

# Kosovo : obstacles au retour pour une femme seule, âgée, nécessitant des soins médicaux

Renseignement de l'analyse-pays de l'OSAR

Berne, le 17 août 2023

## **Impressum**

Editeur

Organisation suisse d'aide aux réfugiés (OSAR)  
Case postale, 3001 Berne  
Tél. 031 370 75 75  
Fax 031 370 75 00  
E-mail : [info@osar.ch](mailto:info@osar.ch)  
Internet : [www.osar.ch](http://www.osar.ch)  
CCP dons : 10-10000-5

Version disponible en français

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# Sommaire

<b>1</b>	<b>Introduction</b> .....	<b>4</b>
<b>2</b>	<b>Situation des personnes vulnérables</b> .....	<b>4</b>
<b>3</b>	<b>Accès à des soins de santé</b> .....	<b>4</b>
3.1	Soins de santé spécifiques pour personnes âgées .....	6
<b>4</b>	<b>Accès à un logement</b> .....	<b>7</b>
<b>5</b>	<b>Accès aux prestations sociales</b> .....	<b>7</b>
5.1	Accès limité à l'assistance sociale .....	7
5.2	Droit à une retraite.....	7
<b>6</b>	<b>Situation des personnes rapatriées</b> .....	<b>8</b>
6.1	Assistance gouvernementale à la réintégration des personnes rapatriées .....	9
<b>7</b>	<b>Sources</b> :.....	<b>10</b>

Ce rapport repose sur des renseignements d'expert-e-s et sur les propres recherches de l'Organisation suisse d'aide aux réfugiés (OSAR). Conformément aux standards COI, l'OSAR fonde ses recherches sur des sources accessibles publiquement. Lorsque les informations obtenues dans le temps imparti sont insuffisantes, elle fait appel à des expert-e-s. L'OSAR documente ses sources de manière transparente et traçable, mais peut toutefois décider de les anonymiser, afin de garantir la protection de ses contacts.

# 1 Introduction

Les questions suivantes sont tirées d'une demande adressée à l'analyse-pays de l'OSAR :

1. Quels sont les principaux obstacles au retour et à la réintégration pour une femme âgée, qui souffre de problèmes de santé physiques et psychiques, et qui ne bénéficie d'aucun soutien familial ?
2. Cette femme peut-elle bénéficier d'une aide de la part de l'État ou de la part d'organisations nationales ou internationales pour l'aider à accéder à un logement, à des soins de santé ou d'autres services de base ?
3. Cette femme peut-elle bénéficier de l'aide sociale ou d'une pension ? Si oui, à combien se monte cette aide et est-elle suffisante pour qu'elle puisse subvenir à ses besoins fondamentaux ?
4. L'État fournit-il un soutien financier aux personnes qui retournent volontairement ou qui sont renvoyées de force au Kosovo ?

L'analyse-pays de l'OSAR observe les développements au Kosovo depuis plusieurs années.<sup>1</sup> Sur la base de ses propres recherches ainsi que de renseignements transmis par des expertes externes, elle apporte les réponses suivantes aux questions ci-dessus.

## 2 Situation des personnes vulnérables

**Détérioration de la situation économique et sociale. Les personnes vulnérables, y compris les pauvres et les personnes âgées, sont particulièrement affectées et vivent dans des conditions de vie indignes.** Selon la *Banque mondiale* (WB), la population du Kosovo fait face à la hausse des prix des denrées alimentaires, de l'électricité et du carburant et la situation est particulièrement inquiétante pour les ménages les plus pauvres qui souvent ne peuvent plus satisfaire à leurs besoins fondamentaux (WB, 22 septembre 2022). Dans son rapport annuel portant sur l'année 2022, l'*Institution du médiateur au Kosovo* (OIK), dont la mission est de surveiller, défendre et protéger les droits humains, indique que la situation économique et sociale d'une partie importante de la population du Kosovo continue de se détériorer, en particulier pour les plus vulnérables comme les personnes sans emploi, les personnes âgées et les personnes handicapées. L'OIK estime qu'en l'absence de mesures sociales et de services de traitement, ces personnes sont souvent confrontées à des conditions de vie indignes (OIK, 31 mars 2023). Selon le *Bureau central d'information sur l'aide au retour allemand* (ZIRF), les personnes âgées isolées font partie des groupes les plus vulnérables de la société au Kosovo. Elles ont le plus besoin de soins de santé et sont souvent exclues du système d'aide sociale (ZIRF, février 2023).

## 3 Accès à des soins de santé

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<sup>1</sup> [www.osar.ch/publications/rapports-sur-les-pays-dorigine](http://www.osar.ch/publications/rapports-sur-les-pays-dorigine)

**Importantes lacunes dans le système de santé. Longue liste d'attente pour certaines opérations et manque de personnel de santé. La qualité des soins est un problème.**

Dans son rapport annuel concernant l'année 2021, l'OIK indique qu'au Kosovo, le système de santé présente d'importantes lacunes qui ont été aggravées par la pandémie mondiale de Covid-19. Celles-ci sont notamment dues à la faiblesse des contributions budgétaires à la santé, à la non-application des lois et des politiques et au manque de coordination entre les secteurs. Il existe également un suivi insuffisant et une absence de responsabilisation (OIK, 31 mars 2022). L'OIK indique également que le système de santé n'est pas toujours approvisionné en médicaments essentiels, en produits et équipement médicaux ainsi qu'en matériels consommables. Il existe aussi une longue liste d'attente pour certaines interventions médicales. Un autre problème est qu'un nombre important de professionnels de la santé choisissent de quitter le pays (OIK, 31 mars 2023). Un rapport publié en 2022 par le *Human Rights Network* (HRN), un groupe de 37 ONG kosovares, sur la situation des droits humains au Kosovo note que, malgré des progrès significatifs en termes d'accès aux soins de santé, la qualité des soins reste préoccupante. Cela est notamment dû à un système d'information sur la santé publique inopérant et à une augmentation du nombre de médecins et d'infirmières qui quittent le pays (HRN, mai 2022).

**Disponibilité limitée de médicaments essentiels dans les établissements de santé publics**

Selon le ZIRF, la plupart des équipements médicaux et des médicaments au Kosovo sont importés. Les médicaments essentiels sont censés être disponibles gratuitement dans tous les centres de soins publics, mais il arrive souvent qu'ils soient en rupture de stock et non disponibles dans les établissements publics de santé. Ces médicaments ont plus de chances d'être disponibles dans les pharmacies indépendantes, mais à des prix élevés (ZIRF, février 2023).

**Services de santé en principe gratuits pour les personnes vulnérables, y compris les personnes âgées.**

Selon le ZIRF, dans le secteur primaire, les patient-e-s qui ne sont pas exempté-e-s de paiement doivent s'acquitter des frais de service de base jusqu'à deux euros. Dans les secteurs secondaire et tertiaire, les frais dépendent du type de traitement et de l'établissement médical. Les personnes considérées comme vulnérables, y compris les vétérans de guerre, les bénéficiaires de l'assurance sociale et les enfants, sont en principe exemptées de paiement. Les personnes âgées de plus de 65 ans bénéficient également en principe de services de santé publique gratuits. Ces personnes sont également exemptées des frais du ticket modérateur (ZIRF, février 2023).

**Accès limité aux soins de santé pour les personnes âgées dans une situation d'urgence. Services de diagnostic et médicaments à la charge des patients qui doivent payer de leurs poches. Les dépenses de santé catastrophiques affectent surtout les ménages les plus pauvres et les personnes âgées.**

Selon l'OIK, les personnes handicapées et les personnes âgées dans les situations d'urgence sont particulièrement vulnérables et elles rencontrent des difficultés spécifiques pour accéder des services de santé (OIK, 31 mars 2022). Selon HRN, la population n'a pas un accès égal aux soins de santé. Même si l'accès aux soins de base est gratuit, les patient-e-s doivent payer de leur poche les frais liés aux services de diagnostic et les médicaments qui ne sont pas remboursés. Les groupes vulnérables ont un accès limité en raison de la forte dépendance à l'égard des dépenses privées, qui représentent 40 % des coûts médicaux totaux (HRN, mai 2022). Selon le *Réseau des politiques sociales européennes* (ESPN), au Kosovo il est fréquent que la population ait à subir des dépenses de santé catastrophiques, notamment en raison du fait que les services

de santé nécessitent des paiements directs et qu'il n'existe pas d'assurance-maladie ou de mutualisation des risques. Citant une étude de 2018, ESPN indique que ces dépenses catastrophiques affectent surtout les ménages qui ont une faible capacité de paiement, mais également les personnes âgées. En 2018, les paiements privés pour les services de santé, notamment les médicaments, représentaient 28,9 % des dépenses de santé (ESPN, 2021).

**Délai dans la mise en œuvre de l'assurance maladie publique. Assurances privées souvent hors de prix pour la population.** L'OIK regrette dans son rapport que la loi n° 04/L-249 sur l'assurance maladie, adoptée en 2014, n'ait pas encore été mise en œuvre et que la Convention internationale sur les droits économiques, sociaux et culturels ne fasse toujours pas partie de la Constitution du pays (OIK, 31 mars 2023). Le ZIRF confirme qu'il n'existe pas d'assurance maladie publique au Kosovo. Il est possible de contracter des assurances maladie privées, cependant, celles-ci sont hors de prix pour une bonne partie de la population. Les frais de participation vont de 35 à 45 euros. Les personnes qui ont un emploi bénéficient d'une assurance médicale de base (ZIRF, février 2023).

### 3.1 Soins de santé spécifiques pour personnes âgées

**Disponibilité très limitée des soins de santé en institutions pour les personnes âgées. Seules 160 places sont disponibles dans tout le pays. Critères d'éligibilité très strictes. Faible qualité des services, infrastructures vétustes et manque de personnel.** Selon ESPN, l'État finance des soins en institutions pour les personnes de plus de 65 ans, mais uniquement si celles-ci sont catégorisées comme pauvres et qu'elles n'ont pas de famille. L'instruction administrative 10/2014, citée par ESPN, précise que les bénéficiaires ne doivent pas avoir d'enfant, biologique ou adoptif, mais également ne pas souffrir de trouble mental ou de maladie transmissible. Une fois admises, ces personnes ne paient aucune participation aux coûts des soins. Les institutions publiques qui fournissent ces soins n'existent qu'à Pristina, Istog, Skenderaj et Gračanica. La capacité d'accueil totale au niveau national est limitée à 160 résident-e-s. ESPN souligne que ces institutions ne peuvent accueillir que 0,001 % des personnes âgées de plus de 65 ans. Il existe bien dans les grandes villes des centres privés qui fournissent des soins de longue durée, mais les coûts sont élevés et hors de portée de la plupart des personnes âgées. Selon ESPN, un autre problème des institutions publiques est celui de la qualité des services. Selon une enquête de la Banque mondiale, citée par ESPN, le format et la qualité actuels des soins résidentiels formels pour les personnes âgées étaient inadéquats pour répondre aux besoins des personnes âgées. Selon l'*Ombudsman*, également cité par ESPN, qui a visité le centre de Pristina, les infrastructures vétustes et le manque de personnel médical nécessaire nuisaient à la qualité des services. Une autre étude, citée par ESPN, a montré qu'un nombre important de personnes âgées présentaient des symptômes de dépression se traduisant par l'inactivité, le refus de s'alimenter, la négligence de la propreté et l'absence des activités psychosociales (ESPN, 2021).

**Pas de programme gouvernemental pour soutenir financièrement les soins de longue durée ou les proches aidants. Les soins de santé à domicile sont gratuits pour les personnes âgées, mais leur disponibilité est limitée.** Selon ESPN, mis à part ces institutions publiques de soins à la capacité d'accueil extrêmement limitée, il n'existe pas de programme gouvernemental pour soutenir financièrement les personnes ayant besoin de soins de longue durée ou les personnes proches aidantes. Pour ESPN, il est possible en principe pour les personnes âgées de bénéficier de soins à domicile gratuits, que ce soit par un prestataire public ou privé, toutefois, en pratique les unités mobiles de soins de santé ne sont disponibles

que dans certaines municipalités et elles manquent de ressources. Différents types de soins sont proposés, notamment des perfusions, des injections, des compléments alimentaires, une certaine prise en charge de la douleur, des analyses de sang ou encore la surveillance de la glycémie. Dans certaines municipalités, des ONG comblent les lacunes des unités mobiles de soins et fournissent des soins à domicile (ESPN, 2021).

## 4 Accès à un logement

**Loyers élevés des logements dans les zones urbaines.** Selon ZIRF, en raison d'une importante migration des zones rurales vers les zones urbaines, la demande pour les logements est forte dans la capitale et dans les zones urbaines. Le montant des loyers sont ainsi à un niveau très élevé par rapport aux revenus de la population. A Pristina, les loyers (sans les charges) varient entre 100 euros pour un studio/appartement avec une chambre à coucher à 500 euros pour un appartement avec trois chambres. Le loyer moyen en zone urbaine est ainsi estimé à 200 euros. Les montants dans les autres villes du pays sont moins élevés, autour de 60-80 euros par mois (ZIRF, février 2023).

## 5 Accès aux prestations sociales

### 5.1 Accès limité à l'assistance sociale

**Financement insuffisant des programmes d'assistance sociale. Critères d'éligibilité strictes. La majorité des familles pauvres sont exclues de l'assistance sociale.** Selon la ZIRF, au Kosovo, l'aide sociale consiste essentiellement en une assistance financière mensuelle pour les personnes vulnérables, comme les familles pauvres, les personnes handicapées ou encore les personnes retraitées bénéficiant du droit à une pension. Pour en bénéficier, ces personnes doivent prendre contact avec les centres d'aide social, présents dans chaque municipalité du pays, et leur soumettre les documents nécessaires pour voir si elles sont éligibles (ZIRF, février 2023). La *Banque mondiale* estime que les programmes de protection sociale, tels que les retraites et l'assistance sociale, doivent être réformés pour être plus efficaces. La *Banque mondiale* pointe en particulier du doigt le régime d'assistance sociale (SAS) dont le financement a été réduit de plus de 8 % entre 2009 et 2019. Le nombre de bénéficiaires est lui passé de plus de 40 000 en 2005 à environ 25 000 en 2020, notamment en raison de critères d'éligibilité particulièrement strictes et rigides. Ainsi, parmi les 20 % les plus pauvres du Kosovo, seul environ un quart bénéficie des prestations du SAS. La *Banque mondiale* estime que le SAS ne représente ainsi pas un filet de protection adéquat pour de nombreuses familles pauvres (WB, 22 septembre 2022).

### 5.2 Droit à une retraite

**Toute personne citoyenne du Kosovo de plus de 65 ans est éligible pour recevoir une retraite de base dont le montant est lié au coût d'un panier alimentaire minimal.** Selon ESPN, au Kosovo, toutes les personnes âgées de plus de 65 ans bénéficient d'une pension forfaitaire de base versée universellement et qui est liée au coût d'un panier alimentaire minimal (2100 calories par jour). Les anciens travailleurs-euses retraité-e-s reçoivent en plus une pension qui garantit un revenu de pension plus élevé que le revenu fourni par les pensions de base (ESPN, 2021). Selon la *Banque mondiale*, ceux et celles qui ont cotisé pendant

au moins quinze ans au système de l'ex-Yougoslavie reçoivent entre 182 et 265 euros supplémentaires, en fonction de leur niveau d'éducation. Ceux et celles qui ont cotisé à la retraite par capitalisation du deuxième pilier et dont le solde de compte se situe entre 3000 et 20 000 euros au moment de la retraite, reçoivent 200 euros par mois jusqu'à épuisement du compte. Pour des soldes supérieurs à 20 000 euros, la pension est calculée à raison de 1 % du solde au moment du départ à la retraite, jusqu'à ce que le compte soit épuisé (WB, 2022).

**La retraite de base a été portée à 100 euros par mois en janvier 2023. En 2021, le gouvernement a également distribué aux bénéficiaires de la retraite de base une allocation unique de 100 euros.** Selon le ZIRF, le montant de la retraite de base, dont bénéficie toute personne citoyenne du Kosovo de plus de 65 ans, est de 90 euros (ZIRF, février 2023). Dans son rapport annuel portant sur l'année 2022, l'OIK indique qu'en janvier 2023, le gouvernement a augmenté le montant des prestations des régimes de retraite financées par l'État, de 70 euros à 100 euros. Cette augmentation concerne les pensions sociales de base, les pensions d'invalidité, les pensions familiales et les pensions d'incapacité de travail (OIK, 31 mars 2023). Dans son rapport annuel précédent, l'OIK indiquait que le gouvernement du Kosovo avait décidé en octobre 2021 que les bénéficiaires des régimes de retraite recevraient le mois suivant une allocation unique de 100 euros supplémentaires (OIK, 31 mars 2022).

**Le montant de la retraite de base correspond à 16 % du salaire moyen. Il est insuffisant pour vivre dignement et subvenir aux besoins fondamentaux.** Selon la *Banque mondiale*, une personne retraitée qui dépend uniquement de la pension de base recevra une prestation égale à 52 % du salaire minimum et à 16 % du salaire mensuel moyen. Si cette personne reçoit la prestation ex-contributive maximale et a accumulé de l'épargne dans le nouveau système, elle pourrait alors recevoir une prestation égale à 83 % du salaire mensuel moyen. La *Banque mondiale* relève que les femmes âgées de 65 ans et plus ne perçoivent principalement que la pension de base, tandis qu'une proportion relativement élevée d'hommes bénéficient de la prestation ex-contributive plus élevée. Dans son rapport annuel de 2021, l'OIK estime que le niveau des retraites et son montant ne permettent pas de répondre aux besoins fondamentaux de ces personnes pour mener une vie digne (OIK, 31 mars 2022). Malgré la légère hausse des retraites décidée par le gouvernement en janvier 2023, l'OIK estime que la pension de base reste insuffisante pour vivre et ne couvre même pas les dépenses de base de la vie (OIK, 31 mars 2023).

**L'obligation pour les personnes retraitées de se présenter physiquement au bureau des retraites tous les six mois constitue une violation des droits de ces personnes.** Un autre problème soulevé par l'*Ombudsman* est celui posé par l'obligation imposée aux bénéficiaires des retraites de devoir se présenter physiquement au bureau des pensions tous les six mois sous peine de voir le versement de leurs retraites interrompu automatiquement. Au bout de trois mois, la retraite est définitivement supprimée. Pour l'OIK, cette pratique est inacceptable et représente une violation des droits des personnes bénéficiant des régimes de retraite. Cette obligation de se présenter physiquement au bureau des pensions est particulièrement problématique pour les personnes âgées à l'état de santé fragile ou à la mobilité réduite (OIK, 31 mars 2023).

## 6 Situation des personnes rapatriées



**Personnes rapatriées en situation d'extrême vulnérabilité. Manque d'accès aux soins de santé spécialisés et aux médicaments, notamment en raison de capacités financières limitées.** Selon un rapport de la *Croix-Rouge suédoise* (SRC) qui a suivi le retour au Kosovo des personnes déboutées de l'asile en Europe pour, entre autres, examiner le soutien reçu à leur retour et leur situation socio-économique actuelle, de manière générale ces personnes se trouvaient dans une situation d'extrême vulnérabilité. Parmi les problèmes rencontrés par ces personnes, le rapport cite en particulier le manque d'accès aux soins de santé et aux traitements médicaux, ainsi qu'aux soins spécialisés et aux médicaments. Plusieurs familles ont indiqué avoir rencontré des difficultés à obtenir des soins de santé ou des médicaments pour les adultes comme pour les enfants, soit parce que ces soins étaient inexistantes, soit qu'ils n'y avaient pas accès pour des raisons financières (SRC/ECRE, 2022).

**Logements inadéquats.** Presque toutes les personnes interrogées par le SRC se sont plaintes de leur logement, souvent trop petit ou sans accès à l'électricité ou à l'eau. Plusieurs familles vivaient à cinq ou six par pièce. Une famille a pu recevoir un appartement dans le cadre d'un programme du gouvernement en faveur des personnes rapatriées. Le loyer a été payé pour deux mois et ce soutien devrait durer pendant une année (SRC/ECRE, 2022).

**Soutien financier de la part des services sociaux insuffisant pour répondre aux besoins fondamentaux des personnes rapatriées.** La plupart des personnes rapatriées interrogées par la SRC vivaient dans des conditions de vie médiocres, manquant parfois d'électricité, d'eau et de nourriture au quotidien. Le soutien financier des services sociaux était considéré par de nombreuses familles comme insuffisant pour répondre à leurs besoins fondamentaux. Une personne interrogée qui bénéficie d'une assistance sociale qui se monte à environ 50 euros par mois, estime que cela n'est pas suffisant et sa famille est forcée de collecter des bouteilles en plastique pour générer un maigre revenu. D'autres font des petits travaux de réparation dans les maisons de voisins (SRC/ECRE, 2022).

## 6.1 Assistance gouvernementale à la réintégration des personnes rapatriées

**Un fonds gouvernemental d'aide à la réintégration pour les personnes rapatriées fournit une assistance au logement, à l'emploi et à des soins de santé. Certaines ONG fournissent également une assistance.** Selon le ZIRF, depuis 2010, il existe un fonds gouvernemental d'aide à la réintégration durable pour les personnes rapatriées au Kosovo. Celui-ci permet de fournir une aide temporaire et à long terme au logement, à l'emploi, à la création de petites entreprises et à la formation professionnelle. Les personnes rapatriées peuvent également recevoir de l'aide pour reconstruire leur logement, y compris pour acheter des matériaux de construction, et pour générer des activités rémunératrices. Ce sont les centres de travail social qui fournissent l'essentiel des subventions sociales pour le logement. Certaines ONG aident également. Toutefois, le ZIRF souligne que seules les personnes qui participent au régime d'aide social bénéficient de cette aide. Pour les personnes qui n'ont qu'un soutien limité de la part de leur famille, le gouvernement propose un hébergement temporaire, mais qui est limité à une semaine. Les personnes qui sont retournées volontairement au pays peuvent demander une aide à la réintégration au Bureau municipal pour le retour. Pour les personnes qui ont été rapatriées de force, le Département de la migration et de l'asile se coordonne avec le Département de la réintégration des personnes rapatriées (DRRP). Ce dernier informe la municipalité d'origine de la personne par le biais du système de gestion

des cas et des coordinateurs régionaux. Les personnes retournées de force sont accueillies à leur arrivée à l'aéroport par une équipe du DRRP qui évalue leurs besoins immédiats, fournit l'assistance nécessaire, y compris si nécessaire un hébergement temporaire, des services de soins de santé et un transport vers la municipalité d'origine de ces personnes (ZIRF, février 2023). La SRC confirme qu'il existe un programme étatique de soutien au retour et la Croix-Rouge du Kosovo disposait également de fonds pour soutenir les personnes rapatriées. Une famille a par exemple indiqué avoir reçu des vêtements, de la nourriture et des colis d'hygiène de la part des autorités et de la Croix-Rouge (SRC/ECRE, 2022). Dans un rapport de 2014, l'OSCE indiquait que malgré certains progrès, les municipalités en charge de la mise en œuvre du processus de réintégration n'avaient pas d'approche systématique pour évaluer les besoins des personnes rapatriées. De plus, en l'absence de données complètes sur les besoins de ces personnes et sur l'assistance fournie, il n'était pas possible d'évaluer l'impact des mécanismes de réintégration (OSCE, décembre 2016).

## 7 Sources :

ESPN, 2021 :

**« All people aged 65+ in Kosovo receive the basic age-based pension. Everyone aged 65+ receives one of the two government-financed pension programmes for old age, namely: (a) a basic flat-rate pension issued universally to all resident citizens aged over 65, irrespective of work history, paid from general taxation and connected to the cost of a minimal food basket (2,100 calories a day); and (b) a pension for retired former workers, which ensures a higher pension income than the income provided through basic pensions. The basic pension hence covers 100% of the resident older population and is particularly favourable for women, who were historically largely unemployed (Mustafa, 2020). Currently, more than 95% of all pension expenditure is financed through government revenues.**

**Everyone over 65 receives free public healthcare services. The current health system guarantees universal access for everyone, and people over 65 are also exempt from user fees (co-payments). However, Kosovo has all three factors that generally give rise to catastrophic health expenditure by the population: health services requiring out-of-pocket health payments; low household capacity to pay; and a lack of health insurance or risk pooling. According to a recent study (Qosaj et al., 2018), factors that can all significantly increase the likelihood of being confronted with catastrophic health expenditure are: (a) having an older household head; (b) belonging to the two poorest quintiles; and (c) having disabled or elderly household members.**

**Government-funded residential care is limited to people aged 65+ who are poor and without family care. According to the Administrative Instruction 10/2014, in order to be eligible for public residential care in Kosovo, applicants must be Kosovo citizens, aged over 65, without biological or adopted children<sup>1</sup> and without a mental disorder or communicable disease. Three categories of older people are placed in such homes: dependent, semi-dependent and independent people. The identification and referral of eligible candidates is conducted by centres for social work at the municipal level, while the final decision is taken by a designated commission at DDEP/ministerial level. The costs of**

*care are fully covered by the government and no cost-sharing is required from beneficiaries. Public residential care is available only in Pristina, Istog, Skenderaj and Gracanica – the remaining 34 municipalities can place their older citizens in the main centre in Pristina.*

*There is no government programme in place to provide financial support for people in need of LTC or for informal carers. While some countries provide cash benefits for informal care, given either to the care recipient or to the informal carer, this is not the case in Kosovo, as there are no government-funded programmes in place to provide financial support for informal care. [...]*

*Public residential care is very affordable, but is only accessible to one category of older people. The accessibility of residential care is restricted by the criterion that only the elderly without biological or adopted children can be accepted. The main centre in Pristina and three community-based centres in smaller municipalities can accommodate 160 residents in total. There are currently 160,780 people aged 65+ in Kosovo, hence all public residential care centres together can accommodate only 0.001% of the elderly in Kosovo. [...]*

*Private day care and residential care centres are available in larger towns, but very few people can afford them. Private services are mostly found in urban areas. They are generally expensive and cannot be afforded by most people, considering the modest size of pensions (WB, 2015). According to the latest poverty assessment report, 14.2% of retired people in Kosovo lived under the poverty line in 2017 (KAS, 2019). Some private centres provide price discounts based on an elderly person's monthly income, family situation, type of room, health condition, and status as a war invalid (Ibid.).*

*Home care is entirely free, from both public and non-governmental providers, but the service is not available to everyone. As described earlier, mobile healthcare units are available in some municipalities and their service is free of charge. However, as in other parts of the healthcare system, a lack of resources affects healthcare delivery at the point of use. As reported by the World Bank (WB, 2018), private out-of-pocket payments for health services (namely medicine), amounted to up to 28.9% of healthcare expenditure in Kosovo in 2015: that is a heavy burden, particularly for the poor. In some municipalities in Kosovo, NGOs also provide free home care visits to patients in need, thus closing some of the gaps in home care provision. Many patients who receive home care treatment are of lower socio-economic status, as wealthier patients have better transport access to medical centres. [...]*

*There is concern regarding the quality of services in public residential care centres. There is no system in place for licensing government-run residential care centres. The current format and quality of formal residential care for the elderly was seen by most participants in a WB survey as inadequate to address the care needs of the elderly, and therefore mostly incompatible with social norms (WB, 2015). A report of the Office of the Ombudsperson in Kosovo (Ombudsperson, 2015) revealed that the old infrastructure and lack of necessary medical staff affected the quality of services provided at the HEWFC in Pristina. Another study of the HEWFC discovered that a considerable number of elderly people had symptoms of depression expressed as inactivity, food refusal, neglect of cleanliness and escape from psycho-social activities (Drevinja et al., 2015). Community-*

**based centres, on the other hand, had good internal infrastructure and provided enough pharmaceuticals for the residents; however, they lacked in-house medical doctors, had inadequate infrastructure for people with disabilities, lacked psychologists and physiotherapists, and offered limited daily activities (Ombudsperson, 2015). Another report identified the weaknesses of community-based centres as: (a) insufficient training for staff on methodological and psycho-social work; (b) a lack of professional expertise; (c) inadequate networking with the community; and (d) and insufficient integration of beneficiaries into the community (Save the Children, 2018).**

*Private day care and residential care centres are not licensed by the government, hence there is no mechanism in place to monitor their service. Private centres operate without any monitoring or quality assurance by relevant government institutions. **Information on care provided in the private sector is therefore very scarce, in particular in relation to the quality of services.***

**Mobile healthcare units provide good-quality healthcare, but need more training in palliative care. Mobile teams visit patients with identified chronic care needs in their homes and provide frequent visits to administer treatments. During patient visits, the teams provide various types of care, including IV fluids, injections, supplements, and some pain management. Other services include catheterisation, blood tests, and glucose monitoring. The teams also check vitals, monitor disease progression, collect samples for necessary lab tests, and refer patients to specialists as needed (Jones et al., 2018). In municipalities such as Suhareka, nurses are trained and employed by Caritas Kosova in providing emotional support and encouragement, as well as how to address social issues in their cases. Overall, the quality of services of mobile healthcare units is adequate, although further training in palliative care would be beneficial.** » Source: European social policy network (ESPN), Long-term care for older people - Kosovo, 2021: <https://ec.europa.eu/social/BlobServlet?docId=24031&langId=en>.

HRN, mai 2022 :

**« [...] While there has been significant progress in terms of access to health services, the quality of healthcare continues to be a source of concern. Kosovo has yet to implement a universal health-care plan. The approval of the Health Insurance Law, as well as the start of the collecting of health premiums, has been postponed once more. The public health information system remains inoperable. The health system is being harmed by the increased emigration of healthcare personnel, namely physicians and certified nurses. In comparison to 2020, the overall budget for the health sector in 2021 has been increased by 10 percent. Despite this growth, health-care spending still accounts for roughly 3 percent of GDP. There was no progress on the health sector strategy, and not all citizens have equal access to healthcare. Access to basic healthcare is free, but spending on diagnostic services and medications is not reimbursed. High reliance on private out-of-pocket expenditures (estimated at 40 percent of total medical costs – only 65 percent of annual public health needs are covered by public spending, mostly on fixed costs) limits access for vulnerable groups. Health financing is not based on needs assessments and institutional accountability has not increased. [...] »** Source: Human Rights Network (HRN), Civil society report on human rights in Kosovo in 2021, mai 2022, p.34-35: <https://unmik.unmissions.org/file/159573/download?token=l2-nvxnn>.

OSCE, décembre 2016 :

« While early reports pointed at concerning shortcomings in the implementation of the reintegration process which resulted in inadequate support to the reintegration of repatriated persons, **the 2014 report concluded that notable progress had been made by Kosovo institutions through inter alia the adoption of a comprehensive regulatory and policy framework as well as the allocation of funds to assist the reintegration of repatriated persons.** However, the report also noted that municipalities lacked a systematic approach in assessing the needs of repatriated persons. Additionally, **the report stressed that the lack of available comprehensive data on the needs of repatriated persons and on the actual assistance provided made it impossible to assess the impact of the reintegration mechanisms, including on communities in a numerical minority at the municipal level.** » Source: Organisation pour la sécurité et la coopération en Europe (OSCE), An Assessment of the Implementation of the Legal and Policy Framework for the Reintegration of Repatriated Persons in Kosovo, décembre 2016, p.5 : <https://www.osce.org/files/f/documents/5/0/290871.pdf>

OIK, 31 mars 2023 :

« [...] **Based on the complaints and cases investigated, it has been ascertained that even in 2022 in the Public Health Sector there had still been lack of regular supplies of essential drugs, medical products and equipment as well as consumables materials. Patients' waiting list for undertaking certain types of interventions continues to be very long. Great concern represents the fact that health professionals, either from public or private institutions, are leaving the country.**

**The Ombudsperson reiterates this year as well that Law no. 04/L-249 on Health Insurance is not implemented, the International Convention on Economic, Social and Cultural Rights continues not to be part of the Constitution of the Republic of Kosovo, palliative care in the Republic of Kosovo has not been yet functionalized and the Health Information System (HIS), started in 2002, is not functional yet and as a result we have an incomplete and non-functional HIS. [...]**

*Pensions*

**Majority of retired persons in Kosovo live on basic pensions, which are insufficient for living, and they do not even cover the basic life expenses. In general, the situation of pensioners continues to be the same as in previous years. The government has taken certain steps in reforming the field of pensions and the system of benefits. It plans drafting of a special law on pensions, which will include and address all pension rights in one place, as well as establishing of a Social Security Fund. This Law aims to define the organizational structure, the form of management, the rate of contributions and the disability pension, all this with the aim of harmonizing with European practice. It remains unclear when this reform will be fully implemented. In January of this year, the Government made a decision to increase the amount of benefits of pension schemes financed by the state, from 70 euros to 100 euros. With this increase, basic-social pensions, disability pensions, family pension and work disability pension are included.**

**Even this year, the Ombudsperson has received complaints regarding the issue of pensions. Based on the received complaints, the disruption of the old-age pension due to**

**not appearing physically every six months at the Pension Office, through which fact it is proven that the person is alive, remains disturbing. According to the Ministry of Finance, Labor and Transfers, the disruption of pensions occurs because pensioners who do not show in person within the defined period, are automatically removed from the system of pension beneficiaries. Additionally, based on information obtained, after three months the pension is terminated definitely since the given program automatically stops such cases when people do not timely appear in person according to Administrative Instruction no. 05/2015. According to the Ombudsperson, such a practice is unacceptable and represents a violation of the rights of persons who benefit from pension schemes. In this regard, the Ombudsperson has recommended that such practice need to be terminated. Reiterating his concern that the obligation of pensioners to appear at the Pension Offices according to the Administrative Instruction no. 05/2015 criteria, violates the dignity of pensioners, taking into account their age and health condition, that in most cases is significantly difficult for them to be physically present in pension offices. In addition, the OI is investigating other cases related to complaints about violations of human rights in the exercise of the right to pensions, including the termination of the pension of disabled persons, rejection of contributory pension requests that are related to the discriminatory criterion of fifteen years of work experience, paid contribution, etc.**

With regard to this issue, the Ombudsperson has expressed his stand in Ex Officio Report with Recommendations no. 235/2018, recommendations addressed relate to the amendment of the Law on Pension Schemes financed by the state regarding contributory pensions. In this case, the Ombudsperson found double discrimination due to the non-recognition of contributions for the period of dismissal as a result of violent measures.

#### *Social issues*

**The Ombudsperson, referring to the complaints received as well as investigations conducted with regard to issues he has dealt with this year, finds that the economic and social situation of an overwhelming part of the families in Kosovo continues to deteriorate. Unemployment and nonenforcement of laws are the main factors affecting the foundation of such situation. People who do not have a job, the elderly, people with disabilities, children who are forced to work and live in street conditions, are some of the most vulnerable groups, who in the absence of social measures and services for treatment often face conditions unworthy of life. The neglect of the empowerment of the Centers for Social Work continues to be a concern, in the absence of real policies, the lack of relevant services, insufficient capacities and many other problems that have been identified regarding these Centers. The Ombudsperson notes that during this year the Government has taken several measures to improve the social situation, such as the Decision (no. 24/2022) on setting the conditions and criteria for the partial implementation of Measure 3.4- food packages for families in need within the framework of The Economic Revival Package.**

**Despite Government's efforts in taking measures to mitigate the economic crisis that has overwhelmed the country but also the globe, as well as the negative impact of the pandemic caused by Covid-19, the situation on the ground is not good at all for low-income families as well as those without any income. Usually, the measures taken by the executive have had a short-term impact on the improvement of the socio-economic situation for the beneficiary families and individuals.** » Source: Ombudsperson Institution in Kosovo (OIK), Annual report 2022, 31 mars 2023, p.69-71 : <https://oik-rks.org/en/2023/03/31/annual-report-2022/>

OIK, 31 mars 2022

« The Ombudsperson emphasizes that the Government of the Republic of Kosovo has supported pensioners and beneficiaries of all social schemes during this reporting period, due to the situation created by COVID-19. He also notes that there have been no delays or difficulties in paying pensions and all additional benefits have been realized based on government decisions to combat COVID-19.

**Regarding pension schemes, based on Decision No. 06/58 of the Government of the Republic of Kosovo, dated 14.01.2021, measure 16, point 1.16.1 - Support of pension schemes for individuals with incomes less than 100 euros per month, and based on the proposal - decision of the former Ministry of Labour and Social Welfare for the approval of an increase in the amount of 30 € for the months January-March 2021, which has been realized and from April 2021 until now, the amount of benefits in the following schemes has been equalized for all in amount of 100 €, additions equalizing the amount specified in the scheme are highlighted as follows:**

1. **Basic pension - is 90 € +10 = 100 €,**
2. **Family pension - is 90 € +10 = 100 €**
3. **Pension for people with disabilities - is 75 € +25 = 100 €**
4. **Disability work pension - is 90+ 10 € = 100 €**

**Also on October 27, 2021, in the 42nd session, the Government of Kosovo approved the decision within the Economic Recovery Package, measure 3.2 - Support to pensioners and families under social assistance, whereof the beneficiaries of pension schemes, in November of this year, have received a one-time allowance of an additional 100 euros for the regular pension and the current supplement. On the other hand, the beneficiaries of social schemes in November and December have received regular double payments and the following supplement. The assistance is duly paid to all beneficiaries. About 330,000 families are involved with this decision of the Government.**

Regarding the reform of the pension legislation, the Government in the past period has planned and has already taken some steps in the reform of the pension and benefits system, to harmonize this issue with the European practice, but it is not yet known when this reform will be fully implemented.

Beneficiaries of pension schemes during this reporting period are released from the obligation to report regularly for purposes of recording or appear to the relevant offices of the pension administration.

**The Ombudsperson, although appreciating the measures taken by the Government, finds that the level of support and its amount does not enable the fulfillment of the basic needs for a dignified life for these categories. [...]**

*The right to health care*

*The COVID-19 pandemic, even this year has continued to challenge the normal course of life in Kosovo and around the world. Poor investment in the health system and redirection of health resources in combating this pandemic, has reduced the ability to respond to it and at the same*

time has affected the non-provision of other health services. COVID-19 is showing that the application of Universal Health Coverage (UHC) should be imperative of the future. This will only be achieved when states have established sustainable health systems that are able to respond to the basic needs of their citizens, equally, fairly and without discrimination, without leaving anyone behind. In this regard, National Institutions for Human Rights, such as the Ombudsperson Institution in Kosovo (OIK), play an important role in monitoring the actions of the state, in achieving universal access for these groups.

**The Ombudsperson notes that the International Convention on Economic, Social and Cultural Rights is still outside the list of legal instruments included in the Constitution of the Republic of Kosovo, which are directly applicable in the Republic of Kosovo. Even in the preliminary annual reports, the Ombudsperson has raised this issue, which is of particular importance, because it would affect the advancement of the protection of economic and social rights in our country.**

**The Ombudsperson reiterates the fact that Law No. 04 / L-249 on Health Insurance, adopted in 2014, is still not being implemented. The purpose of this law is to provide citizens with universal access to quality basic health care services, in order to provide financial protection for health care, through the establishment and regulation of the public health insurance system.**

**Health protection is not at the right level and this situation is aggravated even more as a result of the global Covid-19 pandemic, therefore the Ombudsman in the special report on "Health emergency and the impact of the COVID-19 pandemic on human rights in the Republic of Kosovo " has also addressed the right to health protection and has made relevant recommendations to the authorities responsible for improving the situation.**

The Law on Prevention and Combating the COVID-19 Pandemic in the territory of the Republic of Kosovo has defined the responsibilities and role of institutions in taking measures to prevent, control, treat, monitor, secure funding and share responsibilities during the COVID-19 pandemic. However, despite the fact that the MoH had drafted a plan for preparedness and response against COVID-19 and the government had allocated additional funds, difficulties and delays were observed in the supply of protective equipment, tests, drugs, respirators and other relevant means.

**Based on information from health institutions, syndicate organisations and citizens, the Ombudsperson estimates that there are shortcomings in the health system due to low budget contributions to health, non-implementation of laws and policies, lack of coordination between sectors, insufficient monitoring and lack of accountability.**

**The Ombudsperson considers that it is necessary to draft a special strategy and policies by the government for the provision of health services and treatment of persons with disabilities and the elderly in emergency situations, due to the fact that this category is more vulnerable and has specific difficulties in obtaining health services.**

The focus on the prevention and treatment of patients with COVID-19, among others, has left aside many citizens who had health needs of other natures, including chronic ones, which brought many challenges to health institutions, staff health and affected the budget of those



infected with COVID-19 and their families. Regarding this issue, the Ombudsperson has published the Report with Recommendations Ex.Officio No. 698/2020, regarding access to health care services for persons affected by the Human Immunodeficiency Virus (HIV) and Tuberculosis (TB), during the period of the COVID 19 pandemic in Kosovo<sup>147</sup> and Report with Recommendations Ex. Officio No. 434/2020 regarding restrictions on the provision of health services during the COVID 19 pandemic in Kosovo.

**Based on the complaints received, the Ombudsperson considers that among the main factors that are affecting the aggravated health situation in Kosovo, in addition to the pandemic, are unemployment and lack of implementation of health insurance legislation, which is making it difficult to access adequate medical services for citizens. Based on the cases the OIK received, even during this reporting year, health protection remains a challenge and concern for the Ombudsperson, therefore reiterates the request to urgently take all measures to start implementing Law No. 04 / L-249 on Health Insurance, as a fundamental right to access health care services. [...]**

*Mental Health Centers and Community Integration Homes*

Relevant legislation for these institutions is found in Law No. 05 / L-025 on Mental Health and in the Administrative Instruction (in Health) No. 07/2009 on the Professional Mental Health Service in the Republic of Kosovo.

**Based on the provisions of the above-mentioned legal acts, the Community Integration Homes (CIH) provides health care for the purpose of rehabilitation and social reintegration of clients with chronic diseases and mental health disorders.**

**There are Mental Health Centers (MHC) in different cities such as Prishtina, Gjakova, Podujeva, Prizren, Peja, Gjilan, Ferizaj, Mitrovica.** In MHC the work is organized in two ways: in-house, where psychosocial activities take place inside the Center, free drug therapy is provided, and in the field by the mobile team of the Center, which covers the regions of the city where the MHC is located. These visits of the mobile team are conducted for the purpose of psychosocial support, giving regular therapy, at the same time providing support for the family.

**Within the Mental Health Centers are also the Community Integration Homes (CIH), in every city of Kosovo. These homes are residential and each with a capacity for 10 residents, except the CIH Mitrovica which has a capacity for 20 residents. Community Integration Homes provide long-term health care for the rehabilitation and social reintegration of clients with chronic psychiatric illnesses and disorders.** » Source: Ombudsperson Institution in Kosovo (OIK), Annual report 2021, 31 mars 2022, p.69-70, 74-75, 108 : [https://oik-rks.org/wp-content/uploads/2022/03/Aip\\_RaportiVjetor\\_ENG\\_22.04.pdf](https://oik-rks.org/wp-content/uploads/2022/03/Aip_RaportiVjetor_ENG_22.04.pdf).

SRC/ECRE, 2022 :

**« [...] The families and individuals we met were extremely vulnerable due to their economic situations and this was usually worse after the return than it was before. Several families mentioned lack of access to health care and medical treatment as well as specialist care and medication as major problems. Most of them experienced hopelessness and a lack of confidence in society and in the future. Their living conditions were poor in many cases and some families lacked electricity, water and food on a daily basis.**

**Several say they had problems because they lacked various documents and therefore had difficulty gaining access to public services. However, no one says they have had security problems or have been discriminated against because they are returnees since return.**

#### *Safety and security*

**Sindi, whose husband was involved in some form of blood feud, says that they have had no problems since they returned to Albania. She thinks that this is because they have been in hiding and the people they previously had problems with think that they are still in Sweden.** Other returnees also say that they have no security problems. When we ask, no one says they felt discriminated against because they were returnees or experienced any problems because of that.

#### *Housing, livelihood and living conditions*

**The housing situation and living conditions are among the biggest challenges after return. Almost everyone wishes they had access to better housing – either a home of their own because they are living with relatives or better accommodation because their current accommodation is small or lacks electricity or water. Some own their house, but in several cases it is little more than a shed with a metal roof and no electricity or water.**

**Many of the families struggle to find food on a daily basis and say that the money they have either through financial support from social authorities or casual work is not enough to meet their basic needs. Several families are living five or six to a room. Aaron and Arjeta own their house. Their family consists of six people living in a small room. The house is provisional and a lot of it is dilapidated. One positive aspect, according to them, is that they don't have to pay rent because they own the house. Several families who had owned a home before they left the country say it was empty while they were away. When they came back, they only had to unlock the door.**

**Sindi has an apartment that is dilapidated and dirty and has no water or electricity. However, she does not live there, but with her parents. According to her, the situation is extremely stressful because they are very poor themselves and cannot support her. She finds it difficult to work because she does not have anyone to take care of her nine month-old child. Her parents help her, but it is a difficult situation and because they are very poor themselves, she feels she is a heavy burden. Jetmir and Adela in Kosovo do not have a home of their own. They have a house, but it is not finished and they therefore live with relatives. They are a family of five living in one room. According to Jetmir, the most important things are having a better house, or at least getting help to finish the house, and having a job. **One family in Kosovo has been provided with an apartment through a government programme for returnees. The rent has so far been paid for two months but, according to the family, the programme will likely continue to pay for a whole year. Several families say they have no food or struggle to ensure that their children have food on a daily basis.****

**Marsela says that they are in a very difficult situation and find it difficult to provide their children with the food they need. Besides that, they also have problems with rain and flooding and lack of electricity and running water in the home. Aron says there are no jobs and that makes it difficult to get money for everything the children need. They must have books for school and materials that cost money. He says he and Arjeta could have survived in Albania,**

*but there was no future for the children. When asked what a future involves, he says education and proper clothes to wear, among other things.*

*Aron also says:*

*“They need to eat at school and eat at home. They need to live comfortably, not like this. At the moment we’re in a situation where we’re talking about how we’re going to eat. I can’t think about anything else.”*

***Several families say they receive financial support from the authorities, but it is not enough. Two women who are living without their respective husbands at present say they have no access to financial support despite the fact that they are not working. One family receives some form of support through an international organisation.***

*One family that receives financial support say they also collect plastic bottles and sell them. They had a little bit of money before they went to Germany, but that has now gone. **Marsela says the first month back was OK, but it has been a disaster since the money ran out. “We have no jobs, but we collect plastic bottles and sell them. We get social security now, but it’s not enough. A month, just under 50 EUR a month.” She would like some help in finding a job to avoid having to beg. Another family who say they receive no financial help from the authorities say they have a bit of casual work from time to time. They do small repair jobs in other people’s homes.***

*Health, psycho-social situation and access to health care*

*Many people talk about the initial shock and say they hope to be able to migrate again and that they see no future for themselves or their children in Albania or Kosovo. For most people, the problems that caused them to leave their home country still exist. Gezim is in the same situation after the return as he was before. He has difficulty getting the education and special teacher that his son, who has been diagnosed with a neuropsychiatric illness, needs. For Edon, the biggest challenge is to provide a future for his children. He says he sees no future for himself or for his children in Albania: “I have very gifted children. It’s hard not to be able to give them what they dream of.”*

*Few people express any hope for the future or see any way out of their situation. However, Marsela, who lives in very poor conditions and who carries on struggling for the sake of her children, says:*

*“We hope for a better day tomorrow. We still hope for a better life”. As far as her two children are concerned, Sindi says that her only hope is that they will have a better life than her.*

***Several of the families find it difficult to obtain care for both the adults and the children. In some cases, health care is non-existent or not available for financial reasons. It may be a question, for example, of different types of specialist care or surgery, medication that is not available, care that only exists privately or care and medication that is too expensive and that they therefore can’t afford. Marsela comes back several times to the difficulties of obtaining the medicine her daughter needs.***

*Vlora’s daughter has an eye illness and will soon need an operation. In order to access care in Albania, she must go to a private clinic and pay, and it also involves long journeys. In Germany, her daughter received the specialist care she needed. The family had their deportation suspended due to pregnancy and then returned voluntarily.*

*One family in Kosovo talk about the care they received in Sweden. According to the woman in the family, her husband had previously been tortured and received help from the Swedish Red Cross Center for Victims of Torture and War. In Sweden, he had access to care and medicines that are not available in Kosovo or that the family can't afford since the return. When we visit the family, it is obvious that the man is ill.*

#### *Support after the return*

*Only one family in Kosovo and one family in Albania have received support based on the fact that they are returnees. **In Kosovo, there is a government return programme and, at the time of the interviews, the Red Cross of Kosova receives funding for work with returnees as a result of previous collaboration with the Swedish Red Cross.** In Albania, is supposed to be specific support at local level, but there are extensive local differences and none of the people we meet have benefited from it. One family has received child-specific support from the organisation Terre des Hommes. Several families have received support from the Red Cross within the framework of other programmes aimed at a broader target group.*

*All minor children attend school and several families have access to financial support. According to the families themselves, the most important need that returnees have is for help with housing, jobs, education and medical care. The importance of help with food, clothing, medicines and educational materials for children is also mentioned.*

***The family in Kosovo who has been provided with an apartment which has been paid for up to two months will probably continue to have it paid for up to a year. They have also received clothing, food and hygiene packages from the authorities and the Red Cross.** One family in Albania says they sometimes receive money from a private person in Germany. Another family receives financial support from the Red Cross for the child's medical care. Three families say they have received help with housing from relatives and were able to live as lodgers with parents or in-laws. Aaron's family has received support through Terres des Hommes for renovation of the house and activities for the children, among other things. He is very grateful for the help they have received.*

*In addition to help with housing, the most common wish is for support to get a job. Ibrahim has this to say about the need for support:*

*"House, medicine for my father. And school, or a job. The Red Cross should be able to help returnees find a job. And also a house. But if I can find a job, perhaps I can also find an apartment."*

*Three people from three different families say that they do not have enough food for the children and that is something they would have wanted help with. Good education and access to schooling is mentioned by a lot of people. Two of the women say they would have wanted to work or that they are unable to work because they have no-one to look after their children. One has a child under a year old and the other has a child who needs care during the day due to an eye illness. » Source: Swedish Red Cross (SRC)/European Council on Refugees and Exiles (ECRE), Asylum Denied – Experiences of Return, 2022 : [https://kunskapsbanken.rodakorset.se/hc/sv/article\\_attachments/5620668642845/Asylum\\_Denied\\_-\\_Experiences\\_of\\_Return\\_SRC\\_Report\\_2022.pdf](https://kunskapsbanken.rodakorset.se/hc/sv/article_attachments/5620668642845/Asylum_Denied_-_Experiences_of_Return_SRC_Report_2022.pdf)*

WB, 22 septembre 2022 :

**« There is growing alarm in Kosovo over rising prices for food, electricity, fuel, and firewood. This is not unwarranted. As elsewhere around the world, inflation is straining Kosovans' budgets as incomes fail to keep pace. The situation is particularly dire for those already living in poverty or close to the poverty line since they spend a greater proportion of their income on food, energy bills, and home heating. Even small price increases threaten these households' ability to meet basic needs.**

**That is where social protection programs like pensions, social assistance, and labor market programs play an important role in safeguarding the poorest and most vulnerable. Investing in well-functioning social protection systems is not just a moral imperative, it is smart economics. These programs are an investment in Kosovo's future—essential to promoting healthier and better educated children and assisting young people in finding jobs. And when the poor are supported and given opportunities to improve their livelihoods, they are less likely to leave the country in search of a better life—helping keep valuable human capital and skills in Kosovo.**

**Is Kosovo's social protection system responding well to the numerous crises—the war in Ukraine, the ongoing COVID-19 pandemic, and rising food and energy prices—facing the country? I would argue that much still needs to be done to better protect poor households. While Kosovo allocates a significant portion of its budget to social protection programs, their efficiency and redistributive impacts need improvement. To truly unlock these systems' potential to support individuals, families, and communities in the face of economic shocks, they must be overhauled and redesigned.**

**The shortcomings in Kosovo's social protection system are most apparent with the Social Assistance Scheme (SAS), which faced an 8.4% funding decrease between 2009 and 2019 after adjusting for inflation. The number of households receiving SAS benefits also dropped over roughly the same period, from more than 40,000 in 2005 to roughly 25,600 in 2020. This is partly driven by the fact that very poor households are often not SAS-eligible: of the poorest 20% of Kosovo's population, only about one in four people receive SAS benefits. This is because the eligibility criteria are stringent and inflexible. Households must either have all adults defined as 'dependent,' meaning they are not required to work, or one adult must be registered as unemployed and caring for a child younger than five or an orphan under age 15. These same households must also have a low income, few assets, and poor living conditions. Such restrictive conditions likely encourage individuals to seek informal employment and exclude many working poor households and those with multiple children all over the age of five, which face higher expenses and needs.**

**As currently designed and despite the Government's recent efforts to increase monthly stipends paid to beneficiaries, the SAS does not provide an adequate safety net for many poor families in Kosovo. This was especially apparent during the pandemic when SAS was unable to expand to reach households that had fallen into poverty or out of the labor market because of closures—necessitating the Government to rapidly launch a new program (Measure 15) to fill this gap. [...] » Source: World Bank (WB), Without Reform on Social Protection, Kosovo's Poorest and Most Vulnerable Will Be Left Behind, 22 septembre 2022:**

<https://www.worldbank.org/en/news/opinion/2022/09/23/without-reform-on-social-protection-kosovo-s-poorest-and-most-vulnerable-will-be-left-behind>.

WB, 2022 :

*« Benefit adequacy for current retirees varies depends on the category. All permanent residents age 65 years and older are eligible to receive EUR 90 per month from the basic pension. If the residents contributed for at least 15 years to the former Yugoslav system, they will instead receive between EUR 182 and EUR 265, depending on their education level. If they contributed to the second pillar fully funded pension and have an account balance of between EUR 3,000 and EUR 20,000 at the time of retirement, they are also eligible for EUR 200 per month until the account is depleted. If their account balance is greater than EUR 20,000, their pension is calculated at 1 percent of their balance at retirement until account depletion. The pension of EUR 200 per month provided by the contributory system in Kosovo aligns with what other systems in the Western Balkans provide in terms of average benefits with respect to average gross wages, albeit in the case of Kosovo this is not a lifetime benefit. This benefit is equivalent to 38.5 percent of average gross wages, higher than the benefit ratios observed in Bosnia and Montenegro but lower than the ones observed in Albania, North Macedonia or Serbia (Figure 9). If the universal basic pension of EUR 90 per month (which is a lifetime benefit) is included, benefit generosity in Kosovo improves in relative terms.*

*There are wide discrepancies in benefit adequacy, as consequence of a highly fragmented system. Unlike in other European countries, the basic pension is not a social pension for the poor and is paid to all residents ages 65 and over regardless of whether they are also receiving a contributory pension, including from a foreign country. For instance, a retiree who relies solely on the basic pension will receive a benefit that is equal to 52 percent of the minimum wage and 16 percent of the average monthly wage; another retiree who receives the maximum ex-contributory benefit and has accumulated savings in the new system might receive a benefit that is 83 percent of the average monthly wage. Some households might receive even more when including war-related pensions. There are also important gender disparities: women age 65 years and older predominantly receive only the basic pension, whereas a relatively high share of men receive the higher ex-contributory benefit (Feher et al., 2016). Women's lower labor force participation directly affects their ability to qualify for the ex-contributory pension.*

*The law on cost-of-living adjustment to benefits introduces uncertainty. In principle, all benefit amounts should be adjusted for cost of living. In actuality, such adjustments have occurred on an ad-hoc basis. The law allows for flexibility in accordance with fiscal space (Feher et al., 2016). » Source: World Bank (WB), Western Balkans Social Protection Situational Analyses - Kosovo, 2022, p.11-13, 16: <https://documents1.worldbank.org/curated/en/099255003172230352/pdf/P176230099581a01a099140dad12d38ba14.pdf>.*

ZIRF, février 2023 :

*« In Kosovo, the public and private systems are supposed to function separately and independently. By law, doctors are forbidden to refer patients from the public sector to the private sector. In practice, such referrals happen regularly. It is common for doctors to work in both sectors at the same time. Even though the public health insurance is a right for all citizens,*

**in Kosovo this has still not become a reality. Without public health insurance in place, some companies have begun to offer private health insurance. However, these are not enough affordable for the wider population in Kosovo.**

#### *Admission to medical facilities*

*Persons must first contact institutions on the primary level of the health system, Family Health Centers, or Main Family Health Centers. If follow-ups are needed, regional hospitals located in the main regions of the country should be visited. If services are not available at institutions of the secondary level, patients will receive a written recommendation to enter the tertiary level- Clinical Center of Kosovo in Prishtina. **Vulnerable people also fall under the categories which are exempted from payments. These categories include war veterans, social assistance beneficiaries, and children. [...]***

*The health care is provided through the organization and implementation of medical activities by the health institutions of public, private and mixed sector. The medical activity is organized in order to ensure appropriate and successful health care for citizens in normal and extraordinary circumstances. The types of medical insurances for citizens and all communities in Kosovo are:*

- **Basic medical insurance- is a mandatory insurance for all citizens, who are in formal work relationship, and for natural and legal persons, in accordance with the law.**
- *Private medical insurance- is a voluntary insurance of citizens where the insurance is provided by the citizens and/or by the employers in the organizations founded in accordance with the law. The participation costs in private companies are 35 to 45 EUR. The patients may choose the company they want to register for medical insurance.*

#### *Availability and costs of medication*

*Kosovo pharmacies and healthcare facilities rely heavily on imported medical equipment and pharmaceuticals. **Regarding the costs, the patients must pay for the services as follow: in the primary sector, if the patients do not possess any exemption, they have to pay the basic service fee up to 2 EUR.***

*While for the secondary and tertiary sectors service fees depend on the type of treatment and the medical institution. Different institutions charge different service fees. **The health insurance system has not been implemented yet. Essential medicines are supposed to be available free of charge in every public health care center, but it happens often that they are out of supplies and not available in public clinics. Independent pharmacies may be able to import drugs needed, but they are likely to be expensive. [...]***

*Both apartments and houses are widely available in towns in Kosovo, and mostly in the capital-Prishtina. Rent in rural areas is very low and almost nonexistent. **Recently there is huge evidence of internal migration in Kosovo, movements from the rural population, so the demands are high in the capital and urban areas. These demands keep prices of rent very high compared to incomes.***

**Approximate monthly rents without including utilities in Prishtina vary from 150 to 500 €.**

- **Studio/flat:150-200€;**
- **Apartment with one bedroom:200-250€;**
- **Apartment with two bedrooms:250-350€;**
- **Apartment with three bedrooms: 300-500€;**

**Recently the estimated monthly average rent is 200 EUR, whereas in the other cities the price is lower than in Prishtina approximately 60-80 EUR.** Inside the town, in Prishtina, the average price of 1 m<sup>2</sup> of an apartment is between 800 and 900 EUR. Kosovo has the lowest gross tariffs for power for households and has a smaller share of taxes and levies for electricity in the whole of Europe. Eurostat's update for the European Union and its surroundings revealed the rate in Kosovo declined 4.4% year over year to 6.1 EUR in 2020, which means households there paid the least for electricity in Europe. [...]

**In September 2010, the Government of Kosovo established the Reintegration Fund to support the sustainable reintegration of repatriated citizens of Kosovo. The Reintegration Fund for Repatriated Persons offers comprehensive support for returned migrants, through assistance with temporary and long-term housing, employment, the establishment of small businesses, vocational training and linguistic training for children. Similarly, key services for displaced persons and returnees include housing reconstruction (full reconstruction or minor repairs), support with construction materials and basic furniture, income-generating activities, and employment Social Work Centers are the main providers of social grants for housing, beyond occasional support offered by some NGOs. However, these centers only assist those persons who participate in the social aid scheme.**

Access for returnees

Temporary housing facilities: **In Kosovo the government offers a temporary accommodation up to one week for those with limited support from their families. They are likely to be the ones with the most important needs.**

Renovation or reconstruction of Houses:

Returnees can benefit from the renovation or reconstruction of their house if they can prove that their building where they have been living before is totally or partially destroyed. In order to benefit from the house reconstruction scheme, they should be issued with construction permit from the Directorate of Urbanism. The documents proving the ownership of the property, other documents of the property damages and destruction and the consent of the municipality for renovation or reconstruction, and the confirmation that the person is not beneficiary of any other program previously, shall be attached to the application.

Social housing: **Social Work Centers are the main providers of social grants for housing, beyond occasional support offered by some NGOs. However, these centers only assist those persons who participate in the social aid scheme, these are people with extreme need of support.**

Social welfare system

MLSW in cooperation with the respective municipality undertakes all necessary measures to enable social benefits to vulnerable returnees in accordance with the applicable law. **Social support in Kosovo mainly includes monthly monetary assistance for poor families, peo-**



**ple with disabilities, including children, pensioners enjoying the right to pension in accordance with the applicable laws, and categories of war invalids and families of martyrs. In order to get social assistance applicants should show up in the Social Work Centers and check if they may be entitled by the Ministry of Labor and Social Welfare. Centers are located in every municipality of Kosovo. Applicants must visit the nearest center for social welfare for further information and submission of their documents.**

The social assistance scheme provides temporary financial assistance to families that are in poverty and are selected in accordance with the criteria outlined in the law and the resources allocated for this purpose from the budget of Kosovo. To realize the right to social assistance, all family members must be citizens of the Republic of Kosovo and should meet the conditions that fall within one of the categories defined by law. Exceptionally, beneficiaries of social welfare can be foreign nationals if: have a residence in Kosovo, persons in the quality of the asylum seeker, refugee persons, and persons who enjoy temporary and complementary protection. **Regarding the application process for assistance, when persons return voluntarily, they can apply directly to the Municipal Office for Return and Communities for Reintegration Assistance, in this case, they will be registered in the Case Management System (CMS) and will apply for reintegration assistance. When persons are forcibly repatriated to Kosovo, the Department of Migration and Asylum is informed of their arrival by the sending country and gives this information to the Department of Reintegration of Repatriated Persons (DRRP). The DRRP informs the municipality of origin through Case Management System and regional coordinators. The DRRP team at Prishtina International Airport accesses repatriated persons upon their arrival, assesses their immediate needs, provides the necessary assistance (temporary residence and accommodation, health services, transportation to the municipality of origin), and records them in CMS.**

Upon arrival in the municipality, the staff of Municipal Office for Return and Communities approaches the repatriated person to provide information about the assistance available and to make a more thorough assessment of the needs. The municipalities also provide basic municipal services such as: counselling, civil registration, housing, education, social welfare and employment, health care and medical treatment for repatriated persons according to the respective legislation. The repatriated person fills out the application form for assistance and submits the request to the Central Reintegration Commission (CEC). The request is then reviewed within the period specified in the Regulation in force and if successful, assistance is granted. In some cases, repatriated persons may benefit from donor programs for 'voluntary return' funded by organizations such as IOM.

Access for returnees

**Eligibility and requirements:** Persons over 18 years, with permanent disabilities and not capable to work; Invalids) **Persons over 65 years;** Parents with at least one child under the age of 15. Families with one person capable for work and at least one child under the age of five  
**Registration procedure:** Applicants must present the document of being unemployed which is issued by Employment Offices in the respective municipality of residence

**Required documents:** ID card of Republic of Kosovo, birth certificates of all family members, and declaration of family unit.

Pension system

**Basic age pension –the minimal regular monthly pension is paid to all citizens of the Republic of Kosovo regardless if they have been employed or not and who meet the**

**criteria set forth by the law. The basic age pension is paid to all persons who are permanent citizens of the Republic of Kosovo, possess identification documents, and have reached the age of sixty-five (65) years. The monthly amount of this pension is 90 €.**

*Access for returnees*

*Eligibility and requirements: Kosovo citizens eligible to access the basic pension of Kosovo, whereas contribution pension is for those who have worked and contributed to the pension fund. [...]*

### **Vulnerable groups**

**Recognized vulnerable cases in Kosovo are:**

- *Individuals from the Roma, Ashkali and Egyptian (RAE) communities are discriminated across the board and extensively deprived in all poverty dimensions and other minorities who are deprived in terms of limited access to power and voice;*
- *Unaccompanied minors;*
- ***Lonely elderly people are among the most vulnerable groups in society, at the same time it is the neediest group for care, as various situations have made them live alone and forgotten by both society and the state social care system;***
- *Victims of trafficking;*
- *Persons with disabilities are especially vulnerable—a majority of them rely on their family for both financial support and assistance with daily activities.*
- *Social Work Centers and some NGO's are the main contributors supporting and providing assistance to vulnerable groups in Kosovo. » Source: Zentralstelle für Informationsvermittlung zur Rückkehrförderung (ZIRF) : Kosovo - Country Fact Sheet 2022, février 2023, p.3, 5-6 : [https://files.returningfromgermany.de/files/CFS\\_2022\\_Kosovo\\_EN.pdf](https://files.returningfromgermany.de/files/CFS_2022_Kosovo_EN.pdf).*

En tant que principale organisation d'aide aux personnes réfugiées en Suisse et faïtière des œuvres d'entraide et des organisations actives dans les domaines de l'exil et de l'asile, l'Organisation suisse d'aide aux réfugiés (OSAR) s'engage pour une Suisse qui accueille les personnes réfugiées, les protège efficacement, respecte leurs droits fondamentaux et humains, favorise leur participation dans la société et les traite avec respect et ouverture. Dans sa fonction, l'OSAR renforce et défend les intérêts et les droits des personnes bénéficiant d'une protection et favorise la compréhension de leurs conditions de vie. Grâce à son expertise avérée, elle marque le discours public et exerce une influence sur les conditions sociales et politiques.

D'autres publications de l'OSAR sont disponibles sur le site [www.osar.ch/publications](http://www.osar.ch/publications). La newsletter de l'OSAR, qui paraît régulièrement, vous informe des nouvelles publications. Inscription à l'adresse [www.osar.ch/newsletter](http://www.osar.ch/newsletter).