Health Sector Assessment for South Eastern Municipalities of Kosovo

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Abbreviations

PCL – Primary Care Level

SCL – Secondary Care Level

ANC – Antenatal Care

UCCK – University Clinical Center of Kosovo

MoH – Ministry of Health

USAID – United States Development Agency

SDC - SWIS Development Cooperation

IC - Italian Cooperation

NIPH – National Institute for Public Health

RH – Regional Hospital

MFMC – Main Family Medical Center

FMC – Family Medical Center

ECMI – European Center for Minority Issues

ENT – Ear Nose and Throat

OSCE – Organization for Security and Cooperation in Europe

WHO – World Health Organization

QEVI – Center for Continuous Education of Nurses

PEN – Peer Education Network

Description of terms

Maternity-s – are specialized institutions for provision of Obstetric care. They can be part of Primary Care Services system or they can be part of Hospitals (secondary and tertiary care).

Regional Hospital-s – are secondary care institutions providing secondary care services for the population of geographic regions (Ferizaj, Gjakova, Gjilan, Mitrovica, Peja, Prishtina, and Prizren). Secondary care includes hospital health care, diagnosis, therapeutic treatment and rehabilitation. They are managed through Ministry of Health.

Units for Pulmonary Diseases – include specialized units for care of pulmonary diseases that are located in different municipalities. They are part of network that ensures prevention and treatment of pulmonary diseases throughout the country.

Regional Institute for Public Health – is part of network of National Institute for Public Health as tertiary care level institution. The focus of institute is to take care of public health matters such as: advancement of health of population through surveillance and advancement of the health of population, promotion of healthy lifestyle, health education, taking measures against epidemics, controlling of environment, and prevention of disease occurrence.

Main Family Medical Centre – is responsible for provision of primary care services. Primary care includes: (i) preventive health, early diagnosis, treatment and rehabilitation of conditions that relate to a disease, disorders and injuries, including small scale surgery, (ii) preventive protection of young people and children (iii) public health including vaccination and health education (iv) promotion of oral health and basic dentistry care. Each of Municipalities have one MFMC in their territory. The municipalities are responsible for implementation of primary care services through Main Family Medical Centers. Most of healthcare resources (staff and equipment) will be located at MFMC.

Family Medical Centre – are small units for provision of primary care services. They operate under the MFMC and usually include at least couple of physicians and nurses.

Punctas – are the smallest units for provision of primary care services. Usually located in rural zones they aim to increase the accessibility of services for population in rural zones. They operate under the MFMC supervision and support.

Center of Mental Health – are secondary care institutions that provide mental health services to population.

Executive summary

The aim of this needs assessment report was to obtain information on the health system needs in South-Eastern part of Kosovar municipalities: Ferizaj, Viti, Gjilan, Kaçanik, Hani i Elezit and Kllokot. This needs assessment report was required by Caritas Luxembourg in order to obtain necessary information about needs, challenges, problems, service gaps and systems issues in six target municipalities. This report offers information on setting priorities for providing funds through the project in support for local governments.

The data have been acquired though literature review and interviews. Official reports and documents, that have been reviewed, include different public documents released by stakeholders or research institutes. In addition to this, fifteen health professionals and administrators have been interviewed.

Overall population in target municipalities is 409.000 inhabitants or 20.5% of total population in Kosovo, distributed in 193 localities and covering a surface of 1829 km2. Each municipality has one Main Family Medicine Center, 25 Family Medicine Centers and 50 punctas of care in rural areas. This service network is covered by 906 health care workers and administrative staff in health care facilities.

Beyond the problems that have been defined in the survey that FCL did recently there are several challenges that research team has found: (i) There is insufficient communication and coordination between inter-sectorial health care providers; (ii) Lack of investments for maintenance of health care facilities, equipment's, services and consumables (X-ray equipment, CT, operation theatres, transportation vehicles, support service areas) is more than evident; (iii) Unclear roles and responsibilities in health care pyramid in both individual and facility level; (iv) Insufficient drug supply, management and distribution process. Currently there is no involvement of primary health care in procurement and distribution. Lack of drugs from essential list and consumables have deteriorated patient care; (v) Data collection, maintenance and analysis related to patients, health services, drugs and medical products from the public sector are lacking, incomplete or fragmented; (vi) The connection between primary health care providers and specialized care represents one of the main organizational problems of health care services; and, (vii) there is lack of treatment guidelines, protocols and standard operating manuals.

Based on assessment all proposed fields (psycho-traumatology, homecare, public health, emergency medicine and minority health) of engagement are valid. Still, different municipalities have different picture of needs related to five fields and the program should adjust to them. Some fields may be irrelevant to some of the Municipalities. The program should be aware that there are clear additional needs (beyond five fields) that have been stressed by municipalities (i.e. treatment of patients with

hemodialysis, development of infrastructure) and stand as top priorities for community. These needs should be taken seriously into consideration.

The focus of the FCL program should ideally be only at certain/specific level of care. This is important to keep the focus compared to spreading implementation capacity to thin. The experience of other stakeholders show that effects of intervention at primary care level are much more significant and sustainable compared to the interventions at other levels of care (i.e. secondary and tertiary).

It will important not to use a standardized approach in addressing the needs of different municipalities. Every municipality has different needs. One of key roles of Health Program Coordinator should be to manage this process of serving different needs by the project. The implementing team has to be creative in developing specific grant program with each of municipalities individually. As part of implementation strategy it will be crucial to coordinate and create synergies with other actors. There are many actors in the field. The implementing team should also give a lot of thoughts in combining the interventions.

1. Introduction to the study

The Foundation Caritas Luxembourg (FCL) had started its activities in Kosovo immediately after the war 1999. These activities mainly comprised projects in the fields of infrastructure and peace building which were implemented by partner organizations. In 2007 FCL was awarded with a mandate by the Government of Luxembourg to directly implement projects in the fields of community development, income generation, infrastructure and education in South-East Kosovo until the end of 2010. Hence FCL opened its own representation office in Ferizaj/Uroševac. In 2010 FCL drafted a subsequent strategy for 2011-2013 comprising the sectors of income generation, education and health in the municipalities of Ferizaj, Gjilan, Hani i Elezit, Kacanik, Viti and Kllokot. Further the strategy for activities implemented consists of two approaches in terms projects: a) Community Development approach - FCL will select four communities (villages) out of the above-mentioned municipalities and then develop projects together with the communities in the sectors of income generation, education and health; and, b) Regional approach - This refers mainly to projects for the sake of the whole population in the mentioned target municipalities as well as sectors.

The strategy has been approved by the Government of Luxembourg in the end of 2010. The health sector in Kosovo is completely new for FCL in terms of direct implementation. Based on a rough assessment, conducted by a German consultant, in 2010, several health issues have been identified to be targeted.

Psychotraumatology - Due to the high number of post-traumatic stress disorders (PTSD), quite common since the end of the war, and to other psychological disorders, the previous Minister of Health regarded the compensation for psychiatric under-provision as a priority. Improvements in this area should have motivated many concerned refugees to return, who nevertheless use their right to stay abroad only because of a PTSD diagnosis and the so far limited treatment available at home. In the meantime however, there has been significant progress, especially with the support of Switzerland and Liechtenstein. A permanent service designed for the specialized treatment of women who are victims of domestic violence (approximately 50 every year) is missing only in the region of Ferizaj. The numerous women's shelters would not be a safe perspective because of the shortcomings in the financing of these facilities. Likewise, the psychiatric specialist outpatient ambulances would also not be a good option because they are avoided by the women concerned.

Health care for minorities - Public health experts confirm the inadequate health care services for minorities in the country, particularly the Roma and Ashkali. Both ethnic groups are suspected to have cooperated with the former Serbian authorities and are therefore discriminated against by the Albanian Kosovars. Although in theory health facilities are open to Roma / Ashkali peoples, in reality barriers to access exist in society.

Emergency Medicine - Although there is now an emergency service in the capital, people injured following an accident are still carried by private cars to the nearest health facility. The latter, however, are often poorly equipped to be able to give adequate first aid. For example, doctors in the Primary Family Health Centers (village clinics) do not even have a rescue bag.

Medical Emergency - In his current role as a coordinator for health in the MAE Office in Pristina, the Luxembourg representative referred on the need for a reserve fund for rapid interventions in the health sector, e.g. during epidemics.

Home Care - Migrants' families are increasingly less able or willing to provide for bedridden members themselves. As in many other Eastern European countries, the demand for home care services is growing. Last year Caritas Germany has committed to respond to the demand, both financially and through consultancy.

Public Health - The continuing need for advice on the organizational development of the health system, especially in terms of a statutory health insurance, needs to be emphasized. The Ministry of Health is currently in a stage of reform and has not yet discharged the new Health Minister's revised Strategic Plan. The fight against tuberculosis will also (after an additional assessment) be on the agenda.

The aim of this needs assessment report is to obtain information on health sector needs in South-Eastern part of Kosovar municipalities: Ferizaj, Viti, Gjilan, Kaçanik, Hani i Elezit and Kllokot. This needs assessment report was required by Caritas Luxembourg in order to obtain necessary information about needs, challenges, problems, service gaps and systems issues in six target municipalities. This report offers information on setting priorities for providing funds through the project in support for local governments. This document aims to provide substantial data as well as information in order to identify appropriate interventions in the mentioned municipalities. The study aims to address some of the following questions/topics: a) Description of the general situation concerning health in the mentioned municipalities including infrastructure, personnel and other facilities; b) Description of the actual situation in the mentioned issues in the target municipalities in terms of infrastructure, personnel, other facilities; c) Provision of professional advice whether FCL shall indeed intervene in the mentioned issues; d) Identification of needs in the mentioned issues; e) Proposals for interventions; and f) Recommendation for potential implementing partners. The assessment has been carried out from June 5th to July 25th.

2. Methods

Literature and review – Literature review has informed the study in many ways. To this extent, the literature provided from different agencies has been a valuable resource. Official reports and documents, that have been reviewed, include different public documents released by stakeholders or research institutes.

Interviews – The assessment team has used semi-structured interviews. The interviews have been recorded partially and transcribed and analyzed in detail. 15 health professionals and administrators have been interviewed.

Ethical Considerations - Only official sources of information have been used. Sensitivity of what officials have disclosed during interviews has been carefully assessed and the researchers have given maximum effort to maintain anonymity of the sources when presenting evidence in this study.

3. The overall health profile of Kosovo

Kosovo has an estimated population of 1.8 million and surface of 10.908 km^2.With the youngest population in Europe (mean age 26.5 years) and unemployment rate of more than 50% many challenges lie ahead of Kosovo. Albanians constitute the majority of ethnic group with 92%; Serbians 5.3% and other ethnic groups 2.7%. Fifty-two percent of the population is aged under 19 years and only 6% above 65 years. Women of childbearing age constitute 64.8% of the female population. The World Bank Poverty Assessment Report indicates that 47% of the Kosovo's population lives below the poverty line with another 15% in extreme poverty.

Health care in Kosovo underwent important reforms in the last decade facing a lots of difficulties and obstacles, of which the most important are lack of political commitment and scarce resources.

National Healthcare System is governed by the Ministry of Health. There are two categories of medical service available in Kosovo: public and private. The public health system is financed by the Kosovo Consolidated Budget, and accounts for 9.7% of Government expenditures. The annual per capita government expenditure in health care is only 35 € (the lowest in Europe). In the absence of economic development, the Kosovo Consolidated Budget is not likely to grow rapidly in the near future.

Kosovo had an "all-inclusive" healthcare system based on equity and social justice. After the war, the transition from old to more modern concepts of healthcare management presented a challenge to both healthcare staff and the population. Currently, the health care system in Kosovo consists of primary health care centers located in each municipality; secondary health care facilities at the regional level (hospitals); and tertiary health care centers – University Clinical Center of Kosovo and other specialized institutions. Health facility managers have little authority over spending, staff levels, staff selection and performance, and capital; they are unable to take steps that would improve efficiency of care.

Besides public sector, the private sector in health care has grown in the recent years and is predominantly focused on diagnosis and treatment. Counseling or preventive medicine is virtually non-existent in the private health sector, in contrast to the public sector. The private sector is a significant provider of health care services in Kosovo, but the exact configuration of providers is not well understood.

Health indicators remain among the most unfavorable in the region. Health statistics for adequate analysis, planning, and decision-making, are still under development, and there is much to be desired in this area. Unfortunately, there are no comprehensive and consistent data to quantify the burden of disease in Kosovo with new metric system – disability adjusted life year (DALY)., introduced by the Harvard School of Public Health in collaboration with the World Bank and WHO.

Life expectancy at birth is the lowest in the region, with 69 years of expected life. The majority of deaths (53%) among population are from non-communicable diseases (cardiovascular diseases, cancers),

followed by neonatal deaths (28%) and deaths from communicable diseases (12%). Communicable diseases in Kosovo remain a large ongoing health care problem. Kosovo has one of the highest perinatal mortality (14 per 1.000 live births) and maternal deaths (4 per 100.000 live births) in Europe. It is of great concern that 40% of hospital mortality is among infants. Only 65% of Kosovars consume safe drinking water. The annual incidence of Tuberculosis is 53.4 per 100,000 inhabitants. The number of physicians per 1000 inhabitants is only 0.94. The use of hospital capacity is at an average rate of 62.9%, whereas average hospital treatment is 5.8 days. Low utilization rates in the public sector point to a significant demand for care by patients in the private sector and in neighboring countries including Macedonia and Serbia, where they pay cash at the time of service use.

Environmental risks to public health are still very high, including pollution of air and water; food contamination; tobacco, alcohol, lead exposure/poisoning, due to insufficient preventive policies and measures.

Ministry of Health adopted “Sectorial Strategy of Health Care in Kosovo 2010-2014”, in accordance with the Millennium Development Goals. Main national development policy goals set in health care by the Kosovo government are:

- ✓ healthy start in life;
- ✓ improving the health of young people;
- ✓ improving mental health;
- ✓ developing human resources for health;
- ✓ reducing communicable and non-communicable diseases;
- ✓ institutional reforms and
- ✓ improvement of management in health care.

4. Health care in six target municipalities

Main features of geographic, demographic and health care context indicators in 6 municipalities of South-Eastern part of Kosovo are presented in Table 1. Overall population in target municipalities is 409.000 inhabitants or 20.5% of total population in Kosovo, distributed in 193 localities and covering a surface of 1829 km2. Each municipality has one Main Family Medicine Center, 25 Family Medicine Centers and 50 punctas of care in rural areas. This service network is covered by 906 health care workers and administrative staff in health care facilities.

Table 4.1. Main geographic and health care context indicators in primary care

Municipality	Inhabitant	km^2	Locations	FMC	Puncta	HWF
Ferizaj	108690	720	45	3	13	318
Gjlian	90015	515	63	17	15	318
Kacanik	33454	211	31	2	7	105
Viti	46959	276	41	1	13	142
Hani i Elezit	9389	83	11	1	1	11
Kllokot	2551	24	2	1	1	12
Total	**291058**	**1829**	**193**	**25**	**50**	**906**

After 1999, Family medicine became the cornerstone of the health policy of Kosovo, with greater emphasis on health promotion, disease prevention and the gate-keeping role of primary healthcare into secondary/tertiary healthcare services. Responsibility for the management of primary healthcare services was devolved in 2001 to Municipality administrations. The Ministry of Health published the Primary Health Care Strategy for Kosovo in September 2004. The Ministry expectation is that around 80% of all healthcare is provided in primary healthcare.

Kosovo's FMC-s appear to be underutilized. In 2006, the visit rate for all outpatient care was 1.9 visits per capita. Of countries in the South Eastern Europe region, only Albania reports a lower visit rate.

Regarding the morbidity profile, the most common reported disease groups in primary care are diseases of the locomotory system with 36.2% of the overall reported diseases, proceeded by respiratory infections (21.6%) and skin diseases (8.5%).

Secondary level of health care is organized in the regional hospitals. The regional hospitals in Gjilan and Ferizaj serves as health care and educational center. Main indicators of secondary care are presented in Table 2. At the secondary care level the predominant disease reported are: diseases of the respiratory system (15.2%), obstetrical diseases (11%) and bloodstream infections (10.3%).

Health care facilities of public sector are owned by the state. Under direct provision, the financing and provision of health care is integrated and managed by the same organization, which in Kosovo is the government. The payments for secondary and tertiary care are executed through financial management

system of the MEF. For PHC, per capita health grants are transferred to municipalities by MEF. Financial planning is done at central level (MoH and MFE).

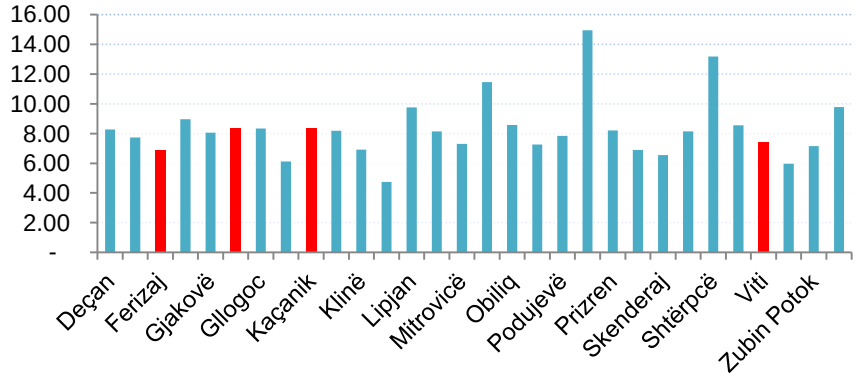

Figure 4.1. Health Financing in Municipalities per capita (Source: The World Bank 2007)

The analysis of the medical staff supply and distribution of funds clearly noticed some defects in planning, resulting in an unequal distribution of resources in different regions having as denominator the population of regions. The physician supply differences are been shown in the picture bellow.

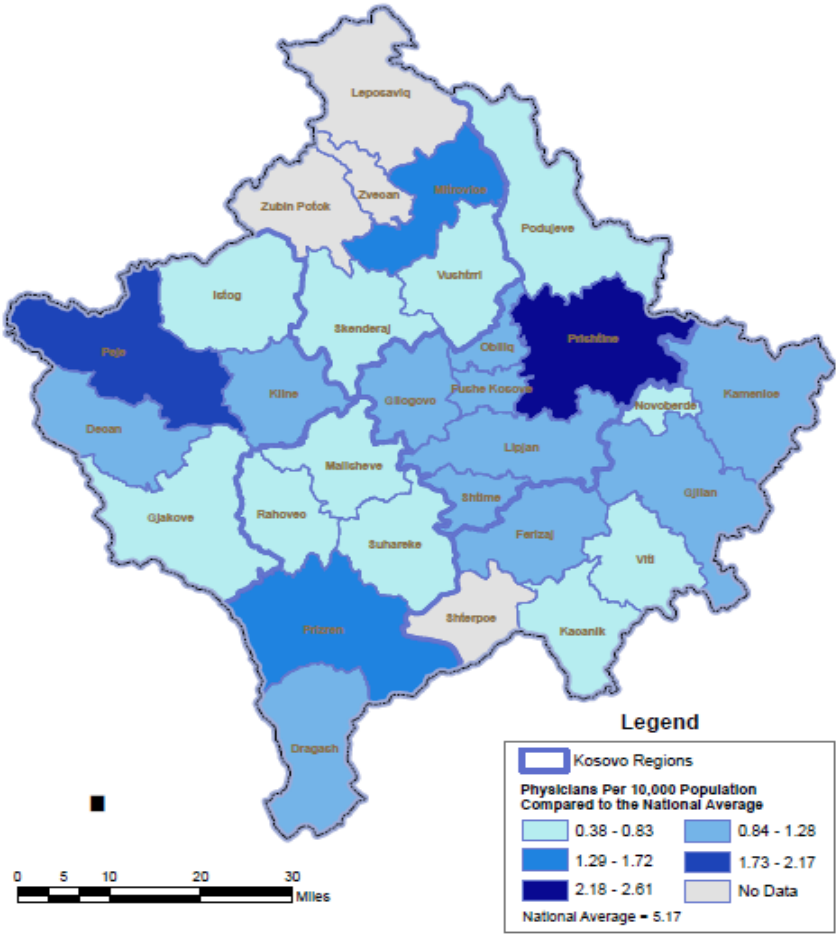

Figure 4.2. Primary care physician supply (Source: Hoxha 2009)

5. Main Challenges

Beyond the problems that have been defined in the survey that FCL did recently there are several challenges that research team has found. They are listed below.

Communication and coordination among health care stakeholders - There is insufficient communication and coordination between inter-sectorial health care providers. The primary and secondary healthcare budget is determined by central government, and there is a split between staffing, goods and services. This budget has not been devolved to municipalities, who are responsible for primary healthcare services. Staffing numbers for FMCs, health policy and administrative instructions are also set by central government without any form of consultation with Municipalities. Therefore all these issues may present considerable obstacles and pressures for implementation by local governments.

Infrastructure - Lack of investments for maintenance of health care facilities, equipment's, services and consumables (X-ray equipment, CT, operation theatres, transportation vehicles, support service areas).

Management and financing issues – There are unclear roles and responsibilities in health care pyramid in both individual and facility level coupled with (i) lack of primary healthcare professionals (family medicine doctors, family medicine trained nurses and midwives, specialist from radiology, nephrology, internal medicine, pathology) and (ii) lack of equitable access to primary care services in Kosovo. There is variable access to services and equipment across the different FMCs, particularly in rural areas where 60% of the population lives. There is a large number of administrative staff. No health insurance system has yet been established and this represents a key obstacle to improvement of health care sector at all levels. This has direct impact in the underfunding of the health sector. Lack of funding for the healthcare system has had important impact in health services. There is widespread demotivation of health care professionals for a variety of reasons including low salary levels, the lack of professional incentives, poor working conditions, clinical workload, inefficient and ineffective procurement procedures and perceived corruption. Health care workers are unable to live at current salary levels and they usually seek another job. Underfunding has also led to a lack of basic supplies of equipment and medications necessary to care for the population.

Lack of drugs from essential list - One of the main problems in health care system is insufficient drug supply, management and distribution process. Currently there is no involvement of primary health care in procurement and distribution. Lack of drugs from essential list and consumables have deteriorated patient care in both levels. The pharmacy budget (40% of the health care budget) is not held at the municipality level.

Health Information System - Data collection, maintenance and analysis related to patients, health services, drugs and medical products from the public sector are lacking, incomplete or fragmented. There is a lack of reporting system from private sector and integrated system across the ethnic

communities. Resource planning and allocation is not effective as a result of previous obstacles in health information system.

Poor referral system - The connection between primary care providers and specialized care represents one of the main organizational problems of health care services. Primary care services were usually seen as referral service into secondary or private care services. Patients by-passed primary care and went straight to secondary or tertiary care specialists. This has resulted in inappropriate referrals into secondary care and private services, resulting in inefficient use of public healthcare resources and widespread use of unregulated private care. The emergency center represents the best example of improper function in the referral system. A study at University Clinical Centre of Kosovo has proved that two thirds of the referrals from primary care facilities to emergency ward was inadequate.

Lack of treatment guidelines, protocols and standard operating manuals - Pregnancy booklet is considered as the proper step for improvement of the health of mother and child. However functioning of this mechanism is deficient in a high level and this was confirmed by UNICEF study. In all centers there is knowledge for existence of protocols for antenatal care that are developed by Kosovo Obstetric and Gynecology Association but again is confirmed that in practice protocols aren't being applied.

6. Ethnic segregation in health care

Ongoing ethnic tensions in Kosovo, mainly between the Albanian and Serb populations, perpetuate a rigidly segregated healthcare system of Kosovo. Some other minority communities, such as the Roma, Ashkali and Egyptians, are afflicted by the double burden of getting caught up in the middle of these ethnic disputes and at the same time suffering from poverty and discrimination. With some rare exceptions, all Serbs stay away from the health care facilities administrated by ethnic Albanians and it is equally rare for Albanians to receive treatment at the institutions supported by the Serbian MoH in Kosovo. Segments of the Roma, Ashkali and Egyptian (RAE) populations fear of ill-treatment at ethnic Albanian administered health care facilities and prefer to receive medical treatment from ethnic Serb providers. The other main minority communities such as Bosniaks, Turks, Croats and Goranis have generally integrated more fully into Kosovo's society and within the health care system provided by the government. The other main minority communities have integrated more fully into Kosovo's post-war society and within the Kosovo healthcare system. Bosniaks, Turks, Croats and to a lesser degree Goranis participate in and do not have problems accessing healthcare provided by the MoH.

Segregation remained a prevailing feature of Kosovo's post-war healthcare system like it had been during the 1990s. However, the balance of power shifted predominantly in favor of the ethnic Albanian majority. Albanians re-entered the official institutions and Kosovar Serbs developed a concurrently running parallel healthcare system for themselves. In the areas where non-displaced Serbs remained, the structures in existence from before the war (i.e. in healthcare, education, civil administration, etc.) received support, both financial and administrative, from Government ministries in Serbia. This support was provided to sustain pre-existing pre-war services. In essence, many services that the Serbian Government provided in Kosovo were not interrupted by the advent of the UNMIK administration and Kosovo government. Most Kosovar Serb health professionals maintained their ties with the Serbian healthcare system. Many of these individuals would not recognize then Kosovo's authority.

The parallel system was widely perceived as a necessity by Serbs due to fears related to their security, safety and freedom of movement. These factors limited Serb access to secondary or tertiary healthcare facilities. Most Serbs continue to feel as though they effectively cannot access nearly all healthcare facilities that serve ethnic Albanians. They therefore only use Serb-controlled facilities (in Kosovo and in Serbia) or they turn to healthcare provided by KFOR. In the past, several international NGOs provided services directly to Serbs. Nearly all of these NGO initiatives have been phased out as many of these organizations have scaled back their operations or have withdrawn completely from Kosovo.

There are also political reasons why Serbs resisted providing and seeking care under the Kosovo Government administration. Many Albanians and some international workers perceive the Serbian Government and local Kosovar Serb political figures as trying to manipulate the attitudes and behaviors of the Serb population within Kosovo. This assertion is fiercely refuted by many Serbs. Nevertheless, there is widespread uncertainty among Kosovar Serbs about their long-term futures in the country.

Many Serbs believe that relenting to Kosovo authorities helps an Albanian political cause which is construed as strongly disadvantageous for Serbs.

The Serbian MoH maintains exclusive administrative control over nearly all healthcare services for Serbs in the broader Mitrovicë/Mitrovica and Prishtinë/Priština regions as well as in the Viti/Vitina Municipality and some other border areas. The Gjilan/Gnjilane region has what could be called 'half-parallel' healthcare structures.[1] These half-parallel structures are partially overseen by both the Serbian MoH and the Kosovo's MoH. Other areas near Gjilan/Gnjilane such as Štrpce/Shtërpcë and Kamenicë/Kamenica also have many health workers who receive salaries from both the Serbian and Kosovo's MoHs. Despite their associations with the Serbian Government, most of the parallel and half-parallel healthcare institutions serving Serbs still do accept at least limited funds from the Kosovar authorities for operational costs like utilities, medical supplies and some other expenses.

Reaching Serb providers in areas where none are available locally poses problems for several enclaves. In the past, KFOR troops as well as Kosovo police often supplied ambulance services and escorts for enclave residents so they could reach Serb healthcare facilities within Kosovo or hospitals within Serbia proper. As the years passed, the security situation began to improve marginally and by late 2003 the routine provision of medical escorts was phased out. They temporarily restarted following the March 2004 riots but were subsequently phased out again. The Kosovo's MoH has introduced mobile units to offer medical care to isolated communities, including Serb and other minority enclaves, around Prizren, Gjilan/Gnjilane and Kamenicë/Kamenica and in some other areas.

The restricted freedom of movement, fear and lack of trust among Serbs in Albanian healthcare providers can have negative health impacts. Some ethnic Serbs and members of other minority communities in isolated locations limit their travel to secondary and tertiary health centers to only times when they deem it absolutely necessary due to fears about travelling within Kosovo. Such delays can worsen prognoses, sometimes until points when treatments are no longer viable.

[1] Doctors and nurses at the four health houses servicing Serbs in Pasjan/Pasjane, Budriga e Ultë/Donja Budriga, Kusicë e Epërim/Gornje Kusce and Koretishte/Koretište in the Gjilan/Gnjilane Municipality receive salaries from both the Serbian and the MoH.

7. Municipality Profiles and Needs

7.1. Municipality of Ferizaj

The municipality covers an area of 345 km² and consists of one town and 45 villages. It is largely an agricultural plain. The population of Ferizaj/Uroševac is 108,000. The majority, are Kosovo Albanian. Other communities residing in the municipality include Kosovo Ashkali, Roma, Gorani, Kosovo Bosniaks, Serbs, Egyptians, as well as Turks. Most Kosovo Serbs are returnees and live in the villages of Bablak/Babljak, Srpski Babuš/Babushë i Sërbëve and Talinoc i Muhaxherëve/Muhadžer Talinovac, while Kosovo Roma, Ashkali and Egyptians live in the village of Dubravë/Dubrava and the settlements of Halit Ibishi/Halit Ibiši, Sallahane/Salahane and Koçi Xoxe/Koče Zoze downtown.

- ✓ Secondary Care Hospital
- ✓ Regional Institute for Public Health
- ✓ Main Family Medical Center
- ✓ 3 Family Medical Centers
- ✓ Mental Health Institute
- ✓ Institute for Pulmonary Diseases

Primary health care facilities in Ferizaj/Uroševac municipality consist of a main and three smaller family care centers. The villages receive medical services through thirteen health stations, including mobile teams, covering different municipal areas. The municipal department of health and social welfare employs a total of 318 civil servants. The center for mental health, the institute for public health and a hospital are additional medical facilities providing secondary medical care and are supervised by the respective ministry.

Members of a community use health services provided at the Family Medical Centers. Members of Serb community choose to use centers usually found in enclaves. Communities can use their native language in communicating with doctors. In general, lack of funds makes it more difficult for communities to access health services as medicines and specialized procedures. Municipality notes that increased opportunities to receive free medication are needed.

Primary Health Care in Ferizaj works on the concept of family and medicine. It's operation is managed ny the Main Family Medicine Center, which owns different employees. The services are available 24 hours, whether treatment, diagnostic procedure, rehabilitative care, and preventive and/or promotional health. The health program consists of investments, either in the plane of advancement of human resources, or in infrastructure interventions. Ferizaj MFMC has a well developed home care services. In 2003 there were total 2377 home-care visits/services. In 2009 – 3460 visits, while in the first six months of 2011, a total of 1158 visits have been completed.

Needs

The **homecare** team has worked spontaneously after the war based on the demand. Back in 2000 it was not well organized and it dealt only with serious cases. In 2007 a decision was made to establish a permanent independent team for home-care services, mainly for those with serious illness who suffer from decubiti, cardiac problems, cancer, which do not need emergency but who need special care. This has resulted as very important and the initiative has received several recognitions. This has also been very beneficiary for the city. The demand and requests from the citizens have been increasing day after day. A special person has been appointed in the position for coordinating activities of home care service. The bad condition of the auto-ambulances has been a continuous problem. Municipality has been thinking of furnishing the Puncta of Greme and to transform it into MFCs, ensuring also necessary equipment, diagnostic devices, and laboratory.

Some of concrete actions that municipality plans to undertake (and will need support from donors) are as follows: to increase the number of employees in order to deal with increasing workload; to have as many as possible auto-ambulances for home-care services; to have the necessary supplies for the center; and, to increase the quality of the services by organizing a special training.

Ferizaj has an exemplary story about **health education** as well. Different teams were engaged organizing around 400 health education sessions a year throughout municipality, with a large number of beneficiaries. They target youth at school. They have also appointed a coordinator for health education and managed to secure some equipment and establish teams for this purpose. The MFMC has also designed/produced a magazine for health care, and four numbers have already been printed and distributed. MFMC officials confirm that they have shortage of presentation devices, starting from the sound systems devices to presentation tools. To create something sustainable, they have thought of creating educational presentation rooms.

MFMC does not have the **emergency department**. They have developed a kind of partial service. They also organize night shift service and there is a team assigned for emergency services. Six months ago they also started doing visits in the field. Development of city emergency department is part of the priorities of municipality. The plan is to start constructing the city emergency center next year. The key constraint is the limited budget. Municipality has only 150 000 Euro for this purpose, whereas they need 750 000 – 800 000 to finalize it. They are looking for partners who would be co-participating the expenses of construction and equipment. Municipality has done some ahead planning with regard to human resources. Three specialists from Ferizaj municipality have now started their specialization in emergency medicine in Prishtina and they already spend some time in Ferizaj hospital. Municipality has had collaboration with American KFOR in Bondsteel. The staff of MFMC attended special module for emergency medicine.

With regard to health of minorities there has been some initiative and thinking. Municipality has built a center in Sallahane, 500 meters far away from the location where the RAE community lives. But it was indirectly confirmed, that the municipality is not that interested for projects “only for the minorities”.

They are interested for projects where all population is included. Targeted projects have a risk according to Municipality. For example they build a puncta of family medicine to accommodate the return of Serbs in villages, but Serbs actually were not returned, or they came back at a small/symbolic number, generally elders, who at most times live somewhere else. They also furnish themselves with medicaments and bring doctors from Shterpce who do checkups. On the other hand, they refuse the team of doctors from Ferizaj. Efforts like this need coordination with central politics/strategies.

Municipality has not done much thinking about psycho-traumatology. There is confirmation of the need but no analysis has been done so far. They have some good psychiatrists working in MFMC, as well as a psychologist that deal with patients on daily basis. One of reasons for not moving forward with these services relates to existence of Mental Health House in the same ward with MFMC.

7.2. Municipality of Gjilan

Gjilan/Gnjilane municipality is located 47 km southeast of Prishtinë/Priština and covers an area of 515 square km. Gjilan/Gnjilane borders both, the Former Yugoslav Republic of Macedonia (FYROM), and Bujanovac and Preševo (Serbia). There is a town and 63 villages in the municipality inhabited by 90,015 residents. The majority are Kosovo Albanians, followed by a sizeable number of Serbs. There are also Turks and Roma. Non-majority communities move freely in town and most areas throughout the municipality. There are approximately 40 Kosovo Serb families (approximately 110 family members) in Gjilan/Gnjilane town.

The regional hospital is based in Gjilan/Gnjilane and maintains 538 staff members. There are 318 employees Albanian (269), Serb (36), Turk (10), and others (3) providing primary services through a network of one main and 17 smaller family medicine centers, and 15 family medicine punctas. For secondary care treatment, many Kosovo Serbs prefer to travel outside Kosovo or Gračanica/Graçanicë and Mitrovica/Mitrovicë. The municipality also has two psychiatric institutions.

- ✓ Secondary Care Hospital
- ✓ Regional Institute for Public Health
- ✓ Main Family Medical Center
- ✓ 17 Family Medical Centers
- ✓ 15 Primary Care Punctas
- ✓ Mental Health House
- ✓ Institute for Pulmonary Diseases

Primary health care services includes: promotion, prevention, treatment and rehabilitation of diseases, disorders and injuries, health education, immunization; and, the first diagnosis of health condition and basic health care including minor surgery, oral health promotion and basic dental care. Supervision of the epidemiological situation in the municipal level is also part of responsibility of municipality. Retrieved health protection includes measures dealing with: the provision of safe water and sanitation, ensuring food safety and nutrition and disinfection activities.

Needs

For this year, municipality has considered **infrastructure renovation** of two health centers (Pogragj and Bresalc), which are family health care centers and with high frequency of visiting patients. However, the conditions of these ambulances are very bad because they were built long time ago no further investments have been made for maintaining them. There is another puncta, which is located in a medium size village. The ambulance exists there but it does not fulfill the conditions and standards for providing services to the patients. Some officials from Pogragj have been very interested and they have been working on design the project. Some of examples for repairs include: change the roof of that center, change of doors and windows, regulation of water-supply system, etc.

If the municipality decides, then the **emergency services** can become a priority. According to municipal officials, it would be good to have a larger building, in order to have better and modern emergency services as a separate service from other services offered in primary care network. In fact, the ambulances and equipment they have are not in good condition, so they will also need appropriate equipment's. WHO have said that they will provide the municipality with a new auto ambulance by September.

Primary care service does not deal with **psycho-traumatology** services, whereas there is such services in the secondary level. In other words, bearing in mind that there is the regional hospital in the city, municipality is not that much interested in developing such services and they do not see it in their mandate. Patients go directly to the regional hospitals without visiting family medicine centers for a reference. There are psychiatrists that deal with this. In Anomorava region, there is less cases from PTSD patients that has suffered from the war, especially if we compare it with other regions in Kosovo. Statistics show that Gjilani region has been less damaged during the war compared to other Kosovo regions.

Regulation of health sector where **minorities** operate can be a dimension of support of Municipality of Gjilan. Apart from the Serbian community, the situation is good with other minorities. There are no problems with them and in a way they are now well integrated into the society. Chief of Division for Health at Municipality of Gjilan has proposed the mayor to dispel the parallel institutions, and to ask them for work license, which they do not have. In fact, they cannot establish/get into employment agreement with those kinds of diplomas. If an agreement (in political dialogue) for recognition of diplomas is achieved, municipality will enforce physicians to get licensed.

7.3. Municipality of Hani i Elezit

Hani i Elezit/Deneral Jankovic is located in the south-eastern part of Kosovo, spanning an area of 82.9 square kilometers, bordering Kaçanik/Kacanik municipality in the north and Skopje, the capital of the Former Yugoslav Republic of Macedonia, in the south. The municipality has a total of ten villages, two of which are not inhabited. The population is 9,389 inhabitants, whom are predominately Kosovo Albanian; there are some thirty Kosovo Bosniaks living there as well.

- ✓ Main Family Medical Center
- ✓ 2 Family Medicine Centers
- ✓ 7 Primary Care Punctas

Since August 2008, Hani i Elezit was the municipality with full rights. Before this, it was part of municipality of Kacanik.

The majority of communities use health care services in the main center of Family Health Care, which face no problems in providing services in their native language. The health center provides services in two shifts and the municipality is working to make it operational 24h.

The needs

The needs of municipality with regard to health care system are primarily related to renovation of MFMC, advancement of emergency services and development of referral system for patients with hemodialysis.

7.4. Municipality of Kacanik

Kaçanik/Kačanik municipality is located in south-eastern Kosovo and stretches along the main road between Prishtinë/Priština and Skopje. The municipality covers 211 square kilometers and consists of one town (Kaçanik/Kačanik) and 31 villages. The main road to the border of Former Yugoslav Republic of Macedonia and local roads are in poor condition, too. The water supply is generally good but electricity supply is often short of need. The population is 33,454. Kacanik municipality is almost completely mono-ethnic located along the main road Pristina - Skopje. With the exception of a small community of Roma, the municipal population is entirely Albanian.

The health center in Kaçanik/Kačanik town provides first aid and general medical services. In addition, there are two centers (Old Kacanik and Doganaj) for family medicine and seven punctas in the villages surrounding the town (Stagovë, Begracë, Dubrava, Biçec, Strazhë, Kotlinë and Gllboçica) which offer primary health care services. The total number of health workers is 105.

In addition to family medicine the MFMC offers additional services: maternity services, pharmacy, immunization and vaccination, oral Health, emergency care, pediatric care, gynecology specialist

services, pulmonary medicine, X-ray screening, and Lab. Emergency services are available non-stop for 24 hours. Basically all the major services are focused at the MFMC. Whereas, doctors go to other small family health care centers (punctas) occasionally; once a week, or twice a week.

Needs

As for the **reconstruction and equipment of facilities**, there is high need for that. Basically they have one main family health center, that is old, and there is a need for reconstructing it, including the interior and exterior parts. For example there is a need for changing the doors and windows which are too old. But they also need to intervene in other small health centers to create better conditions for providing health services. In addition as priority stand also infrastructure investment such as replacement of the roof, doors, windows, painting inside and out and the regulation of sewage facility FMC and regulation of fences and painting facilities in punctas Biçec, Doganaj, Begracë, Old Kacanik and Stagovë. The Municipality also confirmed the needs for at least two new ambulances and replacement equipment in dentistry department.

In the plans of municipality there seems to be a lot of focus in **public health and sanitation** such as: take measures against all those who make garbage collection or disposal; placement of apparatus for chlorinating drinking water in all primary schools; carry chemical and bacteriological analysis of drinking water in schools and health facilities; continued monitoring of the results of analysis of drinking water; application of disinfection across all kitchens, factories, bakeries, restaurants and manufacturing enterprises in municipality.

One of key problems the municipality faces is the **lack of doctors**. It has been difficult to retain specialized staff who wants to move to bigger healthcare centers. Recently 5 have left for specialization and 5 will leave soon. When they go for specialization they do not come back. Last time around, municipality has made contracts with the MoH that condition doctors to return after completing the specialization. They have to serve for the same length of time (in Kacanik) they spend during their specialization. This model hasn't been repeated with the other doctors who applied last time. This reflects negatively in home care visits. Doctors cannot leave the MFMC all the times as there are clients there.

Another dimension is the need for services for people with **mental** disabilities. These types of services are not fully functional, as there is no psychiatrist. There is a nurse, who works on that, but at most times they refer patients to go to other centers, mainly to Ferizaj, and for those who have more serious problems, they are referred to Prishtina.

MFMC has actually seven auto-ambulances; one is used for vaccinations, some are for dialysis and **emergency** interventions. They are prone to defects very often. If there something to improve in the emergency, it is the building itself, there is also a lack of doctors and equipment.

7.5. Municipality of Viti

Viti/Vitina municipality lies in southeastern Kosovo and borders the Former Yugoslav Republic of Macedonia (FYROM) to the south. The municipality covers an area of 300 km². Conditions of the basic infrastructure are generally poor. Only around 30 percent of the population has access to an adequate water supply and sewage system. The total population is 46,959. There are two entirely Kosovo Serb villages (Vrbovac/Vërboc and Grnčar/Gernqarë) and three ethnically mixed villages (Mogillë/Mogilla, Binçë/Binač and Klokot/Kllokot).

The main medical facility located in Viti/Vitina town is a basic health care centre with a 32-bed capacity, which employs a total of 142 workers, including 12 Kosovo Serbs. In addition, there is a network of 13 outpatient facilities in the villages which provide basic health care and first aid services to the residents. The staff of the medical centers includes a gynecologist, a pediatrician, an internist and an epidemiologist which are located at the MFMC. The epidemiologist handles the vaccination and the public health. The number of references of ours is 11.4 (compared to 20% allowed). The physicians of FMC are mostly family medicine specialist.

In Viti/Vitina municipality, the health network is well distributed to citizens providing efficient medical services. Besides MFMC, to get help and other health services, citizens can turn to 3 Family Medicine Centers, 8 Family Medicine Punctas which are spread across different villages. Two facilities, the Family Medicine Centers in Pozharan and the Main Family Medicine Center in Vitia provide 24-hour medical service. Although health sector employs Serbs and Roma, most members of the community use services in parallel system in Serb villages around Viti or in Bujanovac (Serbia) and Gracanica. Community members can communicate with doctors in their own languages and not face any serious problems in accessing health care. Kosovo Croats on the other hand use primarily the Republic of Serbia - financed institutions to access health services. On occasion for basic health care, they resort to the medical clinic in Lletnicë/Letnica working under the Kosovo system. The nearest Republic of Serbia-financed medical clinic is in the neighboring newly-established municipality of Klokot/Kllokot. For more serious medical interventions, they use the hospitals in Gračanica/Graçanicë in Prishtinë/Priština and, when required, in Belgrade.

- ✓ Main Family Medical Center
- ✓ 3 Family Medicine Centers
- ✓ 8 Primary Care Punctas

As part of MFMC function: Emergency Department, Departments of family medicine, Department of Dentistry, Maternity ward, and Department of vaccination and immunization. There are also available diagnostic services: radiology and laboratory (biochemical and hematological).

Needs

Rebuilding of Pozharan FMC is a priority which has been put in municipal projects list and 60 000 euros have been earmarked for such activity. They cannot yet start the work as they need additional funding. The new ambulance would fulfill the growing medical needs of the region around Pozharan as well as Kobëz. The municipality has already started with 24-hour medical services on Pozharan and the space they have is small compared with the patient's frequency that is so high. This makes the intervention top priority for municipality. This action has been included in the World Bank master-plan. In the ambulance of Pozharan, 15 villages are provided with medical services, the ambulance is located in the Ferizaj-Gjilan regional highway.

Interior renovation of the Main Family Medicine Center (MFMC) is another priority. Municipality has already achieved the first goal in changing of all the windows for the facility, after a donation from GTZ. This investment was funded on the basis of energy saving initiatives that they (GTZ) were supporting. The positive effects are already being felt. Energy is being saved energy and the inside temperature is holding up well during the winter time. For the moment there is a need to renovate sanitation, floors and doors because there has been no investment since it was built. Since the Finnish Red Cross and until the GTZ investments, there haven't been any other investments from international donors or NGO-s in Vitia.

Another important challenge in municipality is the fact that it is **endemic region for chronic kidney disease**. To illustrate, currently Kamenica has 7 patients in hemodialysis, Vitia has 40, Ferizaj has 20. Vitia is known in Europe as case study for endemic kidney disease. Right now the patients are referred for Gjilan, and the MFMC arranges the transport for the patients. The municipality has been thinking of serving as regional referral center for patients with hemodialysis. This may be a secondary level project and municipality have thought of offering the location to the Ministry of Health so the patients would be able to do their visits nearer. To make this work this should become a MoH policy as well. Among other they must take care of the training of staff, include this effort in secondary care system as well as provide support in investments. Right now there is no qualified staff for this type of services. In short run transportation of the patients can be improved to make better the quality of the services for referring of the hemodialysis patients. Municipality has earmarked 20,000 Euros to purchase a transportation van to secure at least another transporting vehicle that can support the patients.

Municipality through MFMC offers **home-care** service only for palliative care patients (i.e. patients who have cancer, terminal or genuine palliate care). For other issues such as antenatal service, health

education, and other they haven't been able to provide home care services. The staff has received training in palliative care abroad. One of interesting ideas by Municipality that can relate to this is building of an End of Life care House that would take care of patients that are dying of illness.

Municipal officials think that in Vitia there is a need for a **Mental Health House**, for daily visiting and long-term patients' treatments. They have proposed that this kind of institution should be built in the village of Letnica, a locality where Croats used to live before the war began. A short term solution may be the hiring of a psychiatrist to work in the MFMC (part time being option). Municipality and MFMC have made attempts for such efforts. The needs for such services have been confirmed because there are a lot of people who come here and require medical help.

Municipality have considered renovating a building close to MFMC and making it the **Emergency Center**. The project for its renovation is ready and was developed by professionals associated with municipality. Currently MFMC has an Emergency Unit, on call for 24-hours with trained doctors. To have a separate emergency unit from the MFMC the municipality must have at least 150 thousand habitants (which is not the case with Viti). Hence the focus should be in improvement of existing unit and its capacity to refer patients to other specialized centers in neighborhood. Beyond the renovation of the object, the donors could help in construction and the training of the staff (including study visits and training abroad).

Specific needs for **the minorities**, are addressed through health care facilities in Kllokot which is very near to Viti. Minorities in the municipality of Vitia are in a very small percentage and they use the Family Medical Center in Verbovc fort their medical needs. They also visit MFMC for X-ray scanning because in Verbovc they haven't got such service. They also come for emergencies. In Letnica, inhabited by Croatians had been a functional big healthcare facility (300 square meters) but during the war in Macedonia people burned the ambulance completely and now the object is turned into a miserable condition. There have been some attempts to renovate this with support of USAID and Croatian Embassy.

When it comes to **public health issues** municipality has already considered in doing the physical examination for all the children, from the first until the ninth grade, as a tool for discovery of early health problems. The need for health education is perceived as being very high. It is unfortunate that the media, both local and national have done so little about health care and family health education here in Vitia and everywhere else in Kosovo. Important public health issues seems to be the drinking water which arrives from the water tubes of cement asbestos (obsolete world wide). In addition, two black water channels flow into the Morava river. This presents a health risk for more than 8000 students that walk that way every day. Villages Vinca and Kabashi spill all the black waters in the Morava river as well. This could be addressed in combined projects (infrastructure-health).

7.6. Municipality of Kllokot

Klokot-Vrbovac was formed in November 2009 and previously was part of Viti. The new municipality is composed of cadastral areas of Klokot, Mogila and Vrbovac with 5145 inhabitants. In this municipality, the Serb are majority, while the Albanian and Roma communities are in smaller number.

In the newly established municipalities of Ranilug/Ranillug and Klokot/Kllokot, the ongoing process of transfer of competencies appears not to have a negative effect on the community. Kosovo Albanians primarily use centers for social welfare to obtain family allowances, pensions and other assistance.

The newly established municipalities, Ranilug/Ranillug and Klokot/Kllokot, do not yet have the means to provide full public services, although garbage collection and public utilities such as electricity are available. However, community representatives consider that there will be no problems in getting access to those services for the community once they are available.

Municipality Klokot/Vrbovac has two ambulances and two private clinics for rehabilitation and treatment. People in need can easily penetrate in these clinics and can communicate in their language. However, there is a lack of health care institutions. Kosovo Albanians living in Klokot/Kllokot are provided with primary health care services in the main family medical center in the Viti/Vitina municipality. The process of restructuring of health care sector using the model of primary care (like in the rest of Kosovo) has started in consultation with MoH. The municipality will need support in this process. The risk non utilization of services in Kosovo health care sector is present. This means that patients may not use the services from Kosovo providers due to politization of the health system. This should be carefully assessed when moving forward with support of health care sector in this municipality. There are many old people with chronic diseases that need support and currently are taken cared by the physicians providing care at local level. When needed they are referred in Gracanica or Serbia. The Kosovo Serb health care facilities operate solely under the authority of the Serbian authorities and employ 26 staff (only Kosovo Serbs). The whole system provides around 120 thousand medical visits per year.

8. The recommendations

With regard to the proposed fields

Based on our assessment all proposed fields (psycho-traumatology, homecare, public health, emergency medicine and minority health) of engagement are valid. Still, different municipalities have different picture of needs related to five fields and the program should adjust to them. Some fields may be irrelevant to some of the Municipalities. In the chapter of needs and profile for each municipality there have been described specific needs and program ideas. The program should be aware that there are clear additional needs (beyond five fields) that have been stressed by municipalities (i.e. treatment of patients with hemodialysis, development of infrastructure) and stand as top priorities for community. These needs should be taken seriously into consideration.

Psycho-traumatology didn't seem to be the highest priority in most of municipalities. The best investment in this field would be to support the family medical centers in identification and referral of cases rather than developing further such type of services at primary care level. Since SDC is involved in project that addresses the issues of mental health FCL can explore the potential synergies with them. The team may want to think of getting in touch also with Mental Health Network that has been developed over the years in Kosovo.

Almost every Municipality outlined the need for development of Emergency services. FCL should be careful in involvement in this field. It should be aware that the emergency centers are foreseen for larger municipalities according to regulations and strategies in place (set by MoH). According to that regulation communities that have more than 150,000 inhabitants are eligible to have emergency centers. The FCL strategy could be different for different communities. While for some of them (i.e. Viti, Hani i Elezit and Kllokot) it could support only development of basis services within MFMC, for the larger municipalities it can get involved in support of establishment of Emergency Center. In any case the efforts for the second should be coordinated with MoH. Serious partner in this effort can be WHO that has long term project that addresses emergency responses Kosovo wide.

Home care model in Ferizaj may serve as best example to be multiplied in other municipalities. There seems to be enough interest in most of municipalities for development of home care services. Still, the needed modalities may be different for different municipalities. Some of communities are interested for paliative care while others have interested in health education. In Viti and Hani Elezit this type of services could be utilized for patients with hemodialysis. In any case we would strongly encourage the use of Ferizaj model in development and advancement of home care models in other municipalities. Useful partners and stakeholders to consult may be QEVI and MOH.

There is range of needs in public health although they didn't seem to be top priority (or better say they were not the first ranked priorities). In any case we would strongly encourage program measures in this direction. It will be important to address specific issues in different communities rather than developing a standard sample for intervention. In some municipalities the issues of clan water was important topic.

In others cases its health education of minority communities (i.e. Ferizaj). There are range of partners who are active on the field. We would suggest considering: PEN, Kosovo Red Cross, KOPF, UNFPA, NIPH, other local NGO-s (youth centers and similar). They all have different field of expertise that should be considered when matching partnerships.

The health of minorities seems to be the only field of intervention that there was some reluctance to come up with concrete ideas; especially when it comes to addressing the needs and integration of Serb community. Our suggestion would be to approach carefully this domain taking into consideration its sensitivity. An important aspect in developing programing for minority communities that we suggest is to give a lot of attention and time to the process of development, adjustment and implementation of ideas for intervention. In addition, the important attention should be given to political context at municipal and Kosovo level. Many stakeholders are interested in the process of stabilization of communities. Among other, we would suggest to take into consideration SDC and USAID.

With regard to program development and implementation

The focus of project should be only at certain/specific level of care (i.e. primary care). This is important to keep the focus compared to spreading implementation capacity to thin. The experience of other stakeholders show that effects of intervention at that level (primary care) are much more significant and sustainable compared to the interventions at other levels of care (i.e. secondary and tertiary). The experience also shows that interventions are more cost-beneficial; meaning that more people in need will be reached at less cost.

Don't use a standardized approach in addressing the needs of different municipalities. Every municipality has different needs. One of key roles of Health Program Coordinator should be to manage this process of serving different needs by the project. The implementing team has to be creative in developing specific grant program with each of municipalities individually. What can work in one set up will not work in other cases.

Better few successful and deep interventions rather than many superficial. Having in mind the limitation of funds and many needs it will be important to focus the funds only in couple of interventions per each municipality. Trying to cover all areas will be wrong strategy.

We encourage the FCL approach: "All measures and activities shall be in accordance with the priorities of the Kosovo governments and of the local authorities". Key policy reference for Kosovo case would be the recently established Sectorial Action Plan for Health developed by MoH. However we would encourage FCL to carry out projects in close partnership with Municipalities and communities which are aligned with regulations, strategies and laws in place. We would not recommend daily coordination with

MoH having in mind that it is a big bureaucracy. Important contact in the Ministry would be the officer for development of primary care medicine.

As part of implementation strategy it will be crucial to coordinate and create synergies with other actors. There are many actors in the field. A list of some of the key actors and stakeholders has been provided in the annexes of this report.

In some municipalities they have clear idea about their needs while in others there is a need for a bit of programming support (i.e. Klokot, Gjikan and Kacanik). The program should give a lot of attention in support of municipalities in the process of finalization of the ideas. In this case the role of Health Program Coordinator will be crucial. All this should be a pre-application support and not post application as may complicate implementation arrangements (i.e. you see that you have decided to support ideas that are not that important compared to new ones that emerge).

The implementing team should also give a lot of thoughts in combining the interventions. Much healthcare needs of municipalities have infrastructure nature for example. This could be addressed in combined projects (infrastructure-health).

With regard to other fields of engagement

There is a list of other maters that could be addressed with FCL project:

Improved system of communication and coordination between central and local government - There needs to be greater transfer of responsibilities to and involvement of municipalities in the planning and development of primary and secondary care and the implementation of health care policy. Clarifying the different roles of central and municipal government and establishing clear lines of dialogue, will greatly contribute to improved efficiency in health care and to reduce the current uneven pattern of primary care development in Kosovo. This will also help in eliminating the confusion, increase accountability and improve efficiency. Municipalities seek more effective exchange of information between MFMC, municipalities, and the regional Institutes of Public Health, to assist health care service planning, delivery and budget setting for public health function responsibilities (identification and prevention of infectious diseases, health care education, environmental health, safe drinking water and hygiene, food safety and nutrition).

Supplement and improve the current health care infrastructure – i.e. Space and Buildings (Emergency Center in Gjilan hospital, Sanatorium in Kaçanik, new hospital building in Ferizaj) and other facilities presented seventh chapter. Operationalize secondary medical services in Gjilan (child psychiatry, endocrinology, pediatric alergology, palliative care, pathology and mortuary) and Ferizaj (orthopedics, ENT, neurology, cardiology, gastroenterology, etc.). Developing Dentistry at the primary level

Improve management of existing resources and quality of health care services (Staff Management, Planning, Recruitment and Training) - Administrative instruction 29/2004 states that Family Medicine (FM) specialists should be 1:2000 patients. There needs significant recruitment and training of additional staff to achieve this target in the future. There is also a need to increase professional staff salaries, in order to attract an increased number of staff into primary care. This would improve equity of access to the service and thereby improve health outcomes for the population. The recruitment process should be transparent and based on professional ability and not related to political appointment. It will increase the number of profilized health care staff. Continuous Professional Development of health care workers within FMCs and regional hospitals is an important dimension. Launch National education campaigns for both the public and healthcare professionals to improve awareness and understanding of main public health problems (sexually transmitted infections, communicable and non-communicable diseases, antibiotic resistance etc.).

Standardization of health care services - The principle of equity of treatment, access to health care and the equal distribution of health care resources based on social and economic equity to be achieved for all citizens, whether living in urban or rural Municipalities. In some municipalities of Kosovo (Gjilan, Ferizaj) there has been successfully implemented some new models (The Microsystem model) attempted to institute a patient- centered care system. Key stakeholder in this is Foundation for Healthy Mothers and Babies based in Prishtina with strong partnership with Dartmouth Medical School.

Ensure sustainability of financial system for health care - Municipalities should be involved in the budget setting process and determine local priorities in accordance with the country agreed objectives. The budget for primary healthcare, the procurement and supply chain management should be devolved to Municipalities. This will result in immediate improvements in clinical care for patients and increase efficient use of public money. Currently there is a low realization of incomes from patient co-payments. There is a need for increased income for the MFMCs, so that expenditure requirements to improve the health status of the target primary care groups. Municipalities encourage consideration of additional sources of income for primary healthcare (for example charges for the provision of health certificates).

Regular supply with drugs and consumables - Improving the efficiency of procurement and supply of pharmaceuticals and the delegation of drug budget accountability could lead to significant savings of health expenditure.

Support development of Health Information System (HIS) - Functional HIS will collect, save, analyze and distribute the data on timely and standardized manner. It will be useful for decision-making and organization in all health care levels. Lux Development plays an important part in this process Kosovo wide.

Change the referral profile - Primary care has sufficient professional resources to achieve an effective gate-keeping role into specialist services. This will decrease the demand for specialists in secondary and

tertiary health care services. Therefore, resources could be redirected from secondary care to primary care.

With regard to potential implementing partners

In principle our suggestion is that the implementing partners should be local government institutions. If FLC is thinking of intermediary institutions that are specialized in health and would provide assistance in implementation of health interventions within the project than we would recommend: Community Development Fund, Foundation for Healthy Mothers and Babies and Kosovo Health Foundation. All these organizations have their strengths and experiences in implementation of health programs throughout Kosovo.

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Relevant Links

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http://kk.rks-gov.net/ferizaj/Temat/Health.aspx

http://kk.rks-gov.net/gjilan/

http://kk.rks-gov.net/gjilan/Municipality/Departments/Health-and-Social-Welfare.aspx

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http://kk.rks-gov.net/viti

http://kk.rks-gov.net/viti/Temat/Health.aspx

http://kk.rks-gov.net/kllokoti/

Annex 1 Contact details of key stakeholders

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MOMĆILO STOJKOVIĆ	Kllokot	Director, Department for Health and Social Welfare	044640839
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DR. SYLEJMAN TOPALLI	Ferizaj	Director, Regional Institute for Public Health	sylejmantopalli@yahoo.com, 044130 031

Annex 2 - Important stakeholders activities and projects

Swiss & Liechtenstein Support Project to Mental Health in Kosovo - Phase III

09.2008 – 02.2011

Swiss Commitment: *CHF 900'000*

Financing Agency: *Federal Office for Migration, Principality of Lichtenstein*

Implementer / Consultant: *Kosova Health Foundation*

The project will support the Psychiatric University Clinic Pristina (PUC-P) in becoming a Learning Resource Center for state of the art psychiatric care, that will actively train health professionals in Kosovo. It will further support the PUC-P to play an important role in transferring new 'mindsets' and treatment models in Mental Health and Psychiatry to all levels of the healthcare system as well as to the overall Kosovo society. The project will strengthen the professional exchange with the Psychiatric University Clinic Basel and establish a long-term institutional partnership between the two clinics.

Contact: Swiss Cooperation Office Kosovo, Rexhep Mala Street 6, 10060 Pristina - Kosovo . Phone: +381 382 48 091. Fax: +381 382 48 096. Email: pristina@sdc.net,. Website: www.swiss-cooperation.admin.ch/kosovo/

Swiss Kosovo Local Governance and Decentralization Support LOGOS

2009 – 2012

Swiss Commitment: *CHF 4,712,845*

Financing Agency: *SDC*

LOGOS contributes to the overall stabilization of Rule of Law and democracy in a multiethnic Kosovo state and society by promoting the development of local governance and decentralization reforms in the municipalities of Kosovo. The project will support partner municipalities in South Eastern Kosovo in being more accountable, transparent, equitable and effective in local governance and able to deliver key services to satisfy all citizen groups. In addition to counseling and technical inputs, through an investment fund the project will co-finance the implementation of municipal and sub-municipal projects.

Contact: Swiss Cooperation Office Kosovo, Rexhep Mala Street 6, 10060 Pristina - Kosovo . Phone: +381 382 48 091. Fax: +381 382 48 096. Email: pristina@sdc.net,. Website: www.swiss-cooperation.admin.ch/kosovo/

Rural Water and Sanitation Support Programme - Phase IV

1.2011 – 12.2011

Swiss Commitment: CHF 2,060,000

Financing Agency: SDC

This project contributes in improving the health and well-being of communities through sustainable water and sanitation services in line with Kosovo national sector strategies and legislation.

New water supply systems will be constructed in about ten villages of South-East Kosovo, Suhareka and Vushtrri municipalities. The project will further support the Regional Water Companies in improving their financial sustainability and in enhancing capacities for a sustainable operation and maintenance of rural water systems. At the national level, the capacities of policy making institutions will be strengthened in managing water resources and services.

Contact: Swiss Cooperation Office Kosovo, Rexhep Mala Street 6, 10060 Pristina - Kosovo . Phone: +381 382 48 091. Fax: +381 382 48 096. Email: pristina@sdc.net,. Website: www.swiss-cooperation.admin.ch/kosovo/

Rural Water Supply and Sanitation Programme - Phase III

1.2010 – 12.2010

Swiss Commitment CHF 1'500'000

Financing Agency: SDC

Implementer / Consultant Community Development Initiatives, Kosovo

This project contributes in improving the health conditions of selected rural communities through water and sanitation infrastructure. New water supply systems will be constructed in six villages of Gjilan and Ferizaj Municipalities, whereas new sewage systems will be built in two villages of Ferizaj Municipality. The project will also support the elaboration of a national strategy for the implementation of rural drinking water supply and sanitation systems as well as a manual on technical standards for drinking water supply and sanitation systems.

Contact: Swiss Cooperation Office Kosovo, Rexhep Mala Street 6, 10060 Pristina - Kosovo . Phone: +381 382 48 091. Fax: +381 382 48 096. Email: pristina@sdc.net,. Website: www.swiss-cooperation.admin.ch/kosovo/

Democratic Effective Municipal Initiative

USAID's Democratic Effective Municipal Initiative is a three year program designed to support Kosovo municipalities to better serve their residents and promote good local governance. Democratic Effective Municipal Initiative is implemented by Urban Institute. The selected partner municipalities will cooperate closely with USAID/DEMI program in the areas of professional technical assistance, capacity development, peer to peer exchange of experiences and access to the USAID/DEMI's Incentive Fund. The selected municipalities are: Deçan/Dečan, Fushë Kosovë/Kosovo Polje, Gjilan/Gnjilane, Gračanica/Graçanicë, Istog/Istok, Junik/Junik, Kaçanik/Kačanik, Kamenicë/Kamenica, Klokot-Vrbovac/Kllokot-Vërboc, Leposavić/Leposaviq, Malishevë/Mališevo, Mamushë/Mamuša, Mitrovicë/Mitrovica, North Mitrovica, Novo Brdo/Novobërdë, Parteš/Partesh, Pejë/Peć, Prizren/Prizren, Ranilug/Ranillug, Suharekë/Suvareka, Štrpce/Shtërpcë, Vushtrri/Vučitrn, Zubin Potok/Zubin Potok, Zvečan/Zveçan.

Partnership to Improve the Health of Women and Children in Kosovo

With support from the American people through USAID/Kosovo, AIHA launched a three-year partnership project to improve the health of women and children in Kosovo in March 2009. This partnership links US health and civic organizations with counterpart institutions throughout Kosovo to strengthen maternal and child healthcare capacity at the primary, secondary, and tertiary levels. Together with key national and local stakeholders in Kosovo, AIHA and its partners are working to build the prerequisite institutional and human resource capacity needed to: improve quality, scope, and frequency of prenatal care; improve quality of primary level care for infants and children; improve perinatal and post-partum care for women and newborns; improve quality of care for high-risk mothers and infants, as well as emergency cases; and raise awareness of the importance of prenatal care through targeted patient education and community outreach. Additional project objectives include strengthening and expanding women's gynecological services to include screening and early detection for breast and cervical cancer and premalignant disease; strengthening maternal and child health data collection, information, and reporting systems to better inform related policies and programs; and improving health professions education opportunities and tele-consultation services.

Contact: Lulzim Qela. Email: lulcela@yahoo.com

ATRC Cooperation Agreement with the 6 municipalities of Kosovo

Within the project "Successful Practices - Municipalities functional" in August 2010 ATRC has signed Cooperation Agreement with the 6 municipalities of Kosovo: Pristina, Gracanica, Ranilug, Kamenica and Viti Kllokot. All municipalities agreed on the objectives of the Agreement, cooperation and coordination of activities during project implementation, and participation of municipal authorities in all the activities planned in the project. ATRC Through this project aims to strengthen the capacities of municipal

authorities and representatives of society of the new civil: Gracanica, Ranilug and Klokot and increase cooperation between the new municipalities and mother. The authorities of the new Municipal saw the project as a good opportunity to strengthen cooperation between the representatives of society civil and municipal authorities, in order to fulfill legal obligations and increase citizen participation in local governance. Moreover, they showed great interest in strengthening cooperation with the mother municipalities. The project is funded by the U.S. Agency for International Development.

Contact: Kushtrim Kaloshi. Email: kushtrimk@advocacy-center.org

Other projects and stakeholders:

WHO Emergency response project. Contact person: Ilirjana Bajraktari (Email: ilirjanab@gmail.com)

Italian Cooperation multi sector project in Gjilan. Contact person: Marria Ruggiero (Email: maria.ruggiero@esteri.it)

Community Development Fund two active projects in Health Sector (AIDS and TB program). Contact person: Nermin Mahmuti (nermin@kcdf.org)

FHMB - Foundation for Healthy Mothers and Babies multiple projects in health sector: Contact person: Indira Hoti (indira.hoti@gmail.com)

Annex 3 - Terms of Reference - Health Program Coordinator

1. Context

The Foundation Caritas Luxembourg (FCL) had started its activities in Kosovo immediately after the war 1999. These activities mainly comprised projects in the fields of infrastructure and peace building which were implemented by partner organizations. In 2010 FCL drafted a subsequent strategy for 2011-2013 comprising the sectors of income generation, education and health in the municipalities of Ferizaj, Gjilan, Hani i Elezit, Kacanik, Viti and Kllokot. When it comes to health, a survey conducted by Caritas in May 2010 assessed that action is needed in the following sectors: Psychotraumatology, Health care for minorities, Emergency Medicine, Medical Emergency, Home Care and Public Health. In another assessment carried out in 2011 additional needs have been identified (i.e. referral of patients with hemodialysis, development of infrastructure, development of human capacity, etc.).

2. Objective

Development and coordination of health program on behalf of Foundation Caritas Luxembourg in close partnership with multiple partners and stakeholders.

3. Scope of work

- Develop the health program in close coordination with relevant stakeholders;
- Supervise the Health Projects on behalf of FCL;
- Coordinate activities with other programs and projects at FCL;
- Integrate the projects into FCL long term strategies and programing;
- Participate in planning of activities and project implementation;
- Report to the director in regard to progress;
- Supervise the monitoring of annual activities in health sector;
- Participate and contribute in stakeholder coordination on behalf of FCL;
- Ensure compliance of the projects with FCL policies and strategy;
- Provide technical assistance to partners; and,
- Address the legal and PR issues on behalf of FCL for all projects under the health program;

4. Qualifications

- ✓ Good knowledge of health sector in Kosovo;
- ✓ Good knowledge of project development and implementation;
- ✓ Previous experience in project coordination;
- ✓ Very good communication and coordination skills;
- ✓ Ability to work with multiple stakeholders.

Annex 4 – Important statistics – Health Sector Ferizaj

Table 7.1.1. Key Facts on Hospital of Ferizaj

Feature	
Beds	58
Staff	89
Perinatal death rate	-
Bed occupancy rate	34.2
Length of stay	2.7
Mortality	0.3‰

Source: SOK 2009

Table 7.1.2. Indicators of Volume and Quality - Hospital of Ferizaj

Department	Available beds (monthly average)	Physicians	Nurses	Treatment days	Inpatient cases	Interventions	Average length of stay (in days)	% of capacity utilization	Mortality in hospital ‰
GJITHSEJ	**62.3**	**22**	**59**	**7776**	**2886**	**70**	**2.7**	**34.2**	**12.5**
Surgery	17.3	5	9	1511	753	0	2	24	0
Ob-Gyn	21	5	29	3954	1809	70	2.2	51.6	0
Pediatrics	10	6	12	1348	244	0	5.5	36.9	0
Internal Medicine	14	4	9	963	80	0	12	18.8	12.5
Other	-	2	-	-	-	-	-	-	-

Source: SOK (Statistikat Shendetesore 2009)

Table 7.1.3 Specialized Staff at PCL (2009)

Specialization	No. of physicians
Dermatology	1
Epidemiology	1
Rehabilitation	2
Internal Medicine	1
Family Medicine	31
Ophthalmology	1
ENT	1
Pulmonary Diseases	1
Psychiatry	1
TOTAL	**40**

Source: NIPH 2010

7.1.4. Healthcare Staff in PCL (2009)

Location	Profession					TOTAL
	Physician	Dentist	Healthcare associate	Nurse	Non medical	
Balaj				1		1
Bibaj					1	1
Biti					1	1
Caralev				1		1
Dardani				1		1
Doganaj		1		3		4
Ferizaj	50	21	2	161	37	271
Gaqk				1		1
Gerlic				1		1
Komogllav				2	1	3
Manastircë	1			1		2
Mirash	1			2	1	4
Nerodime				1	1	2
Pleshin	1					1
Prelezi	1				1	2
Rashinc				1	1	2
Sazli					2	2
Shtime				2		2
Slivovë				1		1
Softaj				2		2
Sojev				1		1
Terren					1	1
Varosh				3		3
Zllatar					1	1
TOTAL	**54**	**22**	**2**	**185**	**48**	**311**

Source: NIPH 2010

Table 7.1.5. Profiles of Nursing Staff at PCL (2009)

Profile	No. of staff
Denstistry assistant	18
Nurse	126
Dentistry technician	9
Rehabilitation technician	2
X-ray technician	4
Lab technician	15
Pharmacy technician	11
TOTAL	**185**

Source: NIPH 2010

Table 7.1.6. Number of Births at Maternity of Ferizaj Hospital (2009)

Total births		Total newborns		Total live newborns		Still births	
#	%	#	%			#	%
1701	6.3	1703	6.2	1703	6.3		0.0

Source: NIPH 2010

7.1.7. The Volume of Services at PCL

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
Medical visits	**Total**	**14870**	**15667**	**18716**	**15814**	**16326**	**15369**	**15760**	**16198**	**15215**	**15229**	**15054**	**18008**	**192226**
Nursing services	EKG	339	294	387	341	235	284	276	297	276	245	315	315	3604
	Consultation	3784	5103	5314	4741	4693	3751	2655	2770	3894	5622	3275	3342	48944
	ANC	133	132	210	222	98	155	196	178	158	124	159	92	1857
	I.M	8013	7732	8572	7926	8229	5078	3903	6834	7074	6772	6641	7864	84638
	I.V	75	105	93	136	53	53	27	75	170	146	136	156	1225
	Infusion	1655	1444	1731	1194	1716	1430	1869	2012	1572	1409	1308	1634	18974
	Wound care	763	837	2693	975	1207	1240	1151	1295	1154	1384	1065	1054	14818
	Triage	3738	5500	6097	4637	4118	3876	3233	3397	5612	5742	5699	7355	59004
	Inhalations	79	69	72	74	77	48	29	36	58	45	52	32	671
	Homecare visits	151	224	253	259	241	229	252	319	268	233	209	205	2843
	Physiotherapy	85	119	157	112	83	56	84	74	74	196	131	265	1436
	GJITHSEJ	**18815**	**21559**	**25579**	**20617**	**20750**	**16200**	**13675**	**17287**	**20310**	**21918**	**18990**	**22314**	**238014**
Lab	Urine check up	1266	1609	1628	1549	1525	1528	1369	1364	1076	1187	1752	2857	18710
	Blood check up	8447	8532	13881	8411	10931	11142	10059	9291	9272	10599	8022	8692	117279
	GJITHSEJ	**9713**	**10141**	**15509**	**9960**	**12456**	**12670**	**11428**	**10655**	**10348**	**11786**	**9774**	**11549**	**135989**
Other services	Specialists visit	920	1060	906	470	416	596	478	762	590	1209	1773	1488	10668
	Health education sessions	0	0	29	89	9	0	0	0	30	64	8	0	229
	Specialist referrals	1308	1393	1646	1698	1612	1470	1395	1721	1366	1384	945	1247	17185
	Referrals in hospital	94	131	160	41	20	11	13	11	9	6	7	2	505
	Diagnostic referrals	1453	1693	1802	1683	1531	1378	1268	1660	1660	1490	1287	1450	18355
	Infective diseases	444	363	525	753		445	0	667	786	307	183	656	5129
	Vaccines	1842	2131	2219	1471	2424	2141	2495	2311	2884	2956	2781	2953	28608
	X-rays	856	957	850	313	146	197	660	891	976	915	865	776	8402
	Orthopedic aids	24	38	43	38	35	27	30	0	18	36	23	19	331
	Total	**6941**	**7766**	**8180**	**6556**	**6193**	**6265**	**6339**	**8023**	**8319**	**8367**	**7872**	**8591**	**89412**
Dentistry	Visits	932	912	1068	970	955	826	706	489	988	1012	865	738	10461
	Extraction	1429	1278	1463	1410	1090	1182	1069	985	1013	1204	1121	1217	14461
	Prosthesis	20	38	30	28	30	36	18	2	17	37	22	38	316
	Repairs	337	442	575	550	470	478	263	115	190	253	383	451	4507
	Drainage	352	333	384	326	295	301	161	311	245	253	285	310	3556
	Other	0	4	0	16	2	0	30	0	18	0	0	16	86
	Total	**3070**	**3007**	**3520**	**3300**	**2842**	**2823**	**2247**	**1902**	**2471**	**2759**	**2676**	**2770**	**33387**
	Total 2010	**53409**	**58140**	**71504**	**56247**	**58567**	**53327**	**49449**	**54065**	**56663**	**60059**	**54366**	**63232**	**689028**

Source: Municipality of Ferizaj

Annex 5 – Important statistics – Health Sector Gjilan

Table 7.2.1. Key Facts on RH Gjilan

Feature	
Beds	451
Staff	527
Perinatal death rate	14‰
Bed occupancy rate	53.4
Length of stay	5.9
Mortality	11‰

Source: SOK 2009

Table 7.2.2. Indicators of Volume and Quality - RH Gjilan

Department	Available beds (monthly average)	Physicians	Nurses	Treatment days	Inpatient cases	Interventions	Average length of stay (in days)	% of capacity utilization	Mortality in hospital ‰
TOTAL	**397**	**88.2**	**174**	**79007**	**13505**	**2050**	**5.9**	**53.4**	**11**
Surgery	27	10.1	14	5857	1399	1186	4.2	59.4	1.4
Orthopedics	18	5	7	2754	376	178	7.3	41.9	2.7
Urology	17	4	8	3192	477	69	6.7	51.4	2.1
ENT	21	7	9	5065	646	365	7.8	66.1	1.5
Ophthalmology	-	-	-	-	-	1	-	-	-
Gynecology	47	13	29	8183	1206	88	6.8	47.7	0
Obstetrics	22	0	0	5858	2326	163	2.5	73	0
Neonatology	31	8	16.3	4582	2148	0	2.1	40.5	6.1
Pediatrics	32	7	16	3878	934	0	4.2	33.2	1.1
Internal medicine	57	11	18	15975	1695	0	9.4	76.8	26.5
Infectious diseases	32	5	8.3	4946	909	0	5.4	42.3	2.2
Neurology	11	2	7	1825	224	0	8.1	45.5	160.7
Psychiatry	20	2.8	10.4	4616	126	0	36.6	63.2	7.9
Chest	32	5.5	8	8543	542	0	15.8	73.1	12.9
Intensive care	17	4.8	13	1206	0	0		19.4	
Coronary unit	13	3	10	2527	497	0	5.1	53.3	68.4

Source: SOK (Statistikat Shendetesore 2009)

7.2.3. Healthcare Staff in PCL (2009)

Location	Profession					TOTAL
	Physician	Dentist	Healthcare associate	Nurse	Non medical	
Arberi	5			11	3	19
Bresalc	1			4		5
Budrig				3		3
Cernicë	1			1		2
Dardani	13		1	24	5	43
Dheu i bardhë	4			3	1	8
Gjilan	24	16		101	43	184
Kisha e qytetit				2		2
Kishna pole				1		1
Korotisht				1		1
Kuvcë	1	1		5		7
Livoq i ulët	1					1
Malishevë	1			1		2
Mireshë	1			1		2
Parallovë				1		1
Partesh				3		3
Pasjan	1			4		5
Perlepnicë				2		2
Pogragj	1			2		3
Ponesh				3		3
Ramiz Cërnica	2			1		3
Shillov				4		4
Shurdhan				1		1
Stanishor				1		1
Strazh				2		2
Uglar	1			1		2
Zheger	2			4	1	7
TOTAL	**59**	**17**	**1**	**187**	**53**	**317**

Source: NIPH 2010

Table 7.2.4. Specialized Staff at PCL (2009)

Specialization	No. of physicians
Biochemist	1
Ob-Gyn	1
Family Medicine	29
Psychiatry	2
TOTAL	**33**

Source: NIPH 2010

Table 7.2.5. Profiles of Nursing Staff at PCL (2009)

Profile	No. of staff
Nurse	169
Dentistry technician	8
X-ray technician	1
Lab technician	8
Pharmacy technician	1
TOTAL	**187**

Source: NIPH 2010

Table 7.2. Number of Births at Maternity of RH Gjilan (2009)

Total births		Total newborns		Total live newborns		Still births	
#	%	#	%			#	%
2121	7.8	2130	7.8	2114	7.8	16	6.0

Source: NIPH 2010

Table 7.2.7 Visits and Referals for PCL (2010)

Type of Institution	Visits	Referals
MFMC Gjilan	35847	7666
FMC Dardania	34348	6086
FMC Arbëria	22668	4519
FMC 28 Nëntori	15497	3104
FMC Dheu I Bardhë	8438	1845
FMC Ramiz Cërnica	9185	1337
FMC Zhegra	6435	1325
FMC Pogragjë	1298	388
FMC Mireshi	2660	562
FMC Bresalci	2633	410
FMC Cërnicë	1202	175
FMC Malishevë	2181	687
FMC Përlepnicë	1362	354
Uglari	778	113
Livoq I ulët	1762	437
Kishnapole	954	75
Llashticë	1309	222
Shurdhan	77	2
Livoq i Epërm	659	51
Bukovik	102	0
Muqibabë	99	0
Verbicë e zhegovcit	215	0
FMC Pasjan	950	0
FMC Kuvccë	0	0
Partesh	2910	0
Kisha e Qytetit	-	-
Shillovë	878	0
Korotoshtë	-	-
Ponesh	2910	0
Makresh	-	-
Strazhë	-	-
Stanishor	-	-
Paralovë	-	-
Parallovë	-	-
Budrigë	-	-
Denstistry	28542	
Lab	22464	
Children supervision	9424	946
First aid	43412	8643
Total	**238735**	**38947**

Source: MFMC Gjilan

Annex 6 – Important statistics – Health Sector Hani i Elezit

7.3.1. Healthcare Staff in PCL (2011)

Profession	Nr. of staff
Dentists	1
GP	6
Main nurse	1
Nurse	17
Lab technician	1
Nurse vaccination	1
Non medical staff	3
TOTAL	**30**

Source: Municipality of Hani i Elezit

7.3.2. The Volume of Services at PCL

Month	TOTAL SERVICES	First diagnosis	Repeated visits	Specialist and hospital referrals	EKG and inhalations	Biochemistry	Hematology	Urine	TOTAL LAB
January	1853	1547	306	142	16	45	91	72	208
February	1711	1416	295	121	10	45	117	75	237
March	1988	1741	247	121	41	47	115	63	225
April	1842	1529	313	114	76	57	109	103	269
May	1852	1500	352	158	50	87	108	93	288
June	1896	1457	439	154	43	61	96	69	226
July	2223	1686	537	160	56	105	126	101	332
August	2344	1905	439	121	47	80	130	102	312
September	2051	1628	423	105	21	14	16	13	43
October	2073	1594	479	135	32	76	128	108	312
November	2271	1864	407	161	53	96	140	121	357
December	2420	2249	171	151	33	82	138	106	326
TOTAL	**24524**	**20116**	**4408**	**1643**	**478**	**795**	**1314**	**1026**	**3135**

Source: Municipality of Hani i Elezit

Annex 7 – Important statistics – Health Sector Kacanik

7.4.1. Healthcare Staff in PCL (2010)

Location	Profession					TOTAL
	Physician	Dentist	Professional associates	Nurse	non medical	
Begracë				1		**1**
Biçec				1		**1**
Doganaj	3			2		**5**
Dubravë				1	1	**2**
Gllboçicë	1			3		**4**
Kaçanik	10	2	1	48	17	**78**
Kaçanik i Vjetër	2			4		**6**
Kotlinë				1		**1**
Stagovë	1			2		**3**
TOTAL	**17**	**2**	**1**	**63**	**18**	**101**

Source: Municipality of Kacanik

Table 7.4.2. Specialized Staff at PCL (2010)

Specialization	No. of physicians
Emergency medicine	1
Family medicine	4
TOTAL	**5**

Source: Municipality of Kacanik

Table 7.4.3. Profiles of Nursing Staff at PCL (2010)

Profile	No. of staff
Denstistry assistant	3
Nurse	36
Midwife	16
Rehabilitation technician	1
X-ray technician	3
Lab technician	4
TOTAL	**63**

Source: Municipality of Kacanik

Table 7.4.4. Number of Births at Maternity of Kacanik (2009)

Total births		Total newborns		Total live newborns		Still births	
#	%	#	%			#	%
4	0	4	0	4	0	16	0.0

Source: NIPH 2010

7.4.5. The Volume of Services at PCL

	FIRST QUARTER						SECOND QUARTER						THIRD QUARTER						FOURTH QUARTER						
	January		February		March		April		May		June		July		August		September		October		November		December		
Department	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	Visits	Interventions	ANNUAL TOTAL
Family Medicine	2114	829	2266	980	2832	835	2291	648	1826	617	2205	693	2158	704	2094	775	2472	752	2489	792	2920	784	2644	899	37619
Emergency	2075	2104	1782	1734	2102	2089	2031	2065	2089	2136	2189	2016	2748	2696	3061	2680	2224	2074	2082	2040	2037	2094	2368	2074	52590
Dentistry	327	388	1734	470	442	513	381	525	295	403	322	467	354	346	323	449	396	557	355	470	439	596	383	712	11647
Pediatrics																	210	58	276	80	307	129	344	308	1712
Births		1										1		2											4
Mental Health		58		80		135		135		116		146		122		122		91		88		89		189	1371
Pulmonary		26		51	67	67	52	52	34	34	29	32	38	49	23	23	43	43	52	52	59	98	53	75	1052
Woman center		210		88		132		84		99		93		104		89		95		163		169		158	1484
Vaccination		308		354		1695		745		1529		1100		456		672		1126		282		648		1060	9975
Lab		527		617		855		666		539		593		578		503		515		606		679		562	7240
X-ray lab		307		363		454		240		335		484		440		237		490		534		481		366	4731
EKG		41		40		53		48		38		48		41		43		1		19		45		30	447
Doganaj	119	86	147	101	158	114	149	100	142	122	91	153	130	91	59	99	19	86	148	126			9	69	2318
Kaçanik i vjetër	52	25	53	21	82	37	38	28	39	22	31	15	13	22	11	50	14	19	19	19	25	41	25	4	705
Gllobçicë	129	143	116	111	180	155	147	105	97	127	35	82		83		83	26	108	69	144	67	119	54	113	2293
Stagovë	37	140	40	132	51	186	46	164	39	169	23	183		214		110		143		185	19	155	125	157	2318
Biçec	43	12	122	81	88	53	150	68	88	47	108	67				25		46	140	64	111	40	113	50	1516
Begraçe	73	53	97	93	132	141	109	122	72	122				77		54			16	42	6	62	58	87	1416
Dubravë	19	19	37	38	85	63	85	63	20	7								40							476
Kotlinë		124	14	178	9	93	25	186	18	185		192		124		82			56	216	65	317			1884
Shtrazë																									0
ANNUAL TOTAL	**4988**	**5401**	**6408**	**5532**	**6228**	**7670**	**5504**	**6044**	**4759**	**6647**	**5033**	**6365**	**5441**	**6149**	**5571**	**6096**	**5404**	**6244**	**5702**	**5922**	**6055**	**6546**	**6176**	**6913**	**142798**
TOTAL VISITS	17624						15296						16416						17933						67269
TOTAL INTERVENTIONS	18603						19056						18489						19381						75529

Source: Municipality of Kacanik

Annex 8 – Important statistics – Health Sector Viti

7.5.1. Healthcare Staff in PCL (2009)

Location	Profession					TOTAL
	Physician	Dentist	Healthcare associate	Nurse	Non medical	
Begunc				1		1
Kllokot	1			6		7
Letnic				1		1
Pozheran	2			6		8
Sadovin				1		1
Skifteraj	1			1		2
Sllatin	2			3		5
Smirë	2			2		4
Stubell e eperme				1		1
Tërpez				1		1
Vëbovc	1			4		5
Viti	17	2		65	20	104
TOTAL	**26**	**2**	**0**	**92**	**20**	**140**

Source: NIPH 2010

Table 7.5.2. Specialized Staff at PCL (2009)

Specialization	No. of physicians
Epidemiology	1
Ob-Gyn	1
Internal medicine	1
Labor medicine	1
Family medicine	7
Pediatric	2
TOTAL	**13**

Source: NIPH 2010

Table 7.5.3. Profiles of Nursing Staff at PCL (2009)

Profile	No. of staff
Nurse	81
Midwife	1
Dentistry technician	2
X-ray technician	1
Lab technician	6
Pharmacy technician	1
TOTAL	**92**

Source: NIPH 2010

Table 7.5.4. Number of Births at Maternity of Kacanik (2009)

Total births		Total newborns		Total live newborns		Still births	
#	%	#	%			#	%
36	0.1	36	0.1	36	0.1		0.0

Source: NIPH 2010