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Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

A summary of findings from four MICS surveys in Roma settlements

United Nations Children's Fund (UNICEF) Regional Office for Europe and Central Asia (ECARO), April 2024;

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Contents

1	Introduction	8
2	Methodology	10
3	Health and nutrition	12
3.1	Health system: health insurance	13
3.2	Maternal, newborn and child health	13
3.3	Immunization	18
3.4	Nutrition	20
4	Education and leisure	22
4.1	Education access and participation	23
4.1.1	Pre-primary education	23
4.1.2	Primary education	25
4.1.3	Secondary education	25
4.2	Learning quality and skills	28
4.2.1	Learning environment at home	28
4.2.2	Foundational learning skills: reading and numeracy	30
5	Family environment and protection from violence and harmful practices	32
5.1	Violence against children and women	33
5.2	Children's living arrangements	35
5.3	Child marriage	36
5.4	Child labour	37
6	Participation and civil rights	38
6.1	Birth registration	39
6.2	Information and internet	39
6.3	Discrimination	40
7	Poverty and adequate standard of living	42
7.1	Social protection system	43
7.2	Material deprivation	44
7.3	Water and sanitation	46

8 Cross-cutting areas	49
8.1 Early Child Development Index	50
8.2 Environment and climate change	52
8.2.1 Primary reliance on clean fuels and technologies	52
8.3 Household possessions and overcrowding	53
8.4 Disability (functional difficulties)	53
9 Conclusion and recommendations	55
9.1 Conclusion	56
9.2 Recommendations	56
9.2.1 Health and nutrition	57
9.2.2 Education	58
9.2.3 Child protection	59
9.2.4 Social protection and adequate standard of living	61
9.2.5 Roma participation	62

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This report further analyzes and compares published survey data from MICS Roma settlements in Kosovo (all references to Kosovo should be understood in reference to the United Nations Security Council Resolution 1244), Montenegro, North Macedonia, and Serbia, accessible via the website <https://mics.unicef.org/>. The respective National Statistics Offices of the aforementioned countries conducted surveys.

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Table of figures

Figure 1. Women aged 15–49 years currently married or in union who are using (or whose partner is using) any method of contraception and only modern methods, by survey round, Roma settlements _____	14
Figure 2. Women aged 15–49 years with a live birth in the last two years with four or more and eight or more ANC visits by any provider, national and Roma settlements _____	15
Figure 3. Maternal and newborn health cascade, Kosovo Roma settlements, 2019–20 _____	16
Figure 4. Maternal and newborn health cascade, Montenegro Roma settlements, 2018 _____	17
Figure 5. Maternal and newborn health cascade, North Macedonia Roma settlements, 2018–19 _____	17
Figure 6. Maternal and newborn health cascade, Serbia Roma settlements, 2019 _____	17
Figure 7. Children aged 24–35 months who were vaccinated against vaccine-preventable childhood diseases at any time before the survey (crude coverage), and children with no vaccinations, Roma settlements _____	19
Figure 8. Children under 5 years of age who are stunted or wasted, Roma settlements _____	21
Figure 9. Children under 5 years of age who are underweight or overweight, Roma settlements _____	21
Figure 10. Children aged between 3 years and the compulsory starting age for primary education in early childhood education, percentage attending primary school and percentage out of school, by poorest and richest wealth index quintile, national and Roma settlements _____	24
Figure 11. Transition to school and attendance, Roma settlements _____	26
Figure 12. Education pathways – progress of adolescents of upper secondary school age (15–17 years) through school, national and Roma settlements _____	27
Figure 13. Support for learning for children aged 3–4 years, by survey round, Roma settlements _____	28
Figure 14. Children aged 7–14 years with three or more books to read at home, national and Roma settlements _____	30
Figure 15. Children in primary school grades 2–3 who demonstrate foundational reading skills and foundational numeracy skills (SDG 4.1.1a), by sex, Kosovo and Kosovo Roma settlements, 2019–20 _____	31
Figure 16. Children in primary school grades 2–3 who demonstrate foundational reading skills and foundational numeracy skills (SDG 4.1.1a), by sex, North Macedonia and North Macedonia Roma settlements, 2018–19 _____	31
Figure 17. Children aged 1–14 years experiencing any violent disciplining methods during the month preceding the survey (SDG 16.2.1), Roma settlements _____	33

Figure 18. Women aged 15–49 years who believe a husband is justified in beating his wife in various circumstances, Roma settlements _____	34
Figure 19. Women aged 15–49 years by feeling of safety walking alone in their neighbourhoods after dark and being home alone after dark (SDG 16.1.4), national and Roma settlements _____	34
Figure 20. Children aged 0–17 years not living with their biological mother, not living with their biological father and children living with neither biological parent, Roma settlements _____	35
Figure 21. Women aged 20–24 years who married before 15 years and 18 years of age (SDG 5.3.1), national and Roma settlements _____	36
Figure 22. Children aged 5–17 years engaged in economic activities or household chores above the age-specific thresholds that classify them as child labourers and total child labour (SDG 8.7.1), national and Roma settlements _____	37
Figure 23. Households without internet access at home, national and Roma settlements _____	39
Figure 24. Women aged 15–49 years who in the past 12 months have felt discriminated against or harassed (SDG 10.3.1 & 16.b.1), national and Roma settlements _____	40
Figure 25. Women aged 15–49 years who in the past 12 months have felt discriminated against or harassed based on ethnic or immigration origin, based on gender, national and Roma settlements (SDG 10.3.1 & 16.b.1) _____	41
Figure 26. Children under 18 years of age living in households that received social transfers or benefits in the last 3 months, national and Roma settlements _____	43
Figure 27. Material deprivation, children aged 0–17 years, national and Roma settlements _____	45
Figure 28. Housing deprivation: children aged 0–17 years, by educational attainment of the household head, national and Roma settlements _____	46
Figure 29. Household members with water piped into the dwelling, Roma settlements _____	47
Figure 30. Household members with water piped into the dwelling, by poorest and richest wealth index quintile, Roma settlements _____	47
Figure 31. Household population using basic sanitation, Roma settlements _____	48
Figure 32. Children aged 3–4 years who are developmentally on track in literacy-numeracy, physical, social-emotional domains (SDG 4.2.1), national and Roma settlements _____	50
Figure 33. Children aged 3–4 years who are developmentally on track in literacy-numeracy, physical, social-emotional domains (SDG 4.2.1), by survey round, Roma settlements _____	51
Figure 34. Children aged 3–4 years who are developmentally on track in literacy-numeracy, physical, social-emotional domains (SDG 4.2.1), by poorest and richest wealth index quintile and survey round, Roma settlements _____	51
Figure 35. Household population with primary reliance on clean fuels and technologies for cooking, space heating, and lighting, national and Roma settlements _____	52
Figure 36. Children aged 2–17 years with functional difficulties in at least one domain, by age group, national and Roma settlements _____	54



1 Introduction

© UNICEF/UN016235/Ashley Gilbertson VII | Sonja Selimovic, 38, and her children, Anđelja, 3.5 years old and Alan, 1 year & 8 months, in their home in a Roma container settlement in Palilula, Serbia on the outskirts of Belgrade on March 13, 2016.

Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

This report provides an overview of selected findings from the sixth round (2018–2020) of **Multiple Indicator Cluster Surveys (MICS)** conducted in Roma settlements in Kosovo¹ (UNSCR 1244), Montenegro, North Macedonia, and Serbia². It focuses on Roma children and women, aiming to track progress and highlight disparities within the Roma community compared to the national average. The reference to 'Roma', as an umbrella term, encompasses a wide range of different people of Romani origin and groups such as Ashkali, Egyptians and Roma.

The Roma community constitutes the largest ethnic minority group in Europe. Out of an estimated 10 to 12 million Roma living in Europe, approximately 6 million are citizens or residents of the European Union (EU).³ Improving the lives of Roma requires a human rights-based approach. All countries in Europe and Central Asia have formally committed to protecting and promoting the rights of all children and women, identified in the **Convention on the Rights of the Child**, and reinforced by other human rights conventions, in particular the **Convention on the Elimination of all forms of Discrimination against Women** (CEDAW).

The **European Union Roma Strategic Framework** for equality, inclusion, and participation reflects the United Nations Sustainable Development Goals (SDGs) and the core principle of leaving no one behind. The framework and actions are aligned with SDG commitments such as SDG 1, 3, 4, 10, 11, 16 and 17, leading to the contribution of more inclusive and social development. Moreover, these are guided by international human rights law, the European Union's (EU's) fundamental values that are reflected in the EU treaties, and the **EU Charter of Fundamental Rights**.

Governments, international organizations, and civil society have recognized the importance of protecting and advancing the rights of Roma individuals, leading to the implementation of various laws, plans and strategies to enhance their well-being. The analytical report leverages the MICS surveys to track the progress of Roma children and women within the specific **Child Rights Monitoring (CRM)** framework. Some of the framework's sub-domains have been excluded because of a lack of indicators.

To track progress in monitoring child rights and reducing disparities, UNICEF supports countries to conduct rigorous MICS surveys, which provide comprehensive data on outcomes for children, women and families. Six rounds of MICS have been conducted since the mid-1990s, with the seventh round starting in 2023.⁴ Specific to Western Balkan countries, along with national MICS surveys, additional surveys were also conducted in Roma settlements.⁵

In line with the 2014 report, '**Realizing the rights of Roma children and women**', this report brings together the findings of the most recent surveys in Roma settlements, namely, Montenegro in 2018, North Macedonia in 2018–19, Serbia in 2019 and Kosovo in 2019–20, and assesses progress when there are two or more rounds.

Prioritizing the well-being of Roma children and women within the Roma community is essential for promoting social justice, human rights, and inclusive development. Addressing their specific challenges, empowering them, and providing equal opportunities will lead to a more equitable and inclusive society for all. It is crucial for governments, international organizations, and civil society to intensify collaboration and implement targeted interventions to uplift the Roma communities, and ensure they benefit from universal services on an equal basis with the rest of the population. By doing so, Europe can move closer to achieving its goals of equality, inclusion, justice and participation for all its citizens, regardless of their ethnic backgrounds.



2 Methodology

Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

This analytical report summarizes key findings on progress over time, highlighting changes occurring between different survey rounds from the population living in Roma settlements in the four countries and territories.⁶ These surveys were implemented in three MICS rounds (see Table 1 below):

Table 1. Surveys conducted in MICS4, MICS5 and MICS6

	MICS4	MICS5	MICS6
KOSOVO			
Year	N/A	2013–14	2019–20
Sample size	N/A	1,266	1,459
MONTENEGRO			
Year	N/A	2013	2018
Sample size	N/A	685	1,165
NORTH MACEDONIA			
Year	2011	N/A	2018–19
Sample size	1,079	N/A	1,584
SERBIA			
Year	2010	2014	2019
Sample size	1,815	1,976	1,934

These surveys were implemented in Roma settlements⁷ in Kosovo, Montenegro, North Macedonia, and Serbia. The report highlights changes over time⁸ across selected MICS indicators of the five domains of the ECA Child Rights Monitoring (CRM) framework. It also includes crossing-cutting areas. Some of the sub-domains are not reported because of a lack of indicators.



3 Health and nutrition

3.1 Health system: health insurance

Health insurance is a social protection mechanism. It is important to understand whether women and children have health insurance, and the percentage insured by type of insurance.

KEY FINDINGS:

- ▶ **Most children living in Roma settlements in North Macedonia and Serbia are covered by health insurance** – a slightly smaller percentage of Roma children under 5 years of age living in the poorest households in both countries have health insurance (89 per cent in North Macedonia and 93 per cent in Serbia), compared to Roma children living in richest households (96 per cent and 99 per cent, respectively).
- ▶ **In Kosovo, health insurance coverage among children is extremely low** in Roma, Ashkali and Egyptian communities; 4 per cent of children under five and children aged 5–17 years have health insurance. At the national level, this is 6 per cent for children under 5 years of age and 4 per cent for children aged 5–17 years. Moreover, at the national level, most children with health insurance live in households where the household head is of Serbian ethnicity, while in Roma, Ashkali, and Egyptian communities, this is the case for households where the household head is of Roma ethnicity. In general, a more universal approach is needed to increase coverage.
- ▶ **Health insurance in North Macedonia and Serbia is mandatory for all employees in the public and private sectors**, while all children aged 0–17 years are covered by health insurance through their parents' insurance. In cases when the child's parents are unemployed, health insurance for children is free of charge in Serbia. In North Macedonia, 80 per cent is covered by the state. Kosovo does not have a health insurance scheme, and most health services must be paid for. As expected, coverage is high in North Macedonia and Serbia for all children, and there is no notable difference with national averages.

3.2 Maternal, newborn and child health

Reproductive health is essential for women aged 15–49 years to ensure their physical, mental, and social well-being. It also has wider implications for newborn and child health and development of communities and societies as a whole. The sector covers childbearing, family planning, antenatal care, delivery care, and postnatal care.

KEY FINDINGS:

- ▶ Young Roma women, especially those with lower educational attainment and living in household poverty, have higher rates of childbirth. Thirty-one per cent of young women aged 15–19 years living in Roma settlements in Serbia, 28 per cent in Montenegro, 19 per cent in North Macedonia and 15 per cent in Kosovo have had a live birth or were pregnant with their first child. National averages range from one to four per cent.

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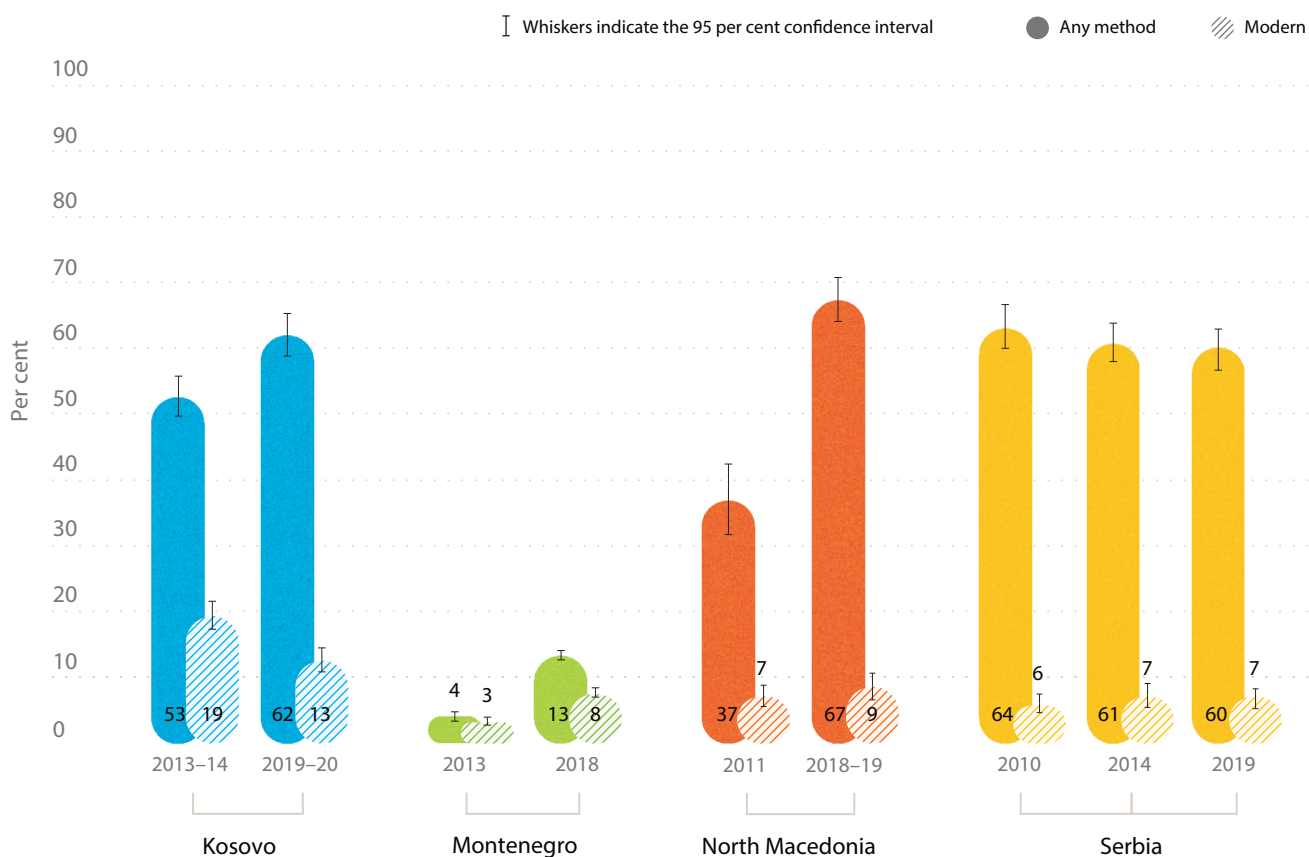
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The **use of modern methods of contraception** is low, both among married Roma women and nationally: the biggest disparity exists in Serbia, where the prevalence among married women aged 15–49 years living in Roma settlements is 7 per cent, while the national average for Serbia is 21 per cent.

More than half the population of married women aged 15–49 years uses at least one method of contraception (modern or traditional) in all countries except Montenegro, where the proportions are low both in Roma settlements and nationally (13 per cent and 21 per cent respectively).

The **use of contraceptive methods** among Roma women aged 15–49 years has increased in all countries except Serbia. **Use of traditional methods is the main driver** for this increase in Kosovo and North Macedonia.

Figure 1. Women aged 15–49 years currently married or in union who are using (or whose partner is using) any method of contraception and only modern methods, by survey round, Roma settlements⁹

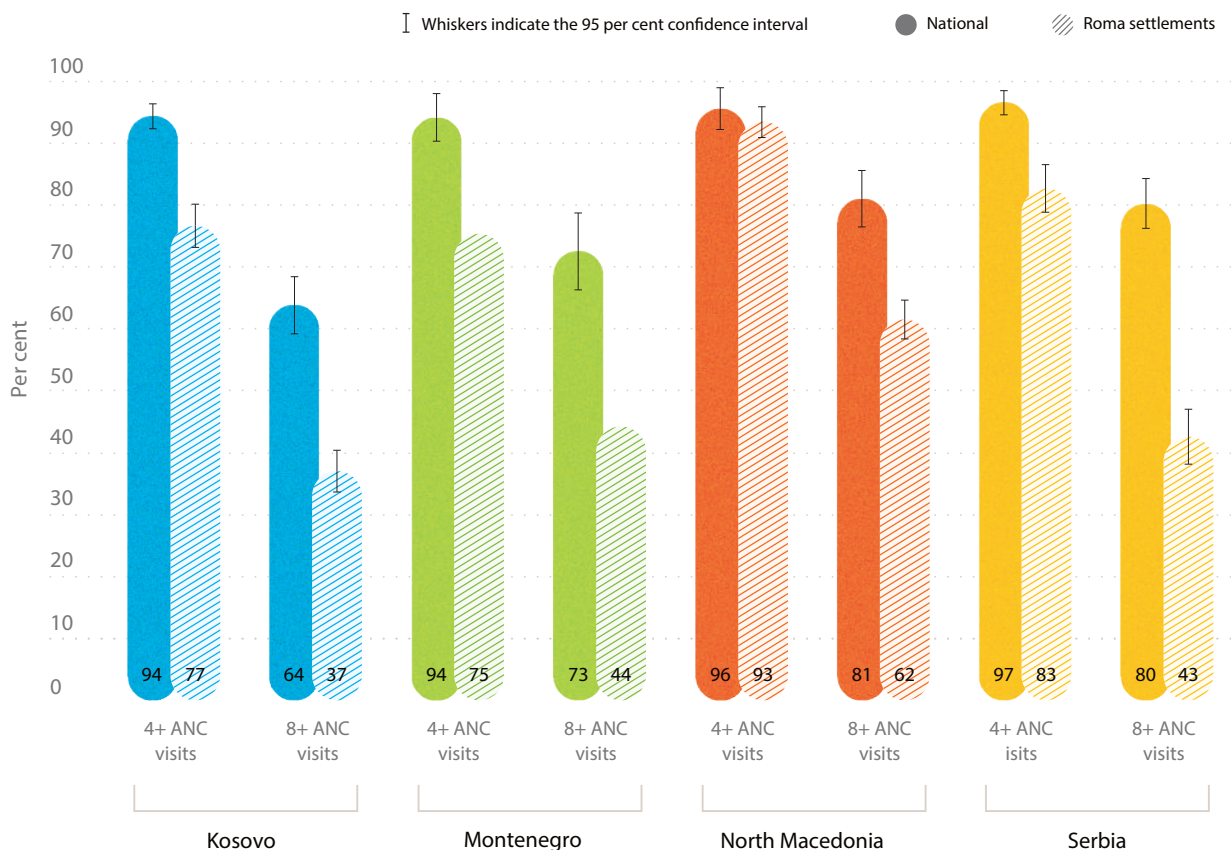


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An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Antenatal care is a trace indicator of reproductive and maternal health. Almost all women who have had a live birth in the last two years received at least one antenatal care visit from skilled health personnel, apart from those living in Roma settlements in Montenegro (91 per cent). The percentage drops significantly when it comes to eight or more antenatal care visits by any provider – ranging from 62 per cent in Roma settlements in North Macedonia to 37 per cent among women in Roma, Ashkali and Egyptian communities in Kosovo. Household wealth¹⁰ is positively associated with receiving antenatal care visits by any provider eight or more (and even four or more) times.

Figure 2. Women aged 15–49 years with a live birth in the last two years with four or more and eight or more ANC visits by any provider, national and Roma settlements



Whiskers indicate the 95 per cent confidence interval.

Deliveries attended by any skilled attendant (SDG 3.1.2) are almost universal in all four countries and territories, but some differences occur in terms of the type of health professional assisting at delivery. Nurses and midwives play a more significant role in deliveries for women residing in Roma settlements in Montenegro (12 per cent) and Serbia (11 per cent) than the national averages (6 per cent and 8 per cent, respectively). There are no differences between women from Roma settlements and the total population in any country with regards to place of delivery: more than 97 per cent of deliveries took place in health facilities.

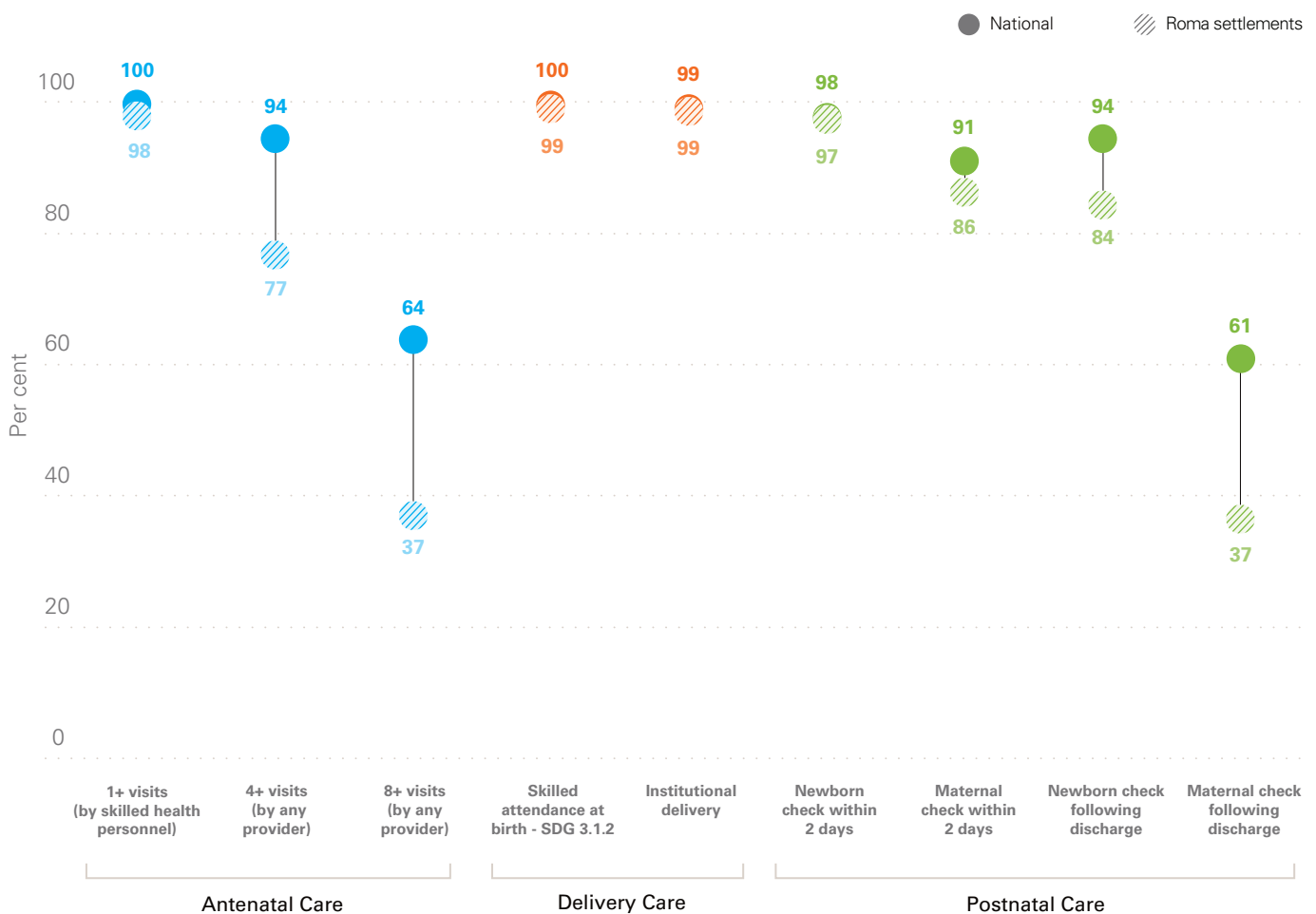
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Delivery by caesarean section (C-section) is less common among women living in Roma settlements: among Roma women, it is lowest in Montenegro (11 per cent) and is about 21 per cent among Roma women in Kosovo and North Macedonia and 18 per cent in Serbia (compared to more than 30 per cent of the national populations of Kosovo, North Macedonia and Serbia and 24 per cent in Montenegro). The proportion of Roma women aged 15–49 years who had their most recent live birth delivered by C-section decreased over time in Montenegro while the proportion in other countries remained unchanged over time.

Most Roma newborns in Kosovo (97 per cent), Montenegro (91 per cent) and North Macedonia (99 per cent) **received postnatal health checks**¹¹ within two days of birth. The percentages drop to 84 per cent in Kosovo, 66 per cent in Montenegro and 79 per cent in North Macedonia for newborns receiving postnatal care visits after being discharged from the health facility. Roma mothers are less likely to receive postnatal health checks within two days of birth than newborns and are, in particular, less likely to receive postnatal care visits after discharge. The latter drops to 22 per cent in Montenegro, 37 per cent in Kosovo and 40 per cent in North Macedonia.

Figure 3. Maternal and newborn health cascade, Kosovo Roma settlements, 2019–20



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Figure 4. Maternal and newborn health cascade, Montenegro Roma settlements, 2018

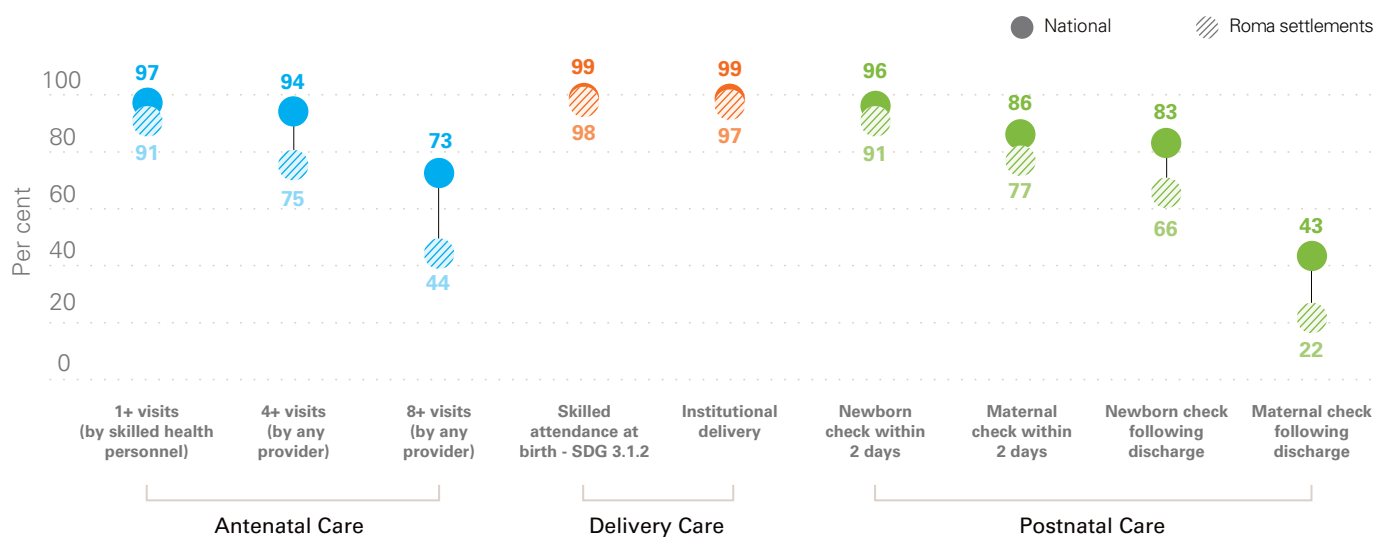


Figure 5. Maternal and newborn health cascade, North Macedonia Roma settlements, 2018–19

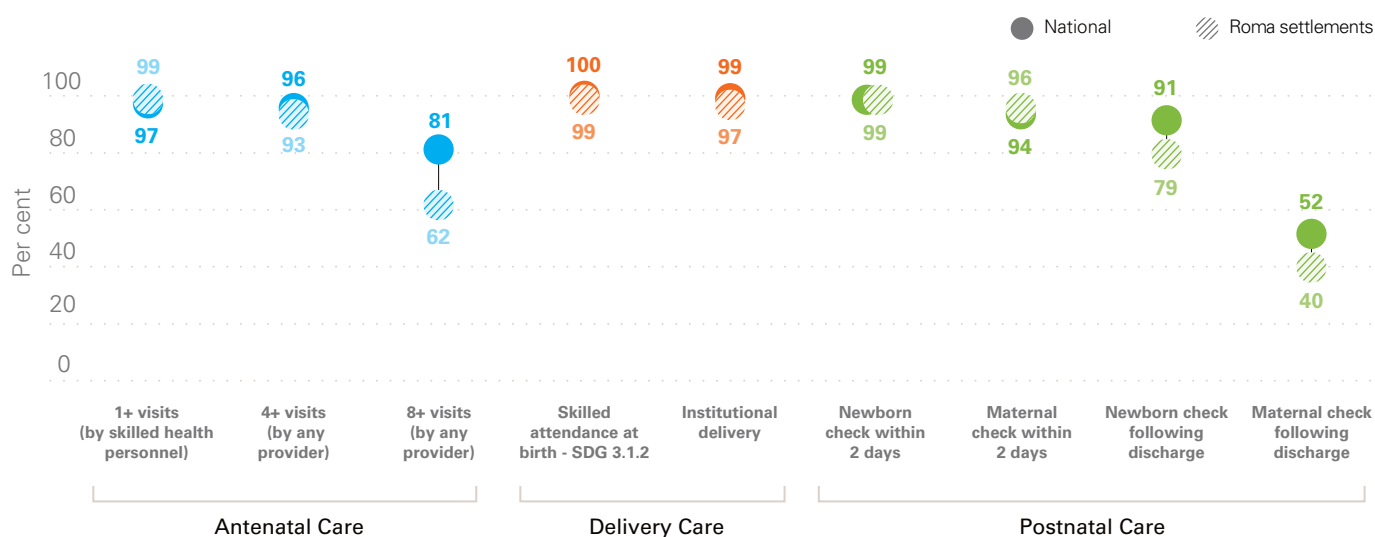
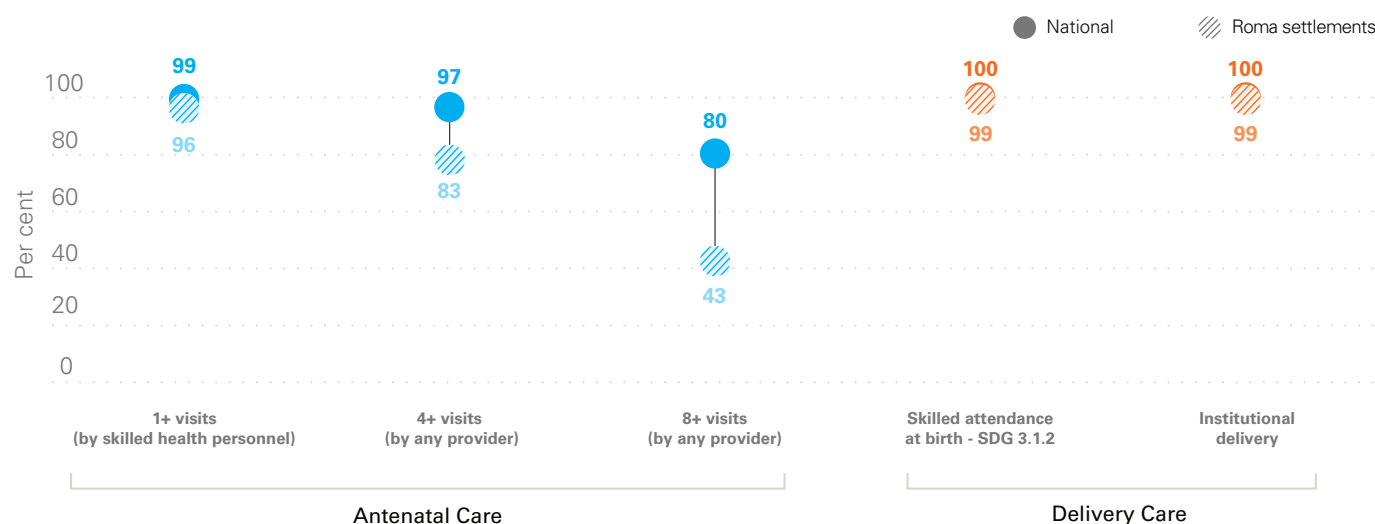


Figure 6. Maternal and newborn health cascade, Serbia Roma settlements, 2019



3.3 Immunization

Immunization is a crucial aspect of child health and development and it delivers an unrivalled return on investment of US\$26 for every US\$1 spent. The WHO Recommended Routine Immunizations for Children¹² recommends all children to be vaccinated against tuberculosis, diphtheria, tetanus, pertussis, polio, measles, hepatitis B, haemophilus influenza type b, pneumococcal bacteria/disease, rotavirus, rubella and human papilloma virus.¹³ Globally, SDG indicator 3.b.1 is used to monitor the progress of vaccination of children at national level, using three-dose diphtheria, tetanus, pertussis (DTP3) coverage as a proxy indicator for immunization programme performance.

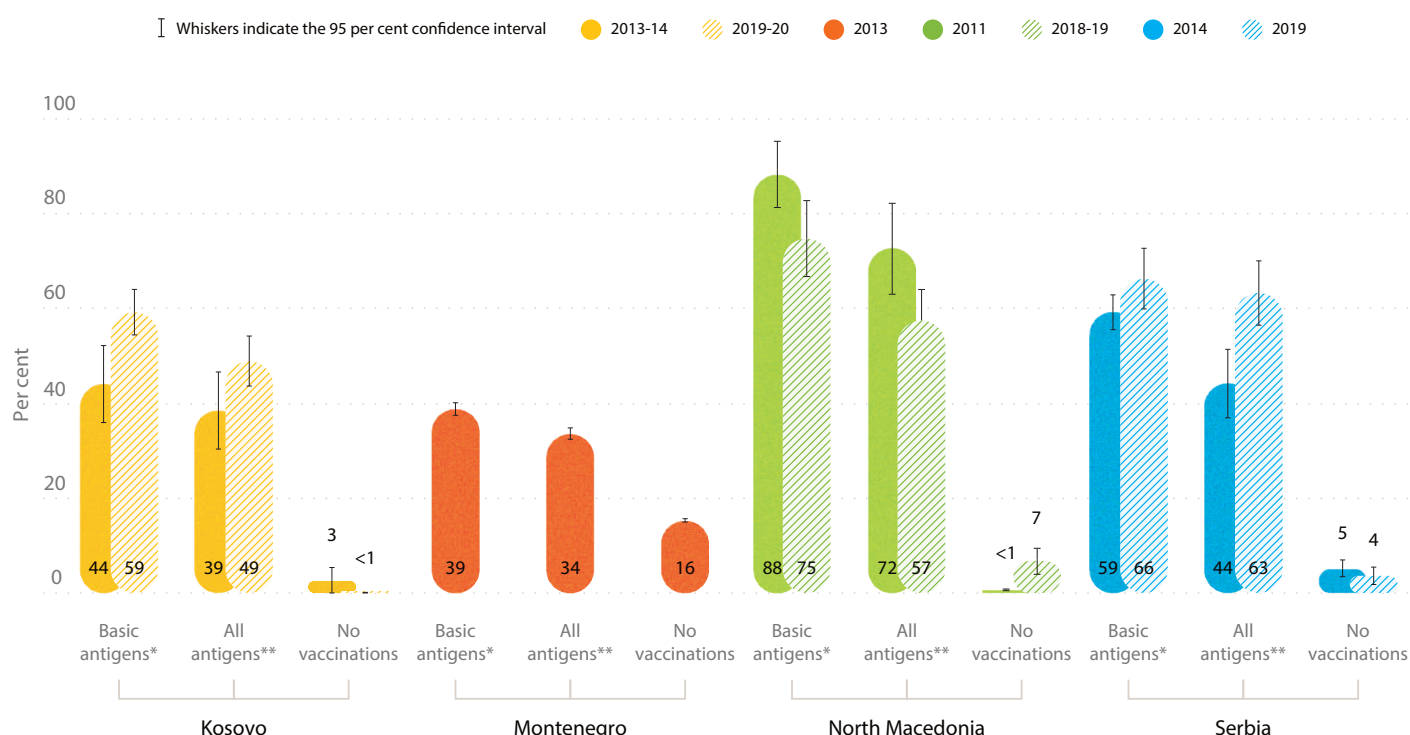
KEY FINDINGS:

- ▶ Vaccines are typically given in a series of doses at specific ages and intervals, according to a recommended schedule developed by public health authorities. **Roma children are less likely to have received all vaccinations recommended within the national vaccination schedules than non-Roma children in Kosovo, North Macedonia and Serbia:**¹⁴ less than half of children aged 24–35 months from Roma, Ashkali and Egyptian communities in Kosovo (38 per cent)¹⁵ and slightly more in Roma settlements in North Macedonia (57 per cent) and Serbia (45 per cent)¹⁶ have been fully immunized in accordance with the national schedules, based on the data from the sixth round of MICS. The disparity between Roma and non-Roma children is greatest in Kosovo, where 73 per cent of non-Roma children aged 24–35 months have been vaccinated against all antigens.
- ▶ Immunization against basic antigens (tuberculosis, polio, DTP and one dose of the measles vaccine)¹⁷ is also less common among Roma children in Kosovo and Serbia than among non-Roma children: 59 per cent of children aged 24–35 months from Roma settlements in Kosovo and 66 per cent in Serbia have been immunized against basic antigens, compared to 88 per cent and 81 per cent nationally, respectively. There is no significant difference between basic vaccination rates of Roma and non-Roma children in this age group in North Macedonia (75 per cent and 85 per cent respectively).
- ▶ **Roma children are less likely to receive some of the basic vaccines on time:** a lower proportion of children aged 12–23 months from Roma, Ashkali and Egyptian communities in Kosovo (57 per cent), North Macedonia (79 per cent) and Serbia (73 per cent) have been vaccinated with DTP3 by 12 months of age than non-Roma children (90 per cent, 83 per cent and 91 per cent respectively). The gap is similar for immunization against polio and measles. The exception is related to the Bacillus Calmette-Guérin (BCG, for tuberculosis) and Hepatitis B vaccines administered in hospitals at birth.
- ▶ To look at trends in immunization coverage, data from the sixth round of MICS have been recalculated in line with the national schedules that were in effect in the fifth round. Findings show that the proportion of children aged 24–35 months from Roma settlements who have been **immunized against all antigens** has increased in Serbia (from 44 per cent in 2014 to 63 per cent in 2019). No significant change has been observed in Kosovo and North Macedonia, although findings for North Macedonia reveal a potential declining tendency in full immunization. **Immunization against basic antigens** (BCG, polio, DTP and the first dose of the measles vaccine) has increased significantly only among Roma, Ashkali and Egyptian children in Kosovo.

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An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Figure 7. Children aged 24–35 months who were vaccinated against vaccine-preventable childhood diseases at any time before the survey (crude coverage), and children with no vaccinations, Roma settlements



Note:

* Basic antigens include BCG, Polio3, DTP3 and MMR.

** 'All antigens' include the following:

- ▶ **Kosovo:** BCG, 3 doses of Polio, 3 doses of DTP, 3 doses of Hib, 3 doses of HepB and MMR. The estimate corresponds to the 'All antigens (excluding re-vaccines)' indicator in the Survey Findings Report.
- ▶ **Montenegro:** BCG, 3 doses of Polio, 3 doses of DTP, 3 doses of Hib, 3 doses of HepB and MMR. Immunization data were not collected in 2018.
- ▶ **North Macedonia:** BCG, 4 doses of Polio (including the booster dose), 4 doses of DTP (including the booster dose), 4 doses of Hib (including the booster dose), 3 doses of HepB and MMR.
- ▶ **Serbia:** BCG, 3 doses of Polio, 3 doses of DTP, 3 doses of Hib, 3 doses of HepB and MMR. The estimate corresponds to the 'All antigens (excluding PCV and re-vaccines)' indicator in the Survey Findings Report.

3.4 Nutrition

Nutrition is critically important for children's health and development. Proper nutrition in childhood is associated with better cognitive and physical development, better immune system function, and a reduced risk of chronic diseases later in life.

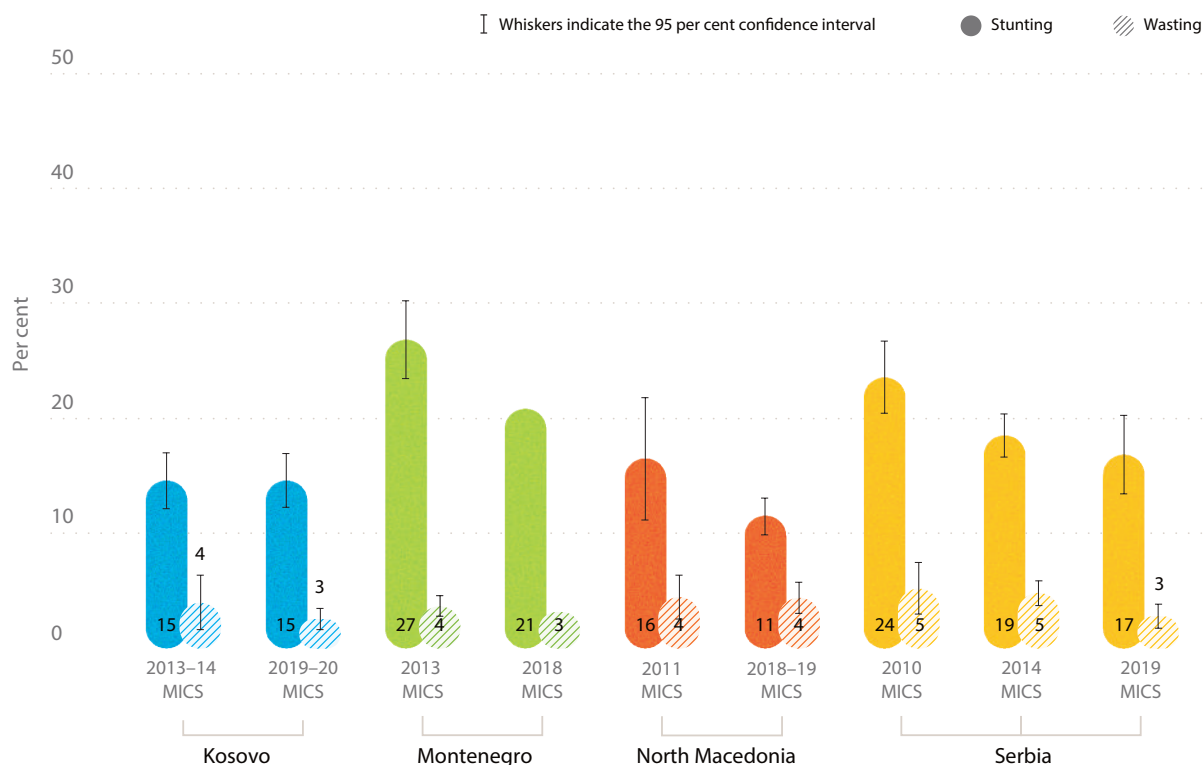
KEY FINDINGS:

- ▶ **Early initiation of breastfeeding is low in all four countries and territories. It is more common among Roma children in Kosovo and Montenegro:** 55 per cent of children in Roma settlements in Kosovo and 41 per cent in Montenegro were breastfed within one hour of birth, compared to 32 per cent and 24 per cent respectively at national level.
- ▶ **Exclusive breastfeeding needs to be encouraged substantially in all four countries and territories.** The highest proportion of children under 6 months old that are exclusively breastfed is reported in Kosovo, both in Roma settlements (17 per cent) and nationally (29 per cent). A higher percentage of Roma children continue to be breastfed at ages 1 and 2 years than children in the national population in all four countries and territories.
- ▶ **Feeding practices of children aged 0–23 months** living in Roma settlements have not changed markedly over time in Kosovo and Montenegro.¹⁸ However, an increase in the proportion of children from Roma settlements receiving a **minimum acceptable diet** can be observed in Serbia (from 31 per cent in 2014 to 40 per cent in 2019). This is mainly due to the higher prevalence of **minimum meal frequency** (an increase is reported from 73 per cent in 2014 to 92 per cent in 2019). At the national level, the minimum meal frequency in Serbia was 96 per cent.
- ▶ **Stunting (SDG 2.2.1) and underweight (SDG 2.2.2) prevalence are significantly higher among children under 5 years of age in Roma settlements in all four countries and territories:** About 21 per cent of Roma children in Montenegro are moderately or severely stunted, compared to a national average of 7 per cent. The lowest stunting prevalence among Roma children is seen in North Macedonia. However, it is still significantly higher than among the national population of under-fives (12 per cent compared to 4 per cent). Stunting and being underweight are negatively associated with the mother's educational attainment.
- ▶ **A reduction in the prevalence of overweight children (SDG 2.2.2) among Roma** was reported in two countries, falling from 18 per cent in 2013 to 3 per cent in 2018 in Montenegro and from 13 per cent in 2010 to 7 per cent in 2019 in Serbia. However, there have been no significant changes in Kosovo and North Macedonia.

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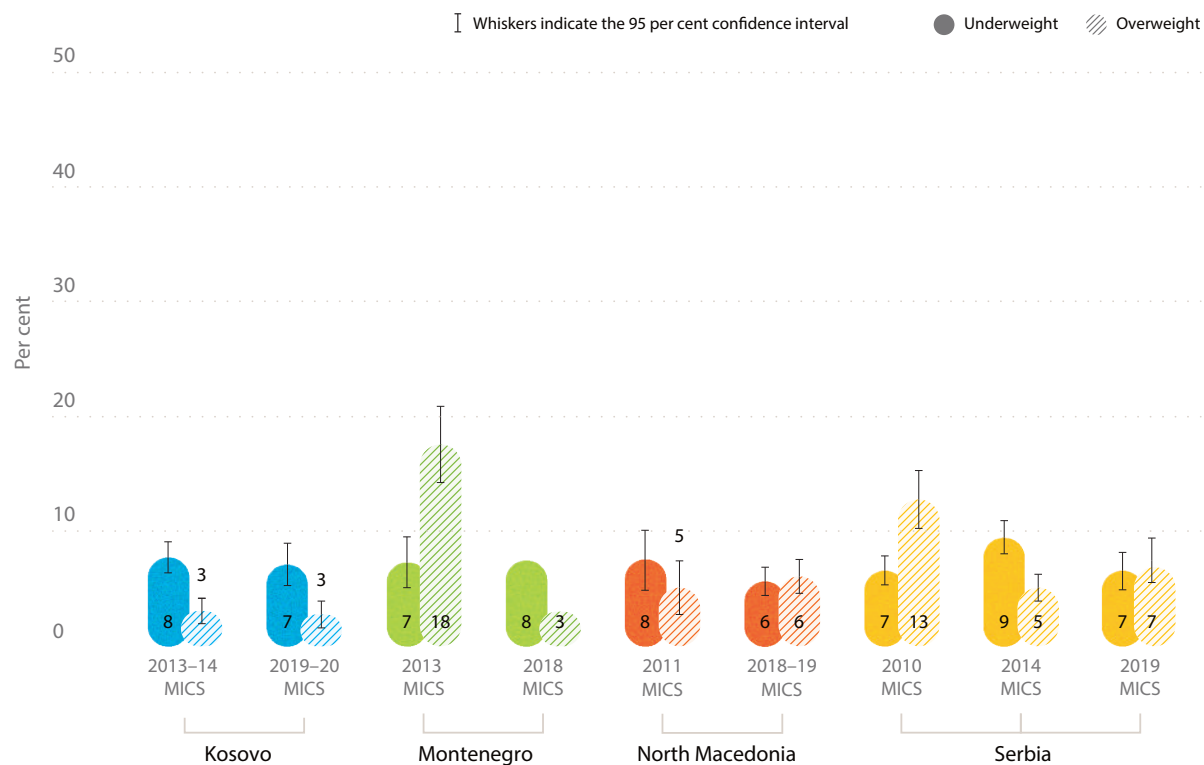
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Figure 8. Children under 5 years of age who are stunted or wasted, Roma settlements



Whiskers indicate the 95 per cent confidence interval.

Figure 9. Children under 5 years of age who are underweight or overweight, Roma settlements



Whiskers indicate the 95 per cent confidence interval.



4 Education and leisure

© UNICEF/Samir Karahoda | A Roma child in Brekoc, in municipality of Gjakove, Kosovo, does his homework during the COVID-19 pandemic lockdown.

4.1 Education access and participation

4.1.1 Pre-primary education

KEY FINDINGS:

- The **participation rate in organized learning (SDG 4.2.2)** is the proportion of children attending an early childhood education programme or primary school **one year before the official primary entry age**. Among children living in Roma settlements the highest coverage is reported in Serbia (76 per cent against the national average of 97 per cent), and the lowest rate is reported in North Macedonia (34 per cent against the national average of 54 per cent).
- The **participation rate in organized learning** among children living in Roma settlements has increased in Montenegro (from 26 per cent in 2013 to 36 per cent in 2018) and Serbia (from 64 per cent in 2014 to 76 per cent in 2019).
- About four out of five children in Roma settlements aged between 3 years and the compulsory starting age for primary school¹⁹ do not attend early childhood education (ECE)** in Kosovo, Montenegro and North Macedonia (Table 2).²⁰ Attendance is slightly higher in Serbia, with close to a third of children aged 3–5 years attending ECE.

Table 2. Percentage of children aged between 3 years and the compulsory starting age for primary education in early childhood education, percentage attending primary school and percentage out of school, by sex, national and Roma settlements

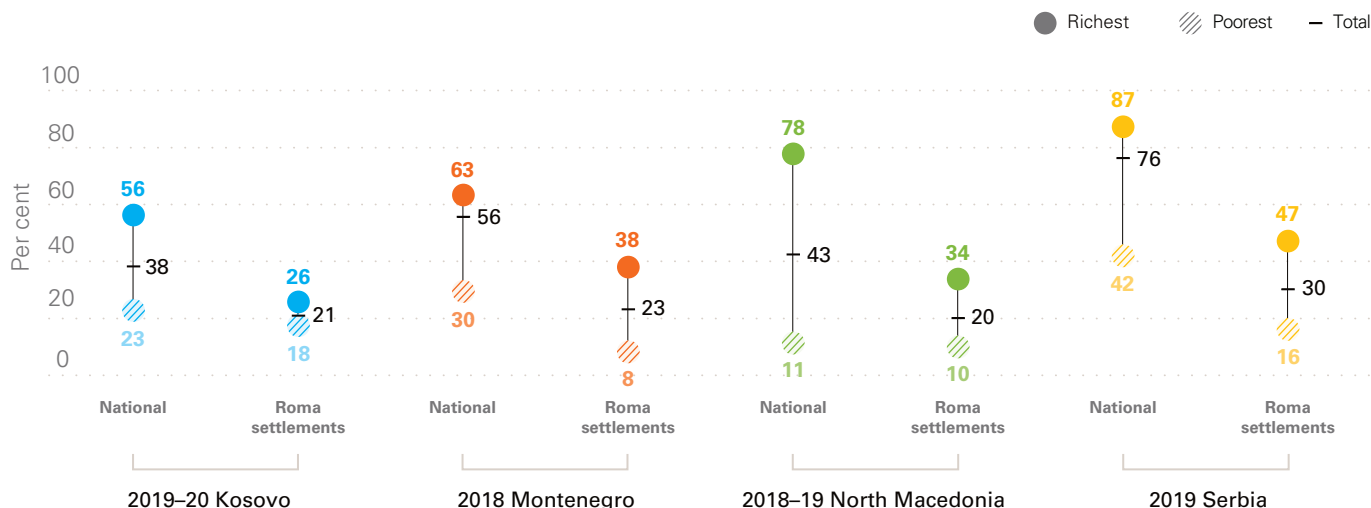
		MALE			FEMALE			TOTAL		
		Attending ECE	Attending primary school	Out of school	Attending ECE	Attending primary school	Out of school	Attending ECE	Attending primary school	Out of school
2019–20 Kosovo	National	38.3	5.9	55.8	38.2	5.9	55.9	38.3	5.9	55.8
	Roma	22.2	1.9	75.9	19.9	4.5	75.7	21.0	3.2	75.8
2018 Montenegro	National	55.6	0.5	43.7	55.8	1.2	42.9	55.7	0.8	43.4
	Roma	22.3	0.0	77.7	24.4	0.0	75.6	23.3	0.0	76.7
2018–19 North Macedonia	National	44.6	0.3	55.1	40.1	0.6	59.3	42.5	0.4	57.0
	Roma	17.8	2.2	80.0	22.7	1.7	75.6	20.2	2.0	77.9
2019 Serbia	National	78.2	0.0	21.8	74.0	0.7	25.3	76.3	0.3	23.4
	Roma	31.5	0.3	68.2	29.1	0.9	70.0	30.3	0.6	69.1

Note: In all four countries and territories the compulsory age for starting school is 6 years of age.

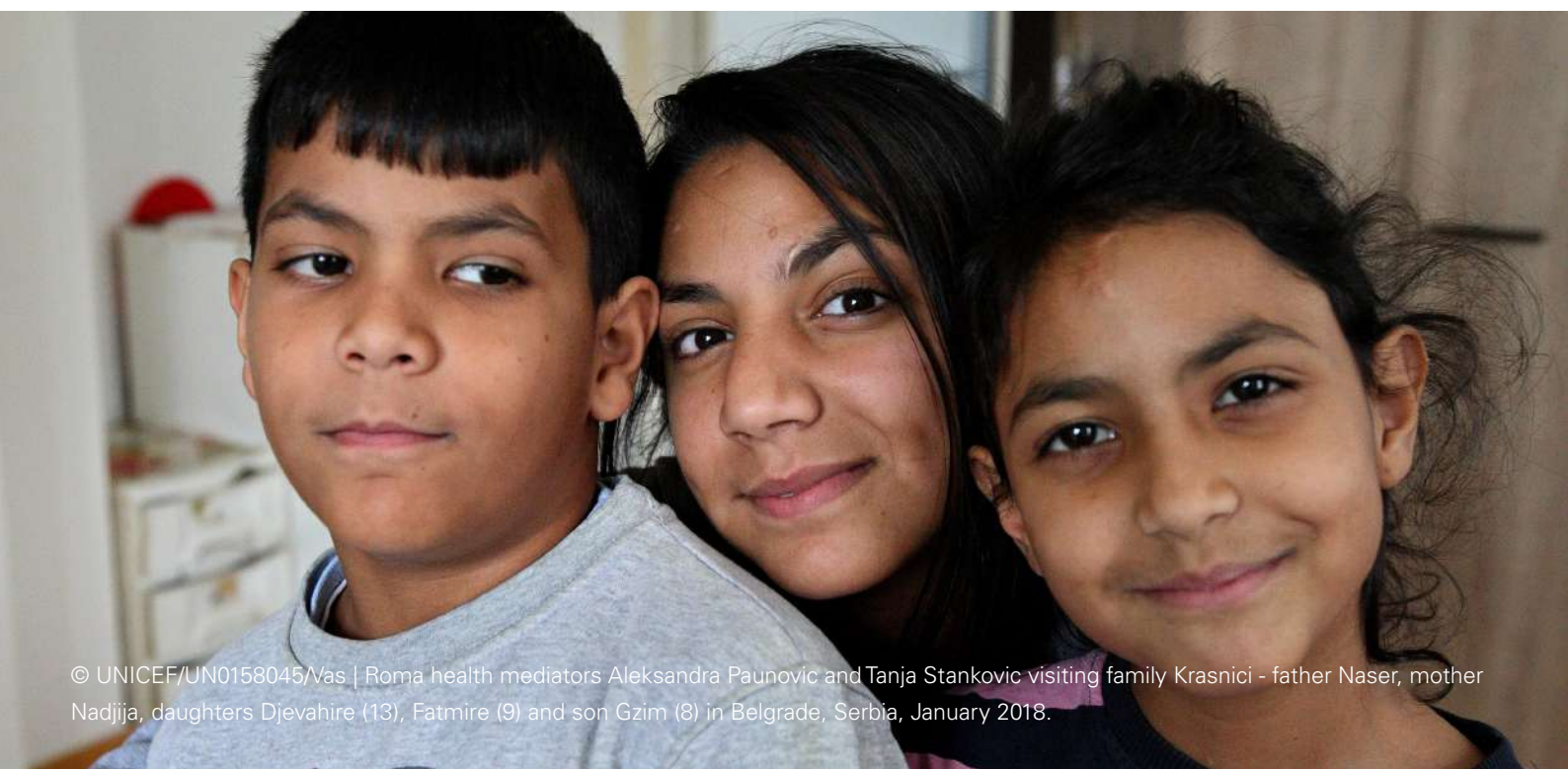
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Figure 10. Children aged between 3 years and the compulsory starting age for primary education in early childhood education, percentage attending primary school and percentage out of school, by poorest and richest wealth index quintile, national and Roma settlements



The percentage of children attending the first grade of primary school who attended an early childhood education programme during the previous school year has increased from 54 per cent in 2013–14 and 73 per cent in 2019–20 among children living in Roma, Ashkali and Egyptian communities in Kosovo. An increase was also reported in Montenegro: in 2018, 45 per cent of Roma children entering primary school attended an ECE programme during the previous school year, compared to 24 per cent in 2013. In North Macedonia in 2011, 36 per cent of children living in Roma settlements attending the first grade of primary school attended an ECE programme during the previous school year and 25 per cent did so in 2018–19 – however, this apparent decrease is not statistically significant. Although there was no significant change in Serbia, transition from ECE to primary school among Roma children was at a relatively high level to begin with, compared to the other three countries (80 per cent in 2014 and 81 per cent in 2019).



4.1.2 Primary education

KEY FINDINGS:

▶ **Children of primary school age from Roma settlements were less likely to enter the first grade of primary school compared to the national average:** only 58 per cent of primary school-age Roma children enter primary school in Montenegro, compared to 80 per cent nationally.

4.1.3 Secondary education

KEY FINDINGS:

▶ **The gap between attendance²¹ and completion rates (SDG 4.1.2) for children from Roma settlements and national averages widens with age and educational attainment:** the highest percentage of Roma children attending lower secondary school is reported in Serbia (80 per cent), and attendance drops notably for upper secondary school attendance (28 per cent). Upper secondary school attendance among Roma children of upper secondary school age in Montenegro is as low as 7 per cent. The gap in attendance between the national population and children from Roma settlements widens with increasing school level, with Roma children dropping out of education at around 13 years of age in Kosovo and Serbia and 10 or 11 years of age in Montenegro and North Macedonia.

▶ **The risk of dropping out of lower secondary school is high among Roma children:** in Montenegro, 36 per cent of Roma boys and 27 per cent of Roma girls who are in lower secondary school are two or more years over-age for their grade, and are at risk of dropping out (26 per cent of boys and 17 per cent of girls in Serbia, 15 per cent of boys and 18 per cent of girls in North Macedonia, and 17 per cent of boys and 14 per cent of girls in Kosovo).

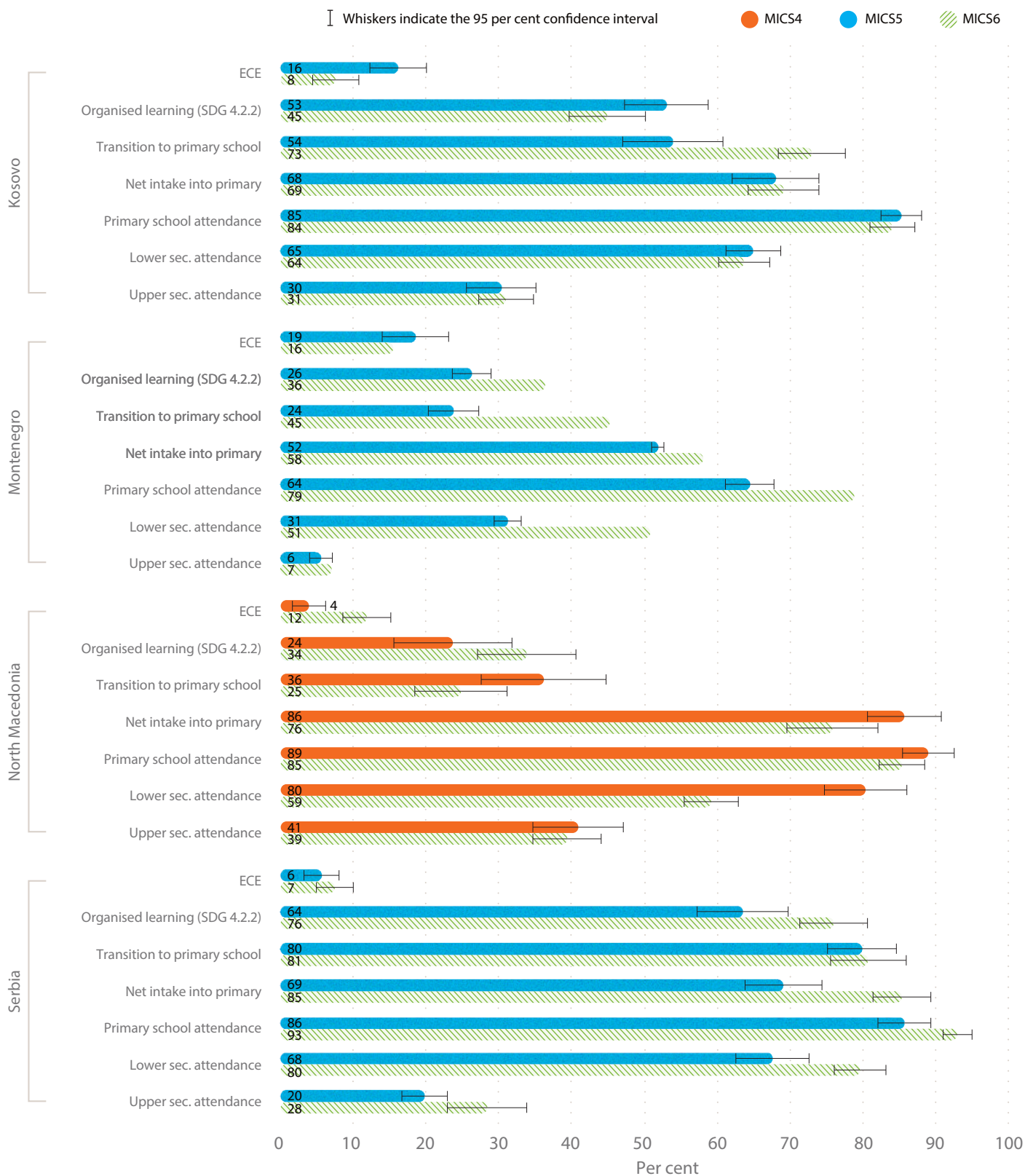
▶ **Attendance rates to lower secondary and upper secondary schools** have not changed over time among children from Roma, Ashkali and Egyptian communities in **Kosovo**, with only a third of children of upper secondary school age still attending upper secondary school in 2019–20.

▶ While about **9 out of 10 children aged 15–17 years (8 out of 10 in Montenegro)** have ever entered primary school in Roma settlements (96 per cent in Serbia, 93 per cent in North Macedonia, 94 per cent in Kosovo and 81 per cent in Montenegro), a **significantly lower proportion** of these students transitioned to upper secondary school by the expected age (30 per cent in Serbia, 45 per cent in North Macedonia, 38 per cent in Kosovo and 10 per cent in Montenegro). Nationally, most children aged 15–17 years entered primary school and made it to upper secondary school.

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Figure 11. Transition to school and attendance, Roma settlements



Note: The denominator for 'Organized learning (SDG 4.2.2)' is children aged 5 years old at the beginning of the school year. It includes children currently attending primary school and those attending ECE. The denominator for the indicator 'Transition to primary school', otherwise known as 'school readiness', is calculated based on children attending first grade of primary school, regardless of age.

Source: MICS4: 2011 North Macedonia Roma settlements MICS. | MICS5: 2013–14 Kosovo Roma settlements MICS, 2013 Montenegro Roma settlements MICS, 2014 Serbia Roma settlements MICS. | MICS6: 2019–20 Kosovo Roma settlements MICS, 2018 Montenegro Roma settlements MICS, 2018–19 North Macedonia Roma settlements MICS, 2019 Serbia Roma settlements MICS.

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An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Figure 12. Education pathways – progress of adolescents of upper secondary school age (15–17 years) through school, national and Roma settlements²²



4.2 Learning quality and skills

4.2.1 Learning environment at home

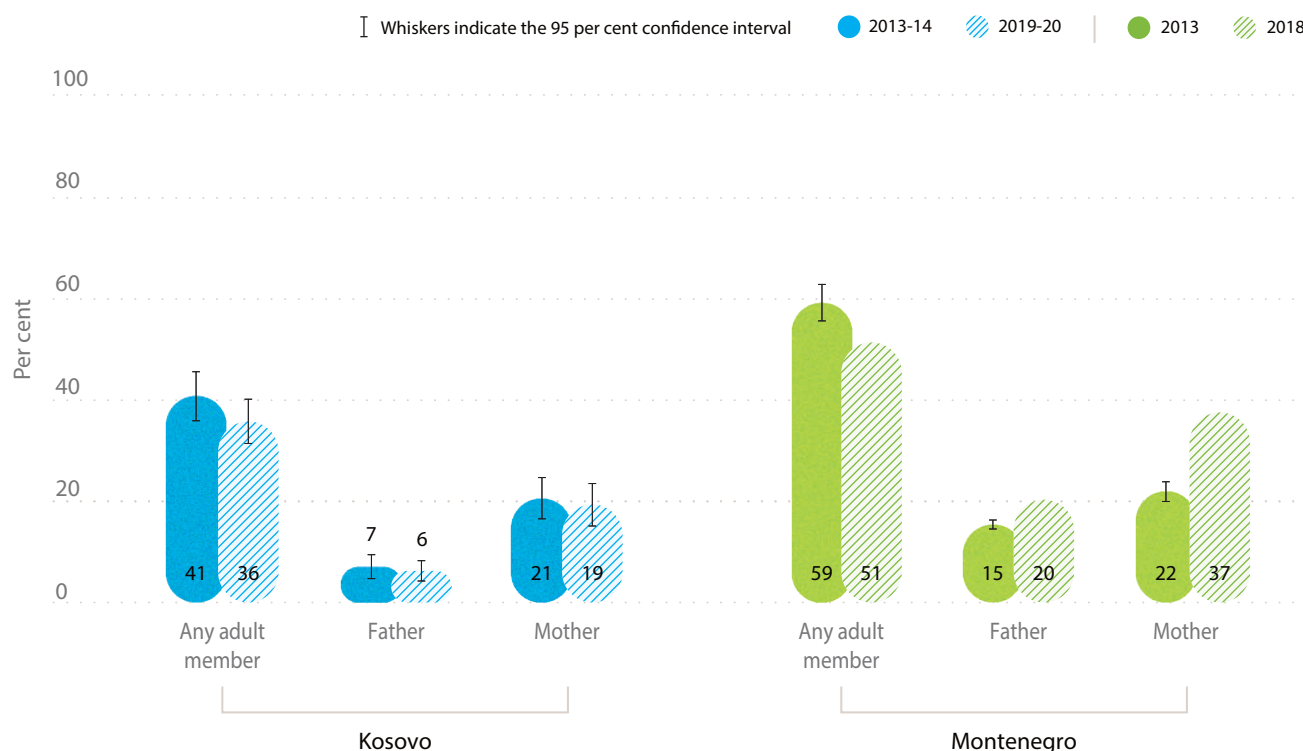
The learning environment at home plays a crucial role in a child's education and development.

KEY FINDINGS:

Evidence shows **children aged 2–4 years living in Roma settlements are disadvantaged when it comes to engagement by any adult household member in activities** that promote learning and transitioning to primary school compared to the national average of 63 per cent in 2019–20 in Kosovo, 91 per cent in 2018 in Montenegro, 88 per cent in 2018–19 North Macedonia and 96 per cent in 2019 in Serbia, respectively.

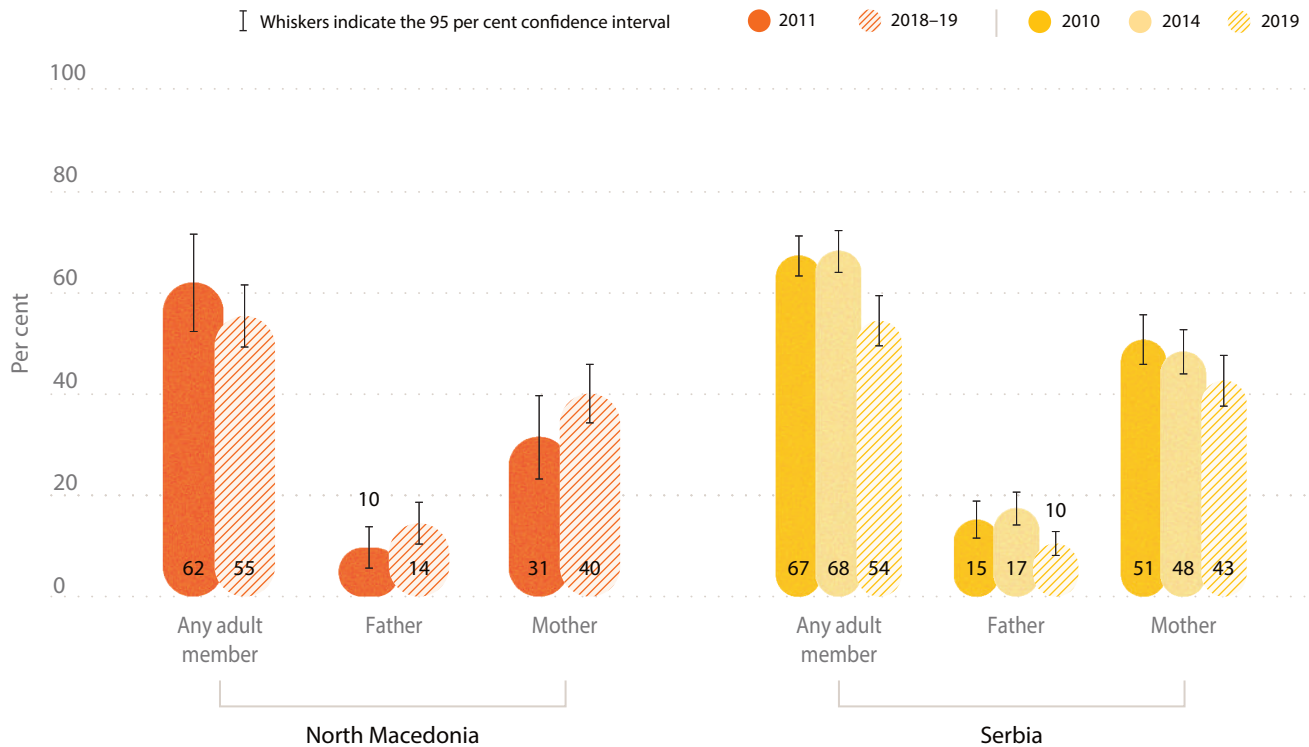
There have been few notable changes in the engagement of adults with children aged 3–4 years²³ in activities that support learning and development in Roma settlements in the four countries and territories, with a decreasing tendency in the engagement of adult household members and a significant decrease in 2019 in Serbia since 2014. However, mothers' engagement seems to have substantially increased in Montenegro, and shows an increasing tendency in North Macedonia.

Figure 13. Support for learning for children aged 3–4 years, by survey round, Roma settlements



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Ownership of children's books is less common in Roma households with children under 5 years of age than in non-Roma households.

There are notable differences in the possession of three or more children's books between households in Roma settlements and national averages, and slightly less so for the types and number of playthings that children play with. The smallest gap, although still significant, is reported in Kosovo (37 percentage points). Household wealth is a major determinant for the presence of children's books in the household as is the mother's educational attainment (this is not the case for playthings).

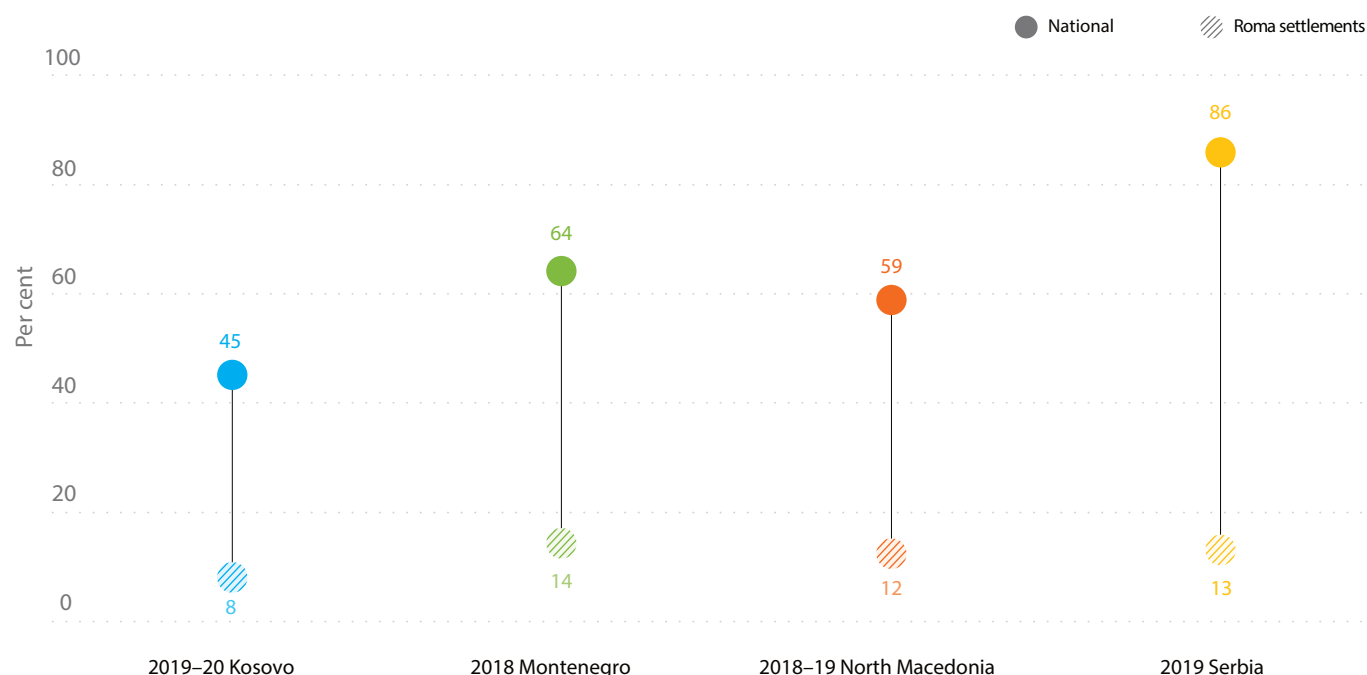
Roma children aged 7–14 years are less likely to have three or more books at home than non-Roma children:

while 86 per cent of children aged 7–14 years in Serbia have three or more books at home, this is the case for only 13 per cent of children this age from Roma settlements. The smallest gap, although still significant, is reported in Kosovo (37 percentage points).

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Figure 14. Children aged 7–14 years with three or more books to read at home, national and Roma settlements



Similar proportions of Roma and non-Roma children receive support with homework in each country: the widest gap is in Kosovo, where 49 per cent of children in Roma, Ashkali and Egyptian communities receive help with homework, compared to 57 per cent of children nationally.

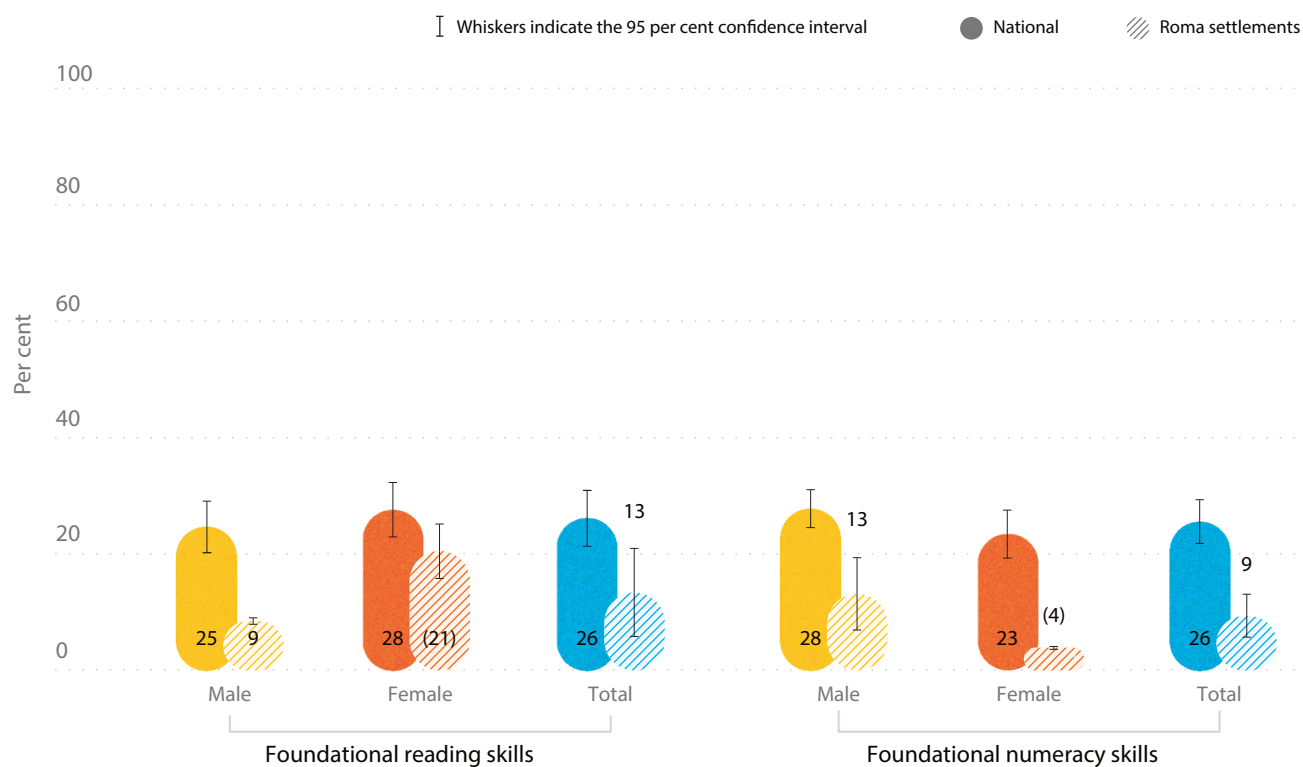
4.2.2 Foundational learning skills: reading and numeracy

Foundational learning skills refer to the basic skills that children need to acquire to become successful learners. Two of the most important foundational learning skills are reading and numeracy.

KEY FINDINGS:

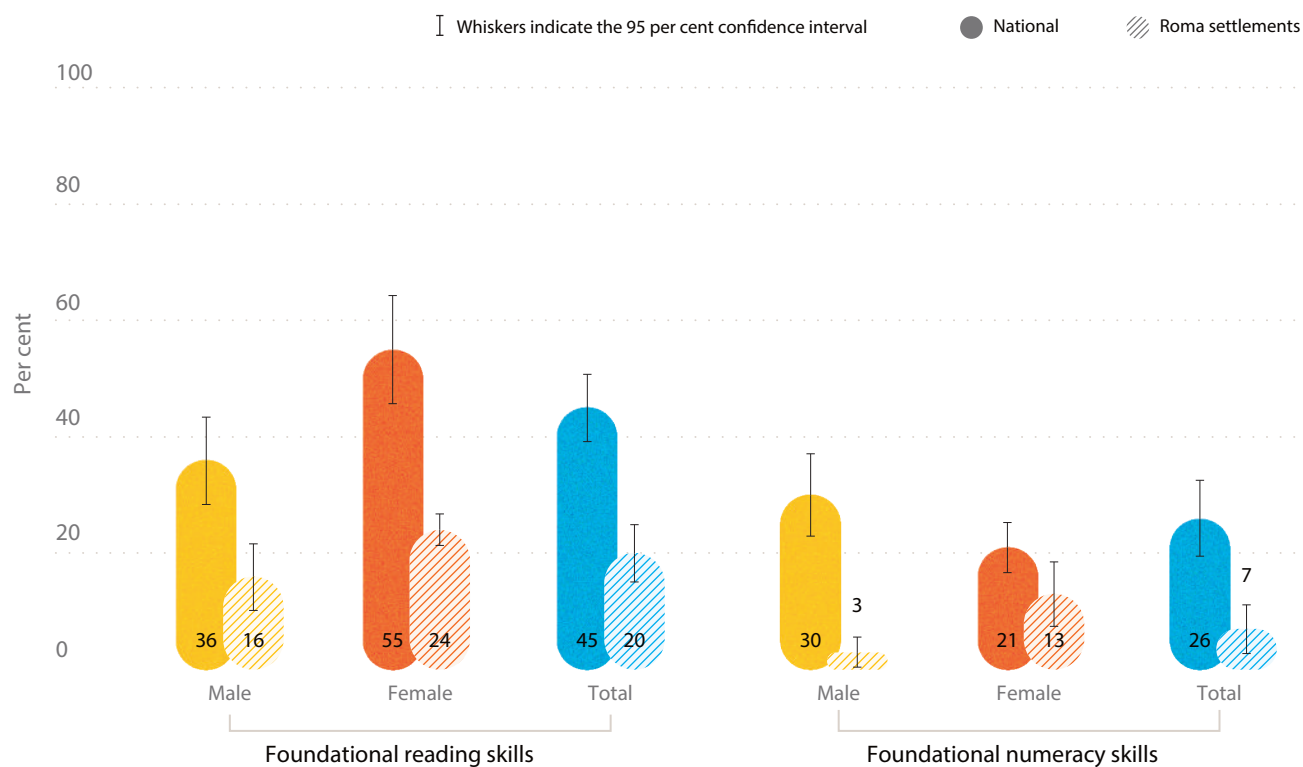
The **minimum proficiency in reading, and mathematics is low in Kosovo and North Macedonia among children attending grades 2–3.**²⁴ The proportion of Roma children attending grades 2–3 who demonstrate foundational reading skills and foundational numeracy skills (SDG 4.1.1(a)) is half the rate of the national population in both countries.

Figure 15. Children in primary school grades 2–3 who demonstrate foundational reading skills and foundational numeracy skills (SDG 4.1.1a), by sex, Kosovo and Kosovo Roma settlements, 2019–20



() Figures that are based on 25–49 unweighted cases.

Figure 16. Children in primary school grades 2–3 who demonstrate foundational reading skills and foundational numeracy skills (SDG 4.1.1a), by sex, North Macedonia and North Macedonia Roma settlements, 2018–19



A photograph of a woman with dark skin and curly hair, wearing a black long-sleeved shirt and a dark skirt with a colorful floral pattern. She is holding a young child in her arms. The child is wearing a white shirt, dark pants, and yellow socks with green tips. The woman is looking towards the camera with a serious expression. The background is dark and out of focus.

5 **Family environment and protection from violence and harmful practices**

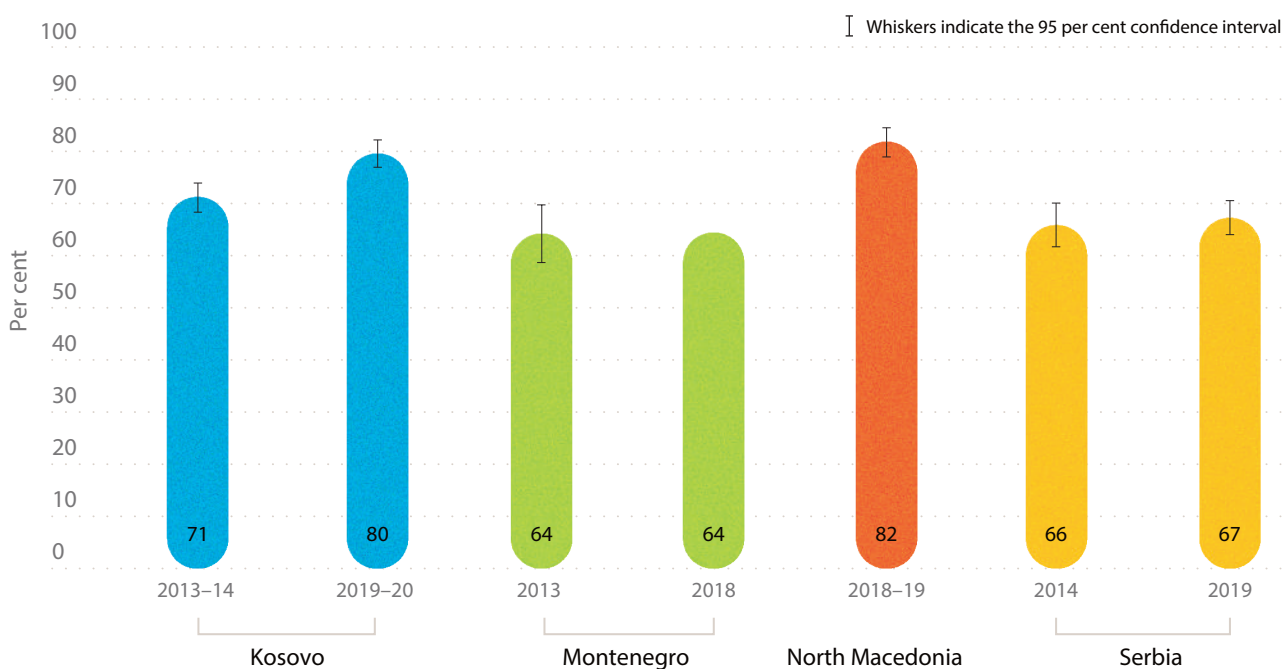
5.1 Violence against children and women

Violence against children and women is a serious problem that has significant negative effects on individuals and societies. Violence hampers children's development, learning abilities and school performance; it inhibits positive relationships, provokes low self-esteem, emotional distress and depression; and, at times, it leads to risk-taking behaviour and self-harm.

KEY FINDINGS:

Experience of violent discipline (SDG 16.2.1) is reported among more than two thirds of children aged 1–14 years living in Roma settlements. More than two thirds of children aged 1–14 years living in Roma settlements experience any violent disciplining methods (physical or psychological), with the highest proportions observed in North Macedonia (82 per cent) and Kosovo (80 per cent).

Figure 17. Children aged 1–14 years experiencing any violent disciplining methods during the month preceding the survey (SDG 16.2.1), Roma settlements

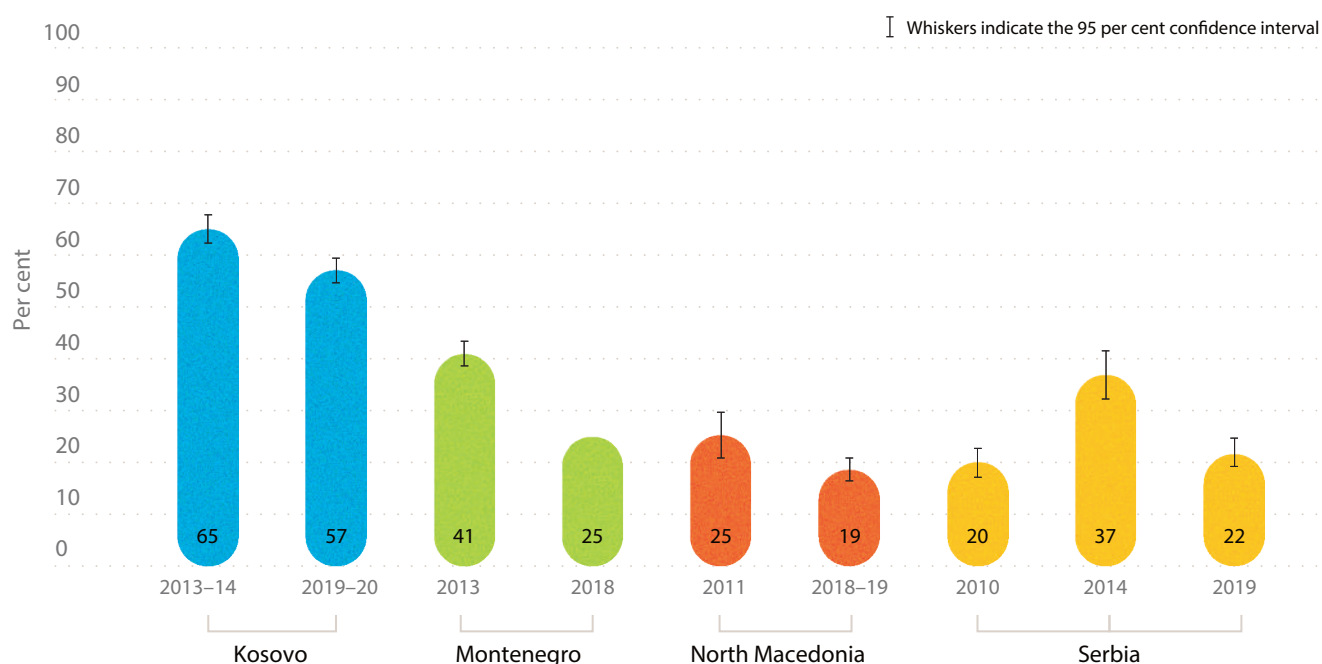


Attitudes toward domestic violence have improved among women aged 15–49 years living in Roma settlements in the four countries and territories. The greatest reduction in the proportion of Roma women who believe a husband is justified in beating his wife in various situations²⁵ is observed in Montenegro, dropping from 41 per cent in 2013 to 25 per cent in 2018. There are significant differences in the social justification of violence between women living in the poorest and those living in the richest households, with wealth being negatively associated with a positive attitude.

Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Figure 18. Women aged 15–49 years who believe a husband is justified in beating his wife in various circumstances, Roma settlements



Women aged 15–49 years from Roma settlements are less likely to feel safe walking alone in their neighbourhoods after dark than women from the national population (SDG 16.1.4). Less than half of the women living in Roma settlements in Kosovo feel safe walking alone in their neighbourhoods after dark (48 per cent).

Figure 19. Women aged 15–49 years by feeling of safety walking alone in their neighbourhoods after dark and being home alone after dark (SDG 16.1.4), national and Roma settlements



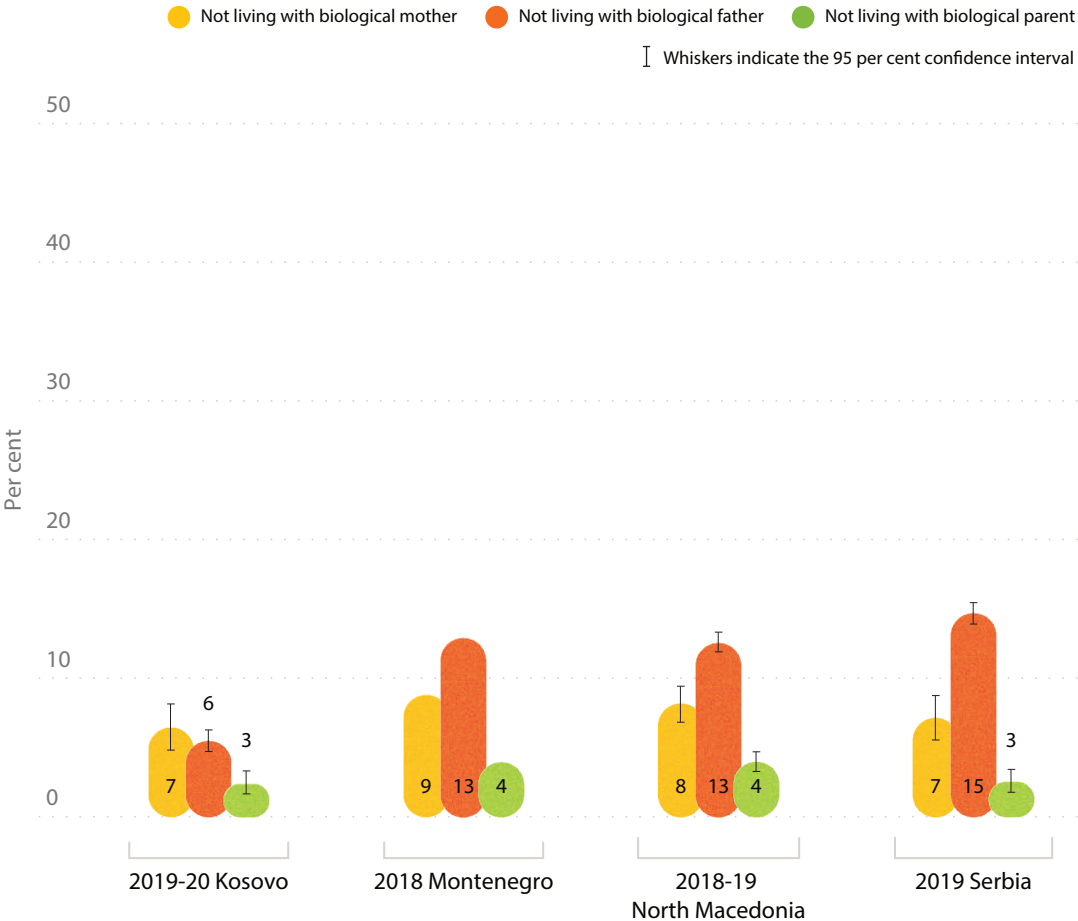
5.2 Children’s living arrangements

KEY FINDINGS:

About 1 in 20 children living in Roma settlements live with neither biological parent.

While less than 10 per cent of children do not live with their biological mother, a greater proportion do not live with their biological father in Montenegro (13 per cent), North Macedonia (13 per cent) and Serbia (15 per cent). The findings do not include children living in residential care who may or may not have biological parents, because they are based on data collected through household surveys.

Figure 20. Children aged 0–17 years not living with their biological mother, not living with their biological father and children living with neither biological parent, Roma settlements



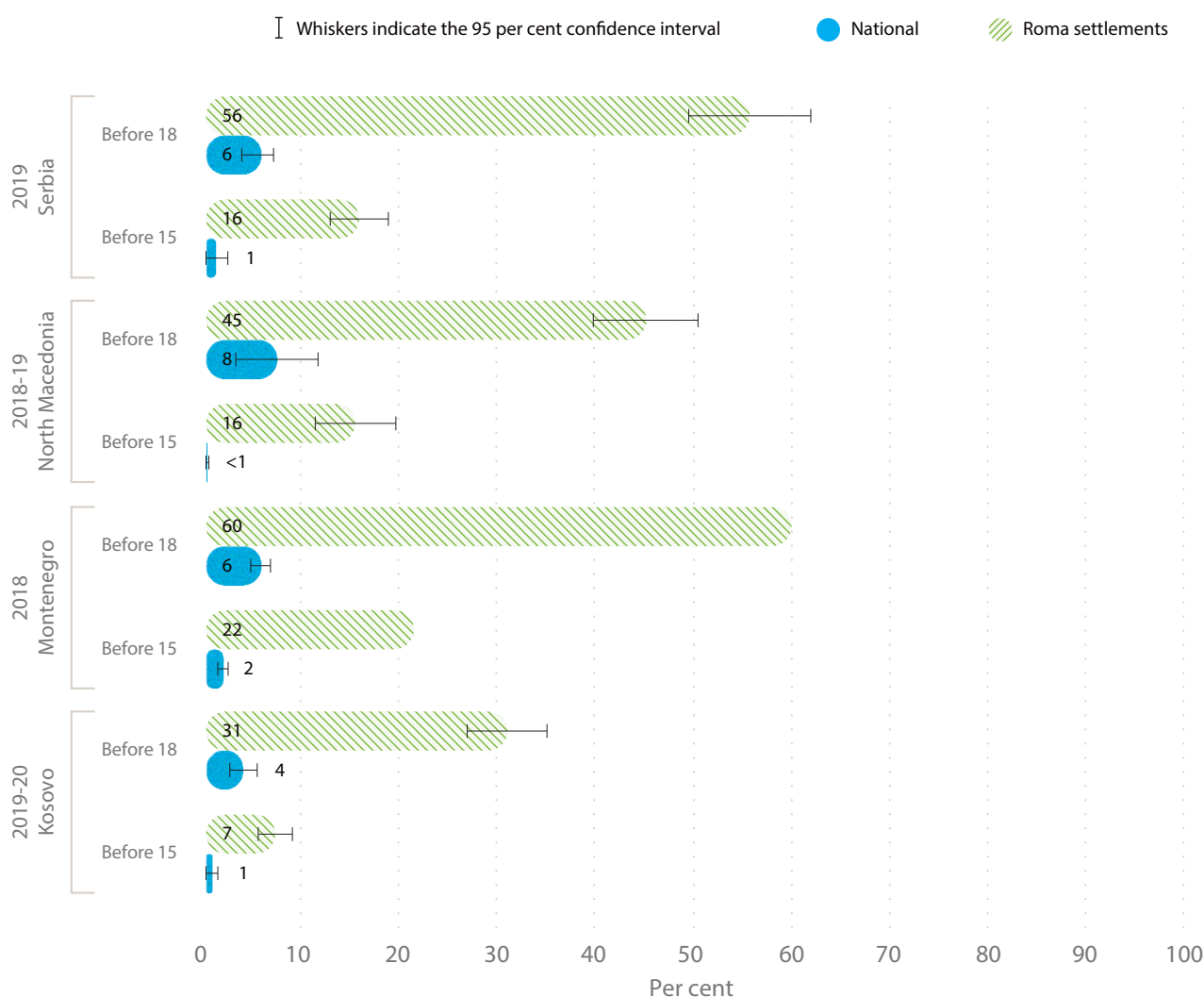
5.3 Child marriage

Child marriage (SDG 5.3.1) refers to the practice of marriage of a child under the age of 18, typically a girl. Child marriage is a violation of human rights and is associated with negative outcomes for both the child and society as a whole.

KEY FINDINGS:

Child marriage is more common among young Roma women, Roma women with lower educational attainment, and those living in poorest households: 60 per cent of women aged 20–24 years from Roma settlements are married before the age of 18 in Montenegro. The percentage is slightly lower in Serbia (56 per cent) and North Macedonia (45 per cent) and drops to 31 per cent in Kosovo. Among women and girls aged 15–19 years from Roma settlements in Montenegro, 41 per cent of those with no education are currently married or in union, compared to 14 per cent of women and girls of this age group with secondary or higher levels of education.

Figure 21. Women aged 20–24 years who married before 15 years and 18 years of age (SDG 5.3.1), national and Roma settlements



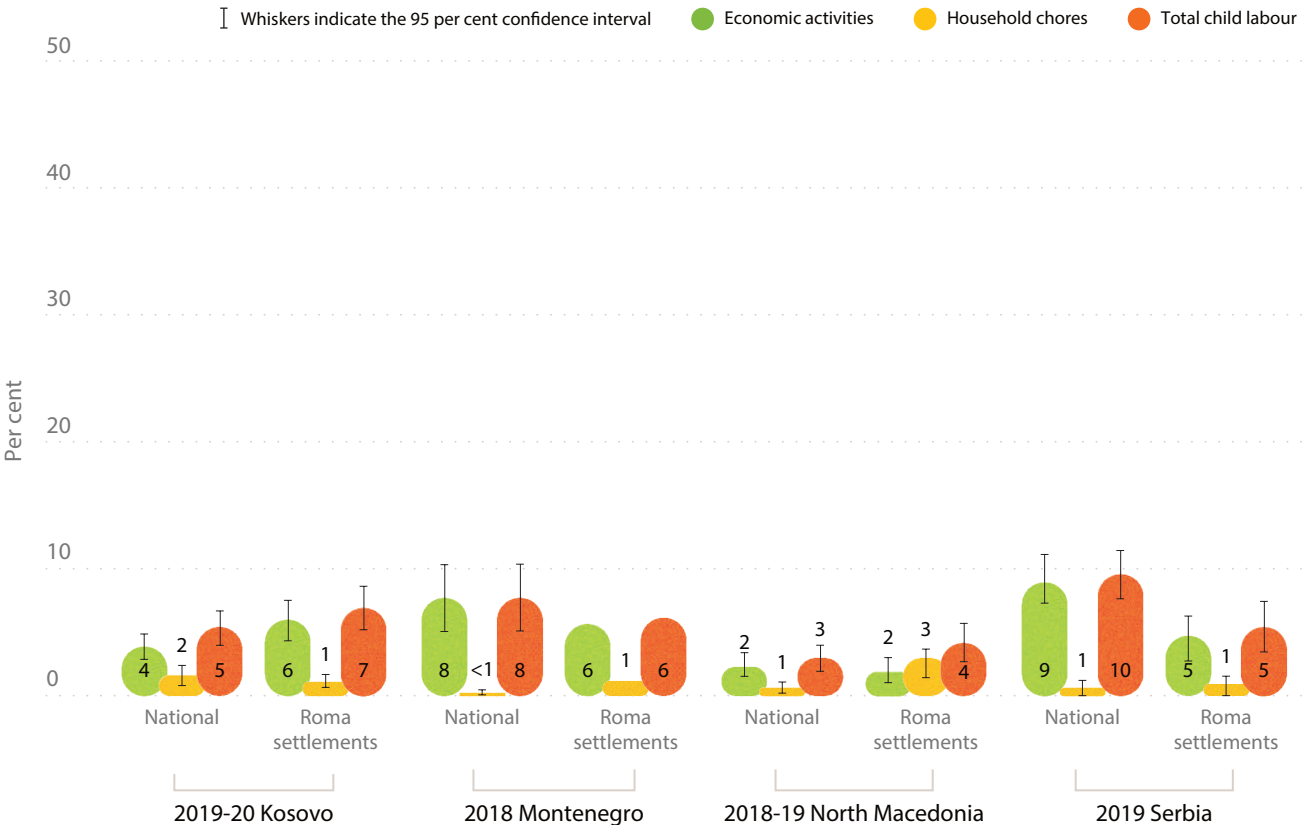
5.4 Child labour

Child labour (SDG 8.7.1) is often considered a form of child exploitation when the child is too young to work or because it involves children working in conditions that are harmful to their physical, emotional, and cognitive development. Child labour can include hazardous work, long hours, and low pay, and it can have long-term negative effects on children’s health, education, and future employment opportunities.

KEY FINDINGS:

- ▶ **Economic activities²⁶ are the key driver of child labour among children in Roma settlements as opposed to household chores everywhere, apart from North Macedonia.**
- ▶ The proportion of children aged 5–17 years living in Roma settlements engaged in child labour ranges from 7 per cent in Kosovo to 4 per cent in North Macedonia. In North Macedonia, the prevalence of child labour is slightly higher among children not attending school (8 per cent) compared to those attending school (2 per cent). In all four countries and territories, Roma children not attending school are at higher risk of being involved in work under hazardous conditions.

Figure 22. Children aged 5–17 years engaged in economic activities or household chores above the age-specific thresholds that classify them as child labourers and total child labour (SDG 8.7.1), national and Roma settlements





6 Participation and civil rights

6.1 Birth registration

Birth registration (SDG 16.9.1) is the official recording of a child's birth by the government. It provides legal recognition of a child's existence and is important for protecting a child's rights and ensuring access to essential services, such as health care, education, and social protection.

KEY FINDINGS:

Most children under 5 years of age living in Roma settlements are registered at birth.

The lowest proportion in the sixth round of MICS is reported in Kosovo (96 per cent).

The widest gap in birth registration between children living in the poorest and richest households is also observed in Kosovo (7 percentage points).

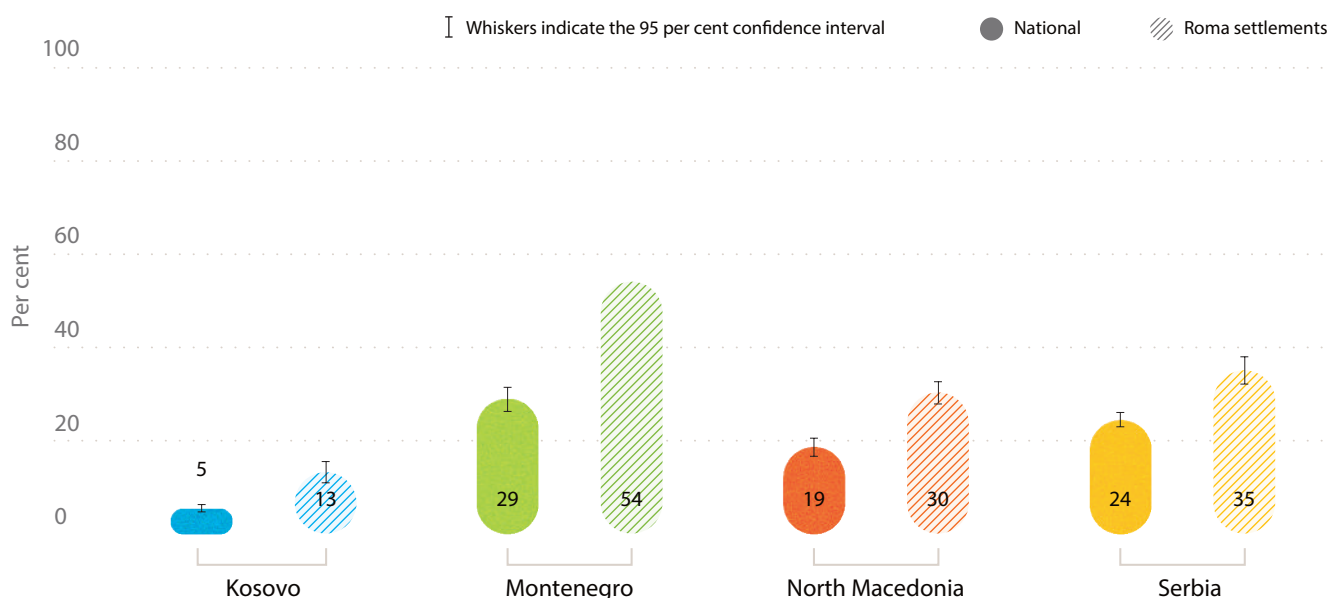
6.2 Information and internet

KEY FINDINGS:

Inequalities exist in access to the internet²⁷ and computers at home: the biggest gap is reported in Montenegro (54 per cent of households in Roma settlements lack internet access at home, compared to 29 per cent nationally and only 15 per cent have computers or tablets, compared to 61 per cent nationally).

The gap narrows when it comes to ownership of mobile phones, where percentages for households in Roma settlements are close to national averages. There is less than a 5-percentage-point difference everywhere, except in Montenegro (11 percentage points).

Figure 23. Households without internet access at home, national and Roma settlements

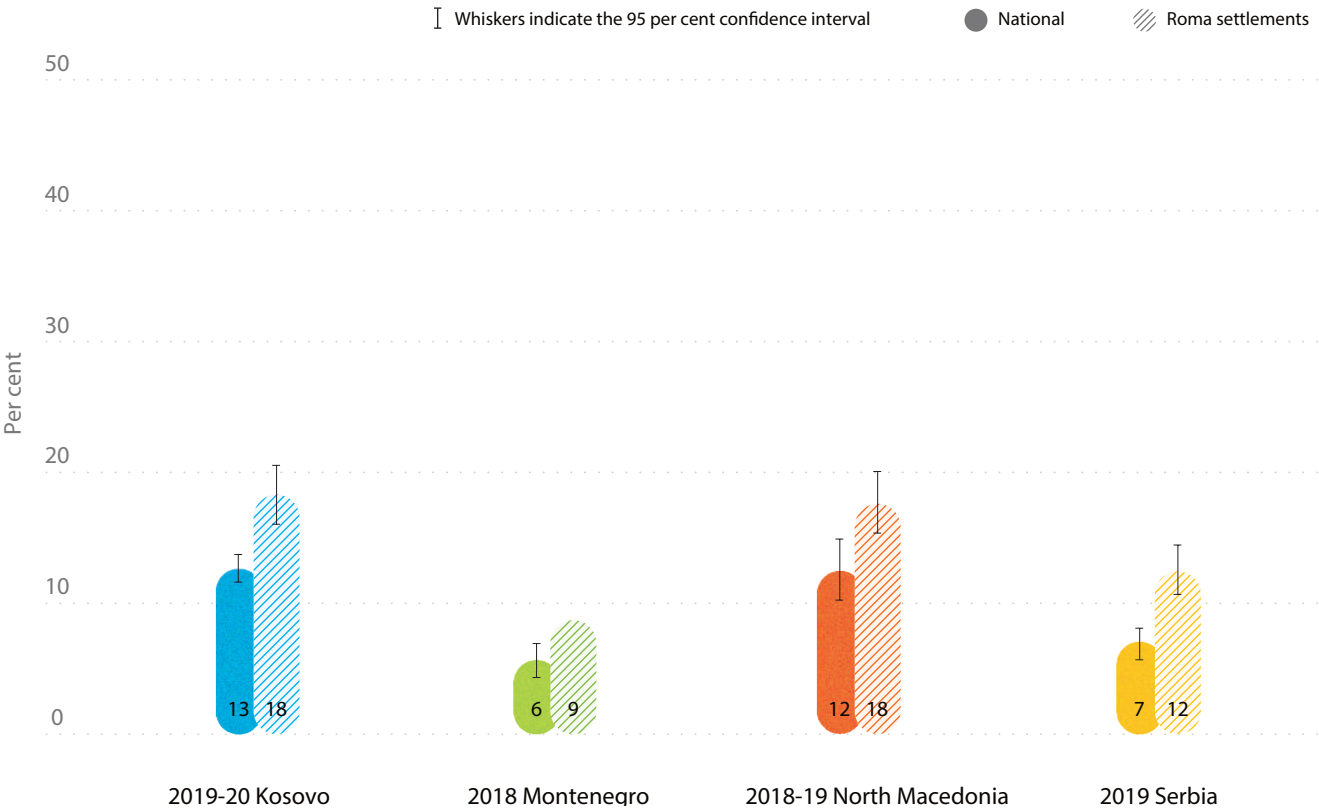


6.3 Discrimination

KEY FINDINGS:

▶ **Almost a fifth of women aged 15–49 years living in Roma settlements in Kosovo and North Macedonia have personally felt discriminated against or harassed within the 12 months preceding the survey²⁸ on the basis of a ground of discrimination prohibited under international human rights law (SDGs 10.3.1 and 16.b.1).** In all four countries and territories, the largest proportion of women in Roma settlements felt discriminated against based on their ethnicity or migration status. This differs among women from the national population, where the greatest proportion felt discriminated against based on gender.

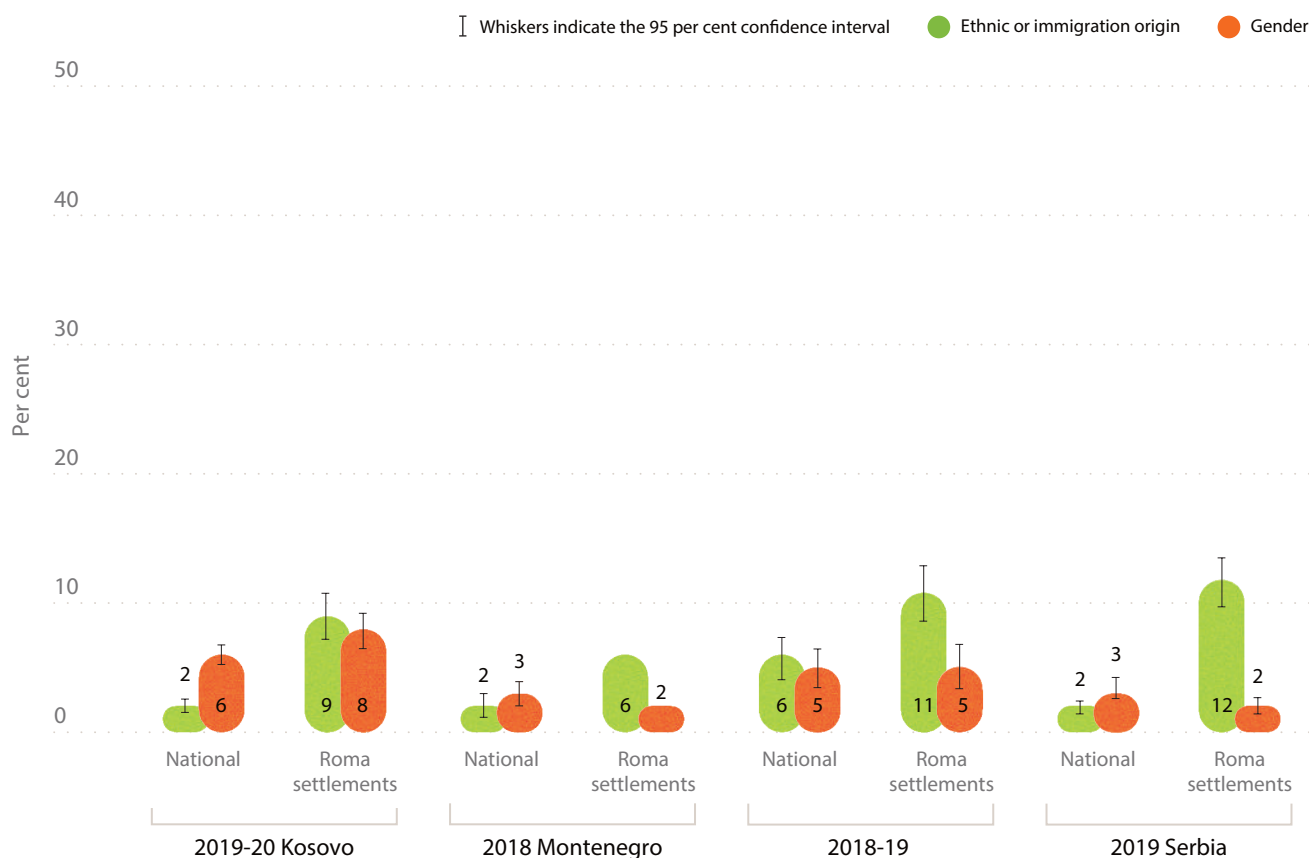
Figure 24. Women aged 15–49 years who in the past 12 months have felt discriminated against or harassed (SDG 10.3.1 & 16.b.1), national and Roma settlements



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An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Figure 25. Women aged 15–49 years who in the past 12 months have felt discriminated against or harassed based on ethnic or immigration origin, based on gender, national and Roma settlements (SDG 10.3.1 & 16.b.1)





7 Poverty and adequate standard of living

© UNICEF/UN0243583/Pancic | Social worker Svetlana from the Roma Women's Centre visits mother Nadira and her children in Palilula, Serbia.

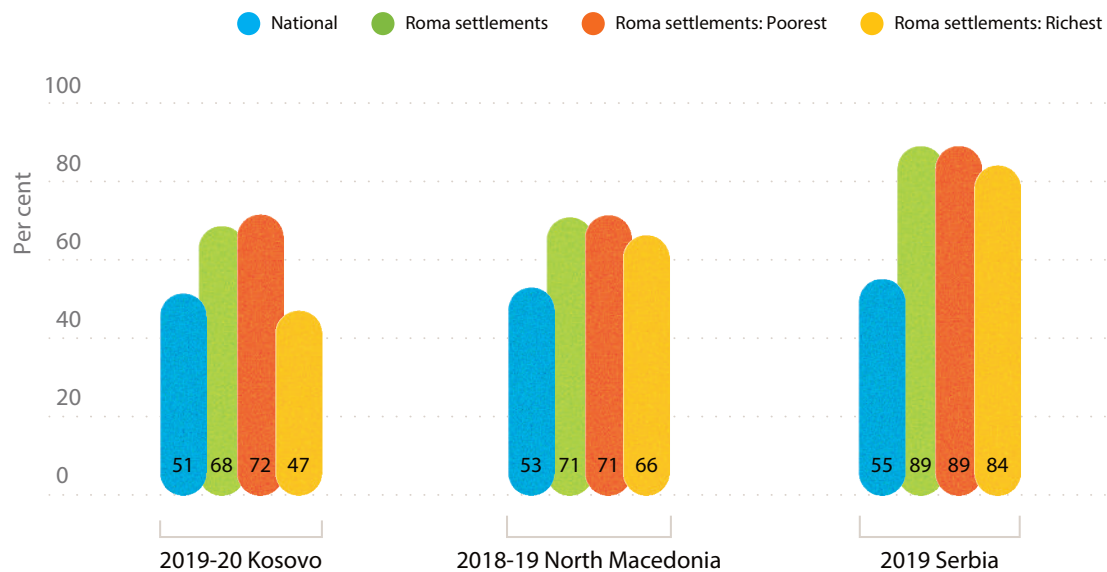
7.1 Social protection system

Social protection is the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation. Increasing volatility at the macro and household levels, the persistence of inequalities and exclusion, threats posed to sustainable development by climate change and changing population trends have heightened the relevance and political momentum for social protection globally.²⁹

KEY FINDINGS:

A higher proportion of households with children under 18 years of age in Roma settlements receive social transfers or benefits than the national average. More than two thirds of households with children in Roma settlements receive social transfers or benefits, with the highest proportion observed in Roma settlements in Serbia (89 per cent). The biggest difference in relation to the wealth of households in Roma settlements is reported in Kosovo, where 72 per cent of the poorest Roma households with children receive social transfers compared to 47 per cent of richest Roma households with children.

Figure 26. Children under 18 years of age living in households that received social transfers or benefits in the last 3 months, national and Roma settlements



7.2 Material deprivation³⁰

During the sixth round of MICS, the surveys in Kosovo, Montenegro and Serbia included a module about material deprivation, the primary purpose of which was to collect data to supplement wealth index calculations. At the time, the data could also be used to estimate the material deprivation rates, disaggregate findings by material deprivation categories and provide comparable data with the *9-item material deprivation indicator* used in the Europe 2020 Social Inclusion target.³¹ Since then, the EU has adopted a new *13-item indicator – severe material and social deprivation rate*.^{32,33}

The 9-item material deprivation indicator from 2009 was defined as the proportion of people living in households confronted with the inability to pay for at least three out of nine items. The enforced inability to pay for at least four of the items was defined as the *severe* material deprivation rate.

These deprivations are the inability for a household to:

- 1 face unexpected expenses;
- 2 afford one-week annual holiday away from home;
- 3 avoid arrears (in mortgage rent, utility bills and/or hire purchase instalments);
- 4 afford a meal with meat, chicken, fish or vegetarian equivalent every second day;
- 5 afford keeping their home adequately warm;
- 6 have access to a car/van for personal use;
- 7 afford a washing machine;
- 8 afford a colour television; and
- 9 afford a telephone.

As part of data gathering for the deprivation component, respondents were also asked questions about their main dwelling, to provide inputs for the estimation of housing deprivation.

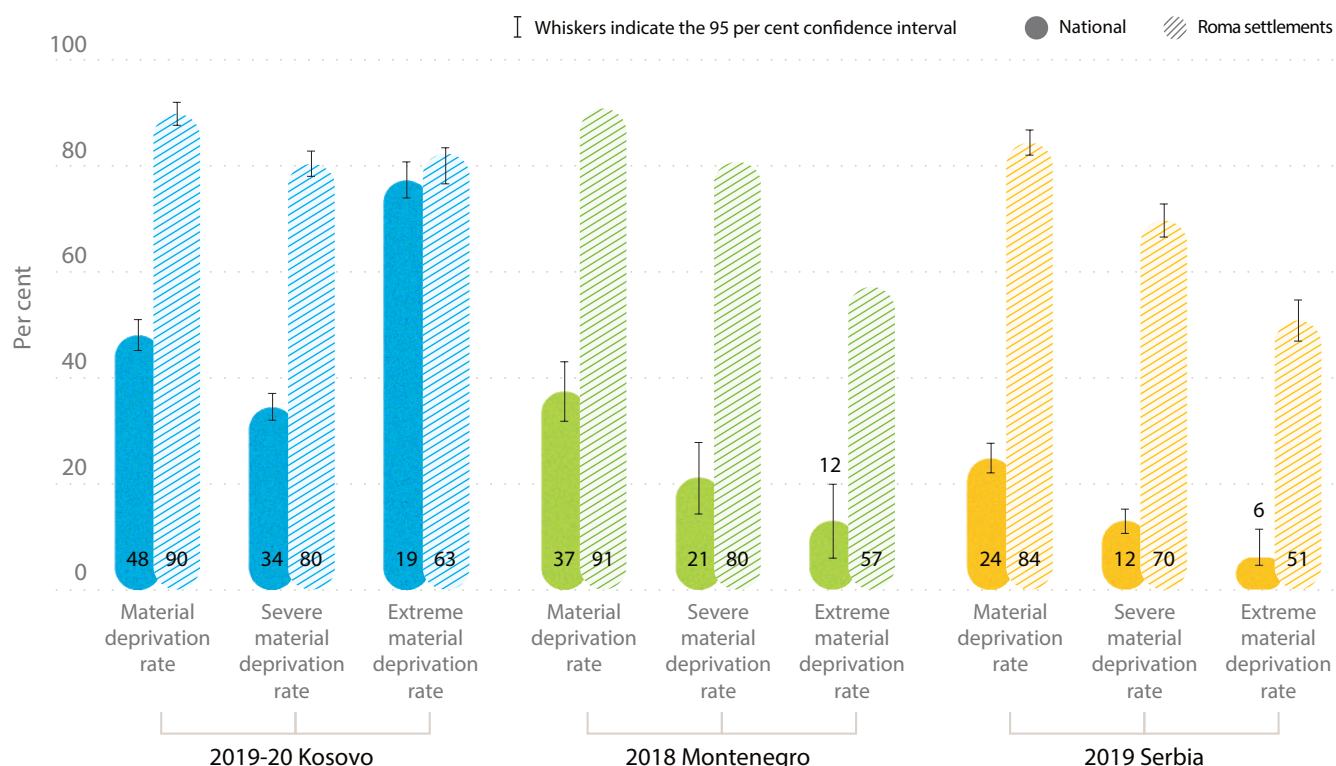
KEY FINDINGS:

A high proportion of children aged 0–17 years from Roma settlements live in severe material deprivation: 80 per cent in Kosovo, 81 per cent in Montenegro and 70 per cent in Serbia (34 per cent, 20 per cent and 12 per cent nationally respectively). While the proportion of children living in extreme material deprivation drops significantly over time, it still comprises more than half of the children living in Roma settlements in the three countries.

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Figure 27. Material deprivation, children aged 0–17 years, national and Roma settlements



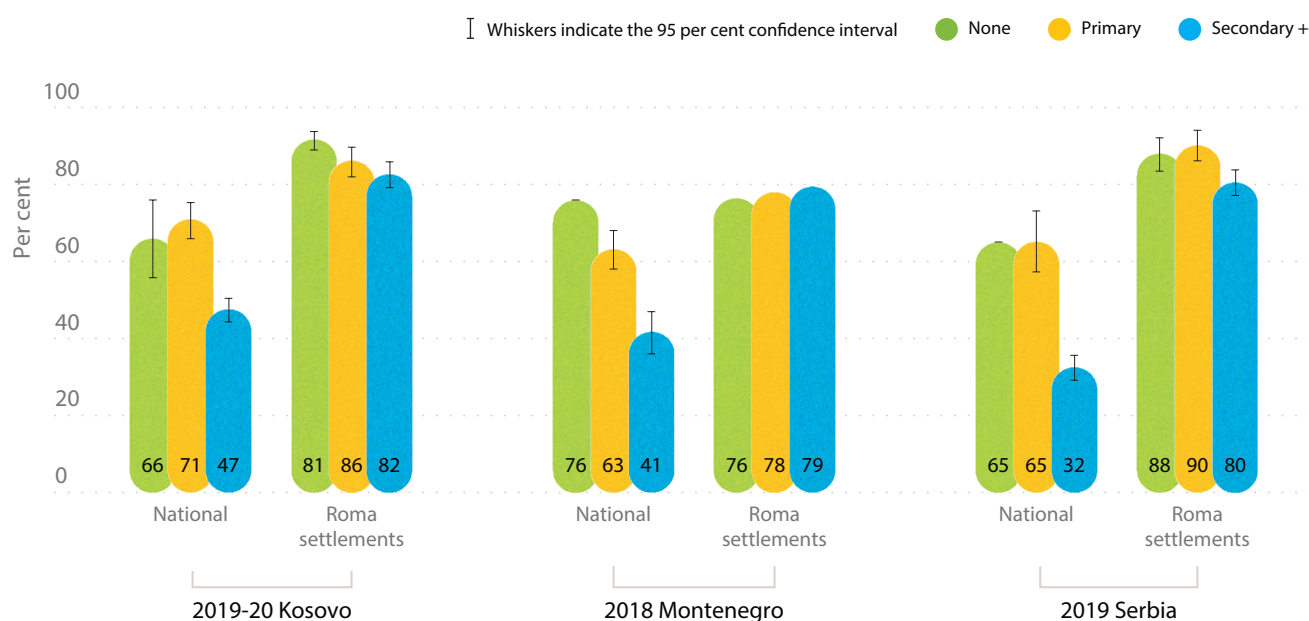
Housing deprivation is a major concern in Roma settlements: 85 per cent of children in Kosovo, 83 per cent in Serbia and 78 per cent in Montenegro live in conditions classified as housing deprivation (dwelling has a leaking roof/dampness/rot, or has no bath/shower and no indoor toilet, or is considered too dark).

Material deprivation and housing deprivation almost always go hand-in-hand in Roma settlements and to a lesser degree nationally: 93 per cent of Roma children in Serbia experiencing housing deprivation also live in severe material deprivation (90 per cent in Kosovo and 81 per cent in Montenegro). Housing deprivation is significantly lower among Roma children living in households that are not materially deprived (36 per cent in Kosovo, 35 per cent in Serbia and 22 per cent in Montenegro). The proportions of children from the national populations experiencing housing deprivation while living in severe material deprivation are also high. In Montenegro, 85 per cent of children experiencing housing deprivation live in households that are severely materially deprived (76 per cent in Serbia and 74 per cent of children in Kosovo).

Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Figure 28. Housing deprivation: children aged 0–17 years, by educational attainment of the household head, national and Roma settlements



7.3 Water and sanitation

Access to safe drinking water, sanitation and hygiene (WASH) is essential for good health and well-being and is widely recognized as a human right.³⁴ Inadequate WASH is primarily responsible for the transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. Diarrhoeal diseases exacerbate malnutrition and continue to be a leading global cause of child deaths.

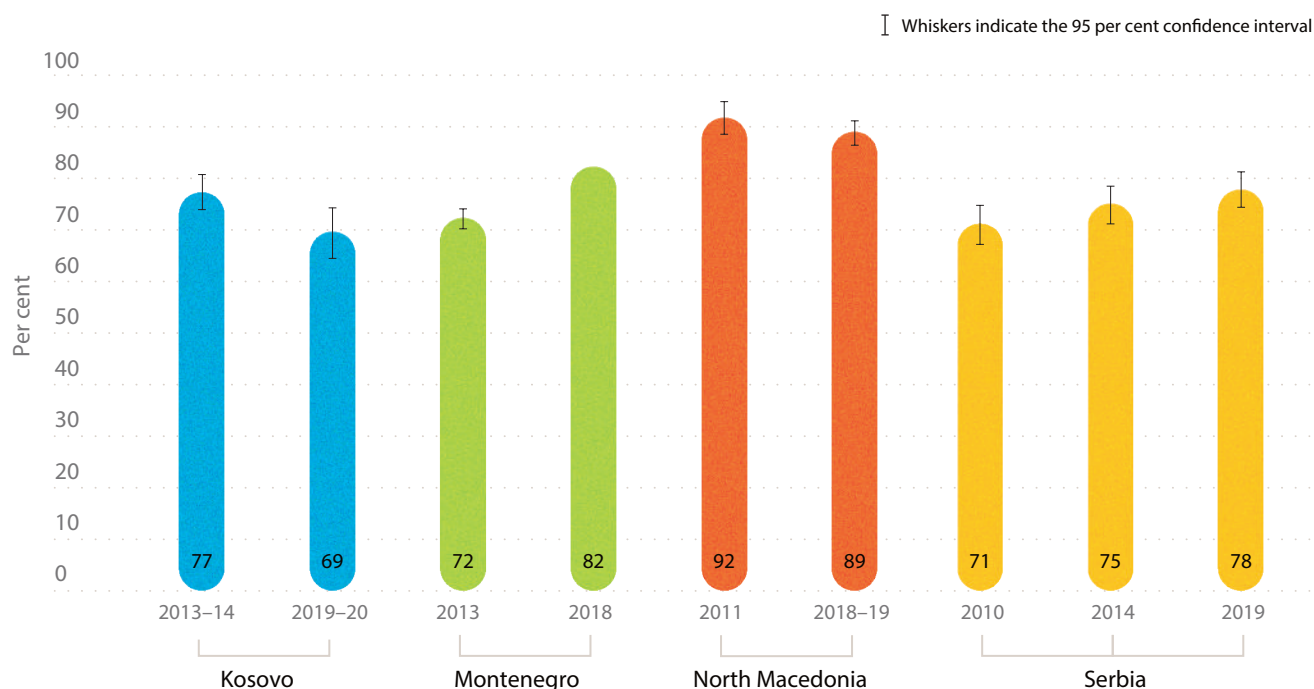
KEY FINDINGS:

- Use of improved sources of drinking water is almost universal in the four countries and territories, while access to water piped into the dwelling is not, both in Roma settlements and nationally:** 69 per cent of the household population in Roma settlements in Kosovo, 78 per cent in Serbia, 89 per cent in North Macedonia and 82 per cent in Montenegro have access to water piped into the dwelling (national averages are similar, except for Kosovo, where the proportion is slightly lower at 58 per cent).
- Access to **water piped into the dwelling** has increased among Roma household members living in Montenegro. Among the poorest household population living in Roma settlements, the proportion with access to water piped into the dwelling has increased in Kosovo, Montenegro and Serbia.

Breaking barriers:

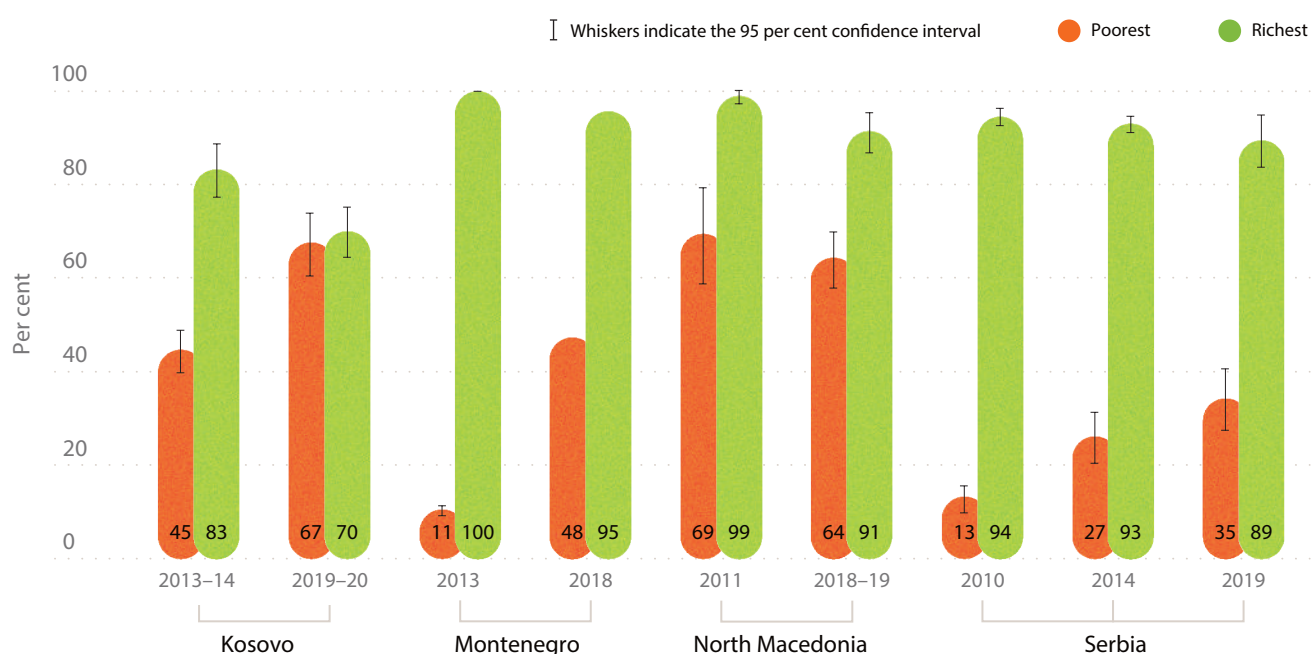
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Figure 29. Household members with water piped into the dwelling, Roma settlements



Household wealth affects access to water piped into the dwelling significantly in Roma settlements everywhere except in Kosovo: the biggest difference is reported in Serbia, where only 35 per cent of the household population in the poorest households has water piped into the dwelling, compared to 89 per cent in the richest households.

Figure 30. Household members with water piped into the dwelling, by poorest and richest wealth index quintile, Roma settlements



Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

A lower proportion of the population living in Roma settlements has drinking water available when needed in all four countries and territories compared to the national populations: the biggest disparity between Roma settlements and the national average in availability of drinking water when needed was reported in Serbia (23 percentage points). The household population in Roma, Ashkali and Egyptian communities in Kosovo is least likely to have drinking water available when needed, with more than one third without.

The population in the poorest households in Roma settlements also has the lowest levels of basic sanitation use (SDG 1.4.1 & 6.2.1) which is defined as improved sanitation that is not shared with members of other households: in all four countries and territories, slightly more than two thirds of the household population from the poorest households in Roma settlements use basic sanitation, compared to almost all richest households.

Figure 31. Household population using basic sanitation, Roma settlements





8 Cross-cutting areas

8.1 Early Child Development Index

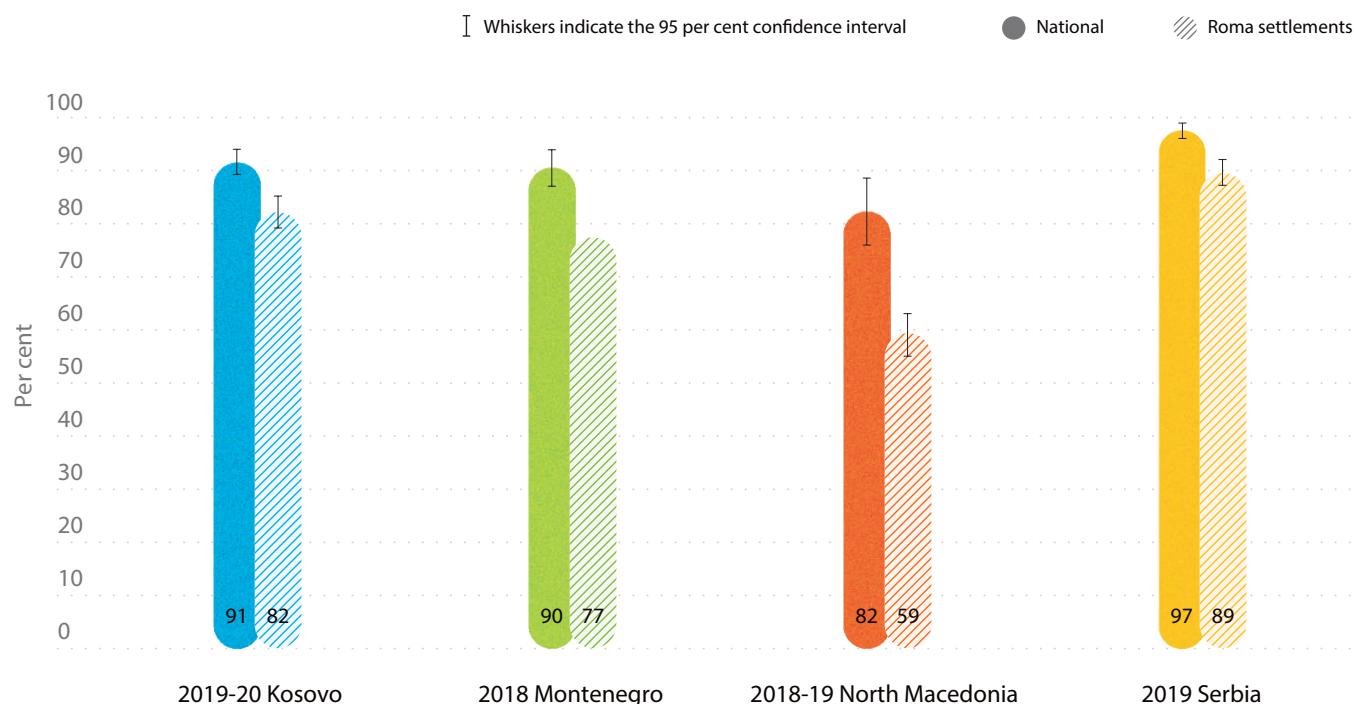
The Early Child Development Index (ECDI) is a tool that measures the developmental status of young children in five key areas: physical development, language and communication, cognitive development, socio-emotional development, and approaches to learning.

KEY FINDINGS:

Children aged 3–4 years from Roma settlements score lower than children from the national population on the Early Child Development Index (SDG 4.2.1) in all four countries and territories. Fifty-nine per cent of Roma children in North Macedonia are developmentally on-track compared to 82 per cent of children nationally. The largest disparity between Roma children and non-Roma children is in the literacy-numeracy domain, with a notable gap in all countries.

Changes in ECDI scores by household wealth are also observed only in Montenegro and North Macedonia. In North Macedonia, the prevalence of children that are developmentally on track in the poorest and richest Roma households follows the declining overall trend. In Montenegro, the proportion of Roma children from the richest households that are developmentally on track increased significantly between 2013 and 2018 (from 51 per cent to 77 per cent), while there is no notable change among children from poorest households.

Figure 32. Children aged 3–4 years who are developmentally on track in literacy-numeracy, physical, social-emotional domains (SDG 4.2.1), national and Roma settlements



Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Figure 33. Children aged 3–4 years who are developmentally on track in literacy-numeracy, physical, social-emotional domains (SDG 4.2.1), by survey round, Roma settlements

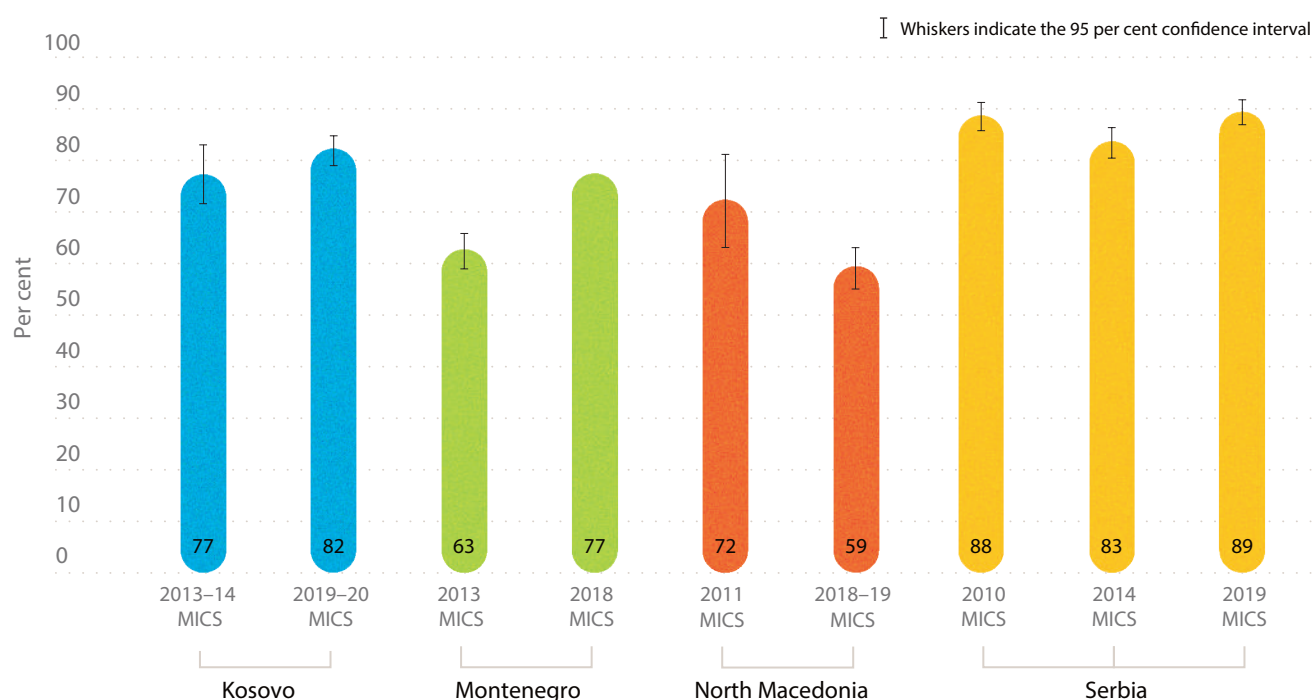
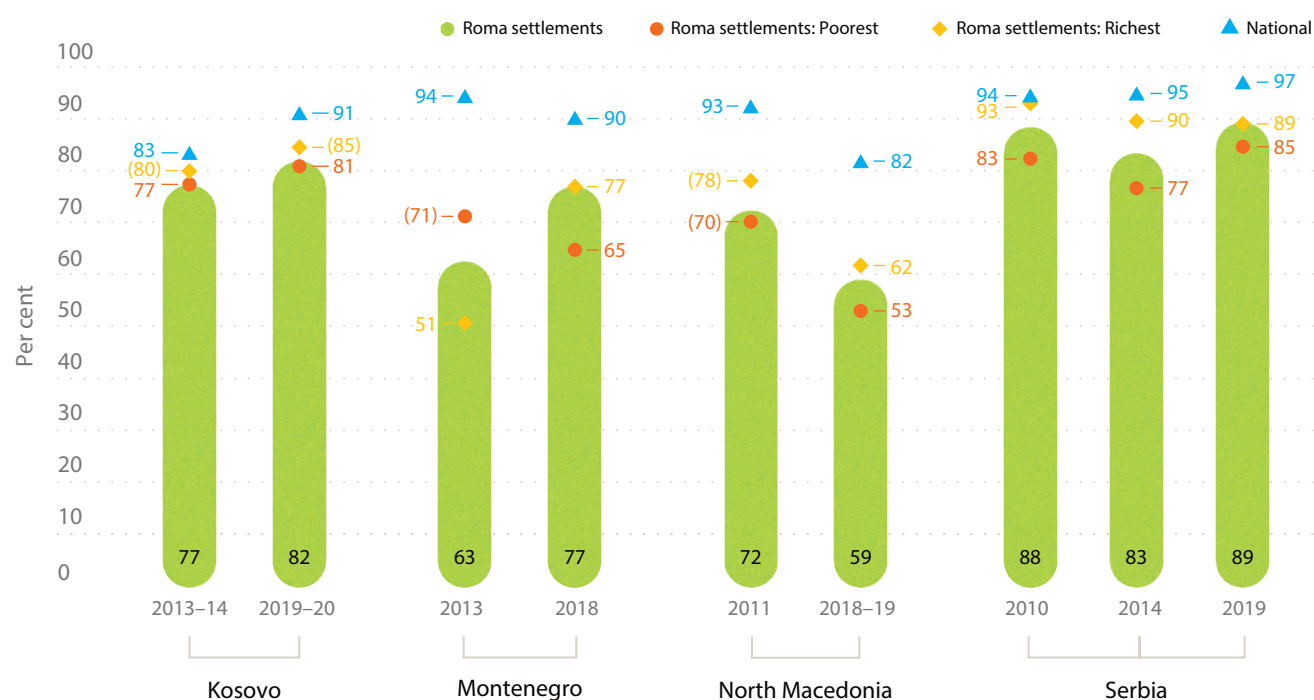


Figure 34. Children aged 3–4 years who are developmentally on track in literacy-numeracy, physical, social-emotional domains (SDG 4.2.1), by poorest and richest wealth index quintile and survey round, Roma settlements



() Figures that are based on 25–49 unweighted cases.

8.2 Environment and climate change

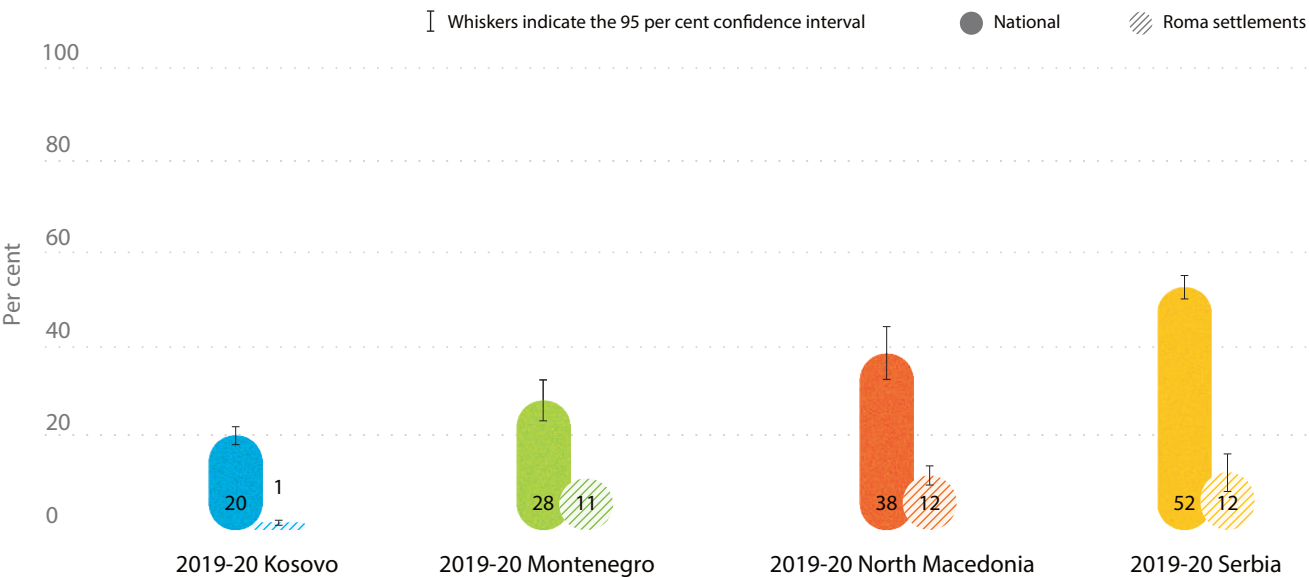
8.2.1 Primary reliance on clean fuels and technologies

Dwelling characteristics and household possessions are important indicators of a household's standard of living and can be used to assess household wealth and well-being.

KEY FINDINGS:

While electricity is universally accessible to households in the four countries and territories, the use of clean fuels and technologies for cooking, space heating (SDG 7.1.2), and lighting is generally low: 52 per cent of the national household population in Serbia uses clean fuels for all three purposes, whereas 20 per cent do so in Kosovo. This is significantly lower in Roma settlements (12 per cent in Serbia and North Macedonia, 11 per cent in Montenegro and 1 per cent in Kosovo).

Figure 35. Household population with primary reliance on clean fuels and technologies for cooking, space heating, and lighting, national and Roma settlements



Cooking with polluting fuels and technology in poorly ventilated locations is most widespread among the poorest Roma households: 46 per cent of the poorest Roma household population in Montenegro use polluting fuels and technology to cook, and do so in poorly ventilated locations, compared to 5 per cent in the richest Roma households.

8.3 Household possessions and overcrowding

- ▶ **Households in Roma settlements are in a disadvantaged position when it comes to owning certain household possessions:** ownership of agricultural land and farm animals is notably lower than national averages, as is access to personal vehicles (around 3 in 10 Roma households own a car or truck, compared to 7 in 10 households at the national level).
- ▶ **Overcrowding in households living in Roma settlements did not change much over time, except in Montenegro,** where it seems to have been reduced since 2013. In Serbia, the mean number of persons per sleeping room appears to have decreased since 2014, while the household size has not declined significantly.

8.4 Disability (functional difficulties)

The presence of functional difficulties may place children at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights. The Child Functioning module in MICS is designed in line with the WHO's International Classification of Functioning, Disability and Health and the United Nations Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experience in various domains.³⁵

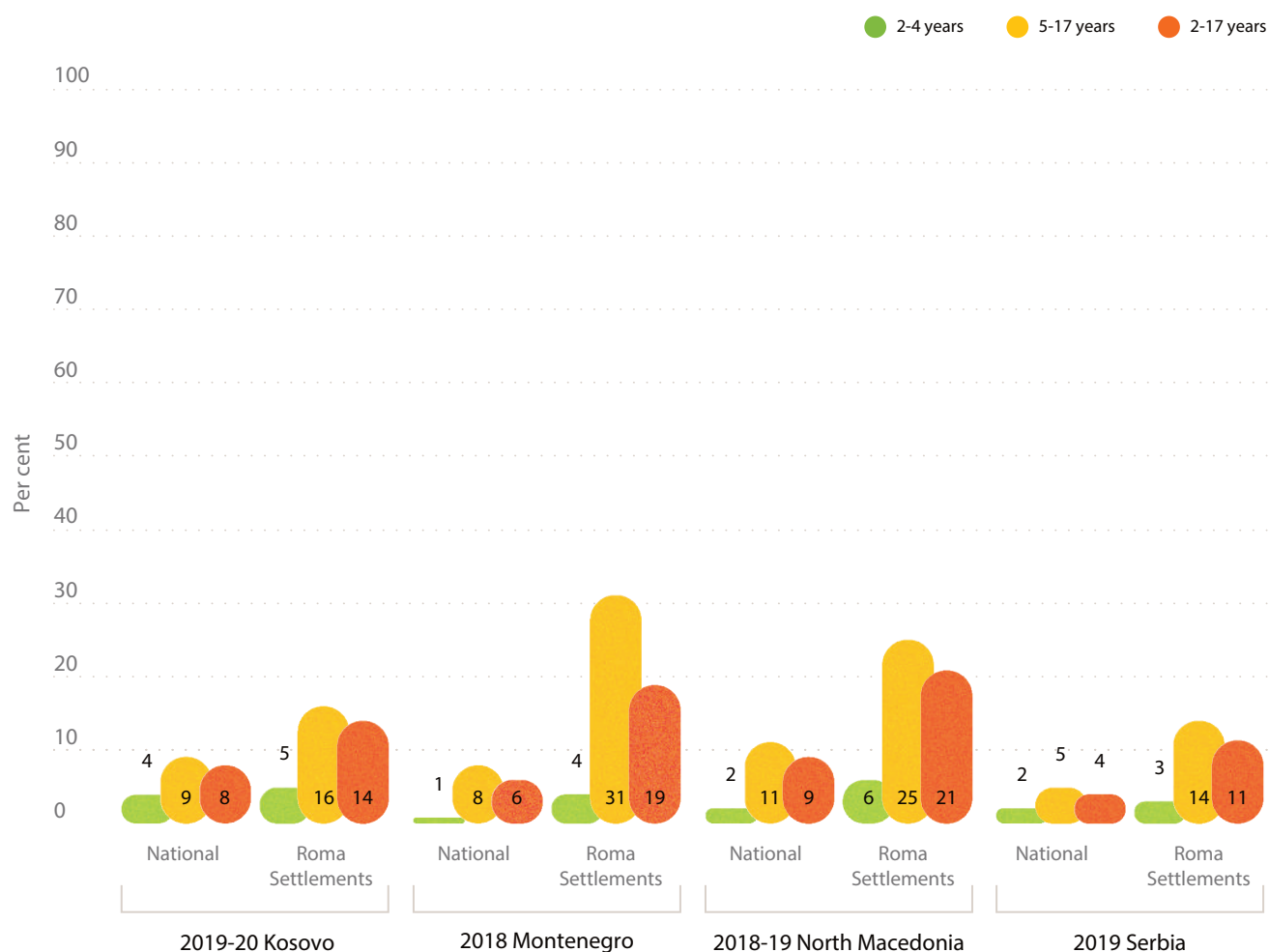
KEY FINDINGS:

- ▶ **Roma children aged 2–17 years are significantly more likely to have functional difficulties in at least one domain** than non-Roma children in Kosovo, Montenegro, North Macedonia and Serbia.
- ▶ While there are no notable differences between national and Roma settlements in the estimates of children aged 2–4 years with functional difficulty in at least one domain in the four countries and territories, the domain of **communication** seems to be one of the key drivers in Kosovo, North Macedonia and Serbia.
- ▶ Among children aged 5–17 years, functional difficulty in the domains of **learning, remembering and, in particular, anxiety and depression** are the main drivers for the difference between children living, and those not living, in Roma settlements. The exception is Kosovo, where there is no notable difference for the anxiety and depression domains between the two populations.

Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Figure 36. Children aged 2–17 years with functional difficulties in at least one domain, by age group, national and Roma settlements



© UNICEF/Armend Nimani | Children play outside in a Roma settlement in Gazi Baba, North Macedonia, March 2024.





9 Conclusion and recommendations

9.1 Conclusion

The report provides an analysis of headline indicators, and presents compelling evidence that Roma children and women in Roma settlements face significant disadvantages compared to national averages. These disadvantages include high rates of early childbearing, limited use of modern contraception, insufficient antenatal and postnatal care, lower vaccination rates, reduced attendance in early childhood education, poor education completion rates, limited ownership of children's books, lack of access to clean fuels and technologies and high incidence of various forms of exploitation. Addressing the root causes of marginalization is crucial to ensure that Roma children and women can access essential services such as education, health care, and protection on equal terms with the rest of the population.

Despite these challenges, the report does highlight some improvements in certain areas for Roma communities. These include better care around childbirth, increased health insurance coverage, improved access to electricity, schools, drinking water sources, piped water in dwellings, and social transfers, as well as enhanced birth registration.

In conclusion, focusing on the well-being of Roma children and women within the Roma community is vital for promoting human rights and inclusive development. Empowering them and providing equal opportunities will lead to a more equitable and inclusive society for all. However, addressing the disparities and ensuring access to universal services will require further efforts and collaborative actions from governments, international organizations, and civil society to address the complexity of social and economic factors that are perpetuating the cycle of disadvantage of Roma.

9.2 Recommendations

Given the substantial weight of the provided data, their alignment with UNICEF cross-sectoral priorities, and the current adoption of the UNICEF Regional Roma Rights Strategy, while remaining attuned to the European Union's Strategic Framework for Roma Equality, Inclusion, and Participation, and in recognition of the Declaration of the Western Balkans Partners (Poznan Declaration) concerning Roma Integration within the purview of the EU Enlargement Process, we hereby propose the following recommendations.

9.2.1 Health and nutrition

To bridge the health-care divide, it is essential to focus on two-way solutions: advocating the systematic inclusion of Roma mediators in the health-care system and supporting health-care coverage for Roma individuals without documents, particularly for vaccination. Furthermore, recognizing the significant effect of nutrition on school attendance and learning ability, we strongly advocate the provision of nutrition in both preschools and primary schools.

Role of Roma Mediators in Health: Considering the imperative to improve the availability, accessibility, and awareness of health-care services, there is considerable evidence highlighting the valuable role played by 'Roma mediators.' These mediators have shown substantial success in augmenting the availability and accessibility of health-care services for marginalized Roma families. This promising trend is especially pronounced in the Roma and Egyptian communities in Montenegro, as well as in Serbia and North Macedonia.

RECOMMENDATIONS:

Recommendation 1: UNICEF strongly advocates incorporation of Roma mediators into health-care (as well as social and educational) systems to enhance its effectiveness to provide health-care services, particularly for those without health insurance or personal documentation, including Roma mothers in need of antenatal and delivery care. Relevant stakeholders should be supported to engage and facilitate dialogues with Roma community leaders and activists to gain their trust and support. Existing home visiting platforms should be enhanced to address the equity gaps in health, development and well-being of Roma children through advocacy, policy advice and technical assistance.

This integration signifies a pivotal step toward promoting inclusivity, enhancing access to essential services, and fostering a more equitable society where every Roma can enjoy the full spectrum of health services.

Significance of nutrition: Nutrition plays a pivotal role in fostering the learning capabilities and holistic development of children, especially in their formative years. The existing literacy gap between Roma and non-Roma children, as indicated in the findings, is a cause for concern.

Recommendation 2: UNICEF advocates the inclusion of nutritional provisions within kindergarten and primary school facilities. The challenges posed by poverty often manifest as material and nutritional insufficiency, leading to deficits in essential nutrients. Consequently, these deficiencies have the potential to impair cognitive functions, thus negatively influencing children's capacity to learn. Consequently, ensuring the availability of adequate nutrition becomes of paramount importance, particularly for marginalized communities that face material deprivation, such as the Roma community.

Recommendation 3: UNICEF advocates for expanding national systems for family-centred early childhood interventions for young children at risk of or with developmental difficulties and with disabilities to enhance child development and participation and promote inclusion in early years.

Recommendation 4: UNICEF recommends providing nutritional provisions in kindergartens and primary schools to address cognitive deficits from material deprivation, especially crucial for marginalized children, such as Roma.

▶ **Timely Vaccination Intake:** In Roma settlements where transportation is limited or access to hospitals is lacking, support for home visiting services and establishing mobile clinics is recommended. This approach aids in raising awareness about the significance of timely vaccination and expanding the scope of vaccinated Roma children. These efforts should be conducted in close collaboration with pertinent stakeholders, including community leaders and Roma-led organizations. Collaborative initiatives, pre-eminently those where informal community leaders are involved, have the potential to effectively mitigate vaccination hesitancy among Roma families and parents. Prior to implementing vaccination initiatives, it is recommended to launch a well-structured awareness campaign to underscore the enduring benefits and importance of vaccinations.

▶ **Recommendation 5:** UNICEF strongly advocates the implementation of home visiting initiatives and establishment of mobile clinics where access to hospitals is lacking within Roma settlements, with a distinct emphasis on culturally responsive engagement.

▶ Additionally, UNICEF strongly advocates strengthening and expanding the capacities of home visiting services to reach out and provide holistic support to Roma children and families. This support includes immunization, promoting adequate feeding practices, fostering responsive caregiving, and supporting early learning, as well as facilitating access to essential mainstream health, early education and social services.

9.2.2 Education

To holistically enhance the quality, availability, and accessibility of equitable education for Roma children, it is imperative to embrace a multifaceted approach. By both integrating efforts to enhance educational systems and working closely with Roma parents and communities, and actively promoting positive examples and role models, we can create an environment that emphasizes the importance of education and the long-term benefits it brings and ensure equitable access to quality education for Roma children, enabling them to unlock their full potential and make meaningful contributions to society. Such an approach serves as a powerful tool in dismantling the detrimental cycle of dependence and poverty that often hinders their progress in our societies.

Given the substantial gap in drop-out rates, attendance, and enrolment in secondary education, UNICEF strongly advocates a dual-pronged strategy. This approach involves raising awareness about education's significance and benefits of education within the community through engagement with community leaders, parents and positive role-models from the community. Additionally, highlighting positive examples of educational success, pre-eminently among Roma women, to break the cycle of poverty and dependency in the community. Drawing inspiration from the successful reforms in North Macedonia, UNICEF also advocates the implementation of mandatory secondary education, which has proven effective in boosting enrolment and fostering positive behavioural changes within the Roma community.

These perspectives and suggestions carry the potential to initiate a ripple effect, fostering the prevention of child marriages within the community. Additionally, they can contribute to improving the educational landscape, paving the way for a brighter future and greater (gender) empowerment.

RECOMMENDATIONS:

- ▶ **Recommendation 1:** UNICEF recommends the adoption of a comprehensive strategy that engages community leaders, parents/caregivers, and positive role models to amplify awareness about the transformative potential of education in alleviating poverty and dependency. The proclamation of role models and the promotion of positive deviance within communities can have a ripple effect in reducing school dropouts, preventing child marriages, and enhancing social cohesion in the targeted countries.
- ▶ Additionally, UNICEF advocates ensuring equitable access for Roma children to high-quality and inclusive early childhood education by expanding educational infrastructure, promoting inclusive practices, and removing financial, attitudinal, and other barriers that hinder Roma participation in early childhood education and care (ECEC), and expanding support for parenting of young children to foster responsive caregiving and early learning at home.
- ▶ **Recommendation 2:** To enhance the quality of education, UNICEF recommends transforming the roles of mediators into tutors or mentors who can be available during or after classes for individual support. This transition would help bridge language barriers and promote inclusivity by providing personalized support to Roma children.
- ▶ **Recommendation 3:** UNICEF places significant emphasis on prevention and early detection of dropouts among Roma students. We recommend implementing a systematic early sign dropout system that facilitates communication between educational institutions and social work centers. This system would enable the exchange of information concerning attendance and dropout rates, following the successful model initiated in Montenegro with support from the UNICEF Country Office. This replicable model can be adopted in neighbouring countries to improve educational outcomes.
- ▶ **Recommendation 4:** UNICEF recommends that governments and stakeholders consider the possibility for mandatory secondary education. This policy has shown to significantly increase enrolment and attendance rates among Roma students in North Macedonia, while also acting as a deterrent to child marriage, particularly among Roma girls.
- ▶ **Recommendation 5:** To create truly inclusive school environments and enhance the school ethos, UNICEF recommends capacity building of schoolteachers and principals through specialized training in multiculturalism. By equipping educators with the skills and knowledge needed to promote diversity, understanding, and acceptance, we can build school communities that embrace and celebrate differences. This not only benefits students from diverse backgrounds but also contributes to the overall development of a more inclusive and harmonious society.

9.2.3 Child protection

At the heart of UNICEF's mission is a resolute commitment to preventing and addressing the diverse manifestations of violence, exploitation, and abuse suffered by children, irrespective of their ethnic origins. This includes dedicated efforts towards marginalized groups like Roma children, with a targeted focus on children enduring the burdens of poverty and marginalization.

The stark reality of poverty significantly elevates vulnerability among the Roma community, particularly its children, placing them at an increased risk of enduring a range of adversities. These vulnerabilities include a heightened susceptibility to child labour, trafficking, gender-based violence, and the pernicious grip of harmful cultural practices, foremost among them being early child marriages.

In addressing the complex challenges faced by Roma children, it is imperative to outline a set of recommendations that not only mitigate their vulnerabilities but also empower them to lead lives free from exploitation, violence, and harmful cultural practices.

RECOMMENDATIONS:

Recommendation 1: Establishing a robust interagency synergy between child protection and other mechanisms such as health, educational and social protection mechanisms is imperative, at both national and subnational levels. Pre-eminently, by harmonizing the efforts of the child protection and social protection agencies, we can create a more comprehensive safety net to safeguard at-risk children effectively. The collaboration between child protection and social protection agencies ensures a holistic approach that addresses not only immediate child welfare concerns but also broader socioeconomic factors affecting vulnerable children and families. This integrated approach maximizes potential for positive outcomes and reinforces the commitment to ensure the well-being and protection of all children, irrespective of their circumstances.

Recommendation 2: Relevant governments should facilitate the anonymous reporting of child marriage practices and strengthen the establishment and utilization of childline services. Enabling anonymous reporting is crucial as it ensures the safety of informants and fosters a conducive environment for reporting harmful practices. Simultaneously, enhancing childline services is paramount, as it ensures that children in distress receive immediate support and assistance, mitigating the adverse effects of child marriage and other forms of harm. These measures collectively contribute to a safer and more protective environment for children, safeguarding their rights and well-being.

Recommendation 3: Governments should prioritize the expansion and improved accessibility of child protection services. This effort should be particularly directed towards children vulnerable to harmful cultural practices and gender-based violence. Ensuring easy access to these services is of paramount importance, as it is the key to reaching and effectively assisting children in need. This accessibility imperative holds even greater significance for children placed in kinship care, family-based alternative care, and orphanage facilities, as they often face unique challenges and vulnerabilities. By bolstering the availability and accessibility of child protection services, governments can significantly enhance their ability to protect and support children in these critical situations, ultimately contributing to their safety and well-being.

Recommendation 4: Relevant stakeholders should take proactive measures to facilitate the implementation of awareness-raising campaigns aimed at heightening public consciousness regarding the detrimental consequences of early child marriage for both Roma boys and girls. These campaigns serve as a fundamental initial step in the process of transforming prevailing attitudes and behaviours related to child marriage and gender inequality within the community. By effectively disseminating information and fostering dialogue, stakeholders can stimulate the critical conversations necessary to drive social change and promote more equitable and protective environments for Roma children, thereby enhancing their prospects for a brighter and safer future.

Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

Recommendation 5: Relevant stakeholders should take proactive steps to implement a comprehensive approach. This approach should encompass educating parents, empowering young individuals with a strong emphasis on gender equality, and promoting positive role models within the community through “positive deviance” campaigns that showcase successful examples from within the community. Education and empowerment stand as central strategies for breaking the cycle of harmful cultural practices and fostering gender empowerment and equality.

Recommendation 6: Relevant stakeholders should prioritize the streamlining and enhancement of birth registration processes to guarantee that every child receives legal recognition. Legal recognition and ensuring a child’s “legal visibility” in official records are vital for enabling children to exercise their rights fully. Simplifying registration processes plays a pivotal role in achieving this objective, ensuring that bureaucratic barriers do not hinder a child’s access to their rights and legal protections.

9.2.4 Social protection and adequate standard of living

UNICEF’s overarching mission is to foster the creation of more inclusive and resilient societies through the advancement of social protection systems and policies. In steadfast pursuit of this goal, UNICEF actively champions the development of social protection systems to address poverty and social exclusion, for all children, including the most vulnerable.

RECOMMENDATIONS:

Recommendation 1: Stakeholders with a vested interest in promoting social justice should give due consideration to the necessity of enacting policy changes and reforms, as appropriate, to break down barriers and facilitate equitable access to social protection services, with a special focus on historically marginalized communities, such as the Roma. It is imperative to champion policies that explicitly prioritize the needs of socially vulnerable groups, including children. The concerted effort in policy advocacy and reform is indispensable in addressing deep-seated systemic inequalities, thereby guaranteeing that social protection programmes are not only accessible but also efficaciously serve the needs and enhance the well-being of the Roma community. Inclusivity within policies stands as an indispensable safeguard for upholding the rights and enhancing the overall quality of life for these vulnerable populations.

Recommendation 2: Advancing social welfare should prioritize the streamlining and simplification of application processes for social protection programmes. This entails a reduction in bureaucratic complexities, the diligent implementation of their ex-officio responsibilities, and the simplification of documentation requirements. Simultaneously, governments should proactively offer support and guidance to individuals and families, facilitating their navigation through these processes with greater ease and efficiency. Such simplification serves the crucial purpose of alleviating administrative burdens and ensuring that individuals and families in need can readily access vital social protection services, free from undue obstacles and unnecessary hindrances.

Recommendation 3: It is imperative for pertinent stakeholders to establish comprehensive data collection and analysis systems that methodically gather and scrutinize disaggregated data. These data are instrumental to comprehend the precise impact of social protection

services (and cash transfers) on Roma families and children. Stakeholders should harness these data to their fullest potential, utilizing them as a powerful tool to pinpoint barriers, evaluate programme effectiveness, and guide evidence-based decision making for programme enhancement. Emphasizing data-driven decision making is pivotal for the development and execution of efficacious social protection initiatives. Disaggregated data are invaluable as they unveil specific challenges encountered by the Roma community and facilitates a thorough assessment of the outcomes achieved through interventions.

Recommendation 4: Efficient interagency collaboration is essential among diverse governmental and non-governmental stakeholders to jointly develop culturally sensitive and precisely targeted outreach strategies tailored to reach Roma families via community-based interventions. The primary goal is to heighten awareness about the accessibility of social protection services. This collaborative approach should extend to engaging community leaders, Roma mediators, and organizations, leveraging their influence and expertise to effectively disseminate pertinent information. Targeted outreach endeavours play a pivotal role in ensuring that Roma families are not only informed about the existence of available services but are also encouraged to access them when needed.

9.2.5 Roma participation

RECOMMENDATIONS:

Recommendation 1: Governments should recognize and act upon the importance of including Roma youth voices in decision making processes by integrating them into youth councils and other platforms, ensuring a more diverse and representative governance.

Recommendation 2: Governments at all levels should ensure equitable and proportional representation of vulnerable minority groups. This approach is crucial for ensuring that policies and decisions concerning these communities are made in a collaborative and inclusive manner, where nothing that affects Roma is determined without the active participation of Roma.

In conclusion, these comprehensive recommendations – spanning crucial domains such as social protection, education, health, and child protection – encapsulate our collective commitment to advancing the well-being of Roma children. Deliberately crafted for pertinent stakeholders, these recommendations are positioned in alignment with the ongoing development of UNICEF’s Regional Roma Rights Strategy, a framework that reflects the overarching mandate of UNICEF.

It is paramount to acknowledge the profound interconnection between the welfare and rights of Roma children and the broader pursuit of societal equity and social justice. By steadfastly implementing these recommendations, we not only champion the fundamental rights and dignity of Roma children but also reaffirm our unwavering dedication to nurturing a more inclusive, empathetic, and equitable society that leaves no one behind.



Endnotes

- 1 All references to Kosovo in this publication should be understood to be in the context of United Nations Security Council Resolution 1244 (1999).
- 2 All references to MICS results for Serbia in this publication should be understood to include results for Serbia without Kosovo (UNSCR 1244).
- 3 European Commission. *Roma equality, inclusion and participation in the EU: The new strategic framework for the equality, inclusion and participation of Roma in EU countries and preparation of the post-2020 initiative. Timeframe: 2020-2030*. Available at: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combating-discrimination/roma-eu/roma-equality-inclusion-and-participation-eu_en (accessed: 15 March 2023).
- 4 Globally, 357 surveys have been conducted in 120 countries with NSOs, out of which 60 surveys were conducted in the Europe and Central Asia region by 15 March 2023.
- 5 In the context of Roma communities, settlements typically refer to informal neighborhoods or areas where Roma individuals predominantly reside. However, it is worth noting that the prevalence of such settlements may vary across different regions or countries. For instance, in North Macedonia, most of the Roma population is concentrated within a specific 'official municipality,' which may not be officially classified as a distinct 'settlement' in the conventional sense.
- 6 For comparisons of indicators over time (between survey rounds), where the methodology for data collection and indicator calculation differs between rounds, unless otherwise indicated, the indicators from rounds four and five of MICS have been recalculated by applying the indicator definitions used in the sixth round.
- 7 The terms 'Roma, Ashkali and Egyptian Communities' and 'Roma settlements' are used interchangeably to refer to Roma, Ashkali and Egyptian populations in Kosovo.
- 8 Findings showing changes in time are based on data from the fourth and/or fifth and sixth rounds of MICS.
- 9 Confidence intervals are calculated to show the interval which contains the true value of the indicator for the population with a specified level of confidence. For the MICS results, 95 per cent confidence intervals are used, which is the standard for this type of survey. The concept of the 95 per cent confidence interval can be understood in this way: If many repeated samples of identical size and design were taken and the confidence interval computed for each sample, then 95 per cent of these intervals would contain the true value of the indicator. Some of the figures indicate error bars for 95 per cent confidence intervals to avoid unjustified conclusions about differences, as well as to visualise significant differences between categories. In cases where confidence intervals barely overlap, further analysis is required to determine if there is a statistically significant difference between indicators. Confidence intervals calculated for findings on Roma settlements presented in this report may differ slightly from those in the published MICS reports. This is the result of the use of a modified approach to sampling error calculations to take into account sampling considerations for primary sampling units (clusters in MICS surveys) that are self-

representing or have a high probability of selection. For Montenegro, estimates of sampling errors are only calculated for the 2018 Montenegro MICS. The sample for the 2018 Montenegro Roma Settlements MICS is based on a full enumeration of Roma households and therefore allows the production of direct estimates without sampling errors.

- 10 In order to construct the wealth index quintiles presented in the MICS surveys, a principal components analysis is performed by using the information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics related to household wealth to assign weights (factor scores) to each household asset. Each household is assigned a wealth score based on these weights and the assets owned by the household. The survey household population is then ranked according to the wealth score of each household and is finally divided into five equal parts (quintiles) from lowest (poorest) to highest (richest). In each country, wealth index quintiles are calculated separately for surveys representative at national levels and surveys representative of Roma settlements. Thus, findings by wealth index between the two cannot be compared. Details on household characteristics and assets used for wealth index calculations in each of the four countries and territories can be found in the respective Survey Findings Reports available at: 'Surveys.' Home – UNICEF MICS. <http://mics.unicef.org/surveys>
- 11 Postnatal health checks include any health check performed while in the health facility or at home following birth, as well as postnatal visits within two days of delivery. Data on postnatal care is not available from the 2019 Serbia MICS and 2019 Serbia Roma settlements MICS.
- 12 WHO. *WHO Recommendations for Routine Immunization - Summary Tables*. Available at: www.who.int/immunization/policy/immunization_tables/en (accessed: 5 December 2023).
- 13 Additionally, vaccination against the human papillomavirus (HPV) is recommended for girls aged 9 to 14 years, but coverage of this vaccine is not yet included in MICS, as the methodology is under development.
- 14 Data on immunization of children were not collected in the 2018 Montenegro MICS surveys due to the availability of administrative data at national level. In Figure 4, the data for the 2013 Montenegro Roma settlements MICS have been recalculated using the methodology from the sixth round of MICS.
- 15 The estimate for the 2019–20 Roma, Ashkali and Egyptian communities in Kosovo MICS corresponds to the 'All antigens' (including revaccines) indicator in the Survey Findings Report.
- 16 The estimate for the 2019 Serbia Roma settlements MICS corresponds to the 'All antigens excluding PCV' (including revaccines) indicator in the Survey Findings Report
- 17 The 'basic antigens' indicator includes vaccinations against tuberculosis, diphtheria, tetanus, pertussis and polio by 12 months of age and against measles by 24 months.
- 18 The MICS5 indicators have been calculated by applying the MICS6 indicator definition. MICS6, minimum dietary diversity is defined as receiving foods from at least 5 of 8 food groups: 1) breastmilk, 2) grains, roots and tubers, 3) legumes and nuts, 4) dairy products (milk, infant formula, yogurt, cheese), 5) flesh foods (meat, fish, poultry and liver/organ meats), 6) eggs, 7) vitamin-A rich fruits and vegetables, and 8) other fruits and vegetables.
- 19 The starting age of primary school in the four countries and territories is 6 years.

- 20 The data presented in Table 1 are a proxy for the indicator 'Participation in early childhood education by sex (children aged 3 and over)'. It is a measure of the share of children between the age of three and the starting age of compulsory primary education who participated in early childhood education and care (ECEC). Available at: https://ec.europa.eu/eurostat/databrowser/view/sdg_04_31/default/table?lang=en, https://ec.europa.eu/eurostat/cache/metadata/en/sdg_04_31_esmsip2.htm#source_type1683708966467
- 21 Attendance indicators for Roma settlements in North Macedonia from the fourth round of MICS and Serbia from fifth round of MICS have been recalculated using the criteria from the sixth round of MICS for defining age at the start of school in each country. For North Macedonia, the calculation of age at the start of schooling and number of primary grades has been adjusted. Different age criteria have been applied for children born before and those born after 1999. For both groups, age at the start of primary school refers to the child's age in the calendar year (7 years for those born before 1999 and 6 years for those born after 1999) and for children starting primary school before the 2007–08 school year, primary school has 8 grades and for those attending from 2007–08 onwards, primary school has 9 grades.
- For Serbia, the calculation of age at the start of schooling has been adjusted to take into account the change in primary school entry eligibility criteria that took place in 2006. Different age criteria have been applied for children born before or during 1998 and for those born after 1998. For the former group, age at the start of primary school refers to the child's age in the calendar year (2014 in the fifth round of MICS and 2019 in the sixth round of MICS), while for the second group, the adjusted age is the age of the child (in completed years) by the end of February (2014 and 2019, respectively)
- 22 UNICEF. *How are children progressing through school? Education Pathway Analysis dashboard. September 2021*. Available at: <https://data.unicef.org/resources/how-are-children-progressing-through-school/> (accessed: 5 December 2023).
- 23 Data on support for learning were not collected for children aged 2 years old in rounds 4 and 5 of MICS. To allow for comparability, the indicators from the sixth round of MICS have been recalculated for children aged 3–4 years.
- 24 The Foundational Learning Skills module was not administered in Montenegro and Serbia in the sixth round of MICS.
- 25 Women who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food.
- 26 A child that has performed **economic activities** during the last week for more than the age-specific number of hours is classified as in child labour if the child is aged 5–11 years and worked for 1 hour or more, aged 12–14 years and worked for 14 hours or more and age 15–17 years and worked for 43 hours or more. A child that performed **household chores** during the last week for more than the age-specific number of hours is classified as in child labour if he/she is aged 5–11 years or 12–14 years and has worked for 21 hours or more. There is no limit to the number of hours that a child aged 15–17 years can perform household chores.
- 27 Access to the internet refers to internet access at home, not at the office or somewhere else. Access is irrespective of the device used (not assumed to be only via a computer—it may also be by mobile telephone, tablet, PDA, games machine, digital television, etc.). Access can be via a fixed (wired or Wi-Fi) or mobile network.

Breaking barriers:

An analytical report on Roma children and women in Kosovo (UNSCR 1244), Montenegro, North Macedonia and Serbia

- 28 The victimization module that is used to collect data on discrimination and harassment, as well as on safety, was introduced in the sixth global round of MICS.
- 29 UNICEF (2016) Collecting Data to Measure Social Protection Programme Coverage: Pilot-Testing the Social Protection Module in Viet Nam. A methodological report. New York: UNICEF. Available at: <http://mics.unicef.org/files?job=W1siZiZlsljwMTgvdMDcvMTkvMjAvMzcvMzAvNzQ0L1ZpZXRuYW1fUmVwb3J0X1BpbG90X1Rlc3RpbmdfU1BfTW9kdWx1X0RIY2VtYmVyXzlwMTZfRklOQUwuUERGI1d&sha=3df47c3a17992c8f> (accessed: 1 August 2021).
- 30 The 2018–19 North Macedonia Roma Settlements MICS did not collect data on material deprivation.
- 31 Eurostat. *Statistics Explained—Glossary: Material deprivation*. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Material_deprivation (accessed: 5 December 2023).
- 32 The severe material and social deprivation rate (SMSD) is one of the indicators for monitoring the 20 principles of the European Pillar of Social Rights (EPSR). Available at: <https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/scoreboard>
- 33 Eurostat. *Statistics Explained—Glossary: Severe material and social deprivation rate (SMSD)*. Available at: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_\(SMSD\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Severe_material_and_social_deprivation_rate_(SMSD)) (Accessed: 5 December 2023).
- 34 The human rights to water and sanitation were explicitly recognized by the UN General Assembly and Human Rights Council in 2010 and in 2015.
- 35 Domains for children aged 2–4 years include: seeing, hearing, walking, fine motor skills, communication, learning, playing and controlling behaviour. Domains for children aged 5–17 years include: seeing, hearing, walking, self-care, communication, learning, remembering, concentrating, accepting change, controlling behaviour, making friends, anxiety and depression.



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