

HEALTH CORRUPTION SCAN



**PUBLIC OPINION
SURVEY**

Corruption in Public
Health Care Institutions
in Kosovo
2016

Corruption in Public Health Care Institutions in Kosovo

February, 2016

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FOL Movement in January-February this year, has developed a public opinion survey about the perceptions and experiences in dealing with corruption in the public health care system. This research is part of a major project that has to do with the fight against corruption. The survey was conducted by interviewing citizens of Kosovo over 18 years of age who have used the services provided by this system at least once during 2015. The study covered all municipalities. The findings of this study will be analyzed throughout this report – however the key findings are as follows:

Key findings

- Family Medicine Centers were the most visited by citizens and institutions with which they are most pleased with the quality of services in 2015
- About 15 percent of respondents believe that corruption in public health institutions in Kosovo is 'too high' the other 47 percent think it is 'somewhat higher'. Peja region has the highest proportion of people with such perceptions and Ferizaj has the lowest proportion. Citizens felt that the most corrupt institution is the University Clinical Center of Kosovo and those least corrupt were Family Health Centers. Medical staff (38%) and the government of Kosovo (30%) are labeled as culprits for the level of corruption.
- Most think that the level of corruption has remained the same in this sector and a large proportion of respondents (40%) think that any authentic action is being taken for this problem, and another part almost equal (39%) are dissatisfied with measures implemented.
- About 73 percent of the citizens are often or always encountered in situations where health services are not offered in public institutions and as a result, they were forced to go to private institutions to address their health problems. According to them problems with corruption in public institutions staff exist starting from nurses to doctors, as well as the citizens who give money or material goods (non-monetary). But the majority of citizens agreed with the statements on doctors corrupt practices, such as referral of patients in their private medical centers, private hospitals / clinics where they work, etc.
- About 28 percent of respondents have used their personal connections or family to receive better health services during the past 12 months and close to 10 percent refused to answer. Regions with the most individuals who have accepted the use of personal connections are Peja and Gjakova, where close to half of respondents (48%) admitted such a thing.
- Moreover, 16 percent of respondents admitted that they had given money to get better services from public health institutions and 9 percent claimed the award of goods (non-cash) for the same purpose. They have given at least 1 time and the maximum of 5 times money or goods before or during the 2015. Overall for the granting of goods is 1.92 times, and of money is 1.84. The minimum monetary amount of bribe is 5 euro and the maximum is 600 euros while the average amount was around 101 euro and the median was 63 euros.

- Giving money is more prevalent among men than women. Men also have given large amounts on average than women. About 66 percent of respondents who have given just money, have claimed that they have been conditioned by the staff of public health care while 89 percent of respondents who have provided only goods, have stated that they have made it so voluntary.
- Reporting these corruption cases almost never happens, according to the responses of citizens, only in 2 percent of cases. More than 25 percent of respondents do not see reasonable reporting because they have benefited from the provision of money / gifts. While about 24 percent did not report because they feel that no one cares for reporting cases of corruption. Also, a large percentage of respondents (20%) did not report giving money or goods because they consider that as a gift in appreciation.

1. Introduction

This report is part of a broader mission of FOL Movement, which focuses on corruption in public institutions of Kosovo. Through surveys, research, analysis and reliable data, FOL aims to raise the level of awareness on corruption, including citizens and to promote the fight against corruption in public institutions and in their decision-making processes.

Specific goals of the study are:

- ✓ Determining the perceptions and experiences of citizens regarding corruption in public health care system in Kosovo.
- ✓ Promoting activation of citizens in promoting the fight against corruption in the health system.
- ✓ Strengthen the voice of the citizens of Kosovo for a health system as healthy and free of corruption.
- ✓ Promoting transparency and accountability of public investments in public health care system in Kosovo.

FOL Movement has estimated that the above goals can not be achieved without a public opinion survey about the perceptions and experiences of citizens regarding corruption in public health care system in Kosovo.

To achieve the objectives of this study were carried out the following tasks:

- Production of the research methodology.
- The final determination of the sample at the level of Kosovo.
- The development and pilot testing of questionnaires to survey.
- Creating and adapting of the applications (databases) for inclusion of data from the field.
- Defining the professional staff to guide the work on the ground.
- Training of field staff – supervisors and pollsters.
- Conduct field interviews.
- Conduct field inspection of work and logical check of questionnaires.
- Inclusion of data.
- Analysis of the data.
- Compilation of the report.

The health system in Kosovo is regulated by the Law on Health 2004/4 and 04 / L-125. Basic healthcare principles defined by these laws are: equality; inclusiveness and non-discrimination; quality; honesty and accountability; prioritization of cost-effective health care interventions; sustainability and continuity; prevention and early detection of diseases; co-responsibility and solidarity. Services offered by this system include:

- ✓ primary health care (health promotion, prevention, health care services for mothers and children and family planning services, mental health services, etc.).
- ✓ secondary health care (hospital services, outpatient services, diagnostic, therapeutic, rehabilitation, emergency transportation and public health services).
- ✓ tertiary health care (advanced health care, hospital, outpatient and public health, emergency transportation and counseling teams services).

According to the Law 04 / L-125, the financing of health care in the Republic of Kosovo follows a combined funding through the budget and public and private health insurance system. But a health insurance fund as part of the public health insurance system has not yet been created as a result of the non-approval and mandatorily non-implementation of a specific law for it. Therefore, public health care currently in Kosovo mainly is financed by the Kosovo budget, the municipalities budget and co-payments from users of services who are not exempt. But a large percentage of health costs covered by the patients in the form of the out-of-pocket expenses. Furthermore widespread corruption in the health system significantly increases the costs of citizens for the prevention and treatment of their diseases.

2. Research Methodology and Sample

This study was conducted in 38 municipalities in Kosovo, using quantitative research methods. For sampling in this research was used the technique of "stratified random sampling", in which case the general population is divided into smaller groups known as layers, based on common characteristics of members of these groups:

- The first stratification is made on the basis of ethnicity, where were created three different sub-groups.
- The second stratification is made on the basis of residencies. For each municipality was made the extension of the sample in urban and rural areas according to the KAS official statistics.
- The third stratification is made on the basis of the number of surveys conducted in each residence (starting point).

Starting points in this research were determined randomly. Field research was conducted from 22 January to 1 February 2016. The survey has a confidence level of 95% with margin of error + -3.1%.

In this research were surveyed 1000 citizens of Kosovo over 18 years: Albanians (758), Serbians (156) and other community members (86). The sample was subsequently weighted to reflect the ethnic structure in Kosovo. Before the questionnaire was administered on the ground, initially it was tested to identify logical and substantive issues and training of the surveyors was developed.

The selection of respondents was done through the following three phases:

FIRST STAGE:

Selection of the home through the random sistematic walking technique

At this stage, the surveyor from the starting point has selected every third house on the left side of the road. In cases where the house has been unoccupied or when the surveyor is refused, the housing unit is passed and continued with a systematic approach.

SECOND STAGE:

Exclusionary Questions - Identification of suitable candidate for interview

At this stage, the goal is the identification and contacting appropriate candidate for an interview. For this stage, UBO Consulting has selected member who is aged over 18 years and has visited at least once in 2015 a public health care institution.

THIRD STAGE:

Development of interviews face-to-face

In preparation for the interview, the interviewer explained the importance of providing answers based on personal beliefs of the interviewee. The survey was conducted face to face with the respondent without the presence of the other family members.

Checking the quality of the survey was made after the completion of fieldwork, through verification (phone calls and visits) to 30 per cent of the surveys conducted. The data collected were processed in SPSS, from which are derived the results of this report.

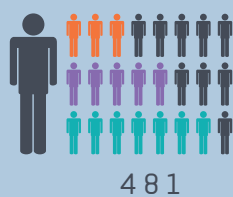
“The table below contains data on the demographic profile of respondents. These data are not weighted. In the following analysis the data are weighted so that the results reflect the demographic characteristics of Kosovo.”

Demographic Profile of Respondents

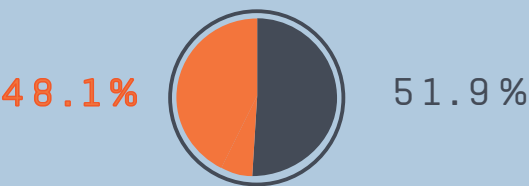
Number of respondents



Number of respondents



Percentage of respondents



Residence

Percentage of respondents

Number of respondents



📍 URBAN

466

Percentage of respondents

Number of respondents



📍 RURAL

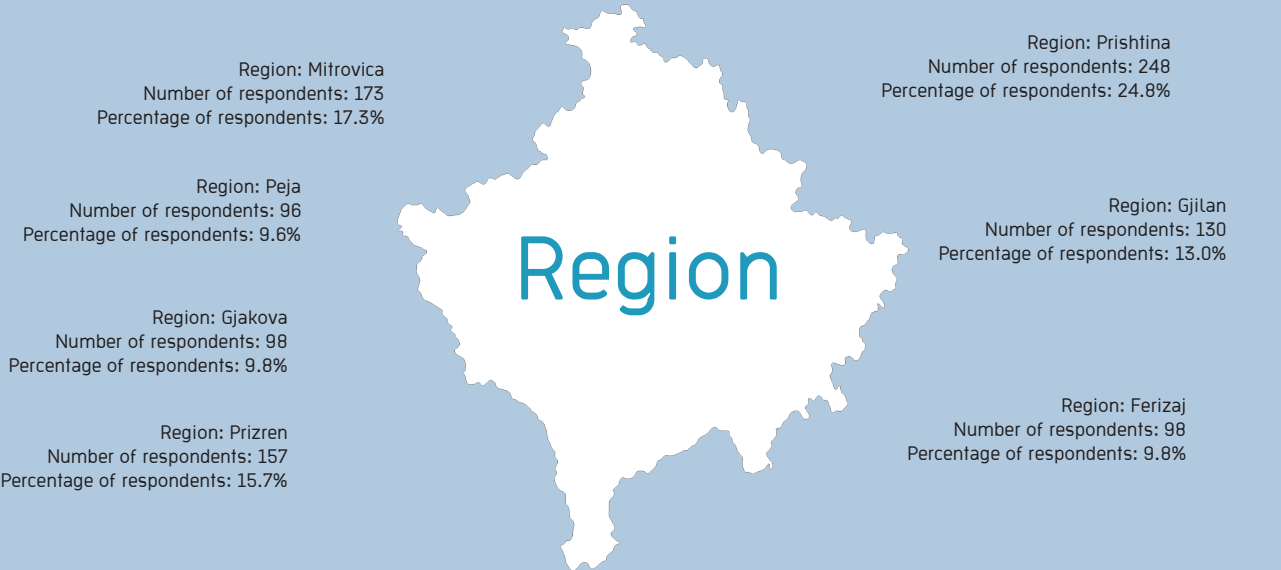
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Age

| Age | Number of respondents | Percentage of respondents |
|-------|-----------------------|---------------------------|
| 18-24 | 262 | 26.2% |
| 25-34 | 268 | 26.8% |
| 35-44 | 204 | 20.4% |
| 45-54 | 142 | 14.2% |
| 55-64 | 91 | 9.1% |
| 65+ | 33 | 3.3% |

Ethnicity

| Ethnicity | Number of respondents | Percentage of respondents |
|-----------|-----------------------|---------------------------|
| Albanian | 758 | 75.8% |
| Serbian | 156 | 15.6% |
| Bosnian | 4 | 0.4% |
| Croatian | 1 | 0.1% |
| Goran | 5 | 0.5% |
| Turk | 10 | 1.0% |
| Roma | 17 | 1.7% |
| Ashkali | 49 | 4.9% |



3. The results of the study

Before presenting the findings of this survey it is necessary to present some basic data on visits to institutions that provide health care and a clear view to what degree respondents of this survey are satisfied with these services.

In Figure 1, we can see that the Family Medicine Centers have the highest proportion of visits in 2015 and followed by the hospital of the University Clinical Center of Kosovo. Because in the current system, the point of first contact for health concerns are Family Medicine Centers, which also deals reference to specialists if needed, then it is understandable that most people will initially be directed there. Citizens are satisfied with the Family Medicine Centers than with other health institutions. They were asked to rate these institutions to the value of 1 to 5, where 1 is the value equal to "not at all satisfied" and 5 means the value otherwise. Figure 2 reveals us that based on this scale, the average value of the satisfaction of the University Clinical Center of Kosovo is 2.95, and 2.99 hospital, while the Family Medicine Centers lead with 3.49 unconditionally mostly closer to level 'fully satisfied'.

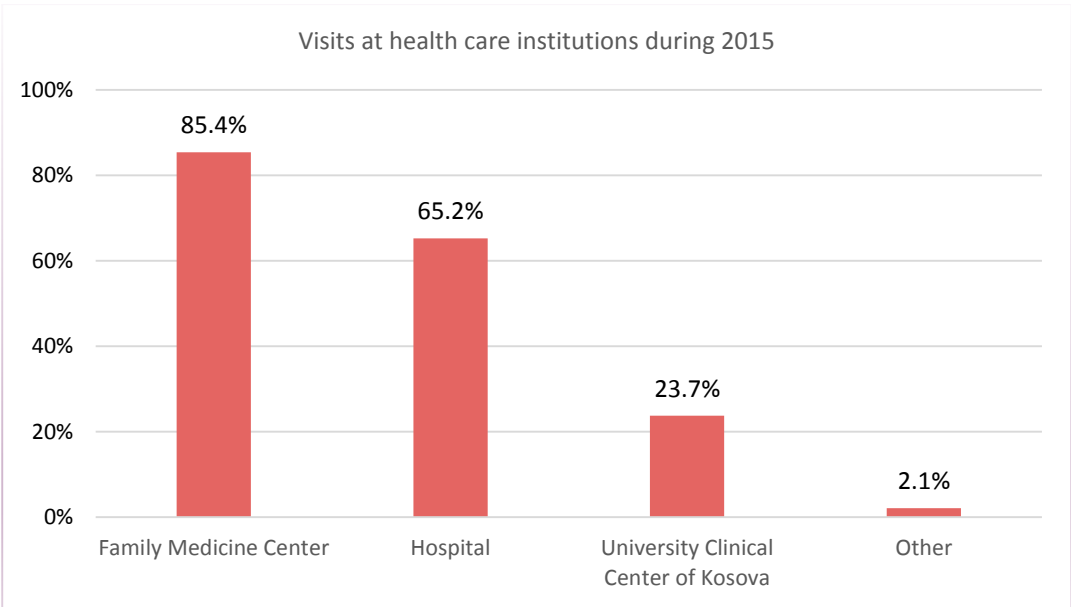


Figure 1 – Visits at health care institutions during 2015 (P1)

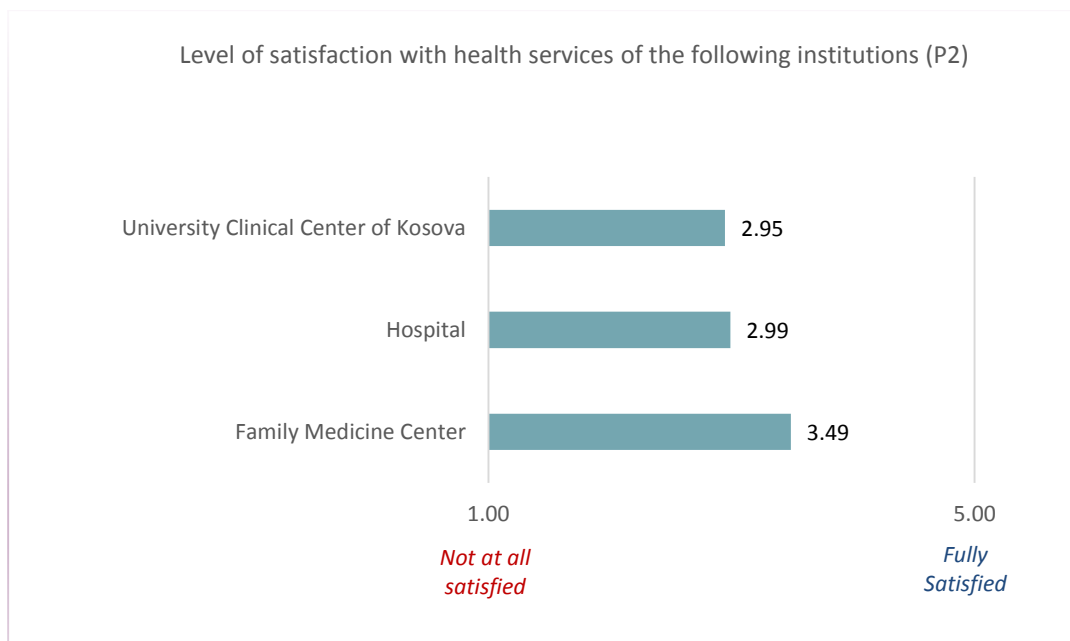


Figure 2 - Level of satisfaction with health services of the following institutions (P2)

The dissatisfaction with the services provided can be derived from various problems within the system and corruption is just one of these elements. Therefore respondents were asked specific questions on corruption in the public health system as well as questions about specific institutions and relevant staff. More than a majority of respondents believe that corruption in public healthcare institutions in Kosovo is high. Figure 3 below shows that approximately 15 percent of the respondents believe that corruption was 'very high' and the other 47 percent think it is 'somewhat High'. Only 28 percent consider it as low in Kosovo.

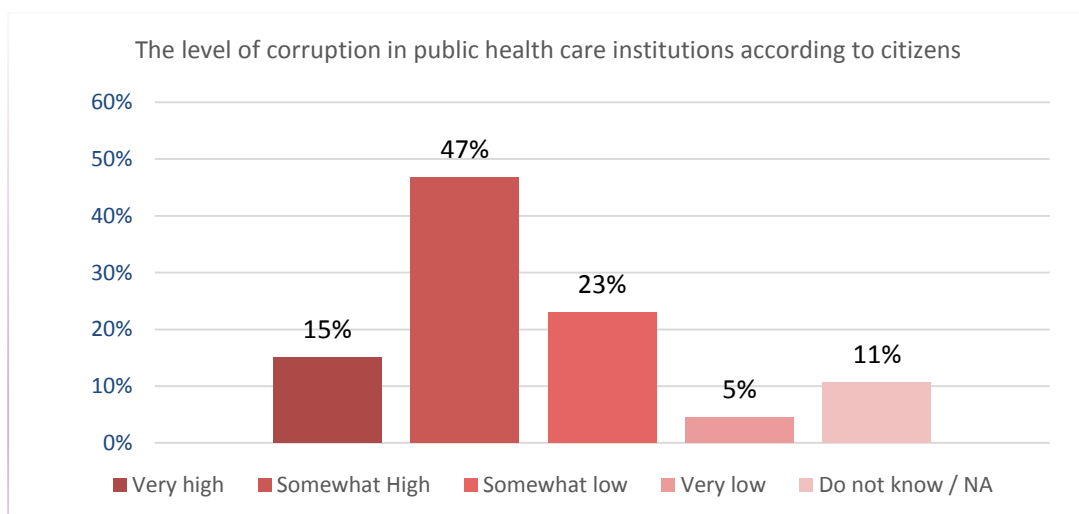


Figure 3 - The level of corruption in public health care institutions according to citizens (P3)

From Figure 4 below we can see that the level of corruption perception in Kosovo differs from region to region within Kosovo. Regions where the proportion of citizens with corruption frustration is greater than the overall average for Kosovo are:

Peja, Prizren and Mitrovica. To those regions, more than 70 percent of respondents answered the question with 'very high' or 'somewhat High'. The region of Ferizaj, Gjakova and Gjilan are significantly divided in their opinions about this question.

It is worth mentioning that respondents who live in urban areas have a higher percentage of those who think that the level of corruption was lower than those living in rural areas. Figure 5 presents findings on this question by type of settlement.

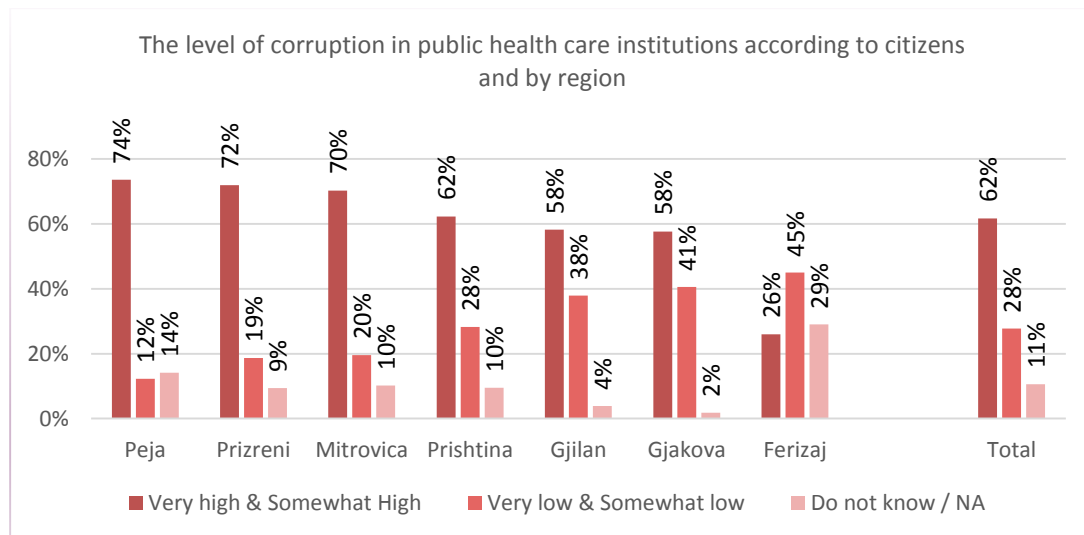


Figure 4 -The level of corruption in public health care institutions according to citizens and by region (P3)

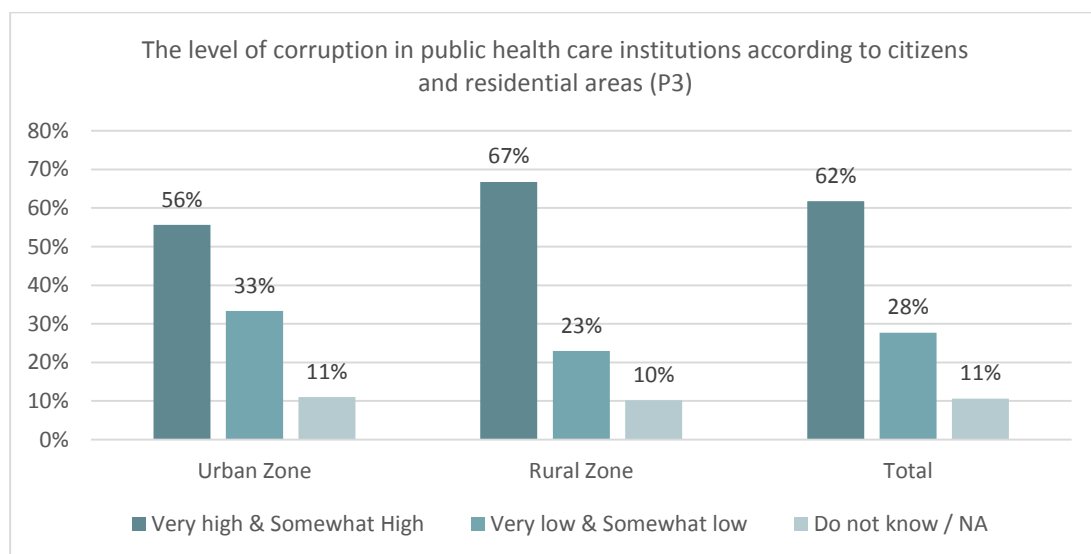


Figure 5 - The level of corruption in public health care institutions according to citizens and residential areas (P3)

Beside the level of corruption in the health sector as a whole, respondents were also asked about specific institutions. From Figure 6, we can see that on a scale of 1 to 5, where 1 represents the very high level of corruption and 5 it is too low, the most corrupt institution was the University Clinical Center of Kosovo. Less corrupt institutions by respondents surveyed were Family Medicine Centers, which were also those with the highest average satisfaction. The University Clinical Center of Kosovo was also the institution with the lowest average satisfaction according to the Figure 2 above. So findings about the degree to which citizens are satisfied with the health institutions coincide with their opinions about the level of corruption in these agencies.

Regarding those responsible for the level of corruption in the healthcare, from the citizen survey results that medical personnel (38%) and the government of Kosovo (30%), are labeled guilty by majority of respondents. In Figure 7 below you can find other responsible for this problem by citizens.

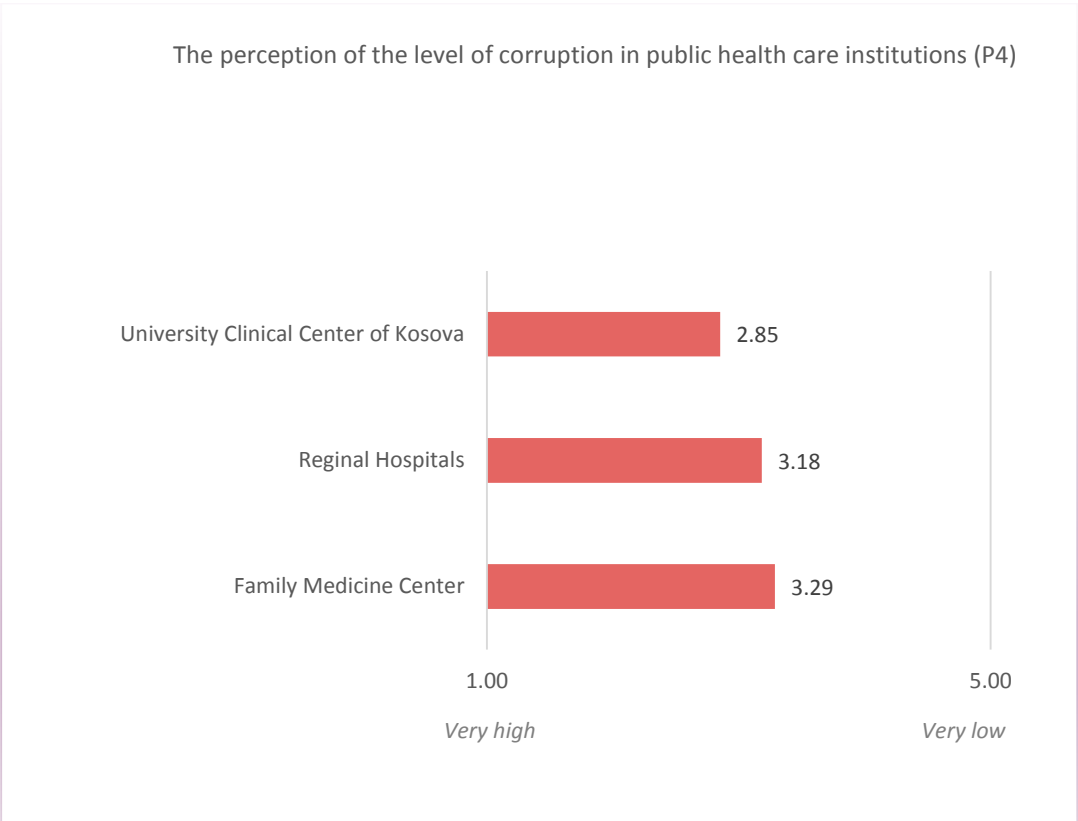


Figure 6 - The perception of the level of corruption in public health care institutions (P4)

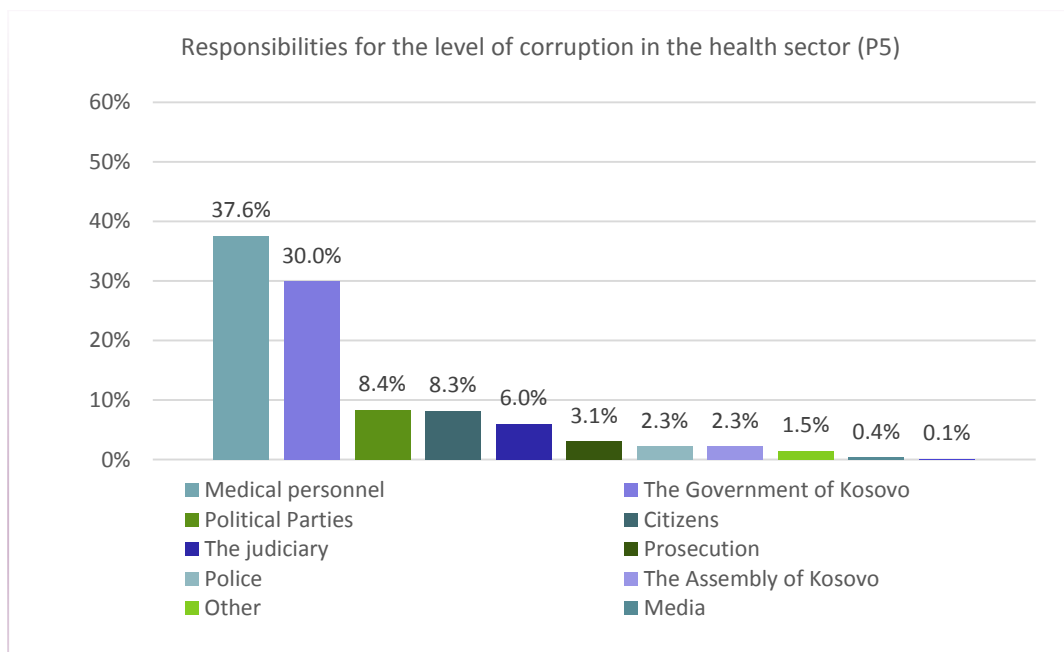


Figure 7 - Responsibilities for the level of corruption in the health sector (P5)

Respondents were also asked on their opinion about changes in the level of corruption in the health system over the past two years. Most of them do not see any progress or even worsening of the situation further. So in Figure 8 to we can see that 59 percent of respondents think that the level of corruption in the healthcare 'has remained the same,' while 21 percent said that it "grew" during the past two years. Moreover, a large proportion of respondents (40%) think that no real action is being taken to this problem while another part almost equal (39%) are dissatisfied with the implemented measures. In Figure 9 below you can find perceptions of policy or effective measures against corruption in the health system.

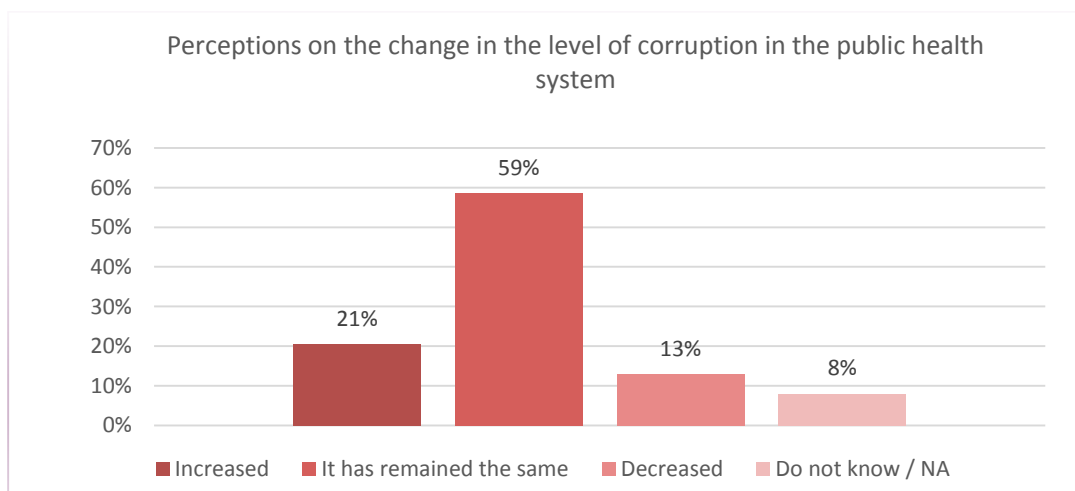


Figure 8 - Perceptions on the change in the level of corruption in the public health system (P6)

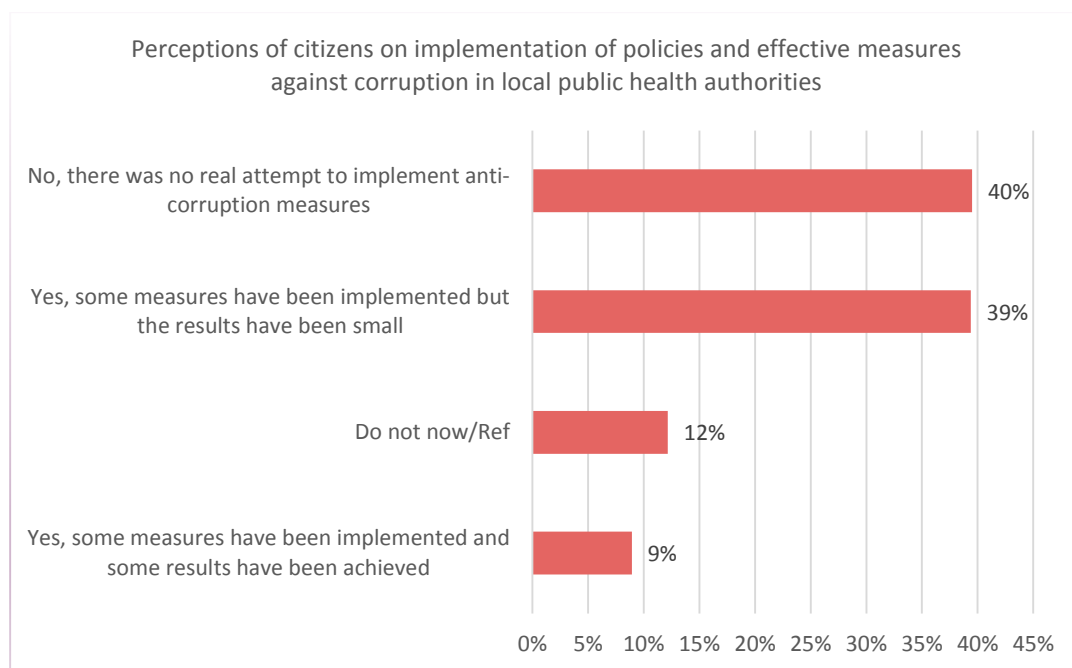


Figure 9 – Perceptions of citizens on implementation of policies and effective measures against corruption in local public health authorities (P7)

To better understand the problems of corruption and irregularities in health institutions, respondents were asked about personal experiences in these places. They often encountered in situations where health services are not offered in public health though our system must guarantee this. Consequently they have been forced to go to private institutions to address their health problems. In Figure 10 we can see the percentage of citizens who have had this experience with health institutions.

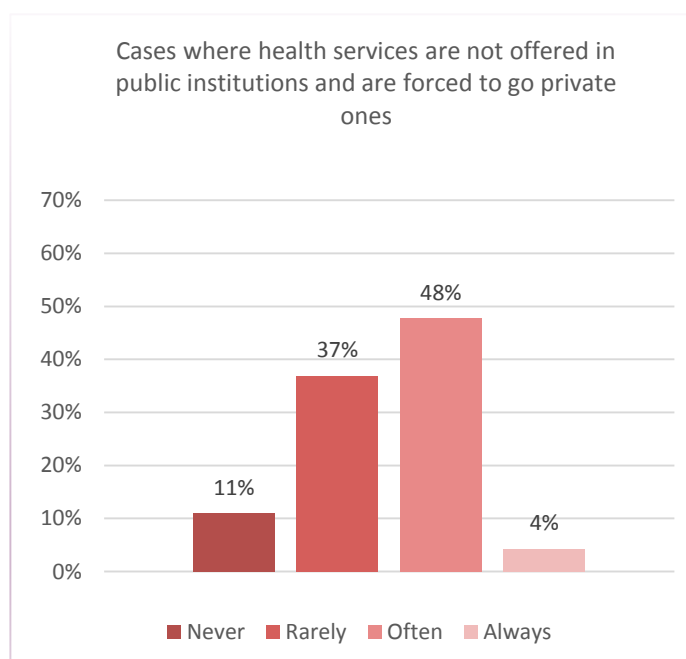


Figure 10 – Cases where health services are not offered in public institutions and are forced to go private ones (P8)

The most problematic region in terms of this wrong practice is Mitrovica according to the findings of the survey.

About 73 percent of the respondents stated that this phenomenon has occurred 'often' or 'always'. Prizren is the region with the highest proportion of people who have never encountered such a problem. Results for the other regions included in the survey, you can find in the figure 11 below.

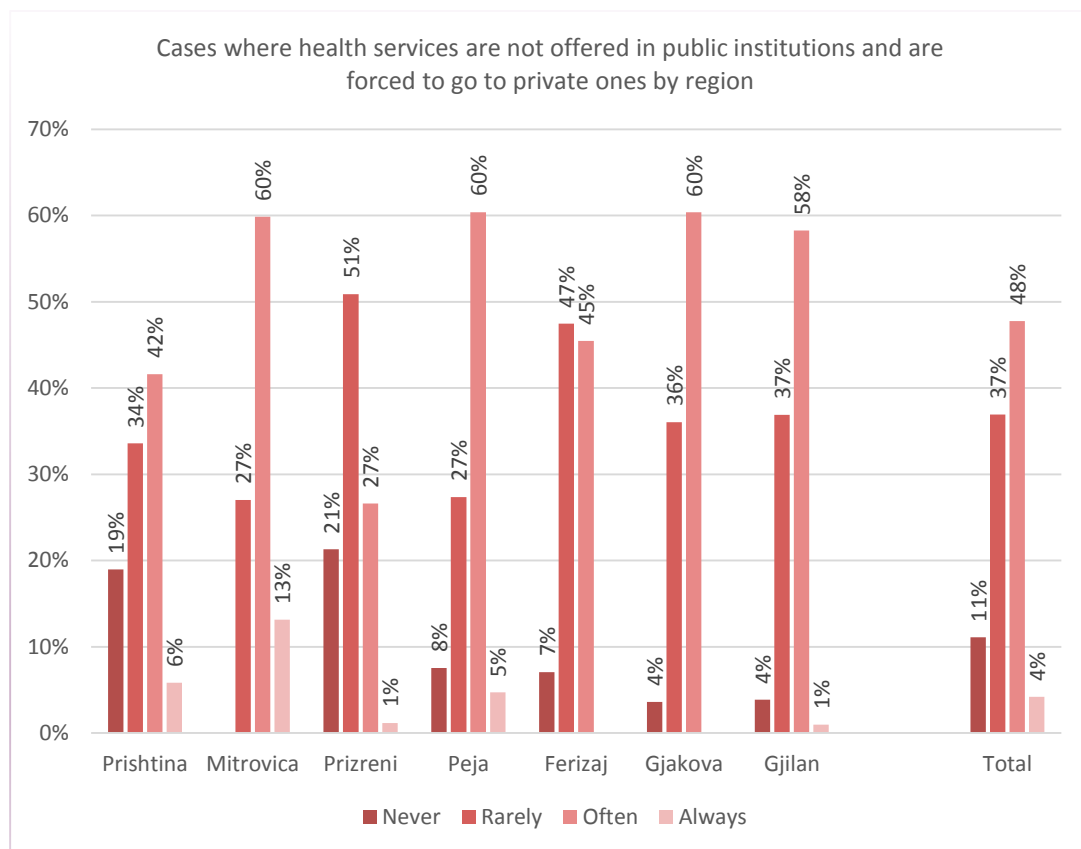


Figure 11 - Cases where health services are not offered in public institutions and are forced to go to private ones by region

Problems with corruption in public institutions staff exist starting from nurses to doctors as well as the citizens who give money or material goods (non-monetary). These last generally agree that all healthcare staff without exception are being offered bribes in cash or in material goods to receive better health services. In Figure 12 below we can see how much respondents agree with such statements. The value of 1 means "strongly disagree" while value 5 means 'strongly agree'. The statement to which the closest average is full consent that the doctors offered to accept informal payments for better health services. It is worth mentioning that none of the statements is not an average below the value of 2.5 that would represent a disagreement by citizens with these illegal practices. So offering bribes towards the staff of health institutions is very practiced by the citizens of Kosovo toward the doctors and nurses.

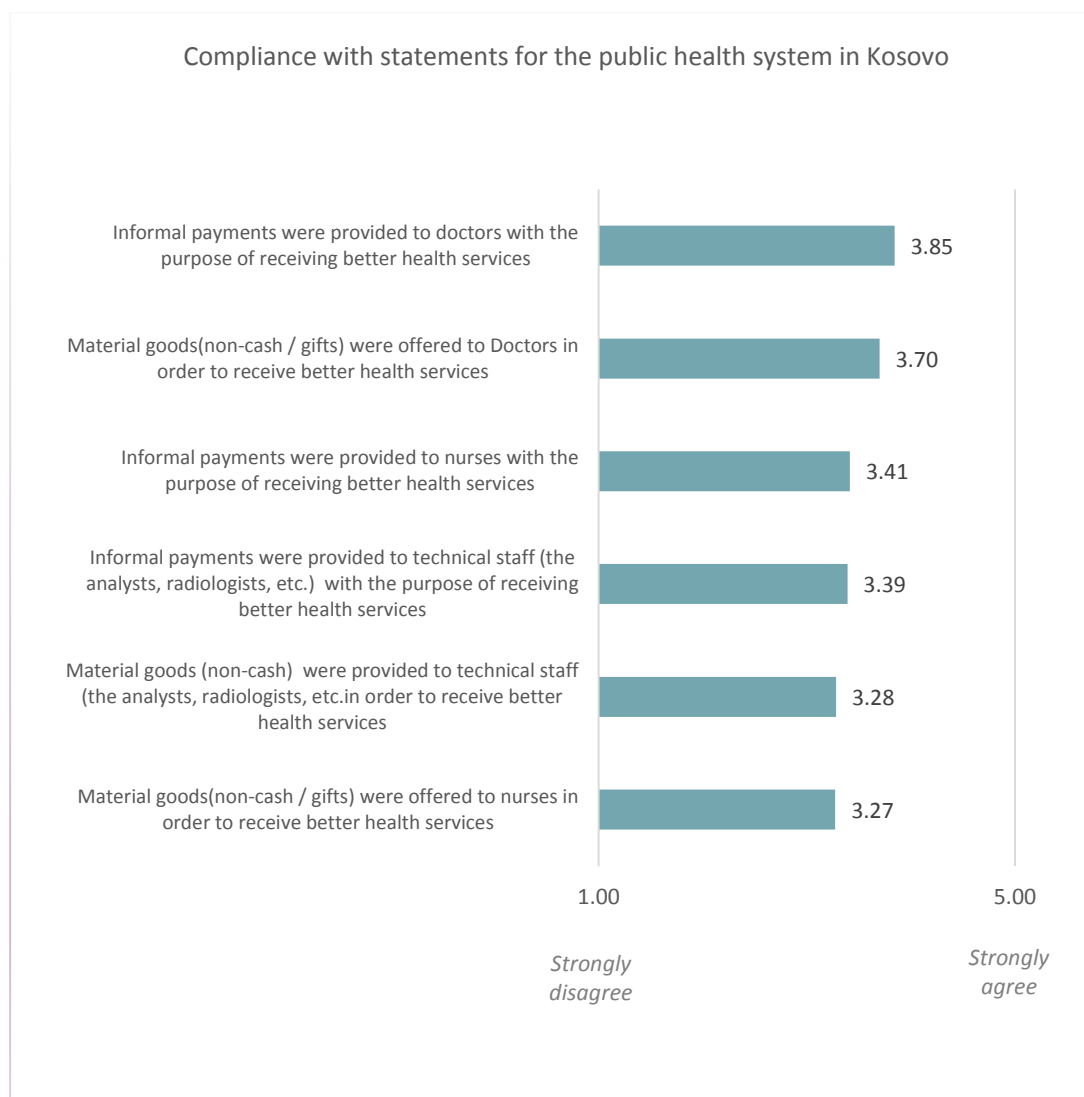


Figure 12 – Compliance with statements for the public health system in Kosovo (1) (P9)

Special emphasis is given to corruption that prevails to doctors as key staff of health institutions. Among the most prominent problems to those allegedly we received from citizens is that doctors refer patients to their private medical centers, private hospitals / clinics where they work. On a scale of 1 to 5, where 1 represents the value of full disagreement and the value of 5 the opposite, the average for above statement is almost 4 (3.89). Citizens also significantly agree with statements such as that doctors in public health care institutions do not respect the work schedule, refer patients to purchase medicines to certain pharmacies, etc.. Figure 13 presents the consent rate of citizens on corruption problems to doctors.

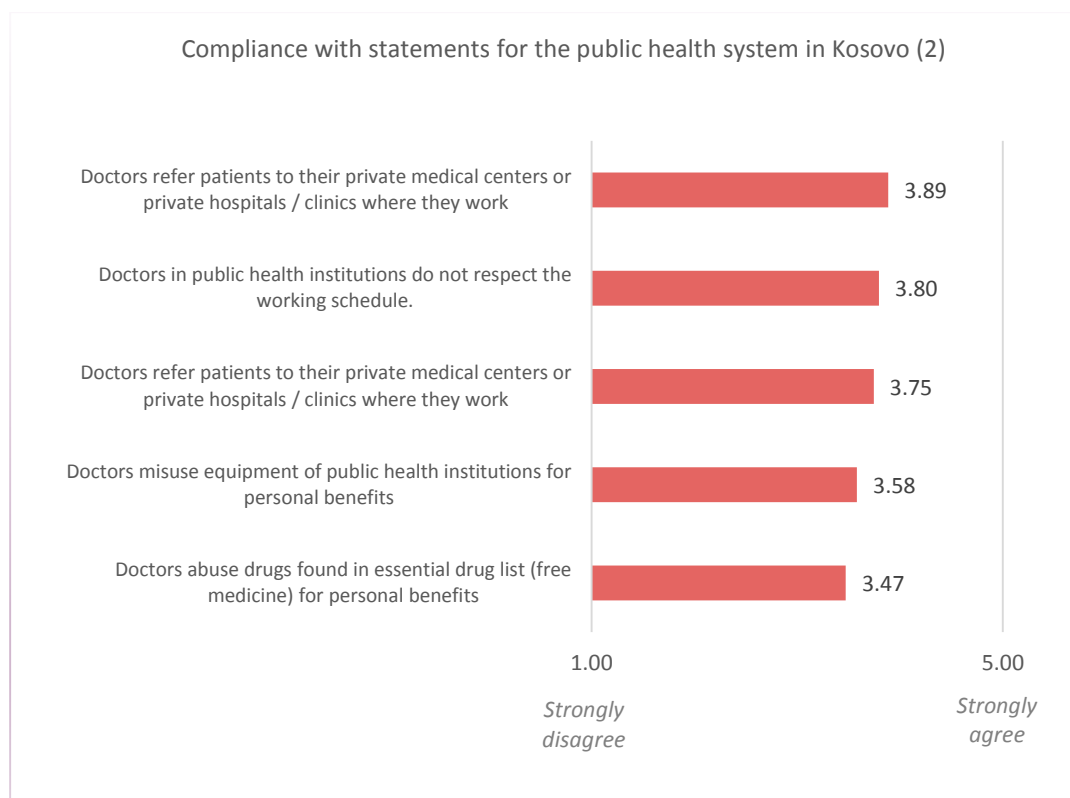


Figure 13 - Compliance with statements for the public health system in Kosovo (2) (P10)

Citizens were also asked what they think about the mechanisms of public institutions of public health care, aimed at punishing corruption cases. Half of the respondents answered 'do not agree' or 'fully disagree' that institutions have built and respect these mechanisms. As can be seen in Figure 14 below only 2 percent of respondents agreed with this statement.

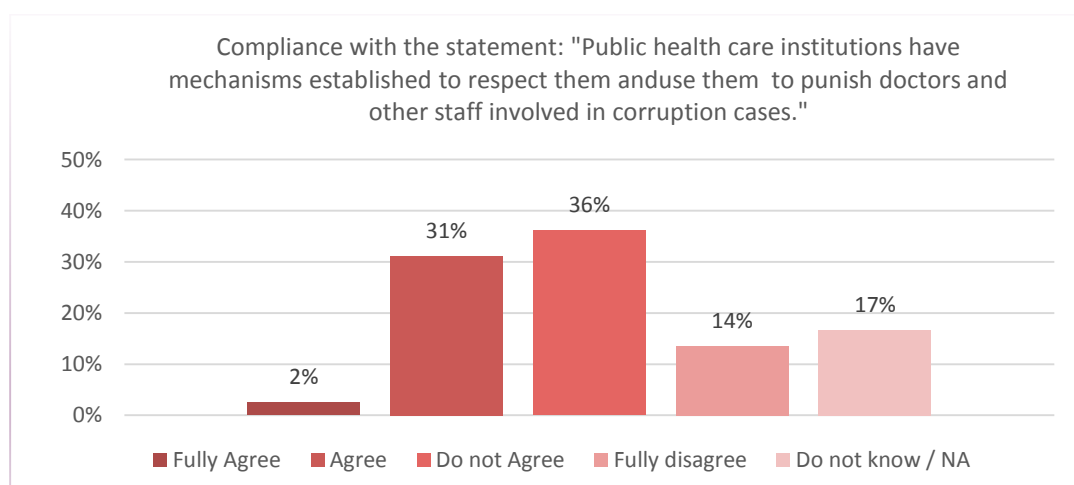


Figure 14 - Compliance with the statement: "Public health care institutions have mechanisms established to respect them and use them to punish doctors and other staff involved in corruption cases." (P11)

As mentioned above, the problem of corruption is not only the corrupted but also the corrupter. Based on the findings above, we saw that the corruption of the health staff is a common practice. Further to the right Figure 15 shows that 28 percent of respondents have used their personal or family connections to receive better health services during the past 12 months. We can also see that nearly 10 percent refused to answer, which makes us think that the percentage of those who have used their connections is actually even higher than 28 percent.

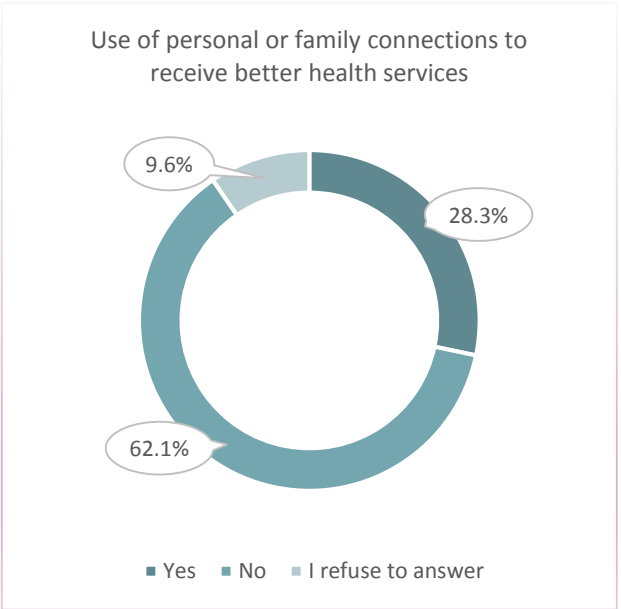


Figure 15 - Use of personal or family connections to receive better health services (P12)

Regions with the most individuals who have accepted the use of personal connections are Peja and Gjakova, where close to half of respondents (48%) said such a thing. Peja also was the region with the highest proportion of respondents who believe that the level of corruption in healthcare is high (see Figure 4). Data for other regions are presented in Figure 16 below.

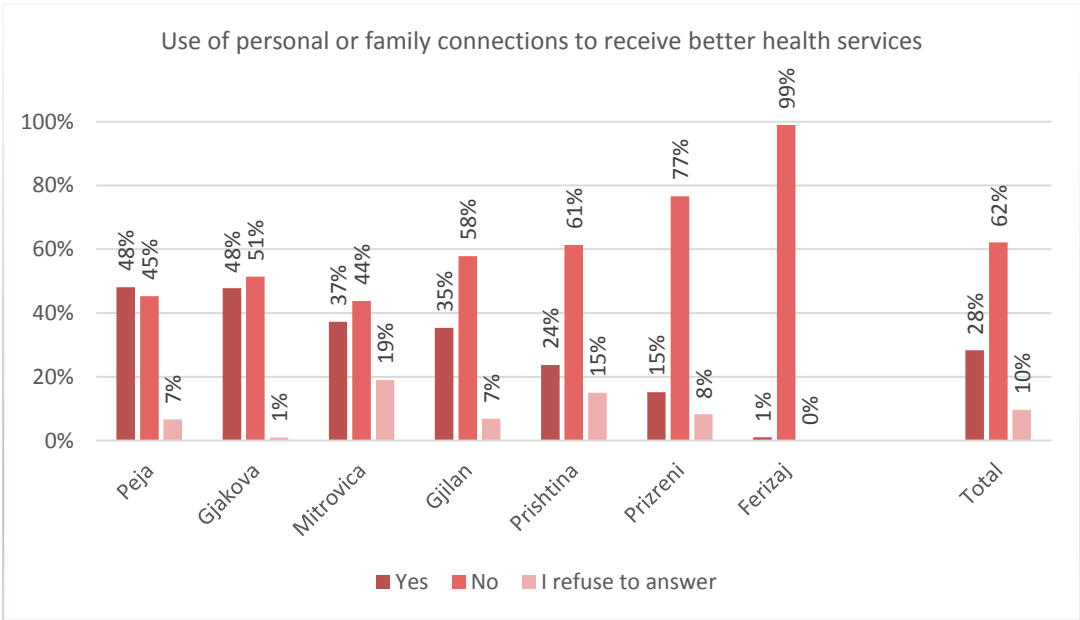


Figure 16 - Use of personal or family connections to receive better health services (P12)

Use of personal connections but not necessarily constitutes delivery of bribery or corruption in another way to the healthcare staff. Therefore we have also asked people whether they directly commit such an act. In Figure 17, we can see the findings of this inquiry. It is possible for a person to have offered money and goods, and therefore the amount of rates may be presented over 100 percent. Only 77 percent of respondents have denied the corruption of health staff, while 16 per cent gave money and 9 per cent- goods (non-monetary). We should remind you that these results include only those persons who are openly participating in corruption while the actual percentage of those who have done such a thing could be even higher. Giving money is more spread to men than women. In Figure 18 below we can see that 20 percent of men have admitted such a thing against just 13 percent of women.

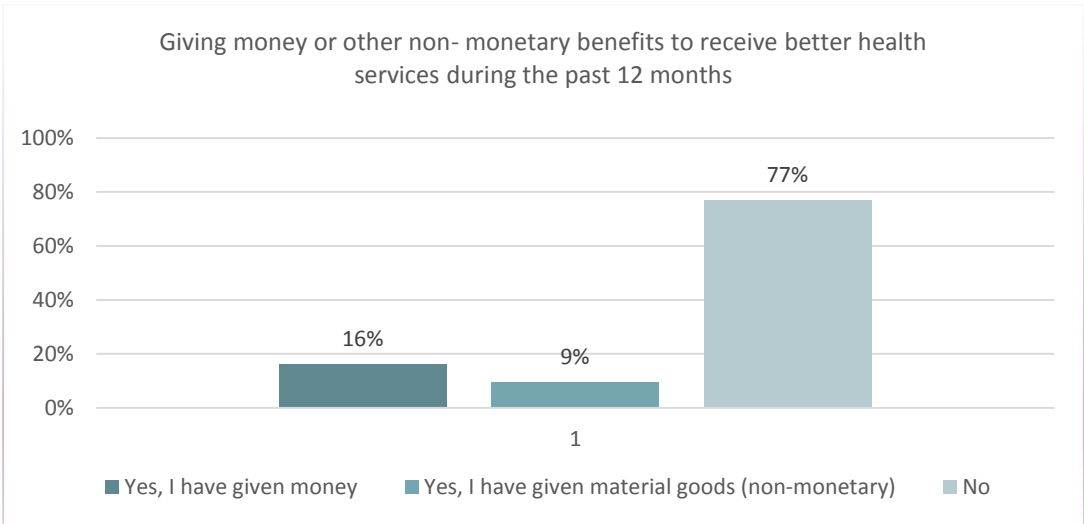


Figure 17 - Giving money or other non-monetary benefits to receive better health services during the past 12 months (P13)

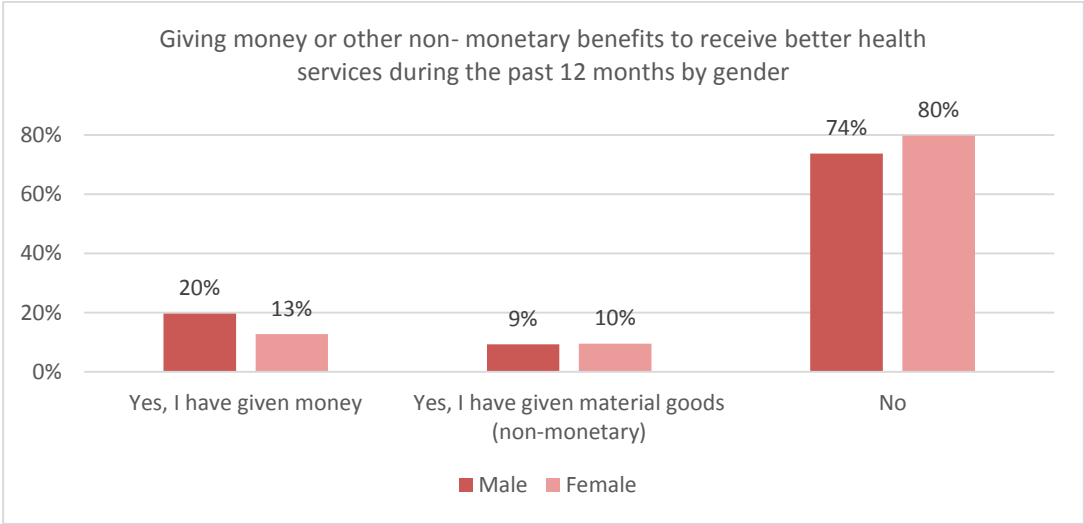


Figure 18 - Giving money or other non-monetary benefits to receive better health services during the past 12 months by gender (P13)

Those who claimed to have given either money or material goods, were asked to specify how many times they have done so in 2015. From the answers of the citizens we have learned that they have given at least 1 time or the most 5 times during the 2015. In Figure 19, we can see that the average for the granting of goods is 1.92 times, and for money 1.84. So, not a small part of the population give in an average of about 2 times a year money or goods to receive better health services.



Figure 19 – The number of cases of giving money or goods to receive better health services in 2015 (P13a)

In addition we researched the amount of money also awarded for this purpose. Figure 20 presents the findings of this inquiry. The minimum amount for people who have claimed the award of money, is 5 euro and the maximum is 600 euro. Moreover those who have accepted giving money, they have given an average 101 euro for receiving better health services. It is also important to know the median amount, which tells us the amount of money in the middle if we list any amount from the smallest to the largest. Median statistics allows us that the final outcome is not significantly affected by some rare high amounts. So the picture we see that the median amount is close to 63 euros, which indicates that smaller amounts are more frequent than the average of 101 euro is the result of several cases that have given more money.

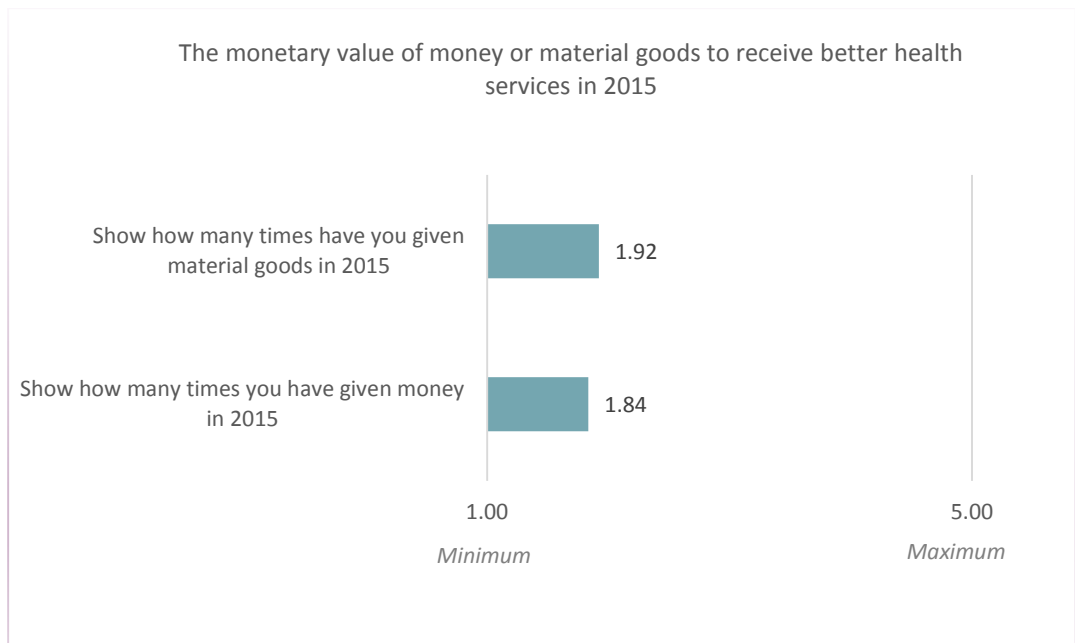


Figure 20 - The monetary value of money or material goods to receive better health services in 2015 (P14)

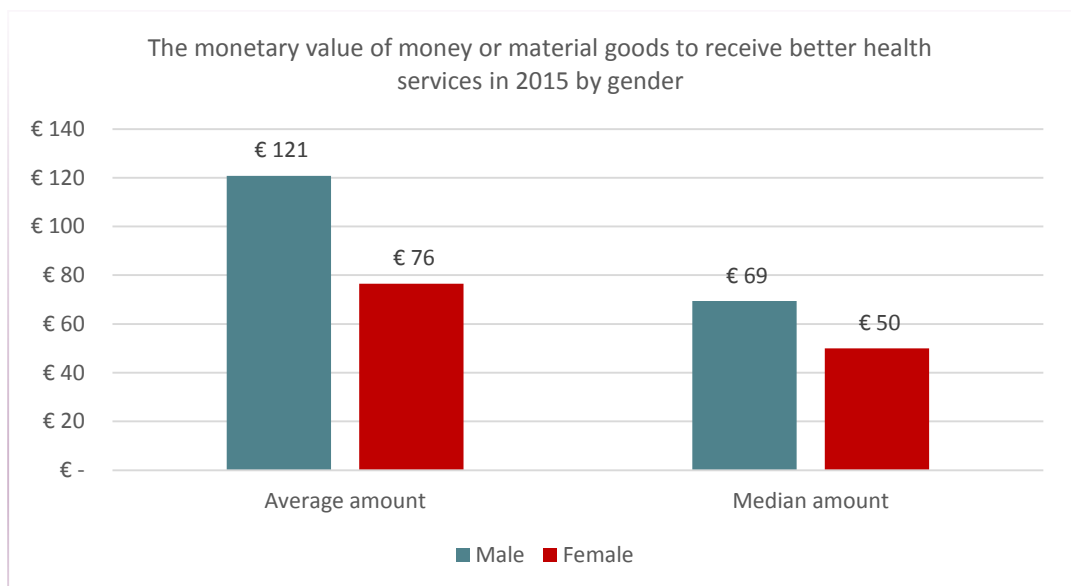


Figure 21 - The monetary value of money or material goods to receive better health services in 2015 by gender (P14)

As you can see in Figure 21, except that men claimed giving money more often than women, they also give larger amounts. A man gives an average of 121 euro to receive better health services while a female about 76 euro. The median amount also differs by gender, 69 euro for males and 50 euros for females. So evidently men give money more often than women to public health.

Respondents were also asked whether giving money or material goods was set as a condition by medical staff or had been voluntary. Since the respondents have given money or goods more than once, they were able to respond more than once. In Figure 23 below we can see that there is no significant difference between the percentage of people who have been conditioned and those who have given voluntarily. But if you focus on only those who have given money or material goods only, the results vary considerably. In Figure 22 below we can see that 66 percent of those who have just given money, have been conditioned by the staff of public health care. On the other hand 89 percent of respondents claimed that the granting of goods was done voluntarily.

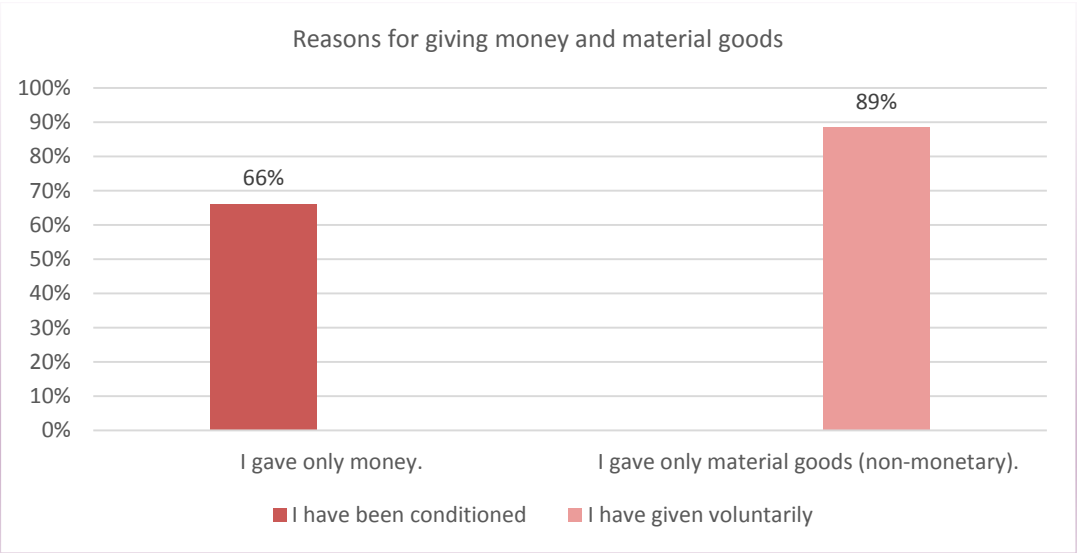


Figure 22 - Reasons for giving money and material goods (P15)

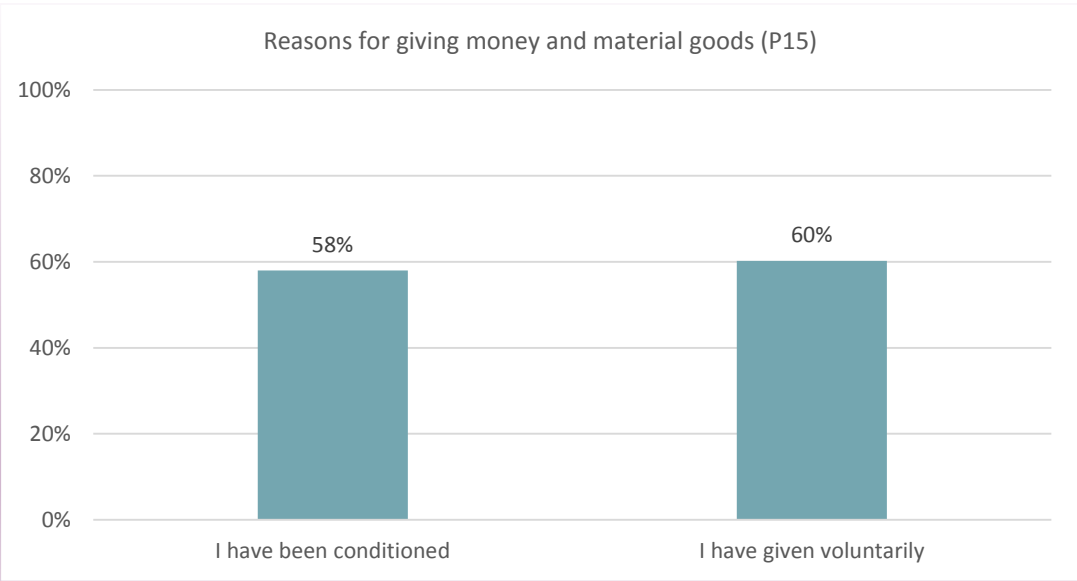


Figure 23 - Reasons for giving money and material goods (P15)

Reporting these corruption cases almost never happens, according to the responses of citizens. In Figure 24 we can see that about 98 percent of respondents reported a case of giving money or goods to the relevant authorities. Only 5 persons of 233 respondents who have given money or goods (non-monetary), have admitted that they presented the case to the relevant authorities. Two of them said they have reported to the competent authorities of the health institution and others to the police, anti corruption agency and one refused to answer. According to the responses of those persons who have reported to the competent authorities of the health institution, no action was taken or they were advised to withdraw the complaints. No measures have been taken either by him / her that reported to the anti corruption agency. As for the person who has refused to respond where he/she reported, the official investigation procedure is initiated.

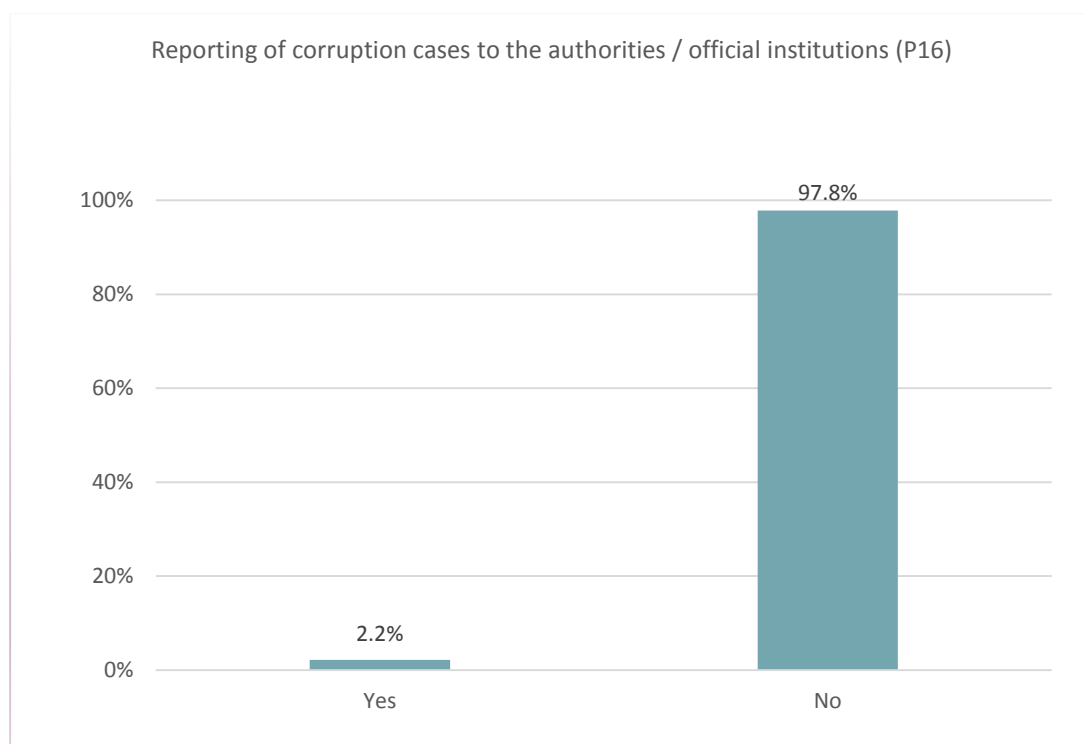


Figure 24 - Reporting of corruption cases to the authorities / official institutions (P16)

Respondents were also asked about reasons not to report cases of corruption to the relevant institutions. More than a quarter of respondents do not see reasonable reporting because they have benefited from giving money / gifts. So for them, the money in this case serves as a mean of exchange and not as an instrument of corruption. Another part of the citizens, about 24 percent feel discouraged because they feel that no one cares for reporting cases of corruption.

Provision of health services often is seen as an honor rather than a staff task because a large percentage of respondents (20%) giving money or material goods do not report since it is considered as gift in gratitude. This phenomenon is more expressed to women than men.

Also, a higher percentage of women than men surveyed, did not submit the case to the relevant institutions by fear of the consequences. Other reasons that are indicated by respondents you may find it in figures 25 and 26 below.

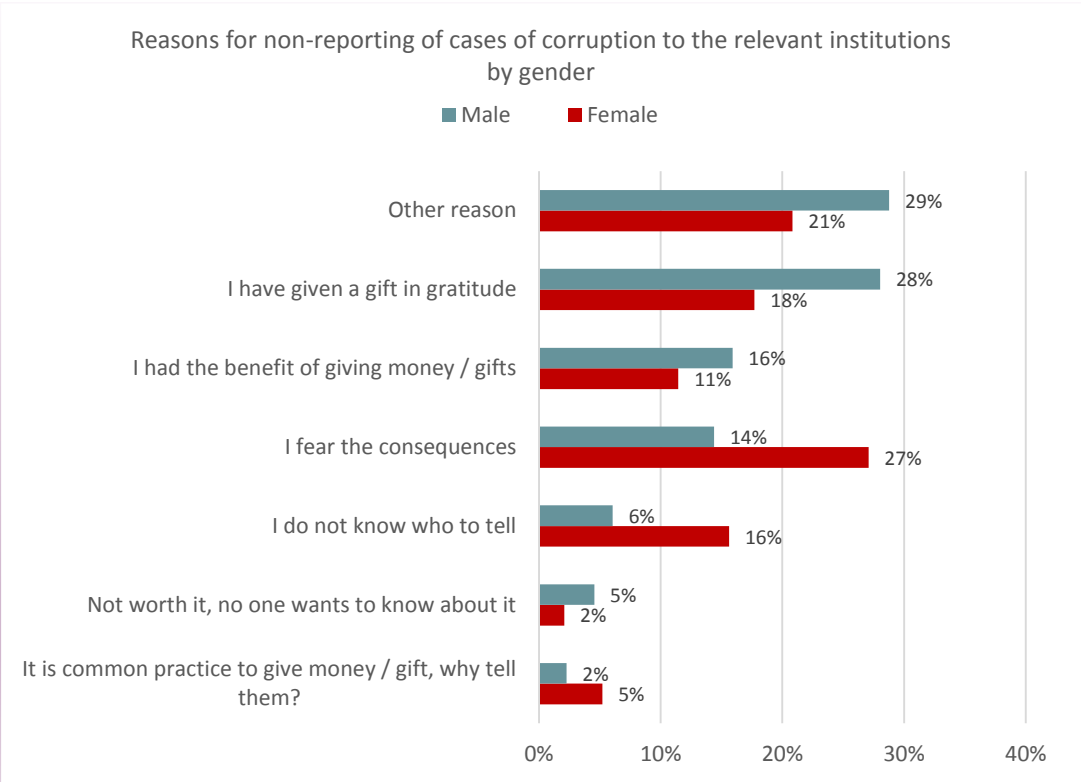


Figure 26 - Reasons for non-reporting of cases of corruption to the relevant institutions by gender (P19)

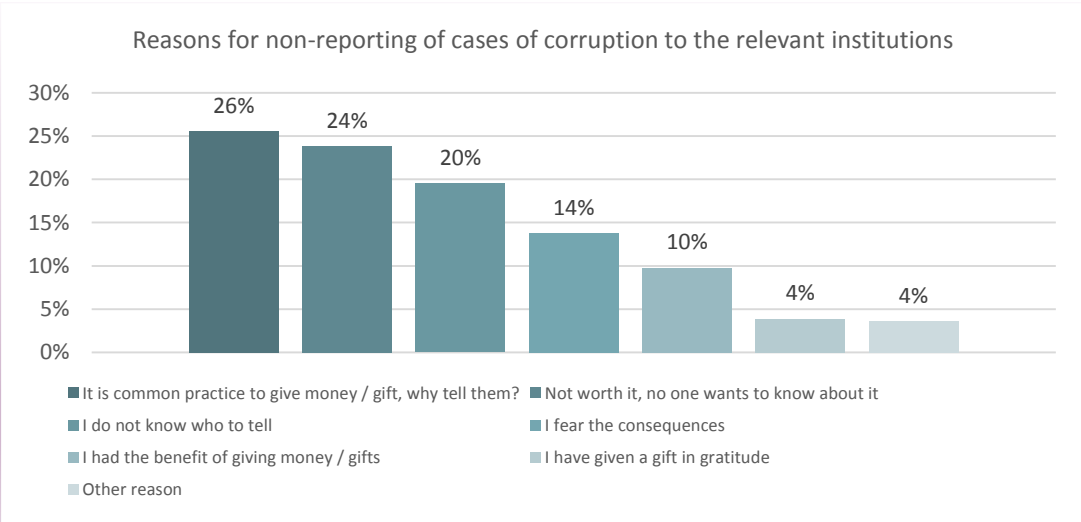


Figure 25 - Reasons for non-reporting of cases of corruption to the relevant institutions (P19)

4. Conclusions

FOL movement through this study has aimed analyzing public opinion about perceptions and experiences in dealing with corruption in the public health care system in Kosovo. The survey was conducted during the period January-February, which was attended by 1000 citizens of Kosovo over 18 years old who have visited at least once one of the public health institutions in Kosovo. Through data derived from this study, we intend to disclose experiences of citizens in this very important sector of welfare and at the same time increase the level of awareness on corruption and to promote the fight against corruption in public institutions and their decision-making processes

The main conclusions emerging from the data analysis are summarized as follows. Kosovo's citizens had often visited Family Medicine Centers in 2015. These institutions had the highest average level of satisfaction and the University Clinical Center had the lowest. This last is perceived as the most corrupt by the surveyed citizens.

However respondents generally believe that corruption in the health sector is high in Kosovo. Most of them blame the medical staff and the Kosovo government for this widespread phenomenon. They do not see any progress or even worsening of the situation of widespread corruption in the health sector. Moreover, a large part of the respondents think that no real action is being taken to this problem.

They often encountered in situations where health services are not offered in public institutions, although our health system must guarantee this. Consequently, they have been forced to go to private institutions to address their health problems. Problems with corruption within public institutions staff exists starting from nurses to doctors as well as the citizens who give money or material goods (non-monetary). But greater consent of citizens we found for corrupt practices to doctors. Among the most prominent problems to them allegedly we received from citizens it is that doctors refer patients to their private medical centers or private hospitals / clinics where they work. Citizens also agreed with the other statements distinctly that doctors in public health care institutions do not respect the work schedule, refer patients to purchase medicines to certain pharmacies, etc.

Regarding the practice of corruption by citizens, more than a quarter of respondents admitted that they have used their personal or family connections to receive better health services during the past 12 months. While there was a significant percentage who did not want to answer this question, which allowed us to suspect that the percentage of those who have used their knowledge is in reality even higher. In addition, a significant proportion of them claimed to have given money or material goods (non-monetary) to receive better services in public health care institutions. They had given at least 1 time and at most 5 times during the 2015. Overall for provision of goods (non-monetary) was 1.92 times, and for money was 1.84. The minimum amount for residents who claimed the award of money or material goods, it was 5 euro minimum and 600 euro maximum. Moreover, the average amount stood at 101 euros, while the median amount was closer to 63 euros. The last tells us that smaller amounts are more frequent. What makes this result even more disturbing is that 66 percent

of those who have given money, have been conditioned by the staff of public health care. So it can be seen that the practice of giving bribes are extremely common and accepted in our society.

Furthermore, the reporting of these cases of corruption almost never happens, according to the responses of citizens. More than a quarter of respondents did not see reasonable reporting because they had benefited from the provision of money / gifts. Another part of citizens felt that no one cares for reporting cases of corruption. Provision of health services often is seen as an honor rather than a staff task because a large percentage of respondents giving money or material goods consider it as a gift in gratitude, and don't report it.

In general the results of this study may come to the conclusion that the public health system in Kosovo is significantly corrupted by both sides, the staff and patients. Giving money or material goods is quite normalized in our society and it seems to be a common practice during visits to these institutions. Believing that the medical staff is obviously corrupt is widespread among citizens, which may explain their level and dissatisfaction with the system. Moreover they are disappointed by the policies taken so far and have little faith that this phenomenon can be fought, as demonstrated by the minimum reporting rates and significant part of which states that no one cares about corruption cases in the public health care system in Kosovo.

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FOL Movement was established with the purpose of supporting an active citizenry, to increase transparency and accountability on the part of public institutions so as to contribute to good governance and prevention of corruption. In order to achieve its goals, our organization will undertake activities, such as: debates and training, conferences, seminars and round tables, publications and research, advocacy and institutional and technical assistance, monitoring of public institutions as well as mobilization and networking. Public funds expenditure, conflict of interest, negligence and institutional accountability as well as access to official information, are the main issues in FOL's activities.



www.levizjafol.org | info@levizjafol.org
Rr. Andrea Gropa No.35 10000 Prishtinë – Kosovë