process to advocate for greater integration of gender dimensions in new institutions and frameworks established under the PISG and UNMIK and to promote women's rights more broadly.

Through these efforts, several institutional mechanisms have been established to promote gender equality. The Kosovo parliament has created a gender committee and the Advisory Office for Good Governance, Human Rights, Equal Opportunities and Gender Issues is established in the Prime Minister's Office to coordinate efforts at the central and local levels. At the operational level, gender focal points have been identified in all 10 ministries and municipal gender officers are in place in all 30 municipalities. As well, 14 gender committees have been established at the municipal level. These are all very positive steps toward integrating a gender perspective in the PISG structures.

At the policy level, the National Action Plan for the Achievement of Gender Equality (NAP) and the Gender Law have been drafted through a broad consultation with women from parliament, government and civil society. Implementation of these policies is also included in the Standards for Kosovo. Several other policy achievements include enactment of Regulation 2003/13 on domestic violence, drafting the anti-discrimination law and anti-trafficking regulation, and integration of the Charter for the Elimination of Discrimination Against Women (CEDAW) in the Constitutional Framework.

With respect to inclusion, the Kosovo Police

Service reports having 15% female officers, a proportion that is said to be higher than in most Western countries.<sup>14</sup> For the civil service, the Kosovo Institute for Public Administration (KIPA) has taken the initiative to provide gender training to staff from government departments. These steps certainly indicate that the Kosovan institutions are moving towards greater awareness of gender issues and inclusion of women.



Women's NGOs are very well organized in Kosovo and have contributed greatly to the achievements detailed above. These NGOs are organized in several networks and they collaborate closely with women in business, parliament, government and media. Drafting the NAP is good example of this collaboration among women from all sectors of Kosovan society.

These institutional and policy achievements represent significant steps towards achieving gender equality. However, the mechanisms are still very new and require support to ensure that they will be sustainable over the long term. Indeed, gender equality is far from being achieved in Kosovo, and despite that women's involvement in public life has increased, they are still significantly underrepresented in decision-making in all spheres and at all levels.

<sup>12</sup> UNMIK, 2002

There is a substantial lack of both quantitative and qualitative data on Kosovo, a lack that is even more pronounced for gender-specific issues. From the information that is available, gender disparity appears to be an issue in almost all of the Development Goals, showing that women are in a more difficult position in every field. When building the capacity to collect data and monitor progress toward the Millennium targets, particular efforts should be taken to capture gender divisions as well as rural-urban divisions.

In politics, women of Kosovo have been traditionally excluded from the decision-making process. In the first general elections after the armed conflict, in 2001, a quota system was set up to ensure women's representation. Kosovo's parliament is composed of 120 members, of which 34 are women (28%). This is a higher percentage than in any transition country.<sup>15</sup> A quota system was also in place for the second municipal elections (2002). As a result, the current representation of women in municipal assemblies ranges between 25% and 32%. The number of women in management and leadership roles is, however, very low: only one of the Ministries' Permanent Secretaries is a woman, and only one woman has been recently appointed Minister in the Government. Furthermore, there are currently discussions about the relevance of the quota system.

Compared to men women are very disadvantaged in the economic sphere. This can be attributed to several factors including traditional roles and perceptions in the society, a lack of education and retraining for women and limited access to credits and loans. Women's limited ability to inherit land represents another significant economic obstacle with only 8% of real estate being owned by women. Further, women own only 6% of businesses.

In the labor market, women are still marginalized to some extent. In 2002, only 41% of women of working age were active in the labor market, either employed or unemployed and actively looking for work, compared with 76% of men. This, however, was a substantial increase from 2001, when women had a 27.5% activity rate. Active women were

much more likely to be unemployed (64%) than men (41%) in 2002. In 2001, the unemployment rate for active women was 70%-thus progress was made.

**The 2003 gender disparity in unemployment in Kosovo (156 women for 100 men) ranks as the highest when compared with other places in the region**

(Albania = 132 women for 100 men, Bulgaria = 101 women, Macedonia = 115, Croatia = 113).<sup>16</sup>

Women also face unequal access to health services. There is a widespread lack of awareness and education concerning public health issues and services for reproductive health and rights, including family planning.<sup>17</sup> This results in some of the highest levels of maternal and child mortality in Europe (see sections on Goal 4: Reduce Child Mortality, and Goal 5: Improve Maternal Health in this report).

**TARGET 4: ELIMINATE GENDER DISPARITY IN PRIMARY AND SECONDARY EDUCATION PREFERABLY BY 2005 AND IN ALL LEVELS OF EDUCATION NO LATER THAN 2015**

One major determinant of equal participation in society is access to education. As noted earlier, reliable and comparable data on education in Kosovo are hard to find. It is even harder for data on education divided by gender. In 2000, at the primary level (grades 1-8), girls represented 48% of all the pupils, while at the secondary level they represented 44% of total pupils. At the University of Prishtinë/Priština in 2002, women accounted for 44% of all students.<sup>18</sup> In 2003, the ratio of girls to boys at the primary level was 0.89, which is lower than the ratio in any transition country in 2000 (where this ratio ranges around 0.94).<sup>19</sup> At the secondary level, in Kosovo the ratio drops to 0.87 (grades 6-9) and 0.82 (grades 10-12).<sup>20</sup>

The numbers from 2001 also suggest that girls tend to abandon school earlier than boys. Girls'

<sup>15</sup> UN, 2003

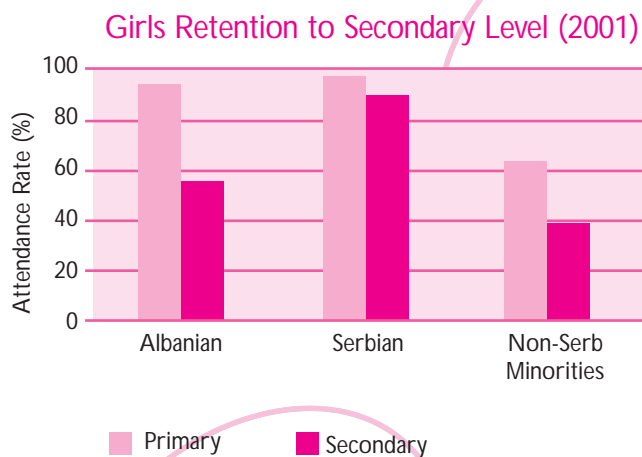
<sup>16</sup> RIINVEST, 2003

<sup>17</sup> Swiss Agency for Development and Cooperation, 2004



attendance rates fall dramatically, especially during transition to secondary level. While 97% of Albanian girls, 99% of Serb girls, and 69% of girls of other minorities attend primary schools, only 56% of Albanian and 40% of non-Serb minority girls attend secondary schools. Serb girls keep a 93% attendance rate.<sup>21</sup> After this transition shortfall, the girls tend to persevere better than boys until they finish secondary school. In short,

The most pressing problem is retaining non-Serb minorities and Albanian girls through to



the secondary level.

The illiteracy rates for Kosovo in 2000 show that women had a much higher rate (10%) than men (2%).<sup>22</sup> The rural situation was especially alarming, with 26% of women age 16-19 considered relatively illiterate; of these, 9.5% were totally illiterate. This age group had a lower score than the 11-15 or the 20-27 age groups, indicating a negative impact of the conflict situation in the 1990s.<sup>23</sup>

<sup>18</sup> MEST/UNICEF/SOK, 2002.  
<sup>19</sup> UN, 2003  
<sup>20</sup> MEST-EMIS, 2003  
<sup>21</sup> MEST-EMIS, 2003  
<sup>22</sup> UNFPA/SOK/IOM, 2000  
<sup>23</sup> KFOS, 2002

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## Goal 3

Indicator *	Baseline value (year)	Source
9. Ratios of girls to boys in primary and secondary	Grades 1-5: 0.89 Grades 6-9: 0.87 Grades 10-12: 0.82 (2003)	MEST-EMIS (2003)
9a. Percentage of girls to total pupils in primary (1-8)	Primary school, grades 1-8: 47.8% (2001)	MEST, UNICEF, SOK (2002)
9b. Percentage of girls to total pupils in the compulsory education levels (1-9)	Grades 1-9: 48% (2001)	MEST, UNICEF, SOK (2002)
9c. Percentage of girls to total pupils in secondary schools (9-12)	Secondary school, grades 9-12: 43.6% (2001)	MEST, UNICEF, SOK (2002)
9d. . Percentage of girls to total pupils in University of Prishtinë/Priština	44% (2001)	MEST, UNICEF, SOK (2002)
10. Ratio of literate women to men 15-24 years old	N/A	N/A
11. Women activity and unemployment rates	Active: 41% Unemployed: 64%(2002)	RIINVEST (2003)
12. Proportion of seats held by women in national parliament.	28.3% (2003)	Assembly of Kosovo

\* These indicators have been modified from the indicators set out in the Millennium Development Goals table (Table 1) to reflect the available data for Kosovo.

## Goal 4

### REDUCE CHILD MORTALITY

The health status of children in Kosovo is hampered by many factors. Kosovo is one of the least developed and poorest regions in Europe. Its population is growing significantly, with an average of 97 deliveries per day in public health facilities in 2002, although this does represent a small drop from 109 per day in 2000.<sup>24</sup> Kosovo's birth rate was estimated at 19 per 1,000 inhabitants in 2000, again one of the highest in Europe.<sup>25</sup> The majority (60%) of its population is under the age of 25, and 35% is under the age of 15. Since children represent one of the most vulnerable groups of the population, this context has a significant impact on their opportunities.

#### TARGET 5: REDUCE BY TWO-THIRDS, BETWEEN 1990 AND 2015, THE UNDER-FIVE MORTALITY RATE

The serious lack of demographic data in Kosovo impacts our knowledge of child mortality rates. The difficulty resides with the reporting system of Kosovan health institutions. To fill some gaps, WHO and UNICEF have, since 2000, collected and analyzed data on perinatal indicators from public hospitals and deliveries made at home and in private clinics. However, the reporting system in public health institutions still does not record deliveries made at home or in private clinics.

The rate at which infants less than one year old die (infant mortality) was estimated at 35 per 1,000 births in 2000, approximately the same level as in 1990 (34 per 1,000). This infant mortality rate is one of the highest in Europe and is two to three times higher than in neighboring countries.<sup>26</sup>

Perinatal mortality, which includes both stillbirths and deaths of live-born infants during the first 7 days of life, has steadily decreased from 29.1 per 1,000 births in 2000 to 28.7 in 2001 and 27.1 in 2002.<sup>27</sup>

The principal causes of infant mortality include perinatal conditions (prematurity, asphyxia, and congenital anomalies), respiratory diseases, and diarrhea. High infant mortality is closely related to

poverty. Poor living conditions, malnutrition, and a deteriorated environment increase the risks of child mortality.

Although basic medical services are available in all regions, it is the quality of care that is considered inadequate.

Mothers' low education level represents another factor influencing child health, particularly in terms of growth and feeding. Exclusive breastfeeding rates up to 6 months are very low, at 12%.<sup>28</sup>



Immunization against measles dropped during the turmoil of the 1990s but seems to have improved recently with the support of WHO and UNICEF. A survey indicated that 67% of children under two were immunized against measles in 2002.<sup>29</sup> Most transition countries have a range closer to 90%.<sup>30</sup> To address this disparity, an immunization campaign was held in October 2003. The campaign successfully immunized 99% of children aged 1-15 against measles.<sup>31</sup>

<sup>24</sup> WHO/UNICEF, 2002 and UNICEF, 2003

<sup>25</sup> UNDP, 2002

<sup>26</sup> UNDP, 2002

<sup>27</sup> UNICEF, 2003

<sup>28</sup> UNICEF/MoH/NIRFNI, 2002

<sup>29</sup> WHO/NIPHK, 2002

<sup>30</sup> UN, 2003

<sup>31</sup> NIPHK/WHO, to be published.

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Goal 4

To ensure close monitoring of progress on the child mortality target, Kosovo will have to enhance its reporting capacity.

With the support of WHO and UNICEF, the Ministry of Health should impose more rigorous tracking mechanisms within the public health institutions and require private clinics to report their reproductive health activities. It should also increase the integration of a Health Information System, which is currently under development with the support of the European Agency for Reconstruction (EAR).



Indicator *	Baseline value (year)	Source
13. Under-five mortality rate	N/A	N/A
14a. Infant (0-1 year) mortality rate	35 per 1,000 (2000)	UNDP (2002)
14b. Perinatal (stillbirths + 0-7 days) mortality rate	29.1 per 1,000(2000) 27.1 per 1,000 (2002)	UNICEF (2003)
15. Proportion of children under two immunized against measles (prior to October 2003 campaign)	67% (2002)	WHO/NIPHK (2002)

\* These indicators have been modified from the indicators set out in the Millennium Development Goals table (Table 1) to reflect the available data for Kosovo

## Goal 5

### IMPROVE MATERNAL HEALTH

Maternal health is a measure of many things in a society. First and foremost, it is a measure of the socioeconomic position of women. It is a measure of women's access to health care, especially reproductive health care including family planning, education, and nutritional status. It also measures a country's development level: low maternal health is a feature of less-developed countries.

Maternal health in Kosovo was an issue in the period prior to the conflict (1990-1999), due to the barriers to accessing health care for Kosovans in general, and then after the conflict reflecting the low level of health institutions' development. It may still be an issue today, especially in rural areas, but statistical evidence is weak. Experts say that there is no reliable information on specific indicators, but a picture can be formed based on some of the figures available.

#### TARGET 6: REDUCE BY THREE-QUARTERS, BETWEEN 1990 AND 2015, THE MATERNAL MORTALITY RATIO

The Maternal Mortality Ratio (MMR) is the annual number of deaths of women from pregnancy-related causes per 100,000 live births. In 1990, the MMR was 9 per 100,000 live births. During the conflict, according to one survey, this death rate soared to more than 500 per 100,000, which is very high according to any standard. The most recent monitoring has reported a steady progress, from 23 per 100,000 live births in 2000 to 12.6 in 2001. The Kosovo Obstetric Gynecologic Association (KOGA) presented findings of their facility-based data analysis for the period 2000-2002 and reported that MMR for Kosovo is 21 per 100,000 deliveries.

There is no reliable registration system of deaths and causes of death in Kosovo. When a life-threatening complication occurs during pregnancy, a pregnant mother may be taken to the emergency room. If she dies, her death is not recorded as a death related to her pregnancy but rather as a

death due to the life-threatening complication. Some of the causes of the high maternal mortality are difficult economic and political conditions in the period before and during the conflict and the low institutional development after the conflict, especially the poor quality of the public health services.

Nutrition deficiencies and health care habits of women are another concern. Around 6% of newborns were considered underweight (< 2.5 kg) in 2002, while in 1999, 5.4% of mothers were undernourished.

The high level of poverty is one more worry for maternal health. Antenatal care appears to be low; the cause of which appears to be the low quality of medical care received.



Other important indicators concern contraceptive practices and understanding in Kosovo. In 2000, fewer than 20% of women reported the use of any

<sup>22</sup> UNDP, 2002

<sup>23</sup> UNFPA/SOK/IOM, 2000

<sup>24</sup> WHO/UNICEF, 2002 and UNICEF 2003. It is important to note that the MMR figures are considered to be under-reported because they could be derived only from available facility data obtained from maternity wards. Thus, maternal deaths around birth or within six weeks after delivery that occur out of maternity wards (e.g. in emergency units in hospitals and public health clinics or at home) are not reported or are often incorrectly attributed. (Interview with Dr. Luizim Cela, UNICEF, November 2003).

<sup>25</sup> KOGA, 2003.

<sup>26</sup> UNICEF, 2003

<sup>27</sup> UNMIK Gender Office, to be published



form of contraception, which is one of the lowest prevalence rates in Europe. Twelve percent of women aged 15-49 reported never having heard of any method of contraception and half of these were less than 25 years of age, which shows that there is a need for education on reproductive health. It also highlights the likelihood of early pregnancies, unsafe abortions, and abandonment of children.

In 2001, 95 % of pregnant women gave birth with professional assistance, mostly within hospital maternity wards (92%). Only 3% were reported as home deliveries.

Monitoring maternal health is closely linked to the monitoring of infant mortality, which is why there is close collaboration between Kosovo health institutions, WHO, and UNICEF in this domain. The World Bank has provided its support to reforms as well. As mentioned earlier, there is still an urgent need to enhance monitoring and reporting capacity. The Ministry of Health should lead the initiative with the support of those international agencies.



Indicator *	Baseline value (year)	Source
16. Maternal mortality ratio	23 per 100,000 births (2000)	WHO/UNICEF (2002)
17. Proportion of births attended by skilled health personnel	95% (2001)	WHO/UNICEF (2002)

\* These indicators have been modified from the indicators set out in the Millennium Development Goals table (Table 1) to reflect the available data for Kosovo.

## Goal 6

### COMBAT HIV/AIDS, MALARIA AND OTHER MAJOR DISEASES

HIV/AIDS has become the plague of this century. Africa is devastated by it, and other continents are not spared. The fight against this deadly disease has become a global one. Fortunately, Kosovo does not have a major HIV/AIDS problem at this time-but Africa and Asia had no major HIV/AIDS problem 15 years ago. It is crucial to raise awareness about the disease and implement efficient surveillance systems.

Kosovo is not a malaria-risk region, but tuberculosis is a disease that causes concern. Kosovo has among the highest tuberculosis rates in Europe. Since the conflict, several international NGOs have been trying to help the local health institutions in preventing and controlling this disease. Reducing its frequency rate is an achievable goal. There are no other persistent major endemic diseases that raise such concern.

#### TARGET 7: HAVE HALTED BY 2015. AND BEGUN TO REVERSE, THE SPREAD OF HIV/AIDS

Kosovo has a very low rate of reported HIV/AIDS cases. Only 47 cases have been reported since 1986, which is very low compared with reported cases in European countries. The region's leading health institutions do not therefore consider the virus to be a significant problem at this time, but fatality is high, due to lack of adequate treatment and antiretroviral drugs. Although there are no detailed demographic data (such as gender, geography, or income) on the people infected with the HIV/AIDS, we know that most of the patients are in the 30-39 age group.

The indicators used to assess Kosovo's current situation with the HIV/AIDS epidemic appear to be encouraging but complacency is misplaced.

The percentage of people who are aware that the disease can be prevented through the use of condom or that a healthy-looking person can have HIV/AIDS is quite high, around 65%.<sup>40</sup> But the per-

centage of people who know someone infected with the HIV/AIDS virus is very low. This makes people feel safe amidst a potential deadly threat.



Other indicators from 2000 include the low prevalence of contraceptive use among women aged 19-45, only 18.9%.<sup>41</sup> The rate of married women using condoms relative to other contraceptives is 5.6%.<sup>42</sup> On the positive side, 83% of respondents in a recent survey declared that they have used a condom with a non-regular partner in the last 12 months.<sup>43</sup>

The Kosovo AIDS Committee and the HIV/AIDS office, which are closely linked to the Ministry of Health and bring together a cross-section of public, nongovernmental, and private actors, are presiding over the development of a four-year strategy for HIV/AIDS prevention in Kosovo.

Population Service International (PSI) is the organization that has been working in raising awareness about the deadly disease. From 2000, with the help of donors such as UNFPA, USAID, and UNDP, PSI has been implementing the Kosovo Reproductive

<sup>40</sup> PSI, to be published

<sup>41</sup> SOK/UNFPA/WHO, 2000

<sup>42</sup> SOK/UNFPA/WHO, 2000

<sup>43</sup> PSI, to be published

Health Promotion Project, whose focus is HIV and sexually transmitted infections (STI) prevention and reproductive health.<sup>44</sup>

Future monitoring of the Millennium Goal regarding HIV/AIDS will need an enhanced surveillance system. The Ministry of Health and the National Institute of Public Health of Kosovo should be leading such an initiative, with the support of the WHO office in Kosovo and the Statistical Office. It is hoped that this system will capture demographic information on HIV/AIDS patients and information on the impact the disease has on families and communities. Other organizations, such as Doctors of the World or Population Services International (PSI), may provide valuable qualitative and contextual data.

#### **TARGET 8: HAVE HALTED BY 2015, AND BEGUN TO REVERSE, THE INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES**

Statistics on tuberculosis from 1990 onward do not show the status of Kosovo within Yugoslavia.

Recent sources each provide different numbers on the frequency rate of tuberculosis, but the numbers from all these sources are high according to European standards.

The data on the prevalence of tuberculosis in Kosovo in 2002 shows that there were between 67<sup>45</sup> and 78<sup>46</sup> cases per 100,000 people. This rate is much higher than in most transition countries (based in 2000: Albania = 21; Bosnia = 50; Croatia = 42; Macedonia = 38), although it is lower than Russia (93), Romania (93), or most central Asian countries.<sup>47</sup> The detection rate under DOTS (Direct Observation Treatment, Short Course) is over 70% in 2001, which is quite high compared with that of most transition countries (Albania = 20; Croatia = 35,5; Macedonia = 51; Serbia and Montenegro = 35). Only Bosnia shows a higher rate (71).<sup>48</sup> The treatment success rate for 2001 was 87%,<sup>49</sup> and the death rate related to TB is 3.5% or 43 cases in 2001.<sup>50</sup> So far, WHO has been the leading institution in helping Kosovo's National Institute of Public Health in developing the strategy in the fight against this disease.

Indicator *	Baseline value (year)	Source
18. HIV prevalence among 15- to 24-year-old pregnant women	N/A (estimated: less than 2 cases)	N/A
19. Condom use rate of the contraceptive prevalence rate	5.6% (2000)	SOK/UNFPA/IOM (2000)
19a. Condom use at last high-risk sex	83% (2003)	PSI (to be publ.)
19b. Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	65% (2003)	PSI (to be publ.)
19c. Contraceptive prevalence rate	18.9% (2000)	SOK/UNFPA/IOM (2000)
23. Prevalence and death rates associated with tuberculosis	Prevalence 67.4 (2002) DR 3.5%(2001)	NIPHK (DOTW)
24. Proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment, Short Course)	Around 70%(2001)	WHO

\* These indicators have been modified from the indicators set out in the Millennium Development Goals table (Table 1) to reflect the available data for Kosovo.

<sup>44</sup> PSI, 2003

<sup>45</sup> NIPHK, 2003

<sup>46</sup> WHO, 2003

<sup>47</sup> UN, 2003

<sup>48</sup> UN, 2003

<sup>49</sup> To calculate this rate for 2002, figures from 2003 are needed

<sup>50</sup> Interview with Dr. Bahri Tigani, Ministry of Health, Prishtina/Prishtina (13-11-2003).

## Goal 7

# ENSURE ENVIRONMENTAL SUSTAINABILITY

In many countries, statistics have shown a high correlation between pollution and diseases, especially respiratory diseases and cancer. There is no exact measure of air pollution in Kosovo, but the fumes from its well-known power plant near Prishtinë/Priština are all too noticeable. A few local studies have also shown alarming levels of industrial pollutants in the environment.

Lack of environmental protection together with the conflict in 1999 has made the situation much worse. Inadequate urban and industrial planning, lack of industrial and urban waste collection, uncontrolled tree-cutting, and a low level of water recycling are just some of the reasons for the poor state of the environment.

Most polluters are not checked or controlled by law enforcement, Kosovo's rivers are among the most polluted in Europe, and the majority of the population is not connected to the public water and sewage system.

These facts suggest that there may be an imminent public health hazard in the not so distant future.

### TARGET 9: INTEGRATE THE PRINCIPLES OF SUSTAINABLE DEVELOPMENT INTO COUNTRY POLICIES AND PROGRAMS AND REVERSE THE LOSS OF ENVIRONMENTAL RESOURCES

The integration of principles of sustainable development is measured by five indicators, but data for Kosovo are only available for two of these indicators. According to official data from 2003,<sup>51</sup> Kosovo's forests cover 41% of its land, which is 455,000 hectares. Compared with countries in the region and Europe in general, Kosovo has one of the largest percentages of forest-covered areas (Albania has 36%, Bosnia 45%, Croatia 32%, Macedonia 36%).<sup>52</sup> In spite of the artificial reforestation undertaken by the Ministry of Environment in the period after the conflict, a lot of illegal cutting continues to go unmonitored. The area currently under biodiversity protection is estimated at 4.27% or 46,247 hectares, which is consistent with countries in the region (Albania is

estimated at 4%, Bosnia at 0.5%, Croatia at 7.5%, Macedonia at 7%)<sup>53</sup>. A law currently being drafted may increase significantly the protected area. These two indicators—the area covered by forests and illegal cutting—are connected to air pollution, since forests help in cleaning the air. Data for indicators such as energy use, carbon dioxide emissions, and the proportion of the population using solid fuels are not available for Kosovo.

Most of the industrial pollution comes from the power plant in Obiliç/Obilic, the Trepça/Trepça complex in Mitrovicë/Mitrovica, and the asbestos and cement factory in Hani i Elezit at the border with FYROM. The dangerous substances emitted include CO<sub>2</sub>, SO<sub>2</sub>, and NO<sub>x</sub>. The citizens of Mitrovicë/Mitrovica and surroundings experience airborne lead concentrations at or near the EU limit value of 0.5 microgram/cubic meter.<sup>54</sup> The numbers for Yugoslavia on carbon dioxide emissions have shown improvement from the 1990 figure of 12.4 metric tons per capita to 3.7 metric tons in 2001,<sup>55</sup> although the reasons mentioned above suggest a higher figure for Kosovo.

An uncontrollable increase in the number of vehicles and the low level of waste collection are other main culprits for the increased level of pollution.

There is little or no infrastructure for waste collection, and there are not enough designated landfills to meet the demand of all Kosovo inhabitants. Consequently, people resort to non-designated areas to dispose of their garbage. Waste collection is managed by a socially owned company that still does not have the capacity to deal with the magnitude of the task.<sup>56</sup> The Ministry of Environment and WHO are currently in the process of procuring air monitoring equipment that will be located in Mitrovicë/Mitrovica.

Excessive smoking is also a problem, affecting both environment and health. There are no Kosovo-wide policies on smoking prohibition in closed spaces, and due to the low price of cigarettes, a large part of the population are smokers, including minors.

<sup>51</sup> Ministry of Environment and Spatial Planning, 2003

<sup>52</sup> World Bank, 2003

<sup>53</sup> World Bank, 2003

<sup>54</sup> Regional Environmental Center, 2001

<sup>55</sup> World Bank, 2003

<sup>56</sup> Ministry of Environment and Spatial Planning, 2003



The Law on Environmental Protection was among the first ten laws to be adopted by the Provisional Institutions of Self-Government. This law also provided for the creation of a Strategy on Environmental Protection that was developed in coordination with many institutions within and outside the government.<sup>57</sup>

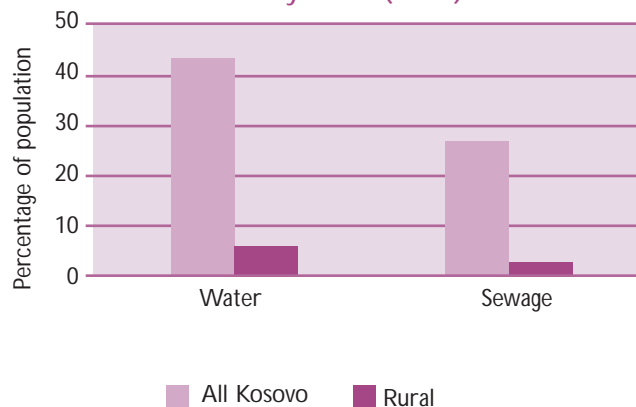
A surveillance system for the level of air pollution must first be established; other studies on environmental conditions in Kosovo are also urgently needed. The Ministry of Environment and Spatial Planning should be leading such initiatives. Although KFOR has already assessed the quality of air in specific cities in Kosovo, there is a need to have a general assessment of the situation. The issue of living conditions of the Roma minority also must be monitored.

#### TARGET 10: HALVE, BY 2015, THE PROPORTION OF PEOPLE WITHOUT SUSTAINABLE ACCESS TO SAFE DRINKING WATER AND BASIC SANITATION

According to official data from 2003, 44% of the people of Kosovo had access to the public water system; this figure dropped to 7% for rural areas. The percentage of people who have access to water through wells is much higher. Similarly, only 28% of the population was connected to the sewage system in 2003, a figure that dropped to 3% for rural people. The biggest problem is in rural areas, where more than 60% of the people were using unprotected and shallow wells in 2003.

These indicators are tailored to the conditions and available data on Kosovo. The other worrying problems related to water include poor management of the public water company, uncontrolled consumption of water, low awareness regarding the quality of water, and insufficient research on water resources in Kosovo.<sup>58</sup>

Access to the Public Water and Sewage Systems (2003)



#### TARGET 11: BY 2020, HAVE ACHIEVED A SIGNIFICANT IMPROVEMENT IN THE LIVES OF AT LEAST 100 MILLION SLUM DWELLERS

Kosovo does not have a major problem with people living in slums, but there is a case to be made about the desperate living conditions in Roma IDP camps in several locations across Kosovo. There needs to be an effort by the responsible institutions to improve the conditions in these areas.

Indicator *	Baseline value (year)	Source
25. Proportion of land area covered by forest	41% (2003)	Ministry of Environment and Spatial Planning (2003)
26. Ratio of area protected to maintain biological diversity to surface area	4.27% (2003)	Ministry of Environment and Spatial Planning (2003)
27. Energy use (kg oil equivalent) per \$1 GDP (PPP)	N/A	N/A
28. Proportion of population using solid fuels	N/A	N/A
29. Proportion of population with sustainable access to public water systems	44% (2003)	Ministry of Environment and Spatial Planning (2003)
30. Proportion of urban and rural population with access to the sewage system	28% (2003)	Ministry of Environment and Spatial Planning (2003)
31. Proportion of population with access to secure tenure	N/A	N/A

\* These indicators have been modified from the indicators set out in the Millennium Development Goals table (Table 1) to reflect the available data for Kosovo.

<sup>57</sup> Ministry of Environment and Spatial Planning, 2003

<sup>58</sup> Ministry of Environment and Spatial Planning, 2003



## Goal 8

### DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

In a globalized world, partnerships between countries are needed to foster human development, especially in developing and transition countries. The eighth goal on global partnerships is intended to assess the commitment of developed countries in supporting such needs. This goal provides many targets and indicators to measure progress in this field. Most of them are difficult to monitor in Kosovo.

However, Kosovo is a good example of how foreign aid and partnerships have helped the reconstruction of a region.

From 1999 to 2002, bilateral donors have made commitments in the amount of €2.3 billion for budgetary support, reconstruction, and peace implementation activities, while an additional €214 million was estimated to have been spent in 2003.<sup>59</sup> Donors included EU member states and the European Commission, the United States, Switzerland, Japan, Canada and other non-EU bilateral donors and financial institutions. Out of this amount, 84% went to reconstruction, 11% to budget support, and 5% to peace implementation activities.<sup>60</sup>

A great deal of work remains to be done in Kosovo. Poverty and unemployment are just a few areas where support is needed. Kosovo has been unable to attract private foreign investment, due in part to the absence of an appropriate legal environment. The unresolved political status also creates a level of uncertainty that is not conducive for long-term investments, which are much needed. The lack of a sovereign guarantee prohibits Kosovo from receiving loans from the major international financial institutions.

Partnerships have been enormously helpful in the past and will remain a necessity in the future.

Joint projects of different international and local institutions have had very positive effects. The role

of KFOR as a major partner in different sectors was significant, especially in its impact in the health sector. But the private sector needs to be included much more in development projects in Kosovo.

Kosovo receives a significant amount in remittances from Kosovans who are temporarily working in Western Europe and who send financial help to their families in Kosovo. More efforts are needed to organize the Albanian Diaspora to participate financially in development projects. A survey done by UNDP suggests that around 80% of the Diaspora send financial help to their families, and that about 60% of these people are interested in participating financially in Kosovo projects. The Diaspora would be most interested in helping to fund education and health projects.<sup>61</sup>

The selected indicators that are discussed below are meant to assess the infrastructure and the current situation in Kosovo in order to provide donor countries with a better picture of the needs to be met in the 12 years to come. Attaining the Millennium Goals is a global commitment that must be monitored on the side of the donors as well.

#### TARGET 16: IN COOPERATION WITH DEVELOPING COUNTRIES, DEVELOP AND IMPLEMENT STRATEGIES FOR DECENT AND PRODUCTIVE WORK FOR YOUTH

The unemployment rate of 15 to 24-year-olds is a target that is meant to assess the degree to which the youth labor force is utilized and the success of strategies to create jobs.

Unfortunately, unemployment for 15 to 24-year-olds was at 71.6% in 2002, the highest of any age group.<sup>62</sup>

This shows that the government has not been very successful in designing and implementing policies that create jobs for young people.

<sup>59</sup> European Commission/World Bank, 2003

<sup>60</sup> European Commission/World Bank, 2003

<sup>61</sup> UNDP, 2003

<sup>62</sup> RIINVEST, 2003

**TARGET 17: IN COOPERATION WITH PHARMACEUTICAL COMPANIES, PROVIDE ACCESS TO AFFORDABLE, ESSENTIAL DRUGS IN DEVELOPING COUNTRIES**

**TARGET 18: IN COOPERATION WITH THE PRIVATE SECTOR, MAKE AVAILABLE THE BENEFITS OF NEW TECHNOLOGIES, ESPECIALLY INFORMATION AND COMMUNICATION TECHNOLOGIES**



Data on the indicators for this target are not available in Kosovo. While there is no major problem with the availability of essential drugs, their price puts them out of reach of much of the population. Since social programs and health insurance schemes are yet to be established in Kosovo, most of the drugs are offered by private pharmacies and patients have to cover the full cost. Poverty-stricken parts of the population often cannot afford these drugs. A survey conducted by WHO showed that an average family spends about €35 on drugs. However, 28% of the people surveyed stated that they did not seek medical attention when they needed it because they could not afford health care.<sup>63</sup>

There are several indicators that measure the level of infrastructure required to reach this target. The fixed line telephone penetration rate in 2003 ranged from 4 to 6%, with different estimates for different portions of the population.<sup>64</sup> There are no reliable numbers on the cell phone rate-but it is much higher than for the fixed line. There is no information on the number of computers, but according to one survey,<sup>65</sup> access to the Internet is estimated at 50%, mostly due to the high number of Internet cafés in urban areas.

There is no table summarizing this goal because it is difficult to measure the relevant global MDG indicators for this goal in Kosovo.

<sup>63</sup> WHO, 2001

<sup>64</sup> SOK, 2003

<sup>65</sup> PSI, to be published

# The Way Forward:

## WHERE WILL WE BE IN 2015?

Kosovo must not be left behind in the international community's efforts to reach the Millennium Development Goals. Adopting and tailoring these Goals, developing policies and programs accordingly, and putting in place monitoring and reporting mechanisms will increase Kosovo's capacity for human development.

With the support of the UN agencies and other donors, the government of Kosovo can chart a sustainable human development course for its population, male and female alike, regardless of age, location, or ethnicity. This may ensure that by 2015 Kosovo will be a society that is developing in a just and equitable manner.

Consultations with different stakeholders and the information gathered for this report suggest ways to implement a sound and efficient process related to the Millennium Goals in Kosovo:

- After a critical review of the baselines established in this report, an expert panel should tailor the targets and adjust the indicators to the reality of Kosovo taking into consideration new data sources emerging through 2004.
- This matrix of targets and indicators should then be validated by a discussion with stakeholders on human development (government, civil society, media, international organizations, academia, etc).
- In order to monitor and report on the matrix adopted, capacity-building initiatives should be undertaken with the institutions that will lead the process.
- The Provisional Institutions of Self-Government of Kosovo should formally commit themselves to integrate the Millennium Development Goals into policy-making.

- Capacity should be built in those institutions that will be making new policies and implementing programs to reach the targets.
- Ongoing systematic monitoring should be set up in institutions that are accountable and will report at regular intervals.
- A larger circle of stakeholders should then pick up the results provided by the report and advocate for progress in these areas.

Many actors can play a role in this process:

- **The Prime Minister's Office** could show its leadership by designating a focal person or focal team ("champion") within the executive for the Goals.
- The **Assembly** could engage the people of Kosovo by debating and adopting a motion in support of the Goals.
- **One Ministry** (perhaps of Finance and Economy) should take the lead in monitoring and reporting on the Goals.
- Other key Ministries (Education, Health, and Environment) should review their policies and programs according to Kosovo's adjusted Millennium Development Goals.
- The **Statistical Office of Kosovo** could develop the capacity to collect and analyze the data needed for reports on the Millennium Goals.
- The **UN Country Team** will develop a strategy in support of advocacy for the Goals and their implementation, including support for civil society "champions."
- **Civil society organizations** can advocate for the Goals, participate in tailoring them

to the Kosovo reality, implement human development projects accordingly, and reflect critically on challenges posed by the Goals.

- The **donor community** will be attentive to the Millennium Development Goals process and may support the capacity building of institutions in Kosovo.
- The **media** should increase its coverage of human development issues, critically analyzing progress made.
- **Academia** can contribute critical studies on those issues related to human development.

This baseline report has shown the relevance of the Millennium Development Goals to Kosovo, provided a snapshot of where Kosovo is starting from in regard to those Goals, and recommended ways to integrate the Goals into Kosovo's Economic and Social Planning. Now is the time for Kosovo to chart its own course to answer the question: ***Where will we be in 2015?***

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## Goal 1: Eradicate extreme poverty and hunger

**Proportion of population below \$.85 per day** is the percentage of the population living on less than \$.85 a day. This was the estimated price of a minimum dietary energy basket. It is also known as the "Extreme Poverty Line"

**Poverty Head-Count Ratio** (% of population below the complete poverty line - ~\$1.60) allows for households' need to consume other goods as well, at \$1.60 per day.

**Poverty gap ratio** is the mean distance separating the population from the poverty line (with the non-poor being given a distance of zero), expressed as a percentage of the poverty line.

**Share of the poorest quintile in national consumption** is the income that accrues to the poorest fifth of the population.

**Prevalence of (moderately or severely) underweight children** is the percentage of children under five years old whose weight for age is less than minus two standard deviations from the median for the international reference population ages 0-59 months.

**Proportion of the population below the minimum level of dietary energy consumption** is the percentage of the population whose food intake falls below the minimum level of dietary energy requirements. This is also referred to as the "prevalence of undernourishment," which is the percentage of the population that is undernourished.

## Goal 2: Universal Primary Education

**Net primary enrollment ratio** is the ratio of the number of children of official school age (as defined by the national education system) who are enrolled in primary school to the total population of children of official school age.

**Proportion of pupils starting grade 1 who reach grade 5**, known as the "survival rate to grade 5," is the percentage of a cohort of pupils enrolled in grade 1 of the primary level of education in a given school year who are expected to reach grade 5.

**Primary completion rate** is the ratio of the total number of students successfully completing (or graduating from) the last year of primary school in a given year to the total number of children of official graduation age in the population.

**Literacy rate of 15-24 year-olds**, or the youth literacy rate, is the percentage of the population ages 15-24 years-old who can both read and write with understanding a short simple statement on everyday life. The definition of literacy sometimes extends to basic arithmetic and other life skills.

### Goal 3: Gender Equality

**Ratio of girls to boys in primary, secondary, and tertiary education** is the ratio of the number of female students enrolled at primary, secondary, and tertiary levels in public and private schools to the number of enrolled male students.

**Ratio of literate women to men 15-24 years old** (Literacy Gender Parity Index) is the ratio of the female literacy rate to the male literacy rate for the age group 15-24.

**Percentage of girls to total pupils in University of Prishtinë/Priština** is the ratio of the number of female students enrolled at the University of Prishtinë/Priština to the total number of students.

**Activity Rate** is the percentage of the working age population (16-64) who are either employed or looking actively for a job.

**Proportion of seats held by women in national parliaments** is the number of seats held by women expressed as a percentage of all occupied seats.

### Goal 4: Infant and Child Mortality

**Under-five mortality rate** is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates.

**Infant mortality rate** is typically defined as the number of infants dying before reaching the age of one year per 1,000 live births in a given year.

**Perinatal mortality rate** (expressed per 1,000 births) is the sum of all stillbirths and early neo-natal deaths (up to 7 days) X 1,000 / all births.

### Goal 5: Maternal Health

**Maternal mortality ratio** is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

**Proportion of births attended by skilled health personnel** is the percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labor, and the post-partum period; to conduct deliveries on their own; and to care for newborns.

### Goal 6: Combat HIV/AIDS, Malaria, and Other Diseases

**Proportion of 1- to 15-year-old children immunized against measles** is the percentage of children of age 1-15 who have received at least one dose of measles vaccine.

**HIV prevalence among 15- to 24-year-old pregnant women** is the percentage of pregnant women ages 15-24 whose blood samples test positive for HIV.

**Contraceptive prevalence rate** is the percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception. It is usually reported for women ages 15-49 in marital or consensual unions.

**Condom use rate** of the contraceptive prevalence rate is the number of women ages 15-49 in marital or consensual unions who are practicing contraception by using condoms as a proportion of all of women of the same age group in consensual unions who are practicing, or whose sexual partners are practicing, any form of contraception.

**Condom use at last high-risk sex** is the percentage of young people ages 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner in the last 12 months.

**Percentage of population ages 15-24 with comprehensive correct knowledge of HIV/AIDS** is the share of women and men ages 15-24 who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission and who know that a healthy looking person can transmit HIV.

Strictly defined, **the number of children orphaned by HIV/AIDS** is the estimated number of children who have lost their mother, father or both parents to AIDS before age 15. In practice, the impact of the AIDS epidemic on orphans is measured through the ratio of orphans to non-orphans who are in school. This estimate is not yet relevant in Kosovo.

**Prevalence of tuberculosis** is the number of cases of tuberculosis per 100,000 people.

**Death rates associated with tuberculosis** are number of deaths caused by tuberculosis per 100,000 people.

**Tuberculosis detection rate** is the percentage of estimated new infectious tuberculosis cases detected under the directly observed treatment, short course (DOTS) case detection and treatment strategy.

## Goal 7: Environment

**Proportion of land area covered by forest** is forest areas as a share of total land area, where land area is the total surface area of the country less the area covered by inland waters such as major rivers and lakes.

**Ratio of area protected to maintain biological diversity to surface area** is defined as nationally protected area as a percentage of total surface area of a country.

**Energy use (kilogram oil equivalent) per \$1,000 GDP (PPP)** is commercial energy use measured in units of oil equivalent per \$1,000 of GDP converted from national currencies using purchasing power parity (PPP) conversion factors.



**Proportion of population using solid fuels** is the proportion of the population that relies on biomass (wood, charcoal, crop residues, and dung) and coal as the primary source of domestic energy for cooking and heating.

**Proportion of households with access to secure tenure** is 1 minus the percentage of the urban population that lives in slums.



Millennium Development Goals  
Synimet zhvillimora të mileniumit  
Miljeniumski ciljevi razvoja

