ACTION PAPER ON HEALTHCARE IN KOSOVO

Satisfaction with Healthcare Services and Perceptions on Presence of Corruption

November, 2013
November, 2013

Prepared by:

Written;
Fitim Uka – Lead Analyst and Festina Balidemaj – Analyst

Organizational and Operational Management:
Atdhe Hetemi – Public Pulse Project Manager

Quality Assurance:
Mytaher Haskuka – Team Leader for the Policy, Research, Gender and Communication Unit and Ferid Agani – Minster of Health for the Government of Kosovo
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRN</td>
<td>Balkan Investigative Reporting Network</td>
</tr>
<tr>
<td>UCCK</td>
<td>University and Clinical Center of Kosovo</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
</tbody>
</table>
Abstract

Relying on the data of the Public Pulse Report (UNDP, 2013) that found an increase in perceptions of corruption in the health sector and also taking into account different reports showing dissatisfaction of patients with health services, this study was designed to conduct more in-depth analyses on these two issues and further investigate these concerning trends. Therefore, this study aimed to understand the level of satisfaction of the general public with healthcare services and the prevalence of corruption within healthcare institutions.

To obtain representative results, a sample of 1334 patients having received treatment in healthcare institutions was recruited. A questionnaire with 67 items (open-ended questions) was designed and piloted before being applied to the selected sample. Results show that patients have high satisfaction with healthcare services in Kosovo, due to the fact that more than 70% were satisfied or very satisfied with the services, personnel and support they received in the healthcare institutions. Meanwhile, corruption was shown to be less prevalent than reported in other studies, with only 4% of respondents solicited for a bribe during their most recent visit.

This study also brings to light patients’ satisfaction with services in each healthcare institution, their experiences and preferences. Furthermore, the paper presents a very detailed analysis of corruption, including types of bribes, amounts paid for bribes and which institutions were most corrupt.

The final conclusion is that overall patient satisfaction with healthcare institutions is good, but further improvements in personnel performance and technical capacities is needed. Considering that corruption still exists in the healthcare sector, continued dedication to awareness campaigns targeting corruption is required.
**Introduction**

Different national and international reports have shown that Kosovars are very unsatisfied with healthcare services. It has also been reported that corruption is prevalent and a persistent challenge for the health sector. However, such conclusions were reached without in-depth analyses. Currently, it is believed that concrete strategies and policies are required that would enhance the quality of healthcare services and reduce corruption levels.

Mainly, it has been argued that the low quality of services was the product of a health system undergoing difficult challenges. The oft-mentioned challenges can be categorized into two periods of time, before and after the conflict of 1999 in Kosovo.

Before the conflict of 1999, Kosovo had inherited a large, hierarchical, and centralized healthcare system from socialist Yugoslavia; it was a doctor-, hospital- and treatment-oriented system (the Shemasko system). While this system had many deficiencies (including poor education levels of health workers’, low prestige and salaries with no incentives), after the war, the healthcare system had worsened, being seriously deteriorated from years of economic and political turbulence. Over 90% of clinics and health institutions were damaged during the war, and many private clinics of Albanian health professionals were destroyed. A general collapse of the public-service infrastructure, particularly water and electricity, deeply affected the health sector (Buwa & Vuori, 2006).

Based on several reports, institutions of healthcare in rural areas suffered from an acute lack of personnel and equipment. Access to emergency and after-hours care varied and was unreliable. These services were mostly available only in larger cities. The availability of services through private practitioners increased dramatically. When most Albanian health workers returned to public-health institutions, those that had developed private practices during the 1990s kept them (Percival & Sondorp, 2010).

At the end of the conflict, more than 400 donors and aid agencies came to Kosovo, and one of the main tasks was to reconstruct the war-damaged healthcare system (Buwa & Vuori, 2006). At first, a post-war health reform program was lauded as a success; however, the implementation of the reform itself proved to be more problematic than its creation, and as a result, the reform did not realize its expected outcomes (Percival & Sondorp, 2010).

During the post-war period, according to Percival and Sondorp (2010), the quality of the public healthcare system was compromised by several factors:

- Access to primary care was inconsistent across regions and socioeconomic groups.
- Shortages of health personnel in rural areas, the specialized nature of healthcare in Kosovo, and the lack of a functioning referral system undermined the quality of care. Moreover, the efficiency of services was minimal.
• Hospitals were composed of several separate buildings that contained separate clinics with their own laboratories, intensive-care facilities, and operating theatres. Services among the buildings were not shared, resulting in duplication and inefficiency.

While the shortage of physicians and the poor state of health facilities contributed to variable healthcare access, economic factors also impacted the ability of individuals to access health services. The World Bank (2006) found that the main barrier to receiving healthcare was cost, despite the fact that healthcare was supposed to be free. 28% of individuals surveyed reported that they could not access health services due to expenses. Over 95% of them reported buying healthcare services, paying approximately three Euros for general expenses and five Euros in bribes or gifts to healthcare providers. The average household spent 35 Euros annually on drugs. Co-payments and under-the-table payments placed an even heavier burden on the poor. Therefore, the low quality level of services in the healthcare institutions was not justified by these conditions.

The reform of the health care system was continuously facing another substantial problem, namely corruption. As indicated in the UNDP Public Pulse report in 2013, the percentage of citizens who perceive that large-scale corruption is present in various institutions has increased since April 2012.

At lower levels, corruption has often been encountered in the form of favouritism and small bribery. Similar to other places in the region, this situation in the health sector is especially alarming, and it extends to education, rule of law institutions and public administration (Civil Society against corruption, 2010).

Nonetheless, reports show that corruption is felt most directly at levels where citizens face difficulties in gaining access to basic public services such as health, education and public administration, without using connections or paying bribes. Yet, more respondents accepted corruption when it dealt with receiving basic needs, such as healthcare services. Kosovars blamed the hospitals, for most corruption in society (Chicago-Kent College of Law, 2006).

The report of the European Commission (2011) found that health institutions are vulnerable to corruption, and it is still considered as “widespread” and major efforts are needed to properly address the problem (European Commission, 2011).

However, the most important thing is that citizens still believe that corruption is largely present in healthcare institutions. In the last UNDP report (2013), respondents were asked whether during the last year they had encountered a situation where a public servant conditioned provision of a service on receipt of a bribe (i.e. cash, gifts or other favours). Out of those that were solicited, 7% declared that they gave bribes, and the majority of them (4%) did it for healthcare services.
It should be noted that the sample was composed of patients who had received treatment in public hospitals, and in this regard, it does not represent the views of the general population who might not trust public health providers. These would avoid such institutions and seek treatment in private clinics. Therefore, the overall public satisfaction with public health providers could be lower than reported in this study.

**The aim of the research**

Public Pulse’s alarming data serves as a baseline for Kosovo’s Ministry of Health as the beneficiary institution of this Action Paper. Additionally, Minister Ferid Agani showed interest, as well as readiness, to cooperate and further research citizens’ perceptions of corruption among healthcare providers in Kosovo.

Therefore, the study aims were to:

- Analyse the public health system in Kosovo
- Explore citizens’ level of satisfaction with healthcare institutions, healthcare providers and services
- Explore trends and perceptions of corruption among healthcare providers in Kosovo
Results

Demographics

In the study sample, 55% were female and 45% were male, and as indicated in Table 2, the majority of the respondents (37%) were between the ages of 41 and 65 years old. The mean age of respondents was 44.6 years old (SD=17.06), ranging from 15 years old to 95 years old. The majority of respondents (77%) were married. Also, the majority of respondents were Kosovo Albanians (83%), followed by Kosovo Serbs (12%), and other ethnic groups (5%) living in Kosovo.

Table 1. Respondents’ ethnicity

<table>
<thead>
<tr>
<th>Ethnicities</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-Albanian</td>
<td>1109</td>
<td>83.1</td>
</tr>
<tr>
<td>K-Serb</td>
<td>156</td>
<td>11.7</td>
</tr>
<tr>
<td>Bosnian</td>
<td>7</td>
<td>0.5</td>
</tr>
<tr>
<td>Gorani</td>
<td>3</td>
<td>0.2</td>
</tr>
<tr>
<td>Turk</td>
<td>5</td>
<td>0.4</td>
</tr>
<tr>
<td>Roma</td>
<td>12</td>
<td>0.9</td>
</tr>
<tr>
<td>Ashkali</td>
<td>16</td>
<td>1.2</td>
</tr>
<tr>
<td>Egyptian</td>
<td>26</td>
<td>1.9</td>
</tr>
<tr>
<td>Total</td>
<td>1334</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2. Respondent’s age

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-25</td>
<td>199</td>
<td>14.9</td>
</tr>
<tr>
<td>26-40</td>
<td>311</td>
<td>23.3</td>
</tr>
<tr>
<td>41-65</td>
<td>497</td>
<td>37.3</td>
</tr>
<tr>
<td>&gt;65</td>
<td>218</td>
<td>16.3</td>
</tr>
<tr>
<td>Missing</td>
<td>109</td>
<td>8.2</td>
</tr>
<tr>
<td>Total</td>
<td>1334</td>
<td>100</td>
</tr>
</tbody>
</table>

In total, 28% of the sample participants were unemployed, 30% were housewives, 15% were pensioners, 6% were students and approximately 20% of our sample reported being currently employed (including work in public institutions, private companies or intermittent work).
The views expressed in this document are those of the opinion poll respondents and do not necessarily represent the views of either UNDP or USAID.

Also, results show that 51% of the respondents did not earn any income. On the other hand, the mean amount that the working part of the sample earned monthly was very low, approximately 20 Euros.

IV. Findings from Survey with Patients

Access to and satisfaction with healthcare services

The present survey was conducted with a targeted population of those that had received healthcare in hospitals, and they were selected randomly form the patient list of hospitals thought Kosovo in this regard one of the questions was related to their health conditions. Specifically, they evaluated their personal health over the past twelve months. 24% of respondents rated it as a manageable condition, followed by 22% rating it as healthy with rare cases of pain, 20% as healthy, 16% as very ill with chronic condition(s), 11% as chronic condition(s) with no visible or daily symptoms, and 5% as acute attacks. The rest did not respond. This enabled us to identify that over 80% of the study respondents were residents in need of healthcare attention.

When asked about the length of time clients have dealt with their current condition(s), 20% of respondents reported having their current condition(s) for a year, 16% for two years, 13% for three years, 7% for four years, 6% for 5 years, 4% for 7 years, 7% for 10 years and 3% for 20 years. Percentages for all the other years were significantly smaller.

Also, respondents were asked to report the number of doctors they had to see in order to take care of their condition(s). 22% reported only having to see one doctor, 31% had seen 2 doctors, 21% had seen 3 doctors, 12% had seen 4 doctors, 6% saw 6 doctors and 2% saw 10 doctors. From this data, we concluded that most of our surveyed participants had been dealing with their current condition(s) for one to three years, and most of them had to see up to three doctors in order to resolve their health problem(s).
Based on the Public Pulse findings (see Table 4), it is clear that patients’ primary source of referral to the institution from which they chose to receive treatment was a doctor (84%). The second most significant source of referral was a friend or a family member (19%), followed by a self-decision of 4%, referral from emergency of 1% and recommendation from a pharmacist (below 0.5%).

**Table 4. Primary source of referral of patient to an institution**

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation from family member or friend</td>
<td>123</td>
<td>9.2</td>
</tr>
<tr>
<td>Referral from a doctor</td>
<td>1124</td>
<td>84.3</td>
</tr>
<tr>
<td>Recommendation from a pharmacist</td>
<td>4</td>
<td>0.3</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>0.6</td>
</tr>
<tr>
<td>Emergency</td>
<td>12</td>
<td>0.9</td>
</tr>
<tr>
<td>I decided myself</td>
<td>52</td>
<td>3.9</td>
</tr>
<tr>
<td>Does not know</td>
<td>11</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>1334</td>
<td>100</td>
</tr>
</tbody>
</table>

Even though doctors are seen as reliable persons to address health problems, when asked if the family has a doctor they can visit in cases of emergency or other healthcare issues or needs, 85% said no, and only 15% said yes (see Figure 1).

**Fig 1. Family doctor available in cases of emergency or other healthcare needs**

Participants of the survey were asked to report the availability of health insurance to help cover their medical costs. As indicated from Table 5, only 15% of respondents had health insurance, and 84% reported not having it. This implies that their healthcare costs have to be provided from outside sources, including assistance from family, relatives or friends.
The views expressed in this document are those of the opinion poll respondents and do not necessarily represent the views of either UNDP or USAID.

### Table 5. Availability of health insurance

<table>
<thead>
<tr>
<th>Answer options</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>196</td>
<td>14.7</td>
</tr>
<tr>
<td>No</td>
<td>1123</td>
<td>84.2</td>
</tr>
<tr>
<td>DK</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>NA</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1334</td>
<td>100</td>
</tr>
</tbody>
</table>

Respondents were asked to indicate the amount of money paid to treat their health problem(s). The majority of respondents (43%) declared that, in public healthcare institutions, they didn’t pay at all.

Table 6 includes only the cases (666 respondents) that paid for healthcare services. A difference exists between public and private costs, and naturally, private costs are higher and no free services are provided.

For public healthcare providers, 55% of respondents paid 1 to 50 Euros; the same amount only paid by 35% of respondents in private practices.

On the other hand, 14% of respondents paid 101 to 200 Euros for medicaments, with 12% paying more than 800 Euros. Not only medicaments are a concern for patients. For those from rural areas, transport is another issue, and 16% of them paid 51 to 100 Euros for travel expenses to be treated for health concerns. 11% paid 101 to 200 Euros.

### Table 6. The costs of the treatment of health problems

<table>
<thead>
<tr>
<th>Euro paid</th>
<th>Public Health Care Provider Costs</th>
<th>Private Healthcare Provider Costs</th>
<th>Medicament cost</th>
<th>Transport costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-50 euro</td>
<td>55%</td>
<td>35.7%</td>
<td>43.4%</td>
<td>59.7%</td>
</tr>
<tr>
<td>51-100 euro</td>
<td>14.4%</td>
<td>15.1%</td>
<td>17%</td>
<td>15.7%</td>
</tr>
<tr>
<td>101-200</td>
<td>9.4%</td>
<td>12.8%</td>
<td>13.5%</td>
<td>10.6%</td>
</tr>
<tr>
<td>201-400</td>
<td>8.2%</td>
<td>12.8%</td>
<td>8.4%</td>
<td>4.5%</td>
</tr>
<tr>
<td>401-800</td>
<td>3.9%</td>
<td>7.7%</td>
<td>6%</td>
<td>4.8%</td>
</tr>
<tr>
<td>&gt;800</td>
<td>9.3%</td>
<td>16%</td>
<td>11.7%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

### Overall satisfaction with healthcare institutions in Kosovo

(Family Medicine Center, Regional hospitals, University Clinical Centre of Prishtina (UCCK), Private Healthcare Centers and Pharmacies)

Results indicate that respondents were generally satisfied with healthcare services in Kosovo. More than 70% reported being satisfied and very satisfied with every healthcare institution service in Kosovo, including the Family Medicine Center, public hospitals, the University Clinical Centre of Kosovo (UCCK), private healthcare providers and pharmacies.
The highest dissatisfaction was shown with UCCK’s services. Almost 30% of respondents were unsatisfied (11% very unsatisfied and 19% unsatisfied) with the care and services obtained in this institution. On the other hand, 70% were satisfied or highly satisfied.

Additionally, 25% of hospital patients, as well as 25% of those treated in the Family Medicine Centres, were unsatisfied or very unsatisfied with their services, while only 15% of private clinic patients were unsatisfied. Meanwhile, patients who visited pharmacies expressed high satisfaction with services obtained (86% satisfied or very satisfied).

Although the number of patients seeking help from non-healthcare providers was low, their overall satisfaction with services offered there was high (almost 85% satisfied). Therefore, the most satisfied patients were the ones who received services in pharmacies and private healthcare institutions, followed by patients who obtained services in hospitals and Family Medicine Centres (see Figure 2).

**Figure 2. Overall patient satisfaction with services of healthcare institutions in Kosovo**

<table>
<thead>
<tr>
<th></th>
<th>Very unsatisfied</th>
<th>Unsatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>No answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine Center</td>
<td>0.36%</td>
<td>30.64%</td>
<td>44.06%</td>
<td>19.49%</td>
<td>5.44%</td>
</tr>
<tr>
<td>Hospital</td>
<td>0.89%</td>
<td>34.67%</td>
<td>39.82%</td>
<td>14.93%</td>
<td>9.69%</td>
</tr>
<tr>
<td>UCCK</td>
<td>0.53%</td>
<td>36.32%</td>
<td>33.51%</td>
<td>18.77%</td>
<td>10.88%</td>
</tr>
<tr>
<td>Private Healthcare providers</td>
<td>1.02%</td>
<td>52.72%</td>
<td>31.29%</td>
<td>10.20%</td>
<td>4.76%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>1.75%</td>
<td>45.15%</td>
<td>40.79%</td>
<td>9.17%</td>
<td>3.14%</td>
</tr>
<tr>
<td>Non-healthcare provider</td>
<td>1.81%</td>
<td>50.68%</td>
<td>33.94%</td>
<td>11.54%</td>
<td>2.04%</td>
</tr>
</tbody>
</table>

Additionally, it was found that a moderate correlation exists between overall patient satisfaction with health care services and doctors & nurses performance. From the positive correlation shown in Table 7, it can be concluded that the higher the satisfaction of patients with the performance of doctors and nurses, the higher their overall impression of and satisfaction with institutions in general.
Table 7. Correlations among different types of patient satisfaction

<table>
<thead>
<tr>
<th>Patient's satisfaction with healthcare institutions</th>
<th>Patient satisfaction with services</th>
<th>Patient satisfaction with doctors' performance</th>
<th>Patient satisfaction with nurse's performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-0.095 p&lt; 0.01</td>
<td>-0.102 p&lt; 0.01</td>
<td>-0.126 p&lt; 0.01</td>
</tr>
</tbody>
</table>

Moreover, it was found that the level of satisfaction that patients have with health care institutions is highly influenced by the success of treatments ($r = 109$, $p< 0.01$). Also, regression analyses showed that success of treatments can be a significant predictor for patients’ satisfaction with an institution ($p< 0.01$)

Finally, the results reveal that overall patient satisfaction is influenced by the amount of money they pay for services. The negative correlation indicates that the lower the prices patients need to pay for services, medicaments and transport, the higher the satisfaction they have with the institution (Table 7).

Table 7. Correlations among patient satisfaction and prices paid for treatment

<table>
<thead>
<tr>
<th>Patient's satisfaction with healthcare institutions</th>
<th>Patient satisfaction with services</th>
<th>Patient satisfaction with doctors' performance</th>
<th>Patient satisfaction with nurse's performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-0.095 p&lt; 0.01</td>
<td>-0.102 p&lt; 0.01</td>
<td>-0.126 p&lt; 0.01</td>
</tr>
</tbody>
</table>

BOX: Patient’s opinion, followed by a doctor’s response – Focus group

The reason I came out dissatisfied with my last treatment is because I was not diagnosed on time, and I had to wait two weeks in order to understand what was wrong with me. During this time, I became worse. Had I been diagnosed in a timely manner, I would not have suffered as much.

The doctor explained that hospitals have protocols which they use in order to diagnose patients and that not everything is diagnosed right away.

BOX: Patient’s opinion – Focus group

Hygienic conditions during my stay at the hospital were not up to par.
Satisfaction with the level of performance of healthcare institutions

Very similar to the satisfaction of patients with healthcare services, the overall impression for the performance of healthcare institutions in Kosovo is good. As shown in Figure 3, patients rated the performance of each healthcare institution very highly. The majority of unsatisfied patients were patients recruited from family medicine centres (23% unsatisfied), followed by patients that were treated in the hospitals (21% unsatisfied) and the UCCK (17%). On the other hand, private healthcare performance was positive and highly rated, with only 13.5% of patients unsatisfied with their performance.

Figure 3. Patient satisfaction with the performance of healthcare institutions

As previously stated, the action paper’s aim is to explore the level of satisfaction with the performance of each hospital in Kosovo, in order to identify positive and negative trends. Figure 4 shows that the overall impression of public hospitals in Kosovo is high, but some differences among hospitals exist, especially when it comes to satisfaction with healthcare institutions in Mitrovica/Mitrovica.

The findings indicate that patients treated in the hospital of Mitrovica/Mitrovica were the most unsatisfied with performance (42% very unsatisfied and unsatisfied), followed by the patients treated in the Hospital of Gjakova/Djakovica (29% unsatisfied). On the other hand, the most satisfied patients were the ones from Ferizaj/Urosevac (only 3% unsatisfied) and patients from the hospital in the northern part of Mitrovica (2% unsatisfied).

Also, as shown in the Figure 4, Prizren and Ferizaj/Urosevac municipalities reportedly have the highest number of respondents that are very satisfied with medical care. Mitrovica also had a turnout of over 90% of respondents reporting as being satisfied with the medical treatment centres.
Additionally, a detailed analysis of patients’ impression of the overall performance of UCCK was conducted. Figure 5 specifically shows the satisfaction with each department of UCCK (mean score reported, where a score of 2-4 indicates positive satisfaction with performance of personnel; whereas a score of 0-2 indicates a negative outcome or dissatisfaction with performance).

It is evident that the department of Nuclear Medicine received the highest rating, whereas the department of Pediatrics received the lowest rating. However, the differences between the departments are not statistically significant. Also, results indicate that the overall satisfaction with performance is very high (greater than a mean of 2).

**Figure 5. Level of satisfaction with the performance of personnel from departments of the UCCK**

After computing the ratings that patients gave to each institution, correlation analysis showed that usually patients with lower education levels rated the performance of personnel higher ($r = 0.06, p< 0.05$).
Overall satisfaction with services provided during the last healthcare visit

On a scale of 1 (very unsatisfied) to 4 (very satisfied), respondents rated the main healthcare services obtained during their last visit. The process of scheduling an appointment was ranked the highest with an average score of 3.5, and availability of medical supplies was ranked the lowest with an average of 2.6. However, the differences between satisfactions with different services were relatively small and, therefore, not statistically significant. Also, 61% of respondents reported having to sign up on a waiting list in order to see a doctor during their last visit, while 38% did not. However, 85% reported that they were satisfied with the admission process to see a doctor, while 14% reported otherwise. Moreover, 83% reported that the treatment they received was successful and/or helpful, and 12% reported that it was not.

The highest level of dissatisfaction was driven by poor infrastructure (24%) and lack of medical supplies (26%). Another problem mentioned was travelling to healthcare facilities, with which 42% of respondents or (23.2%) were not satisfied. On the contrary, the majority of respondents were highly satisfied with the procedure of scheduling an appointment and also with their doctor's performance and the medical personnel in general.

Only 17% were unsatisfied with personnel, 16% were unsatisfied with doctors and 14% are unsatisfied with scheduling an appointment. Public pulse respondents were asked to choose their institution of choice for healthcare treatment, and 54% of them chose Kosovo’s public institutions, 33% chose treatment outside of Kosovo and only 10% chose Kosovo’s private institutions. It is evident from the results that the reasons behind their choices are mainly from the reputation/trust they have in chosen healthcare institutions (32%), the quality of medical treatment (31%) and for medical advances patients have realized (11%).
The views expressed in this document are those of the opinion poll respondents and do not necessarily represent the views of either UNDP or USAID.

From correlation analysis, it is shown that the choice of medical treatment is related to the amount of money that patients earn per month ($r = 0.03, p < 0.05$). Individuals that earn more per month are more willing to seek treatment in private institutions or outside Kosovo.

**Figure 7. Medical treatment center of choice**

- **Public Institution in Kosovo**: 53.52%
- **Private Institution in Kosovo**: 10.79%
- **Treatment outside Kosovo**: 32.23%
- **No answer**: 3.55%

**Evaluation of performance of healthcare providers**

**Doctor’s performance rating during the last healthcare visit**

As seen in Figure 9, on a scale of 1-4 (4 representing an excellent performance), doctors were rated very highly on average for their performance provided to healthcare consumers. For most of the services, doctors were rated above the mean 2 (2 indicates a neutral opinion and a value above 2 a positive opinion).
This implies that most Kosovars have a favourable opinion of the overall performance of doctors; they also declared that they were treated with respect, their health concerns were listened to and understood, they had the chance to express themselves, they were provided with the information needed and doctors spent sufficient amounts of time during their treatment.

**Figure 9. Healthcare consumers’ ranking of physicians’ performance during their last visit to a health institution**

As shown in Figure 10, patients were mostly dissatisfied with the time that clinicians spent with them (18%). In total, 340 respondents declared that doctors were not spending sufficient time with them. Meanwhile, 16% of patients were unsatisfied or very unsatisfied with the level of involvement in decision-making that doctors offered to patients, with the fact that doctors were not checking whether they understood everything during the session and also with the information provided by the doctor. It seems that the strongest attribute of doctors is the respect that they gave to patients; only 225 (15%) patients disagreed with this point.

**Figure 10: The percentage of unsatisfied or very unsatisfied patients with doctors’ performance**
Nurses’ and doctor’s assistants’ performance during your last visit

As far as nurses’ performance was concerned, nurses and doctors assistants were ranked very highly for their performance by healthcare consumers, rating them on average above 3 on a continuum of 1 (very unsatisfied) to 4 (very satisfied). More specific details are provided in Figure 11.

Figure 11. Consumers’ ranking of nurses and physician’s assistants’ performance during the last visit to a health institution.

![Figure 11](image)

Again, according to patients, the major problem with nurses’ performance was the time that they spent with patients, which is viewed as insufficient. As shown in Figure 11.1, almost 18% of patients think that nurses are not spending the needed time with them, and 16% were not satisfied with how nurses welcomed them. Conversely, only 5.5% were unsatisfied with the respect that nurses shown for patients.

Figure 11.1: The percentage of unsatisfied or very unsatisfied patients with nurses’ performance

![Figure 11.1](image)
Chapter II.

Perceptions on Presence of Corruption

Corruption during last visit

As elaborated in the introduction section, the main purpose of this Action Paper is to address two issues in the Health sector: level of satisfaction with services and perceptions about the presence of corruption.

Corruption still remains a big challenge for institutions in Kosovo, particularly for the health sector. It is argued that studies done in the past tend to measure perceptions, more than real experiences. Therefore, to find out the level of experienced corruption within healthcare institutions in Kosovo, participants were asked whether healthcare providers conditioned the performance of their services on the receipt of bribes, gifts or other favours.

For this question, only 52 respondents or 4% of the sample answered affirmatively, indicating that they were solicited during their last visit. On the other hand, the majority (96%) did not report such situations.

Figure 12. Percentage of patients that were conditioned

Patients that have to sign up for a waiting list to obtain a certain health service reported the most corruption cases in their last visit ($r = 0.08, p < 0.01$). This indicates that bribes are seen as a way to obtain care and services earlier than usual through waiting lists.

Also, it was shown that there is a negative correlation between corruption in the last visit and the education-level of patients ($r = -0.08, p < 0.01$). This means that the higher the education of patients, the lower the chances of them being asked for a bribe. This indicates the predisposition to be solicited is higher for patients with lower education.

Results also show also that patients with lower levels of knowledge about patients’ rights and avenues for reporting corruption are predisposed to be asked for bribes ($r= 0.27, p< 0.01$).
Specifically, based on patients’ responses, clinicians asked for bribes (41 cases), followed by nurses (11 cases) and managers (2 cases). Out of 55 cases of corruption, in 75% of them, doctors asked for bribes.

**Figure 13. Which healthcare professionals ask for bribes?**

Also, respondents were asked to explain the nature of the interaction when they have been conditioned. In line with the previous questions, subjects showed that doctors and nurses ask directly for the bribe, so it is a direct interaction between patient and clinicians (26 cases). Only in 3 cases was the bribe required by a third party, while in 4 cases patients themselves or their relatives voluntarily offered bribes. In 3 cases, individuals engaged a third party to give a bribe to healthcare providers.

**BOX:**

I had thrombosis. In 2011, I had a surgery in Prishtina in the University Clinical Center of Kosovo. In the day that it was planned for me to have my surgery, it did not happen because the clinician was asking for money. So, I had to wait another two days, and only after an intervention sent by one of his colleagues, they decided to help me and to perform the surgery.

**Responses to bribe requests**

Out of those who were asked for bribes, a majority (79%) paid the bribe, while only 21% refused to do so. Patients usually said that not paying a bribe would be dangerous for their health, so they choose to obey and pay in order to not risk their health. Due to the very small number of cases, it is not possible to see whether there are significant differences between the several groups of interest for this action paper.
The views expressed in this document are those of the opinion poll respondents and do not necessarily represent the views of either UNDP or USAID.

Prevalence of corruption within Kosovo’s healthcare institutions

The results show that patients were most often patients were conditioned in regional hospitals. In total, 31 patients (67%) were faced with the need to pay a bribe in these institutions, followed by UCCK where 10 patients were asked to pay a bribe and in Family Medicine where 4 patients declared that they have been conditioned. Additionally, only one patient was required to pay a bribe in order to receive needed healthcare in a private institution.

Types of bribery

As indicated in Figure 16, cash is a common way of paying a bribe. Out of 45 respondents that specified the type of bribe paid, 31 (69%) chose cash. Only 10 (22%) paid with a gift, and 4 (9%) did a favour in order to pay for the bribe.
While the value of bribes varied, the maximum bribe paid by patients to healthcare professionals was 500 Euros. Results show that there is a strong correlation between the amount of money paid and monthly income ($r = 0.993$, $p < 0.01$). Therefore, the higher the income of the patients, the higher the chances that a patient will pay bribes.

**Reasons for bribery**

In line with above findings that show the correlation between being on a waiting list and the probability of paying a bribe, Figure 17 shows that respondents mainly paid to receive a treatment faster than was planned when they first visited an institution (39%). This was the main reason to pay a bribe, as reported by patients. Also, discussions in focus groups showed that clinicians push their patients to pay bribes by delaying their health services. Interestingly, only 8 respondents (19%) admitted that they gave bribes to get a medical consultation, and only 7 (17%) paid in order to receive a needed surgery.

**Fig. 17. Type of service for which payment was made**
The majority of respondents who paid bribes did so only once. However, two cases showed that bribes were given five times, 4 cases reported a bribe being paid three times, and 9 cases where bribes were paid 2 times.

**Reporting Corruption**

Despite the fact that 52 respondents that reported being solicited for a bribe to obtain a healthcare service, only 8 respondents reported the corruption to public healthcare institutions. Obviously, a huge lack of will to report corruptive cases exists. The same issue was evident in focus groups.

**BOX: Patient’s opinion – Focus group**

I don’t think that only health professionals and health institutions are guilty for the current situations. Sometimes patients are responsible as well. They are not well informed about their rights. For example, in my case, I was damaged, but I haven’t reported anything, I have neglected it. It is our fault that we are not reporting corruption cases.

Out of the 8 cases that were reported, four of them were done at the hospital, and only one was reported to the police. From focus groups, it was shown that the reason a lack of reporting was that patients were

It is disquieting is that only 26% of respondents reported knowing where they could report corruption cases. Therefore, 74% of respondents did not know where to go in order to report corruption cases.

**Fig 18: Reporting corruption**
Correlation analyses indicated that patients who were willing to pay a bribe were more predisposed to not know which institution they should report corruption to ($r = 0.06, p < 0.05)$.

**Presents**

As participants in the focus groups explained, patients have the idea that, without paying a bribe or giving a present, they cannot obtain a desired service. Even though this is not true, 12% of respondents voluntarily offered presents to their healthcare providers. On the other hand, 88% never gave a present to a doctor or other healthcare personnel in order to obtain the required service.

**Figure 19. Offering of present(s) from patients to healthcare providers**

![Figure 19](image)

As shown in Figure 19.1, the highest level of readiness to offer presents to healthcare providers was detected in the hospital in the northern part of Mitrovica (40%), followed by the hospitals in Gjakova/Djakovica (22.5%) and Peja/Pec (16%). The lowest level of voluntary presents given to providers was in Prishtina (4.5%).

**Figure 19.1: Offering of present(s) from patients to healthcare providers (analysed per region)**

![Figure 19.1](image)
The present was given before the treatment in only 29% of cases. According to our respondents, a present is usually offered after a treatment as a sign of appreciation for the healthcare provider’s performance. Among different presents that patients were giving to their doctors or other hospital staff members, the most common one was money/cash. In 44 cases, this was the present given to doctors and nurses. Other gifts included offering drinks, food and flowers.

Figure 20: Type of present offered

However, it was noticed that in 7 cases, the amount of money given to staff exceeded 50 Euros, the maximum amount that is considered merely a present. Sums of 150, 200, 260, 900 and 1000 were also mentioned as “gifts” that patients were giving to healthcare providers. This is another indication of the poor knowledge that respondents have regarding corruption.

Readiness to pay bribes

It is also important to mention that about 32% of the sample recruited for this study was ready to pay a bribe if asked by healthcare providers. This percentage is very high. However, the majority of the sample (64%) said they would refuse it. This was one of the most important parts of the discussion in focus groups, and it raised a very interesting debate.

Figure 21: Response to bribery request
Results show that differences among regions and the response that patients have to bribery requests \((r = .05, p < .05)\) exist. Figure 21.1 represents the differences in percentages.

The highest readiness to pay bribes is shown in Gjakova/Djakovica (60%), while the lowest is in Mitrovica (18.5%).

**Figure 21.1: Response to bribery request (analysed per region)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pristina</td>
<td>70.5%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Mitrovica</td>
<td>81.4%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Prizren</td>
<td>67.1%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Gjakova/Djakovica</td>
<td>60.2%</td>
<td>39.8%</td>
</tr>
<tr>
<td>Gjilani</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Peja</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Ferizaj</td>
<td>61.5%</td>
<td>38.5%</td>
</tr>
<tr>
<td>Northern part of Mitrovica</td>
<td>62.7%</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

However, 36% of respondents thought that only by bribing could they obtain required health services. This was discussed widely in focus groups, as well. Mostly, participants agreed that patients are solicited in one way, either by not receiving the treatment or by being treated badly; therefore, they choose to pay the bribe and maximize the chance to receive the services easier and with higher quality.

Also, about 24% believed that this could speed up the process and that they could get a required service(s) faster and easier, while 23% believe that this was the way to be sure that they obtained what they needed. As is indicated in the results, more than 30% of respondents considered bribing an acceptable practice and a useful way to obtain required health service(s).

**Figure 22: Reasons for bribery**

- Don't know: 8.6%
- Other: 0.6%
- To save my life: 1.9%
- To be sure I get what I need: 22.6%
- To speed up the process: 24.1%
- I would be able to negotiate a lower price: 1.1%
- Because, there is no other way I can obtain the service: 36.6%
- Because everyone gives: 4.0%
Those who reported that they would not pay were asked what their reasons for refusal would be. Approximately 37% reported that they would not pay because they do not have money. Secondly, 35% of respondents considered bribing as a personally unacceptable practice, and 16% said that they would try to solve these problems through legal means. Another reason supported by 3% of the respondents for not paying bribes was they felt that healthcare providers already have their salaries. Therefore, the receive payment for the work they do, and it is their responsibility to perform their tasks without being paid extra.

**Figure 23. Reason for not giving into bribery**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
<td>1.5%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5.6%</td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
</tr>
<tr>
<td>It’s their job and they get paid for that work</td>
<td>3.3%</td>
</tr>
<tr>
<td>Because, I have no money</td>
<td>37.1%</td>
</tr>
<tr>
<td>Because, I will try to resolve the issue through legal means</td>
<td>16.1%</td>
</tr>
<tr>
<td>Because, it is unacceptable for me</td>
<td>34.6%</td>
</tr>
<tr>
<td>Because, there is high risk to be punished</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

**Discrimination**

Another important aspect investigated in this study was discrimination in the healthcare system. On the question “Have you felt discriminated when you asked for health service in your most recent visit?,” only 68 or 5% of the respondents gave positive answers.

**Figure 34. Presence of discrimination**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>94.15%</td>
</tr>
<tr>
<td>No</td>
<td>5.10%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0.45%</td>
</tr>
<tr>
<td>No answer</td>
<td>0.30%</td>
</tr>
</tbody>
</table>
The most frequent reasons for discrimination, as reported by respondents, were the place of residence, nationality, social status and health status, but the differences were relatively small and not statistically significant.

**Focus groups**

Focus groups produced a very informative debate about the level of corruption in the health sector. Patients brought their experiences, when they had been conditioned to pay bribes in order to gain a certain health service, while doctors and nurses showed their opinion toward such phenomenon, as well as their experiences, which were often in contrast with patients’ points of view.

Among the patients present in the focus groups, a general agreement was reached that conditions in healthcare institutions of Kosovo are not ideal, especially when it comes to the hygiene and the availability of necessary instruments, technology and medications.

In order to make sense of the patients’ satisfaction, a doctor in the focus group categorized their dissatisfactions into three categories: technical dissatisfaction, humane dissatisfaction and dissatisfaction with the services. He explained that technical satisfaction is not usually dependent on the doctor, as one doctor usually has five or six patients sharing a room. In such conditions, he explained, it is almost impossible to provide excellent and fast-paced care. A nurse mentioned an example where, during a surgery, there was a lack of stitches. The doctors also explained there is a lack of humanity among doctors in some cases, as some of them tend to view and treat patients as inferior to them. He also explained that patients’ dissatisfaction with services, where instruments and medications are not available and patients are requested to go and buy them on their own, usually ends with patients blaming doctors for “misusing the hospital’s resources.”

The staff and doctors all claimed that, while the admissions process of patients was pleasant and ordinary, it was after patients were checked in that complaints usually began. Often, these concerned the conditions inside of departments. Also, for different treatment procedures (for example, radiology), patients were instructed to attain care from outside institutions, which has caused dissatisfaction among patients. However, the main complaint remained the absence of therapeutics inside the institutions. It is almost always the case where family members, friends, or the patient himself/herself who has to go and buy the necessary treatment in order to be treated as needed.

In general, a broad agreement existed among participants that corruption exists in the health sector. However, patients and doctors disagreed on the level of corruption present in this sector. While patients declared that the level of corruption is alarming and is reaching high levels, doctors and nurses believe that just some isolated cases exist. These have had a great impact on citizens’ perceptions, and therefore, such alarming results have resulted from different research that show a very high number of people who perceive large-scale corruption is present in healthcare.

Patients said that some of health services were conditioned. Out of different experiences related in the focus groups, the most common ones mentioned were:

- Doctors were not giving professional services in public hospitals, and they asked patients to go to their private practices.
- Patients were asked to buy a dinner for the professional team who executed an
operation (exceeds 50 Euros).

- Patients were forced to pay a bribe in order to get to the top of the list for a certain service.
- Patients were asked to buy a certain medicament, even though it is not important.
- Patients ask their relatives to intervene for a certain case.

Health professionals attributed responsibility for the actual situation largely to patients. According to doctors and nurses, corruption in healthcare is usually initiated by patients. As health professionals argued, plenty of cases exist where patients approach doctors with a huge amount of money just to perform a certain task.

Also, health professionals argued that, based on isolated cases, citizens have garnered a wrong perception and opinion about corruption in healthcare. Therefore, they believe that to obtain a health service, you need to pay a bribe, which is not true. According to health professionals, media negatively influences the situation. This is due to the fact that they report only bad examples, corruption and mistakes, but they do not report on positive acts done by doctors.

Doctors and nurses in focus groups expressed their belief that a considerable number of people that declare high levels of corruption in the health sector do not support such statements with their own experiences but, usually, on second-hand information. All of the aforementioned factors were considered misleading by healthcare professionals.

Among real life experiences related by patients, one that raised a debate was experienced by a patient who was receiving treatment in a public hospital while waiting for surgery. According to him, even though his kind of problem was critical, doctors were not taking care of him. He believed this was done on purpose because doctors wanted him to pay a bribe. His family members were “forced” to offer a bribe to the doctor in order to proceed with the surgery. Only after the doctor received an amount of money (more than 50 Euros), he was willing to help the patient and perform his duty. The patient did not report this case of corruption to the hospital management, nor to the court or the police. According to the professional staff, this is the challenge. Citizens think that, even if they report corruption cases, they are not treated fairly. They mentioned different cases where doctors were returned to their work, even though there had been evidence of their corruption. Both, doctors and patients agreed that a need for more consistency in the attempts to reduce corruption exists.

**Conclusions**

Generally, it has been shown that the overall satisfaction of patients with healthcare in Kosovo is high. Only about \( \frac{1}{4} \) of the patients were unsatisfied with the performance of healthcare institutions, services obtained there and personnel performance. It can be concluded also that that doctors’ and nurses’ performance have a huge impact on patients’ satisfaction with healthcare institutions, and the bulk of patients’ dissatisfaction is related to structure, equipment and organization of healthcare services.
Even though there are remarks about the performance of doctors and nurses in public healthcare institutions, public healthcare institutions remain the first choice for the respondents, and this is another indicator of the overall quality of their services.

Patients’ lack of satisfaction remains highest with the performance of the University Clinical Centre of Pristina, and as it was argued in the focus groups, this is due to the subpar conditions of the institution, as well as a high number of patients that seek help there. While the performance of caregivers at UCCK was positive, a lack exists in other areas, such as infrastructure, hygienic conditions and so on.

Even though the percentage of corruption cases reported by patients in this study is very low compared to other studies, corruption remains a problem for the health sector. Based on the most recent experiences reported by patients, 3.9% of the respondents declared that they were conditioned by health professionals, but a higher percentage of the patients are ready to pay bribes if healthcare professionals ask for them.

Mainly, clinicians are the ones that require bribes, typically in cash. Corruption cases are more prevalent in the regional hospitals than in Family Medicine and UCCK. The study found that usually corruption cases happen because patients are placed on waiting lists, and they want to receive treatment faster.

Moreover, it is concluded that not only clinicians are responsible for corruption in the health sector. Patients themselves express a low motivation to fight corruption. They do not report corruption, and they show great interest to voluntarily give bribes to clinicians in order to obtain desired health service(s). Also, an important fact uncovered in this research is that the majority of respondents do not know where to report corruption cases and this is another aspect that needs intervention.

However, the situation of healthcare institutions in Kosovo is optimistic, and at least from patients’ perspective, the overall performance of these institutions is high and the prevalence of corruption cases is low.

**Recommendations**

Based on the findings of this Action Paper and focusing on the main results, we recommend the following:

- The Ministry of Health, as well as the management of healthcare institutions, should consider the possibility of improving the technical aspects of hospitals (structure and process of care) and creating better conditions for doctors to work and for patients to receive treatment.

- The management of health care institutions, in accordance with the Ministry of Health, should consider redesigning the patient flow (referral) and process of care, in order to offer transparent, effective, accessible, faster and better services to patients.
The Continuing Professional Development programs for nurses and doctors should continue, and the management of healthcare institutions and the Ministry of Health should consider the possibility to develop new ones, whose with main focus should be on doctor-/nurse-patient relationships.

The management of healthcare institutions should consider the implementation of incentives or other “pay for performance” practices to enhance the performance of healthcare professionals.

The management of healthcare institution should consider implementation of more punitive measures against clinicians and hospital staff that are engaged in corruptive cases.

The government, especially the Ministry of Health and Patients’ Organizations, should invest more effort and money in patient education programmes, mainly on programmes that affirm their rights.

The Ministry of Health and Patients’ Organizations should develop campaigns and strategies in order to raise awareness and motivate patients to report corruption in the health sector.

Finally, both clinicians and patients agree that health insurance can help, not only to raise the level of satisfaction with the healthcare services, but also to reduce corruptive cases in the health sector.
References


Annex -I-

Methods Report

Country: Kosovo

Study: Patient Satisfaction Survey in Kosovo

Field Dates:  
Albanian subsample = 16.08 – 4.09, 2013  

Sample Size:  
target = 1,300 respondents  
actual = 1,334 respondents

Data Collector:  
Index Kosova

Number of Interviewers: 69

Index Kosova conducted a quantitative survey with patients at the secondary and tertiary healthcare levels. The study was conducted in two stages. The first stage was recruitment of patients in front of healthcare institutions, whereas 2,615 were recruited, in order to design a representative sample of 1,300 patients visiting the above mentioned healthcare institutions. The second stage was face-to-face in-home interviews with 1,300 patients. The recruited patients were from the following healthcare institutions: regional hospitals (Prizren, Peja, Gjakova, Ferizaj, Gjilan, Mitrovica, Vushtrri), the Kosovo Clinical University Center (QKUK) in Prishtina, and two hospital clinics (Gracanica and north Mitrovica).

The achieved sample size amounted to 1,334 respondents, of which 1,178 were conducted in the Albanian sub-sample and 156 in the Serb sub-sample.

Table 1a: Project Schedule - Albanian Sub-sample

<table>
<thead>
<tr>
<th>Project Phases</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>28th July</td>
<td>28th July</td>
</tr>
<tr>
<td>Recruitment</td>
<td>29th July</td>
<td>11th August</td>
</tr>
<tr>
<td>Fieldwork</td>
<td>16th August</td>
<td>4th September</td>
</tr>
<tr>
<td>Quality Control</td>
<td>16th August</td>
<td>6th September</td>
</tr>
<tr>
<td>Data Processing</td>
<td>6th September</td>
<td>9th September</td>
</tr>
</tbody>
</table>
The views expressed in this document are those of the opinion poll respondents and do not necessarily represent the views of either UNDP or USAID.

Pre-Testing

Prior to finalizing the research instrument, a pre-test was conducted. The sample size of the pre-test was 20 effective interviews. The results from the pre-test included a summary of problems with specific questions which were discussed with the client, as well as recommendations for revising problematic questions. These instructions were used for finalizing the research instrument.

The Sample: Selection Process and Specifics

The survey method used exit interviews with patients in front of healthcare institutions for the recruitment stage and, then, face-to-face in-home interviews with patients.

Step One: Distribution of the sample by healthcare institutions, based on the number of patients frequenting these institutions (provided by the Ministry of Health)

The sample was stratified per region, which was as follows: Prishtina, Mitrovica, Vushtrri, Prizren, Gjakova, Gjilan, Peja and Ferizaj for the Kosovo Albanian population, as well as non-Serb minorities living in the same localities.

For the Kosovo Serb population, the sample was stratified per regions, which was as follows: Northern Region and Central Region.

Step Two: Respondent Selection

Selection of a respondent for the first stage (exit interviews) was done by an interval assigned to select each n-th patient coming out of the healthcare institution (the n was defined based on the total number of patients frequenting the institution).

Selection of respondents for the second stage was done from the database of recruited patients based on the number of patients frequenting these institutions.
Refusals/Non-Contacts/Completed Interviews

<table>
<thead>
<tr>
<th>Refusals:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents who left the country after being recruited</td>
<td>17</td>
</tr>
<tr>
<td>Respondents that were not available to participate during the fieldwork.</td>
<td>13</td>
</tr>
<tr>
<td>Respondents that have passed away after being recruited</td>
<td>12</td>
</tr>
<tr>
<td>Address given in the recruitment that couldn’t be found</td>
<td>49</td>
</tr>
<tr>
<td>Don’t have time</td>
<td>129</td>
</tr>
<tr>
<td>Phone numbers are not functional</td>
<td>65</td>
</tr>
<tr>
<td>Left for vacation</td>
<td>7</td>
</tr>
<tr>
<td>Not interested</td>
<td>171</td>
</tr>
<tr>
<td>Respondents returned to the Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>465</td>
</tr>
</tbody>
</table>

Quality Control Methods

Of the completed interviews, 21.7% were back-checked in the field by regional supervisors and by the Field Manager of Index Kosova. Some of these interviews were back-checked in person (8.8% of all completed interviews), while 3.7% were directly observed, and 12% were back checked by phone. Every sampling point had at least one interview subject to back-check.

The Field Manager accompanied several supervisors during their work in the field, and in a number of cases did the back-check of supervisors’ performance individually, after they had submitted their field documents.

All completed interviews were subject to logical control for proper administration prior to data entry.