

HEALTH AND NUTRITION

Data from the 2013-2014 Roma, Ashkali and
Egyptian Communities in Kosovo*
Multiple Indicator Cluster Survey

CHILD MORTALITY

**FOR EVERY 1,000
CHILDREN BORN ALIVE 49
ARE DYING BEFORE THEIR
5TH BIRTHDAY AND 41
BEFORE THEIR 1ST
BIRTHDAY**

**LARGELY HORIZONTAL TREND
IN MORTALITY SINCE 2000**

**IMPROVING THE HEALTH OF CHILDREN IS ONE RESPONSIBILITY
AMONG MANY IN THE FIGHT AGAINST POVERTY. HEALTHY
CHILDREN BECOME HEALTHY ADULTS: PEOPLE WHO
CREATE BETTER LIVES FOR THEMSELVES, THEIR
COMMUNITIES AND THEIR COUNTRIES**



BREASTFEEDING AND INFANT FEEDING

**BREASTFEEDING PROMOTES BRAIN AND
COGNITIVE DEVELOPMENT HELPING CHILDREN
LEARN AND EARN MORE AS ADULTS, SPURRING
ECONOMIC ACTIVITY AND LONG TERM GROWTH
WHILE REDUCING POVERTY AND INEQUITIES**

**EARLY INITIATION OF BREASTFEEDING IS A VERY
IMPORTANT STEP TO ENSURE HEALTHY START IN
LIFE BUT LESS THAN HALF OF THE WOMEN (44%)
PUT NEWBORNS TO THE BREAST WITHIN ONE
HOUR OF BIRTH**

**MOTHERS ARE RECOMMENDED TO EXCLUSIVELY
BREASTFEED INFANTS FOR THE CHILD'S FIRST SIX
MONTHS TO ACHIEVE OPTIMAL GROWTH,
DEVELOPMENT AND HEALTH YET ONLY 1 IN 6
CHILDREN 0-5 MONTHS (16%) WERE EXCLUSIVELY
BREASTFED**



* For UNICEF and UNFPA, all references to Kosovo are made in the context of UN Security Council Resolution 1244 (1999)

NUTRITIONAL STATUS

STUNTING IS LOW HEIGHT FOR AGE AND REFLECTS A PROCESS OF FAILURE TO REACH LINEAR GROWTH POTENTIAL. STUNTING IS ASSOCIATED WITH POORER CHILD DEVELOPMENT AND HEALTH

15% OF KOSOVO'S ROMA, ASHKALI AND EGYPTIAN CHILDREN UNDER AGE 5 YEARS ARE STUNTED

26% POOREST

9% RICHEST

ONLY 1 IN 3 CHILDREN (32%) AGE 6-23 MONTHS CONSUME FOODS FROM 4 OR MORE FOOD GROUPS

29% POOREST 60 PERCENT

39% RICHEST 40 PERCENT

34% URBAN 30% RURAL

FOOD



IMMUNISATION SCHEDULE

| | AGE 0 months | AGE 2 months | AGE 3 months | AGE 4 months | AGE 12 months |
|------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| BCG | <input checked="" type="checkbox"/> | | | | |
| HepB | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | |
| DPT | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Hib | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| OPV | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| MMR | | | | | <input checked="" type="checkbox"/> |

VACCINATIONS

FULL IMMUNISATION COVERAGE IS WHEN A CHILD HAS RECEIVED ALL VACCINES (BCG, HEPB, DPT, HIB, AND OPV) BY THEIR 1ST BIRTHDAY, AND MEASLES (MMR) BY THEIR 2ND BIRTHDAY

1 IN 3 (30%) CHILDREN AGE 24-35 MONTHS OLD ARE FULLY IMMUNISED

WHILE COVERAGE OF THE FIRST DOSE OF HEPB IS 84%, THE BIRTH DOSE IS RECEIVED BY LESS THAN HALF (49%) OF NEWBORNS WITHIN 24 HOURS OF BIRTH AS PER THE RECOMMENDED TIMEFRAME

3% OF CHILDREN HAVE RECEIVED NO VACCINATIONS

EVIDENCE DOCUMENTS THAT IMMUNISATION SAVES ABOUT 3 MILLION LIVES GLOBALLY EACH YEAR AND IS ONE OF THE MOST SUCCESSFUL AND COST-EFFECTIVE PUBLIC HEALTH INVESTMENTS. VACCINES KEEP CHILDREN ALIVE AND HEALTHY, AND PLAY A CENTRAL ROLE IN ENDING PREVENTABLE CHILD DEATHS