

Baseline Study on Gender-Responsive Care Economy in Kosovo



Disclaimer

The analysis “Baseline Study on Gender-Responsive Care Economy in Kosovo: Assessing employment potential, service gaps, and investment opportunities for gender-responsive care policy and financing”, is produced by the Kosovar Gender Studies Center (KGSC) under the #TransformCare initiative led by UN Women in Europe and Central Asia, funded by UK International Development from the UK Government. The views expressed in this publication are those of the authors and do not necessarily reflect the views of UN Women, the UK Government, or their affiliated organizations.

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Through the “TransformCare: Transforming Care Systems for People and the Planet” initiative, UN Women envisions societies where care is central to thriving, sustainable, and just economies; where care is valued as a public good, recognized as skilled and essential work, and understood as the foundation of economic prosperity, equal participation and wellbeing. It recognizes that quality care systems are both an economic imperative and a foundation for gender equality and social wellbeing, reducing gender gaps in education, the labour market and political life, enabling strong economies, and supporting stable and peaceful societies.

Kosovar Gender Studies Center (KGSC) www.kgscenter.net has been contributing to gender mainstreaming since 2002 and continuously makes efforts to achieve gender equality in Kosovo. KGSC has been pioneering changes to the discriminatory system, social norms, and double standards, and is very active in monitoring public institutions. The mission of KGSC is to integrate gender-sensitive analysis, programs, and policies in all sectors of Kosovar society by increasing gender awareness and focus on gender issues, developing gender studies, and ensuring the inclusion of gender sensitive policies through research, policy development, advocacy, and lobbying.

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Abbreviations and Acronyms

AGE	Agency for Gender Equality
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSW	Center for Social Welfare
ECCE	Early Childhood Care and Education
ECE	Early Childhood Education
EU	European Union
GDP	Gross Domestic Product
GRB	Gender-Responsive Budgeting
ILO	International Labour Organization
KAS	Kosovo Agency of Statistics
KGSC	Kosovar Gender Studies Center
LFS	Labour Force Survey
MES	Ministry of Education and Science
MCC	Millenium Challenge Corporation
MFLT	Ministry of Finance, Labour and Transfers
MH	Ministry of Health
MJ	Ministry of Justice
MLFVLW	Ministry of Labour, Family and Values of Liberation War
UK	United Kingdom
UN	United Nations

Executive Summary

This report assesses the state of the care economy in Kosovo, with a focus on identifying structural gaps, estimating employment potential, and proposing policy and investment priorities for a gender-responsive care system. The analysis combines legal review, service mapping, labour market data, and stakeholder consultations to evaluate how care is currently organized, financed, and delivered, and how it can be transformed into a driver of inclusive economic growth.

The findings show that Kosovo has made important progress in establishing a legal and policy framework for care, particularly through recent reforms such as the Law on Social and Family Services and sectoral legislation on early childhood education, health, and social protection. These developments reflect a gradual shift toward more diversified and community-based models of care. However, despite this formal progress, the system remains fragmented and only partially operationalized in practice.

A central conclusion of the report is that the main constraints in the care economy are structural rather than legislative. The absence of dedicated and predictable financing mechanisms, delays in the adoption of secondary legislation, and weak institutional coordination significantly limit the effectiveness and scalability of care services. The financing framework is particularly misaligned, as care continues to be treated as a residual expenditure within public budgets, with no ring-fenced funding and strong municipal dependence on central transfers. This undermines long-term planning, service expansion, and engagement with non-public providers.

At the service level, significant coverage gaps persist across all care sectors. Access to early childhood education remains far below European benchmarks, while long-term care services for the elderly and persons with disabilities are limited and underdeveloped. These gaps translate into substantial unmet demand and highlight the need for both infrastructure expansion and workforce development. Estimates suggest that closing coverage gaps in education and health alone could generate between approximately 17,000 and 22,000 jobs, with a significant share of these opportunities benefiting women.

The report also highlights the strong gender dimension of the care economy. The system relies heavily on informal and unpaid care, predominantly provided by women, reinforcing structural inequalities and contributing to low female labour market participation. Despite a relatively advanced legal framework on gender equality, care-related considerations remain insufficiently integrated into labour market policies. The absence of a recognized professional caregiver status, limited work-life balance provisions, and widespread informality further constrain both the quality of care and the working conditions of care providers.

Against this backdrop, the report argues for a fundamental policy shift: from a fragmented, welfare-based approach to a care economy model that treats care as essential economic infrastructure. Investments in care are shown to generate multiple returns, including job creation, increased labour force participation, improved human capital outcomes, and broader economic growth. In particular, expanding access to affordable and quality care services is critical for enabling women's participation in the labour market and reducing gender inequalities.

To support this transition, the report proposes a comprehensive set of reforms across three main pillars. First, legal and regulatory reforms should focus on operationalizing existing legislation, simplifying licensing, and formalizing care work through certification, training, and labour protections. Second, financing reforms should introduce dedicated funding mechanisms, such as a Specific Grant for Social Services, alongside demand-side instruments like care vouchers and stronger gender-responsive budgeting practices. Third, institutional reforms should strengthen coordination across sectors, enable inter-municipal service provision, and establish integrated data systems, including a national care registry.

In addition, the report emphasizes the importance of strengthening the evidence base, setting national targets for service coverage and workforce development, expanding care infrastructure and training systems, and promoting the formalization of care work and decent working conditions.

In conclusion, Kosovo stands at a critical juncture. While the legal foundations for a modern care system are largely in place, unlocking the full potential of the care economy will depend on addressing structural constraints in financing, governance, and labour market integration. By aligning policy frameworks and prioritizing investment in care, Kosovo can transform the sector into a key driver of employment, gender equality, and sustainable economic development.

1. Introduction

1.1. Summary of the project

From end of February to end of May 2026, under the UN Women #TransformCare initiative in Europe and Central Asia, funded by UK International Development from the UK Government, the Kosovar Gender Studies Center (KGSC) implemented the project “TransformCare: Data and Investment Analysis for Gender-Responsive Care Systems in Kosovo”. This initiative is grounded in the recognition that care systems, encompassing childcare, eldercare, and disability and community-based services, represent a critical intersection between social protection, labour market participation, and inclusive economic development.

Within this context, the project aimed to strengthen the evidence base and policy dialogue on care systems in Kosovo, with a particular focus on identifying structural gaps, investment needs, and opportunities for gender-responsive policy reform. Through economic and gender analysis, and stakeholder consultations in seven selected municipalities, the initiative assessed childcare, eldercare, disability, and community-based services, with particular attention to women’s unpaid care burden and labour market participation.

1.2. Purpose of the analysis

This analysis generates Kosovo-specific evidence on care needs, care deficits, and investment gaps across sectors such as childcare, eldercare, disability support services, and related social infrastructure, with a particular focus on women’s unpaid care burden and labour market participation. It identifies gaps that can be addressed through the proposed recommendations on implementation of existing policies and through the feasible, gender-responsive investment pathways.

The analysis is designed not only to open discussion on existing societal norms but also to contribute to bringing about measurable differences to the lives of women. It seeks to reduce women’s time poverty, support their access to decent work, and strengthen institutional accountability for care as a public good and shared social responsibility. Although there has been some progress in applying some areas of care, very little work has been done to systematically analyze the care economy in Kosovo from an investment, employment-generation, and gender equality perspective, including the economic returns of investing in care services and infrastructure.

Therefore, the objectives of this analysis are to generate evidence on care-related investment needs, employment potential, and service gaps in Kosovo; to support gender-responsive policy dialogue on care systems, including financing and implementation of existing frameworks; to strengthen the availability and use of data and analytical tools to inform decision-making on care services and infrastructure; and to contribute to national and local efforts to recognize, reduce and redistribute unpaid care work in line with the UN Women’s 5R+ framework (2022): recognize, reduce, redistribute unpaid care work, reward, and represent paid care work.

The analysis seeks to increase policymakers' awareness of the potential of investments in the care economy to meet multiple development priorities, while at the same time advising on how to prioritize such expenditures. Specifically, the analysis identifies coverage gaps in care services; estimates the costs of public investments and expenditures for eliminating these coverage gaps; and assesses the various economic returns to such investments in the short- and the long-run.

Moreover, the analysis addresses critical data and evidence gaps related to care systems in Kosovo, including the availability, quality, accessibility, and financing of care services and infrastructure, and their implications for women's economic empowerment. It further contributes, in alignment with UN Women's Strategic Plan 2026–2029 (2025), to strengthening institutional capacities to use gender-responsive research, data, and tools for policy formulation, budgeting, and monitoring of care-related interventions.

1.3. Methodology and data collection tools

This analysis employs a mixed-methods research design to assess the employment potential, service gaps, and investment opportunities for gender-responsive care policy and financing. The methodology integrates quantitative and qualitative data analysis and institutional assessment to provide robust evidence for policy development and investment in the care economy. The methodological design aligns with international standards for care economy analysis, gender-responsive public finance, and social infrastructure assessment.

The methodological approach used for this analysis aimed to produce evidence that supports expansion of equitable and quality care services; reduction of unpaid care responsibilities, particularly for women; increased labour market participation, particularly by women; development of gender-equitable care policies focusing on redistribution of care responsibilities; and evidence-based public investment in the care economy by viewing care as an investment rather than an expenditure.

Three care sectors were analysed: 1. Childcare Services - assessment of services supporting children; 2. Long-term Eldercare Services and Healthcare – assessment of services supporting older adults, including: residential eldercare institutions, home-based care services; day centres for older persons; and community support programmes; and 3. Disability and Community-Based Services - assessment of services supporting persons with disabilities, such as day centres, rehabilitation services; community-based support programmes; and personal assistance services.

The analysis also applies the policy simulation tool developed by UN Women and International Labour Organization (ILO) to calculate coverage gaps, costs of required investments, and job creation. The estimates cover the sectors of early childhood education and care, and health care. Additionally, focus groups and interviews with stakeholders also took place to gather inputs and data used for the analysis.

Data collection methods

- Desk review: a comprehensive desk review analysed existing data, policy frameworks, and institutional arrangements related to care services to identify regulatory frameworks, institutional mandates of care provision, availability of resources, and strategic priorities for care sector development.
- Care service mapping: a mapping of the care services provided in Kosovo by public institutions at both national and local level. This data was collected through desk research, meetings with officials from the respective ministries, and the consultation meetings in the seven (7) selected municipalities¹
- Semi-structured interviews and focus groups: conducted with stakeholders at municipal levels in seven (7) municipalities, ensuring representation from each region of the country. These municipalities were selected to ensure that they capture territorial diversity in demographics, disparities in service provision and infrastructure development.
- Coverage gap estimates: employment gap and additional budget to fill employment gaps the methodology utilised in the ILO/UN Women *“A Guide to Public Investments in the Care Economy Policy Support Tool for Estimating Care Deficits, Investment Costs and Economic Returns (2021)”* was used. To apply the methodology for each sector a range of data sources were utilised for: Labour Force Survey (LFS) statistics for employment; population statistics, using 2024 Kosovo census data; targets extracted from national strategies; actual coverage data extracted from official statistics published by Kosovo Agency of Statistics (KAS), Ministry of Education and Science (MES), Ministry of Health (MH), and Ministry of Labour, Family and Values of Liberation War (MLFVLW); employment data from the official statistics published by KAS, MES, and MH; data on beneficiaries from social protection schemes that target care provision; data on salaries from the KAS report of 2024, European Union (EU) averages for some indicators when not available for Kosovo; and interview with two (2) officials² from the National Public Health Institute to validate applied data and require data for the long-term care and one (1) official³ from MES for the education data.

Validation of findings

Within the scope of the project, KGSC organized a two-day validation workshop with stakeholders to validate the findings of the analysis. During the workshop, the desk review findings and the cost calculations were presented and discussed among the participants. The feedback from the validation workshop participants was added to this final analysis. Moreover, the final draft analysis was shared with the stakeholders from the MLFVLW, Office for Good Governance, and the Agency for Gender Equality for their feedback.

Municipal consultation meetings

KGSC organized consultation meetings in each of the seven (7) selected municipalities for this project. 56 participants: 37 municipal officers, including three politically elected officials (Mayor and Deputy Mayor of Viti/Vitina and Deputy Mayor of Podujevë/Podujevo), 17 representatives of civil society organizations, and two (2) women caregivers, in these meetings brought their perspectives to the topic of gender-responsive care: gaps in service provision, needs in their municipalities, and recommendations.

¹ Kamenicë/Kamenica, Pejë/Peć, Podujevë/Podujevo, Prishtinë/Priština, Prizren/Prizren, Mitrovicë e Jugut / Južna Mitrovica, and Viti/Vitina

² Prof. Merita Berisha dhe Sanije Gashi

³ Enver Mekolli

Methodological Challenges and Limitations

While this analysis provides valuable insights into the current state of the care economy in Kosovo, several methodological and practical considerations need attention. This does not undermine the findings; however, it is important to give attention for upcoming similar analyses.

- The project period was too short to enable a fully in-depth analysis of the gender-responsive care economy. In addition, the need to organize meetings on short notice with municipal representatives affected participation, meaning that in some cases their perspectives, needs, and recommendations may not have been fully captured.
- The availability of disaggregated data on care services and public expenditure remains limited, constraining the ability to conduct a comprehensive quantitative assessment of service gaps and economic impact. Moreover, as elements of the regulatory framework, particularly secondary legislation under the Law on Social and Family Services, are still under development, some findings reflect a transitional policy environment and may require further validation as reforms are finalized and implemented.
- The estimates presented in this report are subject to certain limitations, which are outlined under each pillar of care. These estimates should be interpreted as indicative rather than precise or definitive. Given that data for care providers for elderly i.e. long-term care are not available in Kosovo, the coverage gap and employment gap was not able to be calculated at this point.

Despite these limitations, the methodology provides a solid analytical foundation for identifying structural legal and policy gaps and for formulating targeted recommendations aimed at strengthening the development of a gender-responsive care economy in Kosovo.

2. What is care economy?

Care refers to all activities that meet the physical, emotional, and social needs of individuals who require support. This includes direct personal care such as feeding, bathing, dressing, assisting with mobility; health-related care such as nursing, rehabilitation, administering medication; emotional and social support such as companionship, supervision, psychological support; and household-related care such as cooking, cleaning, managing the home when done for dependents.

Care can be provided to children through childcare or early education; older persons through eldercare or long-term care; persons with disabilities, and individuals who are ill or otherwise dependent. There is a key distinction between paid care, that is provided by professionals like nurses, social workers, childcare workers, or healthcare workers and unpaid care that is provided informally, typically by family members and disproportionately women.

The care economy refers to the system of all activities, services, institutions, and relationships involved in providing care, whether paid or unpaid. It includes three main components:

- 1. Paid care sector or formal economy** (healthcare services such as hospitals and clinics; early childhood education and care; social services such as eldercare and disability services; and domestic workers and home-based caregivers). These are part of the labour market and contribute directly to Gross Domestic Product (GDP), employment, and public expenditure.
- 2. Unpaid care or informal economy**, that is care provided within households (raising children, caring for elderly relatives), and typically it is not counted in GDP but essential for societal functioning. This type of care is a hidden but foundational part of the economy.
- 3. Supporting systems and policies** like public funding and social protection systems, labour market regulations (e.g. parental leave, flexible work), infrastructure (care facilities, community services), and education and training systems for care workers.

Ilkcaracan et al. (2021) emphasises that gender inequalities in unpaid care work and paid employment are closely interconnected and mutually reinforcing. They note that women, particularly mothers, tend to face significantly larger employment and wage gaps compared to men, especially fathers. This is largely driven by the unequal distribution of unpaid household and care responsibilities. Given the limited time available in a day, the more time women devote to unpaid work, the less they can participate in paid employment. For those who remain in the labour force, especially low-income women with limited access to paid care alternatives, this often results in a “double burden” of managing both domestic and professional responsibilities.

Consequently, employed women are more likely to experience time poverty, a phenomenon widely documented across different regions. Ilkcaracan et al. (2021) summarise empirical evidence from various countries showing that improved access to care services significantly increases women’s participation in the labour market and strengthens their attachment to paid work. In addition to these positive effects on labour supply, recent studies highlight important impacts on labour demand as well. Investments in the care sector, which is highly labour-intensive, generate substantially more employment opportunities

compared to investments in sectors like physical infrastructure. Moreover, because care sectors tend to employ a higher share of women, this job creation is particularly beneficial for reducing gender employment and wage gaps. It is also highlighted that the strong employment effects of care investments translate into broader economic benefits. By generating more jobs and increasing household incomes, such investments contribute to more effective poverty reduction. Overall, expanding social care services represents a powerful policy tool for promoting gender equality, inclusive labour markets, and sustainable economic development.

2.1. Care economy in Kosovo

The care economy in Kosovo comprises all formal and informal activities, services, and systems involved in providing care to children, older persons, and individuals with disabilities or other support needs. It includes regulated sectors such as health, education, and social services, as well as unpaid care provided within households. Currently characterized by fragmentation and heavy reliance on informal care, the sector has significant potential to contribute to employment, gender equality, and long-term economic development if supported by coherent legal, financial, and institutional reforms.

During the COVID-19 pandemic, the Government of Kosovo undertook targeted measures to support women's recovery in the employment sector. The main initiative included a gender-responsive measure worth 2 million Euros within the Recovery Program, implemented by the Agency for Gender Equality under the Office of the Prime Minister. This fund was allocated as a 1.2 million Euro investment in 115 preschool kindergartens and 0.8 million Euros for the economic empowerment of women.

Evidence for unpaid care work intensity and share between women and men in Kosovo has been assessed by two-time use surveys. Millenium Challenge Corporation (MCC) implemented a large-scale survey with 8,533 households (2017). For each sampled household, enumerators attempted to a) populate a Household Roster with the head of household or the member most knowledgeable about the labour force status of all household members and b) complete an Extended Interview with one randomly selected female and one randomly selected male, who were non-students aged 18-74 years. The Household Roster captured the labour force status of all members of the household above the age of 15, while the Extended Interview captured detailed information on access to productive capital, household decision-making, time use, and gender attitudes. Data has shown a substantial variation in time use by sex. Men spend, on average, 400% more time on employment than women (3.9 hours and 0.9 hours, respectively). In contrast, women spend 300% more time on household and family care than men (7.1 hours and 2.3 hours, respectively). An interesting observation was that men spend more time on travel compared to women, which largely comes from travel related to work and as Gashi, et al (2019) argue it can also indicate that to accommodate work and family responsibilities women search for jobs closer to home.

The survey commissioned by the Musine Kokalari Institute for Social Policy (2022) found that while an individual spends an average of 4.9 hours on unpaid care work in Kosovo (direct or indirect), women spend 2.7 hours or 44% more on unpaid care work than men. Women spend 4.73 hours in chores, 1.97 hours in childcare, and 1.15 hours in eldercare. Meanwhile, men spend 2.97 hours in chores, 0.95 hours in childcare and 0.42 hours in eldercare. The total estimated value of unpaid care work in Kosovo is Euro 2,824,248,757 or 33% of Kosovo's GDP. Women spend on average 2,263 hours in unpaid care work in a year or 94 days. Men spend an average of 1,314 hours in unpaid care work (although not the same activities) or 55 days. Kosovars spend an average of 1,795 hours performing unpaid care activities or 75 days in total.

Although two studies were carried out in a difference of five (5) years and provide some numerical differences in time devoted to unpaid care, it is evident that women bear a heavier burden of care, which also acts as a barrier to employment. Since the data collection methods in these two studies were not the same (MCC applied a structured 15-minute time diary, while the Musine Kokalari Institute for Social Policy asked respondents to report time spent on each activity over a 24-hour period), the comparison should not be made hour by hour. However, it indicates that in both studies, women account for approximately 65–75% of the total time spent on family and household care. Unpaid work for women contributes to economic poverty and limited financial independence, as well as time poverty, reducing the time available for investing in skills development and job seeking. The burden of family and household care on women reinforces traditional gender roles, where women are considered primary caregivers while men are considered as breadwinners.

The MCC survey (2017) found that looking after children was a reason for not looking for employment for 6.5% of inactive women and not a reason for men while looking after elderly or disabled persons was a reason for 1.4% of inactive men but not significant for women. Regular Kosovo LFS asks inactive individuals for reasons of not looking for a job and recent reports do not include such information. However, data shown in previous years indicate that a higher share of women reported care related reasons being more pronounced than among inactive men.

Although part-time work is not that present in Kosovo (in 2024, 7.7% of employed men compared to 4.9% of employed women) 3.9% of women working on part time basis have chosen this type of job to look after children or adults with disabilities, compared to only 0.7% of men working part-time (KAS, 2025b). Data from previous years also give a higher percentage for women compared to men, apart from 2021 that is slightly higher for men.

	2023		2022		2021		2020	
	M	W	M	W	M	W	M	W
Care for children, adults or persons with disability	0.0	3.1	0.3	1.4	0.9	0.7	0.6	1.5

TABLE 1. *Reasons for working on a part-time basis (KAS, 2021, 2022, 2023, 2024)*

This discussion indicates that unpaid care work strongly affects women in Kosovo. It is one of the key factors limiting their participation in the labour market and their employability. Expanding care service coverage would have multiple positive impacts on care recipients, women, and society and the economy.

2.2. Care-services mapping in Kosovo

The institutional and governance framework of the care economy in Kosovo is currently undergoing a phase of transition, reflecting both structural fragmentation and ongoing institutional reconfiguration. While the legal framework assigns responsibilities across different levels of governance, recent developments indicate a partial redistribution of competences at the central level, further shaping the dynamics of policy coordination and implementation.

At the central level, responsibilities for care-related policies have undergone several institutional reconfigurations over time. Initially, these functions were centralized within the former Ministry of Labour and Social Welfare (MLSW), which held a consolidated mandate over social protection, labour market policies, and the provision of social and family services. Following subsequent government restructuring, these competences were partially redistributed across different institutions, most notably the Ministry of Finance, Labour and Transfers and the Ministry of Justice, leading to a more fragmented governance arrangement, particularly in areas related to social and family services, including eldercare and disability support. Following the last elections in December 2025, the new Government established the Ministry for Labour, Family, and the Values of the Liberation War (MLFVLW); thus, a portion of these competences have been reallocated once again to this newly created institutional structure. This latest reorganization reflects an attempt to consolidate social policy functions and improve governance coherence in areas related to care services.

Notwithstanding this development, the institutional framework remains in an early stage of consolidation. Given that the government was only constituted in February, the functional delineation of responsibilities, internal structures, and coordination mechanisms of the new ministry is still evolving. As such, the system currently operates within a transitional institutional environment, where overlapping mandates and administrative uncertainties may affect policy continuity and implementation efficiency.

In parallel, the governance structure continues to reflect a sectoral division of responsibilities across central institutions. Early childhood education and care (ECEC) remain under the mandate of MES, while social services related to eldercare and disability are managed within the broader social protection system. This division reinforces a fragmented, non-integrated approach to care, where different life-cycle stages are governed by separate institutional logics.

At the municipal level, local governments retain the primary responsibility for the planning, organization, and delivery of social services. However, despite this formal decentralization, municipalities continue to operate with limited fiscal autonomy and constrained administrative capacity. This creates a structural “decentralization gap”, whereby the responsibility for service delivery is not matched by adequate financial resources or operational flexibility.

Institutional fragmentation is further compounded by weak horizontal and vertical coordination mechanisms. The absence of a unified institutional platform for the care economy results in limited policy coherence across sectors and levels of governance. Moreover, the ongoing institutional transition at the central level introduces an additional layer of complexity, as roles and responsibilities are still being clarified.

Overall, the governance framework of the care economy in Kosovo reflects a system in transition, characterized by fragmented mandates, evolving institutional structures, and limited coordination capacity. While the establishment of a dedicated ministry for labour, family, and related social domains has the potential to improve policy focus and coherence, its effectiveness will depend on the successful consolidation of competences, clear delineation of responsibilities, and the development of robust coordination mechanisms across all levels of governance.

Currently, based on the Decision No. 148/2024 of the Office of the Prime Minister, the AGE is finalizing the Kosovo’s Program for Gender Equality 2025-2035 which also foresees activities under the second pillar that covers economy, including the care economy.

During the consultation meetings in all seven (7) municipalities selected under this analysis, the issue of the capacities both human and financial of the Centers for Social Work (CSWs) were raised. Their representatives raised several concerns on the lack of budget for conducting their work, supporting people in need when facing emergency situations, looking after children in foster care whom due to lack of foster families in their municipalities are sent to other municipalities where these capacities exist. Furthermore, the CSW representatives but also the other participants in the consultation meetings expressed the need for more kindergartens but also for public spaces where elderly people can socialize and still feel like they are contributing to the society, either through joint activities with children or helping out kids to cross the road when they go to school or other activities under the supervision of the CSWs or the licensed non-governmental organizations.

2.3. Financing framework of the care economy in Kosovo

The financing framework of the care economy in Kosovo represents one of the most critical structural constraints in the development of a functional and scalable care system. While recent budgetary trends indicate an overall increase in public expenditure, particularly in the form of subsidies and transfers, the underlying financing architecture for care services remains fragmented, non-targeted, and insufficiently aligned with policy objectives.

Currently, the financing of care services is embedded within a broader system of intergovernmental fiscal transfers and general budget allocations. At the central level, funding is primarily channelled through general budget lines and sector-specific grants, particularly in education, health, and pensions. However, no dedicated or ring-fenced financing mechanism exists for social or care services. As a result, care-related expenditures are subsumed within broader budget categories and lack clear visibility as a distinct policy priority.

At the municipal level, which holds primary responsibility for service delivery, financing relies on a combination of central government transfers, most notably the General Grant, and own-source revenues. In practice, municipalities remain heavily dependent on central transfers, with a significant portion of their budgets pre-allocated to fixed expenditures. This limits their fiscal flexibility to invest in or expand care services, particularly in areas such as eldercare and disability support.

The absence of a dedicated “Social Services Grant” creates a structural imbalance within the financing system. Unlike sectors such as education and health, which benefit from specific grants with defined allocation formulas, care services must compete for resources within the general municipal budget. This results in chronic underinvestment in care infrastructure and services, particularly in municipalities with limited fiscal capacity.

In addition to domestic public financing, external funding sources, such as loans and development partner support, play a complementary role. For instance, international financing mechanisms, including World Bank-supported human capital initiatives, have primarily focused on ECEC. While this has contributed to increased investment in childcare services, it has also led to an imbalance across the care continuum, with eldercare and disability services remaining significantly underfunded and underdeveloped.

These financing dynamics give rise to several structural challenges. First, the lack of ring-fenced funding undermines the prioritization of care within public budgets, effectively positioning it as a residual expenditure rather than a strategic investment. Second, municipal dependency on central transfers

constrains local autonomy and limits the ability of municipalities to engage in long-term planning or to establish sustainable service provision models, including public-private partnerships. Third, the uneven allocation of resources across subsectors reinforces systemic inequalities within the care economy, with childcare receiving relatively greater policy attention and investment compared to eldercare and disability services.

Furthermore, the absence of clear costing mechanisms and standardized financing models for care services, particularly for contracted services and community-based provision, creates additional barriers to scaling service delivery. Municipalities often lack both the legal framework and the financial instruments necessary to enter multi-year service contracts with non-public providers, further limiting the expansion and diversification of care services.

Overall, the financing framework of the care economy in Kosovo remains structurally misaligned with its stated policy objectives. Despite increased public spending, the absence of targeted financing instruments, combined with high municipal dependency and sectoral imbalances, continues to constrain the development of a sustainable, inclusive, and gender-responsive care system. Addressing these gaps will require a fundamental shift toward recognizing care as a distinct budgetary category and a strategic area of public investment.

2.4. From a social welfare paradigm to strategic investments

Traditionally, care has been treated predominantly as a social welfare concern, addressed through fragmented service provision and residual public support mechanisms. However, contemporary policy frameworks increasingly conceptualize care as essential economic infrastructure. Investments in care systems not only support the well-being of dependent populations but also generate significant economic returns through job creation, increased labour force participation, and enhanced productivity. In particular, expanding access to affordable, high-quality care services plays a decisive role in enabling women to enter and remain in the labour market, thereby addressing structural inequalities and contributing to broader economic growth.

In Kosovo, the care economy remains underdeveloped, underfinanced, and institutionally fragmented. Structural deficiencies in service coverage, accessibility, and quality are compounded by weak coordination between central and municipal levels, as well as by the absence of sustainable financing mechanisms. These challenges disproportionately affect women, who continue to perform most of the unpaid care and domestic work. As a result, women in Kosovo experience significant time poverty, limiting their ability to engage in paid employment, pursue education and skills development, and participate fully in public life. The persistently low levels of female labour market participation are therefore closely linked to the absence of a functional and accessible care system.

To better contextualize the structure of the social protection system, the table below provides an overview of the main social welfare schemes and their financial coverage, based on the March 2026 data published by the KAS.

Social Welfare Scheme	Number of Beneficiaries	Monthly Expenditure (€)
Basic old-age pensions	165,082	25,845,520.00
Contributory old-age pensions	48,148	11,776,231.60
Partial contributory pensions	10,580	2,301,595.50
Disability pensions	21,550	3,594,010.00
Trepça pensions	830	125,647.20
Kosovo Security Force pensions	954	473,368.00
Kosovo Protection Corps pensions	1,383	292,960.00
Blind persons scheme	1,919	532,290.00
Family pensions	2,450	371,910.00
Work invalid pensions	25	3,750.00
Paraplegic and tetraplegic pensions	3,527	1,360,800.00
Education workers' compensation scheme (90s)	15,214	1,334,508.00
War-related family pensions	12,424	3,763,417.55
Veterans scheme	38,437	7,711,190.64
Social assistance scheme	15,595	2,327,872.00
Child disability support scheme	4,331	706,650.00
Child benefit scheme	404,233	14,649,495.00
Total	746,682	77,171,215.49

TABLE 2. *Social Welfare Schemes in Kosovo, March 2026*

The current model of care provision in Kosovo remains fundamentally anchored in a social welfare paradigm, where care services are treated as residual interventions aimed at addressing vulnerability rather than as strategic investments in economic and human capital development. Within this model, care is primarily framed as a cost to be contained, delivered through fragmented public services and informal family-based arrangements, rather than as a system capable of generating measurable economic and social returns.

This welfare-based approach is reflected in both legal and fiscal structures. Care services are positioned within the domain of social protection, with limited integration into labour market policies, economic planning, or public investment strategies. Financing mechanisms reinforce this positioning, as care is not treated as a distinct budgetary category but rather as a secondary expenditure competing for limited municipal resources. At the same time, the heavy reliance on informal care, predominantly provided by women within households, further entrenches the perception of care as a private responsibility rather than a public good.

However, international policy frameworks and empirical evidence increasingly demonstrate that care systems constitute essential economic infrastructure. Like education, health, or transport systems, care enables labour market participation, supports productivity, and generates employment. A transition toward a care economy model, therefore, requires a fundamental conceptual and policy shift: from viewing care as a passive social expenditure to recognizing it as an active driver of inclusive economic growth.

The economic implications of such a shift are particularly significant in the context of employment. Expanding access to formal, affordable, and quality care services directly increases labour force participation, especially among women who are currently constrained by unpaid care responsibilities. At the same time, the formalization and expansion of the care sector itself create new jobs, contributing to employment generation across different skill levels. In this sense, the care economy operates both as an enabler of labour supply and as a source of labour demand.

From a gender equality perspective, the transformation of care systems is central to addressing one of the most persistent structural inequalities in Kosovo: the unequal distribution of unpaid care work. The current model effectively externalizes care responsibilities to households, reinforcing gender roles and limiting women's economic opportunities. By investing in care infrastructure and formalizing care work, public policy can facilitate a more equitable redistribution of care responsibilities and reduce time poverty among women, thereby enhancing their participation in economic and public life.

Beyond employment and gender equality, the shift toward a care economy model also has broader implications for economic growth and social cohesion. Increased labour participation, particularly among women, expands the productive base of the economy and contributes to higher aggregate output. Data show that closing the gender gap in employment, working hours and wages could increase GDP per capita by 22.9 percent, while closing the gender gap in labour market participation alone could increase it by 5.9 percent in the long run (IMF, 2025). This is more than the financial and agricultural sectors combined. At the same time, improved access to care services enhances human capital outcomes, including early childhood development, health, and long-term productivity. These effects generate a multiplier impact, where investments in care produce returns across multiple sectors.

Despite the significant macroeconomic gains associated with reducing gender disparities, women in Kosovo remain substantially underrepresented in the labor market. Female labor force participation remains extremely low—approximately one in four women—despite a large share of women being of working age, reflecting persistent structural barriers such as the unequal burden of unpaid care and family responsibilities (IMF, 2025). Moreover, female unemployment remains elevated at around 19 percent, significantly exceeding the European Union average of approximately 6 percent (Eurostat, 2024). At the same time, the female employment rate is estimated at about 21.2 percent, the lowest in the Western Balkans (Riinvest Institute, 2025), underscoring the extent of untapped economic potential.

In conclusion, maintaining the current welfare-based model will continue to limit both the economic and social potential of the care sector. A strategic transition toward a care economy approach, grounded in integrated policy design, targeted financing, and labour market alignment, is essential for unlocking employment, advancing gender equality, and supporting sustainable economic growth in Kosovo.

3. Gender-responsive care economy in Kosovo – a legal analysis

The gender equality and labour market framework in Kosovo is primarily grounded in Law on Gender Equality and Law on Labour, which together establish the normative basis for equal treatment, non-discrimination, and participation in employment. While these laws formally align Kosovo with international and EU standards, their interaction with the care economy remains limited and structurally underdeveloped.

Law on Gender Equality provides a comprehensive legal framework that guarantees, protects, and promotes equal participation of women and men across all areas of social and economic life, including employment and access to services. Importantly, it introduces the obligation for public institutions to apply gender mainstreaming and Gender-Responsive Budgeting (GRB), requiring that gender considerations be integrated into policy design, planning, and resource allocation. In principle, this creates a strong legal basis for addressing structural inequalities linked to unpaid care work. However, despite this progressive normative framework, the operationalization of gender equality within the labour market remains constrained.

Law on Labour regulates employment relationships, working conditions, and employee protections across both public and private sectors. It includes provisions related to maternity leave, occupational safety, and protection from discrimination, thereby providing a baseline of rights for workers, particularly women during pregnancy and early motherhood. Nevertheless, a critical structural gap persists in the absence of a comprehensive legal framework addressing work-life balance and caregiving responsibilities. Existing provisions are largely centred on maternity protection and do not extend to a broader, gender-neutral system of caregiving rights. Mechanisms such as paternity leave, caregiver leave, or flexible working arrangements, essential for redistributing care responsibilities and supporting labour market participation, remain either underdeveloped or insufficiently regulated.

Furthermore, the legal framework does not formally recognize caregiving as a distinct category of work within the labour market. The absence of a defined “professional caregiver” status contributes to the widespread informality of care work, leaving a significant segment of the workforce, predominantly women, without adequate labour protections, social security coverage, or career pathways. This disconnect between gender equality legislation and labour market regulation results in a systemic failure to address one of the core drivers of gender inequality in Kosovo: the unequal distribution of unpaid care work. Consequently, women’s labour market participation remains significantly constrained, reinforcing patterns of economic inactivity and limiting the transformative potential of the care economy.

In conclusion, while Kosovo’s legal framework establishes strong formal commitments to gender equality and non-discrimination, it lacks the necessary integration of care-related considerations within labour market policies. Bridging this gap will require targeted legal reforms that explicitly recognize caregiving responsibilities, promote flexible work arrangements, and support the formalization of care work as a key component of inclusive economic development.

3.1. National legal and policy framework

The legal and regulatory framework governing care services in Kosovo has undergone significant developments in recent years, particularly with the adoption in 2024 of Law on Social and Family Services. This evolving framework reflects an effort to modernize social protection systems and expand the scope of care provision beyond traditional institutional models. However, despite these legislative advancements, the regulatory architecture remains fragmented and, in many respects, insufficiently operationalized.

A central characteristic of the current framework is its sectoral fragmentation, where different components of the care economy, namely childcare, eldercare, and disability-related services, are governed by distinct legal instruments, institutional mandates, and regulatory regimes. This fragmentation limits the development of an integrated, life-cycle approach to care and creates inconsistencies in service provision, quality standards, and financing mechanisms across subsectors.

This fragmentation is further reinforced by the distribution of competencies across different levels of governance. The Law on Local Self Government assigns municipalities a broad mandate for the provision of social and health-related services, including primary healthcare and social welfare services such as care for vulnerable groups and elderly persons. While this legal framework establishes the basis for decentralized service delivery, in practice, it contributes to uneven implementation capacities and varying levels of service provision across municipalities.

Moreover, while primary legislation has introduced important conceptual shifts, such as the recognition of home-based and community-based care services, the absence or delayed adoption of secondary legislation, particularly Administrative Instructions, continues to constrain the effective implementation of these reforms. As a result, key aspects of service provision, including licensing procedures, quality assurance mechanisms, and financing modalities, remain either unclear or inconsistently applied in practice.

Within this broader regulatory landscape, significant gaps also persist in aligning care-related legislation with labour market policies and gender equality objectives. While Kosovo has established a comprehensive legal framework on non-discrimination, including the Law on Protection from Discrimination, and is further bound by international commitments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the integration of these principles within the care economy remains limited in practice.

This misalignment is also evident in the context of the Sustainable Development Goals (SDG), particularly SDG 5, which calls for the recognition and redistribution of unpaid care and domestic work. Despite these obligations, care services in Kosovo continue to be largely positioned within the domain of social welfare, with limited recognition of their role as economic enablers. The absence of a coherent legal framework supporting flexible work arrangements, formal care employment, and the redistribution of unpaid care responsibilities further reinforces existing structural inequalities.

At the same time, ongoing legislative developments indicate a potential shift toward a more structured and financially sustainable care-related system. The recently adopted Law on Compulsory Healthcare Insurance, introduces a systemic reform aimed at establishing a mandatory health insurance scheme and a dedicated financing mechanism through the creation of a national insurance fund. While primarily focused on healthcare financing and service delivery, this reform may have indirect implications for the broader care economy, particularly in terms of introducing more structured financing mechanisms and contractual arrangements within the health sector.

As a result, the current system reflects both structural fragmentation and an emerging reform trajectory. While the legal framework is gradually expanding, its effective implementation and alignment with broader economic and social objectives remain limited, constraining the development of an integrated and sustainable care economy in Kosovo.

3.1.1. Childcare and Early Childhood Education and Care (ECEC)

The legal framework governing childcare and ECEC in Kosovo is primarily anchored in two core legislative instruments: Law on Early Childhood Education and Law on Child Protection. These laws collectively establish the normative, institutional, and operational foundations for the provision, regulation, and oversight of services aimed at children from birth to the age of six.

Law on Early Childhood Education provides the central regulatory basis for the organization, functioning, and supervision of early childhood education services. It defines early childhood education as a comprehensive system that integrates care, development, and education, and establishes clear standards for service provision, including licensing, quality assurance, and institutional responsibilities. The law also explicitly recognizes multiple forms of service delivery, including public institutions, private providers, public-private partnerships, and community-based models, thereby creating a diversified framework intended to expand access and coverage.

In parallel, Law on Child Protection provides a broader rights-based framework that governs the protection, well-being, and development of children across all sectors, including care and education services. It establishes the fundamental principles of child protection, including the best interest of the child, non-discrimination, and the obligation of state institutions and families to ensure the safety, development, and welfare of children. The law also defines the institutional architecture responsible for child protection and mandates coordination between central and local authorities in the delivery of services.

Taken together, these two laws reflect a comprehensive and rights-based legal approach to early childhood care and development. However, despite this relatively well-articulated primary legal framework, significant regulatory challenges remain in practice. A key constraint lies in the reliance on secondary legislation - particularly sub-legal acts - for the operationalization of critical aspects such as licensing criteria, service standards, staffing requirements, and monitoring mechanisms. In several areas, these sub-legal instruments are either incomplete or insufficiently harmonized, leading to inconsistencies in implementation across municipalities.

Furthermore, while the legal framework formally enables diverse service provision models, including community-based and institution-based care, practical barriers persist in translating these provisions into scalable and accessible services. These include administrative bottlenecks, uneven institutional capacities at the municipal level, and the absence of fully developed regulatory guidance for emerging forms of service delivery. As a result, the expansion of childcare services remains uneven, and access continues to be limited, particularly in underserved areas.

Overall, the ECEC legal framework in Kosovo demonstrates a solid normative foundation aligned with international standards and child rights principles. However, the effectiveness of this framework is constrained by gaps in secondary legislation, implementation capacity, and regulatory clarity, which collectively limit its ability to deliver a fully functional, accessible, and quality-assured childcare system.

3.1.2. Eldercare and Disability Services

The legal and institutional framework governing eldercare and disability services in Kosovo is fragmented across multiple sector-specific laws, with Law on Social and Family Services serving as the central pillar of the system. This law establishes the general architecture for social care, defining beneficiaries to explicitly include elderly persons and persons with physical or mental disabilities, and setting out the responsibilities of central and municipal authorities, as well as licensed non-public providers.

Under this framework, social services are designed to support individuals who have partially or fully lost the ability to care for themselves, including through home-based care, residential services, and community-based interventions. The law also institutionalizes a pluralistic service delivery model, allowing municipalities to contract licensed private and non-governmental providers, thereby formally enabling diversification of care services.

In parallel, the system is complemented by a range of targeted laws addressing specific categories of persons with disabilities. These include the Law on Pension Schemes Financed by the State, which establishes disability pensions and basic age pensions as core income-support mechanisms for elderly persons and persons living with disabilities, as well as the Law for Blind Persons, which provides for specific financial benefits, tax exemptions, and access to services tailored to visually impaired individuals.

Scheme Name	Number of Beneficiaries	Total Payment (€)
Basic Age Pension	165,082	25,845,520.00
Contributory Age Pension	48,148	11,776,231.60
Partial Contributory Age Pension	10,580	2,301,595.50
Disability Pension Scheme	21,550	3,594,010.00
Blind Persons Scheme	1,919	532,290.00
Paraplegic and Tetraplegic Scheme	3,527	1,360,800.00
Total	250,806	45,410,447.10

TABLE 3. *Elderly and Disability-Related Social Protection Schemes (KAS, 2026)*

As shown above, age-based pension schemes account for the largest share of beneficiaries and public expenditure, while disability-related schemes remain comparatively smaller but play a critical role in supporting vulnerable groups.

Further, the Law on the Status and Rights of Paraplegic and Tetraplegic Persons defines a specialized regime of compensation and rights for persons with severe mobility impairments, reinforcing a categorical approach to disability protection. In addition, the Law on Vocational Ability, Rehabilitation and Employment of People with Disabilities introduces measures aimed at labour market integration through rehabilitation, vocational training, and anti-discrimination guarantees in employment.

At the systemic level, the Family Law of Kosovo also plays a complementary role by embedding care responsibilities within the family unit, explicitly recognizing the obligation of family members to provide support for elderly persons and individuals unable to ensure their own living conditions. This reinforces a dual model where formal care systems coexist with legally and socially expected family-based care.

In terms of policy evolution, the legal framework reflects a gradual transformation toward decentralization and community-based service provision. The Law on Social and Family Services promotes service delivery as close as possible to the beneficiary's family or community, emphasizing individualized care plans, inclusiveness, and integrated service provision.

However, despite this formal shift, significant structural barriers persist. First, the licensing regime for social service providers, while legally established, remains a bottleneck. The requirement for professional licensing and institutional authorization creates entry barriers, particularly for smaller providers, and is not consistently supported by fully operational secondary legislation or capacity at the municipal level.

Second, the system continues to rely heavily on informal care arrangements. Family Law of Kosovo and the broader social protection framework implicitly place primary responsibility on families, which results in a substantial portion of eldercare and disability care being delivered outside formal systems. This informalization is not accompanied by adequate legal recognition, financial support, or regulatory oversight.

Finally, the overall framework remains highly fragmented, with multiple laws targeting specific disability categories rather than providing a unified, cross-cutting disability services regime. This leads to inconsistencies in eligibility criteria, benefit levels, and service access, ultimately limiting the efficiency and equity of the system.

In conclusion, while Kosovo has established a multi-layered legal framework for eldercare and disability services, anchored in the Law on Social and Family Services and complemented by sector-specific legislation, the system remains constrained by fragmentation, regulatory holdups in licensing, and a continued structural dependence on informal, family-based care.

In addition to the core legal framework governing social and family services, Law on Social Enterprises introduces an alternative mechanism for the provision of care-related services through market-based and community-oriented actors. The law defines social enterprises as entities that pursue social objectives while engaging in economic activities and explicitly enables their involvement in the delivery of services such as home-based care, daily care for elderly persons, and support services for persons with disabilities.

By allowing for the integration of vulnerable groups into employment and service provision, the law creates a potential bridge between social protection and labour market participation. However, despite this enabling framework, the role of social enterprises in the care sector remains underdeveloped in practice. This is largely due to broader systemic constraints, including limited access to financing, regulatory bottlenecks in licensing and contracting, and the absence of structured public procurement mechanisms for care services.

3.2. EU policy framework and Kosovo's international commitments

Kosovo has incorporated CEDAW in its Constitution (Article 22) and this has created a strong legal basis for gender equality in the country. This constitutional guarantee makes Kosovo part of the international framework that aims elimination of discrimination against women and their integration in all spheres of life. Within the Purple Economy, CEDAW is a necessary foundation because it guarantees gender equality to be considered as a legal and political obligation by linking it directly to the socio-economic growth in the country. Through this, Kosovo would have to harmonize its policies with the international standards

but also to create a basis to make the care economy visible and assessed but also to address the inequality cost that falls on women.

The Purple Economy aims to change these models by decreasing the dual burden on women and by freeing their time for employment, entrepreneurship and political engagement, as well as for self-care, time to rest, and by decreasing the education inequalities between girls and boys.

KGSC and its partners through the “Consortium for Labour Rights” and the Women’s Economic Forum have submitted requests concerning the amending and supplement of the Law on Labour to the MLFVLW with specific recommendations for the articles deemed necessary to be amended and/or supplemented to be in line with several EU Directives, including 2019/1158/EC work-life balance; 2003/88/EC organization of the working time; and 97/81/EC part time work.

In addition, when it comes to the leave rights for care services, the current Law on Labour of 2011 foresees the employer to pay 70% of the maternity leave for the first 6 months, 50% from the government for the three months, and another three months unpaid leave; while it only gives two (2) paid days leave and up to two (2) weeks unpaid leave for fathers. These provisions not only have created a disproportional burden for the private sector; they have also led to discrimination against young women who might be in the process of starting a family as it discourages their employment in the private sector. Additionally, these provisions are unfair for fathers who do not get the time to connect to their kids.

4. Key findings

4.1. Legal and Policy Gaps

The analysis of Kosovo's care economy framework reveals a set of interrelated legal and policy gaps that collectively constrain the development of a functional, inclusive, and economically productive care system. These gaps are not isolated deficiencies but rather reflect structural misalignments between legal mandates, financing mechanisms, and labour market regulation.

At the core of these challenges lies a fiscal decentralization gap, whereby municipalities are legally mandated to plan and deliver social and care services but lack access to dedicated and predictable funding streams. The absence of a ring-fenced "Social Services Grant" within the intergovernmental fiscal framework forces care services to compete within the General Grant, which is predominantly allocated to fixed and politically prioritized expenditures. This structural imbalance results in chronic underinvestment and limits the capacity of municipalities to scale or sustain care services.

Closely linked to this is a regulatory gap in secondary legislation, particularly in the form of missing or incomplete Administrative Instructions required to operationalize key provisions of the Law on Social and Family Services. While the primary legal framework introduces progressive concepts such as community-based care and service contracting, the lack of detailed regulatory instruments creates a legal vacuum in areas such as licensing, costing of services, and procurement procedures. This gap effectively blocks market entry for private and non-governmental providers and prevents municipalities from implementing scalable service models.

A further critical constraint is the persistence of a highly informal care workforce, driven by the absence of formal recognition of caregiving as a distinct professional category within the labour market. Current labour legislation does not adequately regulate non-medical care work, resulting in widespread informality, low wages, and a lack of social protection for caregivers. This disproportionately affects women, reinforcing existing gender inequalities and limiting both service quality and labour market participation.

In parallel, the implementation of GRB remains largely procedural rather than substantive. Although mandated by the Law on Gender Equality, GRB is often reduced to a formal compliance exercise, with limited integration into actual budgetary decision-making. Budget processes do not systematically incorporate care-related impact indicators, and public expenditure on care is rarely assessed in terms of its economic or gender equality outcomes. As a result, GRB fails to function as an effective policy tool for reallocating resources toward care services.

Finally, the system is constrained by a significant data and information gap, particularly in relation to care needs, service provision, and economic impact. The absence of a centralized and legally mandated data system, such as a type of National Care Registry, limits the ability of policymakers to conduct evidence-based planning, monitor service coverage, or assess the return on public investment in care. This information asymmetry further reinforces underinvestment and weakens the policy case for expanding care systems as economic infrastructure.

Taken together, these gaps illustrate a systemic failure to position care as a strategic policy domain. Instead, care remains embedded within a fragmented legal and policy environment that limits its development potential. Addressing these structural constraints will require coordinated legal, fiscal, and institutional reforms aimed at integrating care into the core architecture of economic and social policy.

4.2 Findings and Recommendations from the Consultative Meetings in Municipalities

The meetings held in Prishtinë/Priština, Pejë/Peć, Podujevë/Podujevo, Kamenicë/Kamenica, Mitrovicë e Jugut / Južna Mitrovica, Prizren/Prizren and Viti/Vitina identified a range of structural challenges in the areas of social services, care, and social inclusion, with particular impact on women, children, the elderly, and persons with disabilities. One of the most emphasized issues in almost all municipalities was the lack of care services, especially for children and the elderly, which directly affects women's opportunities to participate in the labour market. It was highlighted that there is very high demand for childcare centres, nannies, and caregivers, while existing capacities are insufficient, especially in rural areas. Representatives of local organizations and institutions underlined that many women remain outside the labour market due to the burden of family care responsibilities and the lack of institutional support.

In this context, the lack of professional standards for caregivers and teaching assistants was also discussed. The need was emphasized for central institutions responsible for education and vocational qualifications to develop mechanisms for accreditation and certification of these profiles, given that there is currently high market demand but no formal recognition of the profession. The experience of organizations that have developed curricula and training programs for women in this sector was considered an important potential that could be institutionalized.

Another common issue in most municipalities was the gap between legislation and practical implementation. Although Kosovo was assessed as having relatively advanced laws and strategies in the field of social protection and child protection, participants emphasized that there are many overlaps, ambiguities, and a lack of harmonization between laws and secondary legislation. Cases were mentioned where responsibilities are delegated to municipalities, while competencies and financing remain at the central level, creating difficulties in service provision. The lack of administrative instructions for implementing several key laws was also highlighted, as well as the practice of drafting strategies and documents without sufficient operationalization mechanisms.

In many municipalities, concerns were raised regarding the lack of sustainable financing for social services. Non-governmental organizations (NGOs) providing essential services for children, the elderly, victims of domestic violence, and persons with disabilities operate mainly through short-term projects and limited subsidies. It was emphasized that a sustainable model of public financing is lacking and that public procurement procedures often complicate the contracting of social services. Municipal representatives and organizations called for the establishment of mechanisms guaranteeing 12-month financing for licensed social service providers.

The meetings also identified a serious shortage of professional staff in the social and health sectors. In some municipalities there is a lack of clinical psychologists, speech therapists, assistants for children with disabilities, and social workers, while existing staff are overburdened. It was reported that CSWs face a very high number of cases and, in some instances, even a lack of physical security in the workplace. In

the education sector, the shortage of support staff in childcare centres and schools was emphasized, particularly for children with disabilities and for mental health services.

The issue of persons with disabilities was addressed extensively in all meetings. Numerous problems were identified related to the lack of physical accessibility in public institutions, inadequate transportation, the absence of accessible toilets in schools, and limited financial support for families and caregivers. It was emphasized that many services focus on children up to the age of 18, while programs and support for independent living and social integration after this age are lacking. Concerns were also raised about the absence of specialized programs for autism, dementia, Alzheimer's disease, and other mental health disorders.

Regarding services for the elderly, most municipalities reported a lack of public residential and day-care centres. Some municipalities only provide basic services or rely on NGO and community initiatives. The need for developing long-term care, rehabilitation, and psychosocial support services for the elderly was highlighted, as well as the need for transportation and social activities that prevent isolation. Some positive practices, such as intergenerational cooperation between childcare centres and elderly care centres or mobile home-care services, were considered models that could be expanded to other municipalities.

The meetings also highlighted a lack of institutional coordination and cooperation among service providers. Problems were mentioned in communication between CSWs, health institutions, schools, and NGOs. In some cases, there is also a lack of mapping of social needs and insufficient public information about existing services. Municipal representatives and organizations called for increased transparency and accountability regarding municipal plans and social budgets, as well as the establishment of better coordination and information-sharing mechanisms. Despite the challenges, the meetings also identified positive practices and important local initiatives. Some municipalities have established municipal teams for children's rights, developed mobile health and social services, provided subsidies for childcare centres, or supported NGO-managed day-care centres. Models of cooperation with communities, including religious communities, as well as initiatives for women's economic empowerment and support for families in need, were also mentioned.

Participants in the meetings recommended expanding the network of childcare and elderly care services, especially in rural areas, as well as creating subsidy models that facilitate women's participation in the labor market. They also recommended harmonizing and operationalizing social legislation, creating professional standards for caregivers, and ensuring long-term financing for social services and the NGOs that provide them. Particular focus should be placed on developing services for persons with disabilities and the elderly, including residential centers, day-care centers, mobile services, and support for family caregivers. Furthermore, increasing the number of professionals in the social and mental health sectors, improving interinstitutional coordination, and enhancing transparency and accountability at the local level were considered essential.

5. Care work coverage gaps and employment creation

The estimates presented below are subject to certain limitations, which are outlined under each pillar of care. These estimates should be interpreted as indicative rather than precise or definitive. This part of the analysis is organised as follows: section 5.1 provides employment estimates in the care sector by using LFS data for education and health and social work sectors; section 5.2 includes estimates for the coverage gap and employment gap in the education sector; section 5.3 presents the health sector estimates; section 5.4 provides a summary of analysis for the long-term care; and section 5.5 outlines the potential impact from filling the coverage and employment gaps.

5.1 Care work in numbers, Labour Force Survey estimates

According to 2024 LFS data (KAS, 2025), the care sector in Kosovo including both education and human health and social work accounts for 14.4% of the total employment, or 60,369 employees. Out of them, 36,271 in the education sector and 23,648 in activities of human health and social work. Education sector accounts for 8.8% of employment and health and social work accounts for 5.6% of total employment. Women account for 60% of the care sector, 57% of employed in education sector and 66% of those employed in human health and social work.

Sector ⁴	Men	Women	Total	In %
Education	15,891	20,830	36,721	8.8
Human health and social work activities	8,099	15,549	23,648	5.6
Total	23,990	36,379	60,369	14.4

TABLE 4. Number of care workers (KAS, 2024)

5.2. Care in education

The education sector estimates include early school education up to age 4, pre-primary education-age 5 (compulsory in Kosovo); primary and lower secondary education (compulsory in Kosovo); and upper secondary education.

The below calculations for education coverage gap need to be read with a caveat due to the following limitations/lack of data preventing full application of ILO/UN Women tool:

- No information on overheads costs was available.
- The Gross enrolment rates for primary, lower secondary and upper secondary education level were applied to estimate the total number of population for each group. The total number of children with ages referring to these levels of education was smaller than the number of enrolled in education. This happens since some children might start schooling earlier or later depending on when their

⁴ Given that data for care providers for elderly i.e. long-term care are not available in Kosovo the coverage gap and employment gap was not able to be calculated.

birthday is (for example a child might enter the primary school at 6 years and 10 months old since the enrolment age is 6). Representative from MES indicated that lower than 100% enrolment rates can be due to overestimated number of children of respective ages due to emigration, lack of data for Serb minority children and pupils and other factors.

- No nationally set targets for pupils to teaching staff is available. As a result, the current ratios of pupils to teachers are used in calculations; and
- Indicators for early childhood education are very low, far from the Bologna main EU targets for 2030 (European Parliament, 2025): at least 95% of children aged 3 to compulsory school; and at least 45% of younger children (0–3).

In 2024, there were 64,673 children aged 0–2 years. Using the EU average enrolment rate of 39.3%, this would mean that 25,416 children of this age group should have attended Early Childhood Education (ECE) in 2024. However, according to data from the MESTI, only 5,154 children were enrolled in ECE in 2024, leaving a gap of 20,262 children. These children were supported by 221 teachers, resulting in a ratio of 11.8 students per teacher. The teacher gap is estimated at 1,717, in addition to a need for 859 administrative and support staff.

Applying the EU average enrolment rate of 94.6% for children aged 3–4 years and using the number of children of this age group from the 2024 Population Census (ASK, 2025), the enrolment gap is calculated at 32,387 children, for whom an additional 2,745 teachers and 1,372 support and administrative staff would need to be employed. Addressing the gap in early childhood education alone would require a total of 6,693 teaching, support, and administrative staff.

Given the limited space in public institutions, the Ministry of Education, Science and Technology, with support from the World Bank, is implementing a support scheme with €120 vouchers for early childhood education for children from families receiving social assistance. In addition to vouchers covering private childcare costs, depending on needs, the Ministry has also supported beneficiaries with an additional €80 for transportation. In 2026, a total of 313 vouchers and 101 transportation vouchers were distributed. The Ministry of Education and Science has also increased the number of assistants for children with special needs, reaching a total of 470 assistants.

	Number of children	Target	Enrolled	Gap in enrolment	Number of teachers	Ratio pupils per teacher	Gap in teachers	Administrative and support staff
0-2 years Target: EU Average = 39.3%	64,673	25,416	5,154	20,262	437	11.80	1,717	859
3-4 years Target: EU Average = 94.6%	43,581	41,228	8,841	32,387	749	11.80	2,745	1,372
5 years Target: 100%	23,001	23,001	20,043	2,958	682	29.39	101	61
Primary and lower secondary Target: 100%	219,489	219,489	208,515	10,974	16,895	12.34	889	187
Upper secondary Target: 100%	73,897	73,897	63,551	10,346	5,043	12.60	821	147
Total			306,104	76,927	23,806		6,273	2,626

TABLE 5. Coverage gap in education and employment gap, 2024

To achieve the targets set by the Kosovo Government for 2026 (Government of Kosovo, 2023), additional 24 kindergartens (with a capacity of 100 children) would be needed. Assuming one construction costs 1 million Euro, the total investment would add to 24 million Euro. However, it should be emphasized that the targets set by Kosovo for early childhood education remain far below the Bologna targets, which are set at 95% for children aged 3–4 years and 45% for children aged 0–2 years.

Applying the average wages for teachers in difference education levels, the additional annual budget needed is estimated to be 75 million Eur. However, due to lack of data on average share of administrative and support staff the total budget to achieve the set coverage rates are underestimated. It is likely that additional teachers at all education levels might not require additional administrative and support staff, at least not at an estimated 50% ratio to teachers.

5.3. Health care

Estimates were conducted separately for doctors (including also other cadres such as physiotherapist and dentists) and nurses and midwives. The 4.45 ratio of doctors to population was used (falls within the range in EU countries) and for nurses and midwives the 7 to 1,000 population ratio was applied. Kosovo does not have set targets for doctors and nurses; it has only a ration for primary health care of 1 doctor for 2,500 population.

Using the 2024 Census data for Kosovo (KAS, 2025c), using the set ratios, for 1.6 million inhabitants Kosovo needs 7,131 doctors and 11,218 nurses and midwives. In 2024, the total numbers of employed doctors were 3,575 and 7,969 nurses and midwives. The estimated gap is 3,556 doctors and 3,249 nurses and midwives. Applying the average wage for both health professionals total budget implication is estimated at 75 million Euro per year. According to health statistics, for each additional health professionals 0.19 non-health professionals are needed, indicating an additional 2,193 non-professional workers being employed. However, given the diversity of occupations included in this group, it was not possible to obtain the average

wage for these workers. Detailed data from the MH would be needed to estimate the average wage and contribution of each type of job to obtain an approximate estimation.

Estimates are subject to additional two data limitations:

1. No information was available on overheads as required by the Tool. This is particularly important given that many doctors in Kosovo undertake night shifts and 24 hours work, which add up significantly to average wage of doctors. However, if new doctors are employed the extent of such overheads would be limited and lower relative to the average wage; and
2. No nationally set targets for doctors and nurses to population. The 4.5 ratio for doctors and 7 for nurses was applied in this analysis (average for OECD and EU ranges from 8-9.4).

Health care gap	Target per 1,000 inhabitants	Source	Target	Employed 2024	Gap	Average gross wage	Monthly additional costs per doctors and nurses only	Annual additional budget	Non-health employees 19% of the health professional
Number of doctors	4.45	ILO/UN Women tool	7,131	3,575	3,556	1,260	4,480,801.61	53,769,619	679
Number of nurses	7	Lower than OECD and EU average of 9.4	11,218	7,969	3,249	550	1,786,732.75	21,440,793	1,514
Total			18,349	11,544	6,805		6,267,534	75,210,412	2,193
Employment gap					8,998				

TABLE 6. Coverage gap in health sector and employment gap, 2024

5.4. Long-term care

As explained in the ILO/UN Women Guide, long-term care for older people and individuals with disabilities includes a wide range of services, from assistance with daily activities (such as eating, bathing, and mobility) to basic healthcare support. It also covers indirect services like cooking, cleaning, and shopping. These services can be provided in various settings, including institutional care, home-based professional care, paid domestic work, or unpaid care by family and friends. In the Guide, the focus is on formal professional care services as the basis for assessing and costing coverage gaps.

Kosovo does not have a target for long-term care workers. The Guide instructs to estimate the need for long-term care by using the number of population aged 65 and above. In 2024, in Kosovo there were 177,915 individuals aged 65+ (KAS, 2025c). If we apply the rate of 12.4% as in the Guide to estimate the number of long-term care workers would equal 22,061 workers. There are no data on long-term workers predominantly supporting elderly. Therefore, it is not possible to estimate the coverage gap nor employment gap.

In Kosovo, there are five (5) public residential houses for elderly, in which about 106 elderly are accommodated. There are also some private and some NGOs that accommodate elderly on residential basis and some also providing day care services, however data are not available.

Although the ILO/UN Women Guide does not include in the analysis, it does recognise that some countries offer cash benefits to support care, these are not included in this analysis of the long-term care gaps. Kosovo does implement some social protection schemes that compensate for the unpaid care work. As shown in Table 7, in March 2026 4,331 families were compensated for the care to their children with disabilities; 1,919 individuals accompanying blind individuals were compensated; and 3,527 companions to persons with tetraplegia and paraplegia. The total number of beneficiaries were 9,777.

In addition to these schemes, Kosovo provides financial support to unemployed mothers for six months after giving birth. Although this support is not explicitly framed as compensation for care, it can be linked to the care of mothers for their newborns. Such financial compensations directly linked to caregiving remain limited in comparative perspective. An important policy benchmark in this area is provided by the Barcelona targets for 2030, adopted by the Council of the European Union (2022), which aim to expand access to early childhood education and care to at least 45% of children under the age of three and 96% of children from age three to compulsory school age, thereby indirectly addressing care needs within households.

Finland provides one of the clearest examples of financial support for unemployed parents linked to childcare through its home care allowance (*kotihoidon tuki*), administered by Kela (2026). This benefit is paid to parents, typically mothers, who are not employed and choose to care for children under the age of three at home instead of using public childcare services. It is not dependent on previous employment or income history, meaning even unemployed parents can receive it. While formally framed as a family policy measure, it effectively functions as financial recognition of unpaid care work by providing income support for home-based childcare. The scheme is often discussed in policy literature as an example of partial compensation for caregiving, as it acknowledges the economic value of care performed within the household rather than in the labour market. When these mothers are included as care work beneficiaries, the total number reaches 17,656 beneficiaries.

Type of support related to care	Number of beneficiaries in March 2026
Compensation for families with children up to age 18 with disabilities	4,331
Companions of blind persons	1,919
Number of companions to persons with tetraplegia and paraplegia receiving pension	3,527
Financial support for unemployed mothers (for 6 months)	7,616
Total excluding financial support to unemployed mothers	9,777
Total including financial support to unemployed mothers	17,393

TABLE 7. Care related social schemes, March 2026

5.5. Potential impact from filling the coverage gap

This report provides first estimates for care coverage and employment gaps in Kosovo. Estimates were conducted for education and health care, but due to data unavailability it was not possible to provide estimates for the long-term care. Given that it was impossible to calculate coverage gap on long-term care and hence employment gap, estimations for potential impact from closing the care gaps refer to education and health sector only. This implies that the impact is underestimated.

Kosovo implements several social protection schemes which are designed to compensate carers of person with disability. In March 2026, there were 9,777 carers supported with financial support but not recognised and declared as care workers. In addition, Kosovo implements financial support for unemployed mothers for six (6) months after giving birth; and this is also not recognised nor linked to the care of mothers, but a similar scheme operates in Finland and links to the care.

As outlined in the ILO/UN Women Guide closing the coverage gap in the care sector will contribute to job creation through:

- direct employment creation effect;
- indirect job creation; and
- creating effect, additional increase of employment in the care sector due to higher earnings.

The indirect employment creation operates through backward linkages across sectors; there are multiplying effects on other sectors in the industries that supply necessary intermediate inputs (raw materials and services) to the care sector. However, there are no standardised estimates for the multiplier effect, since it varies depending on development state of a country, sectors and labour market situation in a country. The World Bank (2025) reports that in low-income countries one additional job in health sector created additional 3.4 jobs, it was estimated at 1.3 additional employment as per 2018 ICF report and a lower ratio of 0.47 indirect jobs was reported in the report for Bosnia and Herzegovina (UN Women, 2023).

Calculations for potential direct and indirect employment impact are shown in Table 8. If we apply the multiplier effect of 1.3 for indirect employment, the total number of generated jobs from closing the coverage gap in education and health care sector would be 22,778 jobs and if we apply a more pessimistic multiplier of 0.47 total employment generation would be 17,608 new jobs.

	Education	Health	Total
Direct employment	2,521	8,998	11,519
	Teachers: 2,2021 Admin and support staff: 500	6,805 health professionals +2,193 non-health professionals	
Indirect employment			
Scenario 1 Multiplier effect 1.3	3,277	6,922	14,915
Scenario 2 Multiplier effect 0.47	1,185	4,229	5,414

TABLE 8: Scenarios of direct and indirect employment in education and health sectors

Given the predominance of women in education and health sector employment, the direct impact would largely contribute to women employment while it is not possible to note the same for indirect employment, due to higher presence of women in most of other sectors.

Sector	Share of women
Education	64% of teachers 20% of support staff 38% administrative staff 98% professional supporters-not by level of education, hence not included in the analysis 81% supporting service-not by level of education, hence not included in the analysis
Health	65% of all health workers

TABLE 9: *Share of women in the education and health sector*

In addition to indirect effects influenced by direct effects, there is also an employment creation effect through increased household spending due to higher labour earnings of newly employed. This change in household spending induces additional employment in the various sectors through new consumption. This is called the induced employment creation effect. However, there is no evidence available for Kosovo that could be applied for this estimate. This remains an important avenue for further research, subject to data availability.

The ILO/UN Women Guide enlists also additional impacts from the expansion of the care sector contributes to the economic growth and other macroeconomic outcomes (productivity, budget and trade deficits, public debt) and higher tax collection.

6. Conclusions

The analysis finds that Kosovo has established a progressively evolving legal framework for the care economy, particularly with the adoption of the Law on Social and Family Services. This framework reflects a shift toward more diversified and community-based models of care. However, its practical effectiveness remains limited due to gaps in implementation, financing structures, and institutional coordination. As a result, the care system continues to function within a fragmented and predominantly welfare-oriented model, constraining its ability to deliver accessible, equitable, and quality services.

A key conclusion of this report is that the main constraints in the development of the care economy are structural rather than purely legislative. While the legal basis is relatively well-developed, the absence of dedicated and predictable financing mechanisms, delays in operationalizing secondary legislation, and weak alignment between social protection, labour market policies, and gender equality frameworks significantly hinder system performance. These systemic gaps are further compounded by institutional fragmentation and limited coordination across sectors and levels of governance.

At the same time, the care system remains heavily reliant on informal and unpaid care, predominantly carried out by women. This reinforces persistent gender inequalities, contributes to time poverty, and continues to act as a major barrier to women's labour market participation. The current model therefore not only limits service provision but also constrains broader economic and social outcomes.

Transitioning toward a functional care economy requires a fundamental policy shift that recognizes care as essential economic infrastructure rather than a residual social expenditure. This entails strengthening the operationalization of existing legal frameworks, establishing targeted and ring-fenced financing instruments, formalizing and expanding the care workforce, and developing integrated governance mechanisms capable of ensuring coordination, scalability, and accountability.

Such a transition would generate significant economic and social returns. Expanding access to affordable and quality care services would directly support job creation within the sector while also enabling greater labour market participation, particularly among women. In parallel, improved care provision would contribute to stronger human capital outcomes, enhanced productivity, and long-term economic growth. In this context, investment in care should be understood as a strategic multiplier rather than a fiscal burden.

Ultimately, the development of a gender-responsive and economically integrated care system in Kosovo will depend on the extent to which reforms address the underlying structural drivers of fragmentation, underinvestment, and informality. Aligning legal frameworks, financing mechanisms, and institutional responsibilities will be critical to transforming the care sector into a coherent, sustainable, and central component of inclusive economic development.

7. Policy recommendations

Addressing the structural deficiencies of the care economy in Kosovo requires a coherent package of legal, fiscal, and institutional reforms that reposition care as a central pillar of public policy. The following recommendations respond directly to identified gaps, with a focus on system functionality, scalability, gender equality, and economic development.

▪ Legal and Regulatory Reforms

The immediate priority is to operationalize the existing legislative framework, particularly the Law on Social and Family Services, through the adoption of comprehensive secondary legislation. This includes Administrative Instructions regulating licensing procedures, service standards, costing methodologies, and contractual arrangements with non-public providers.

Licensing procedures should be simplified and differentiated to accommodate diverse forms of care provision, including small-scale, community-based, and home-based services. Introducing fast-track licensing mechanisms for qualified providers would reduce entry barriers and foster a more diversified care market.

Care work should be progressively formalized as a recognized professional profile. While caregiving functions exist within related professions (e.g. nursing and social work), the absence of standardized training, certification, and occupational classification for non-medical care roles creates fragmentation. Reforms should therefore focus on developing certification systems, integrating care qualifications into education and vocational training, and ensuring adequate labour and social protection for care workers.

The legal framework should also enable and incentivize employer-supported care services, including workplace-based childcare, through tax-deductible schemes. This would strengthen the link between labour market participation and care provision.

▪ Financing and Budgeting Reforms

A dedicated and ring-fenced financing mechanism for care services should be established through the introduction of a Specific Grant for Social Services. This would replace the current residual financing model and provide municipalities with predictable, earmarked funding for long-term planning and investment.

Demand-side financing instruments, such as care vouchers, should be introduced to complement public provision. By allocating resources directly to beneficiaries, these mechanisms would expand access, increase user choice, and stimulate competition and quality among providers.

GRB should be strengthened as a substantive policy tool. Municipalities should be required to integrate care and gender equality considerations into budget planning through mechanisms such as mandatory care impact assessments, linking resource allocation to measurable outcomes.

▪ Institutional and Governance Reforms

Institutional reforms should focus on improving coordination, clarifying mandates, and enabling economies of scale. Establishing a formal inter-ministerial coordination mechanism across social services, education, and public finance is essential for policy coherence.

The legal framework should facilitate inter-municipal cooperation in care provision, particularly for smaller municipalities with limited capacity. Regional service models and co-financing arrangements would enable more efficient delivery of specialized services, including eldercare and disability support.

To address data gaps, a legally mandated integrated care information system should be established. A National Care Registry would support systematic data collection on service demand, provider capacity, workforce conditions, and public expenditure, enabling evidence-based policymaking and improved accountability.

▪ Evidence Generation and Data Systems

Strengthening the evidence base is critical for informed policymaking. Kosovo should institutionalize regular assessments of long-term care needs and service gaps, in collaboration with the National Institute for Public Health. A model like the Survey of Health, Ageing and Retirement in Europe could be adapted to track health status, socioeconomic conditions, and care needs over time.

There is a significant lack of reliable data on care workers, particularly those engaged informally. Household-level studies should be conducted to estimate the size of the care workforce, the prevalence of informal employment, wage levels, and working conditions.

Targeted evaluations are also needed for existing support schemes, including financial assistance to carers of children with disabilities. These assessments should examine adequacy, care intensity, and potential pathways for formalization, while accounting for labour market impacts, particularly for women.

▪ Strategic Targets and Workforce Planning

Kosovo should establish clear national targets for care provision and workforce development. This includes setting benchmarks for healthcare personnel (doctors and nurses per 1,000 inhabitants) and aligning education and specialization policies accordingly.

Targets for ECE coverage should be more ambitious and defined across medium- and long-term horizons, ensuring convergence with European standards.

▪ Expansion of Care Services and Workforce

Expanding care infrastructure and workforce capacity is essential. Investments should prioritize the construction of new facilities and the adaptation of existing infrastructure to expand early childhood education, particularly in underserved urban and rural areas. This would both increase female employment in the sector and reduce barriers to women's labour market participation.

The number of healthcare professionals should be increased in line with international benchmarks, contributing to improved population health, human capital development, and economic productivity.

Long-term care services should be expanded through the development of residential care homes, day-care centers, and community-based services for the elderly and persons with disabilities. This should be complemented by the accreditation of relevant study programs in higher education institutions to support workforce development.

Where supply expansion is constrained, subsidization mechanisms for care services should be considered to improve affordability and access.

Support for care provision through social enterprises should also be promoted as a complementary delivery model.

- Formalization and Decent Work in the Care Sector

Ensuring decent working conditions is central to building a sustainable care economy. Labour inspectorates should strengthen enforcement of legal provisions related to working conditions in the care sector.

Policies should incentivize the formalization of care work, particularly within households, drawing on good practices from EU countries and adapting them to the Kosovo context.

Existing financial support schemes for informal carers, particularly those supporting persons with disabilities, should be gradually transformed into formal wage-based arrangements. This should be accompanied by structured training programs to improve service quality and working conditions.

Continuous awareness-raising initiatives should be implemented to inform care workers, especially those in informal arrangements, of their labour rights and protections.

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