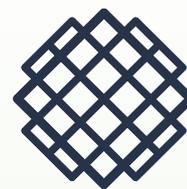




Republika e Kosovës
Republika Kosova
Republic of Kosovo



Zyra Kombëtare e Auditimit
Nacionalna Kancelarija Revizije
National Audit Office

Performance Audit Report

EFFECTIVENESS AND EFFICIENCY OF THE CONTRACTING OF HEALTH AND SOCIAL SERVICES BY THE INSTITUTIONS OF THE REPUBLIC OF KOSOVO



Prishtina, June 2024

The Auditor General of the Republic of Kosovo is the highest institution of economic and financial control, to which the Constitution and the Law^[1] guarantee functional, financial and operational independence.

The National Audit Office is an independent institution that assists the Auditor General in performing his/her duties. Our mission is to contribute effectively to public sector accountability through quality audits, promoting public transparency and good governance, and promoting economy, effectiveness and efficiency of government programs for the benefit of all. In this way, we increase confidence in the spending of public funds and play an active role in ensuring the interest of taxpayers and other stakeholders in increasing public accountability. The Auditor General is accountable to the Assembly for the exercise of the duties and powers defined in the Constitution, the Law, the by-laws and the international standards of public sector auditing.

This audit was conducted in accordance with the International Standards of Supreme Auditing Institutions (ISSAI 3000¹).

Performance audits undertaken by the National Audit Office are objective and reliable reviews that assess whether government actions, systems, operations, programs, activities or organizations operate in accordance with the principles of economy², efficiency³ and effectivity⁴ and whether there is room for improvement.

The Auditor General has decided regarding the content of the performance audit report “Effectiveness and efficiency of the contracting of health and social services by the Institutions of the Republic of Kosovo”, in consultation with the Assistant Auditor General, Myrvete Gashi Morina, who supervised the audit.

The team that produced this report:

Fatlinda Ramosaj, Director of the Procurement Audit Department

Laureta Matoshi Pozhegu, Team Leader

Vjosa Zeqiraj, Team Member

NATIONAL AUDIT OFFICE – Address: Ahmet Krasniqi Str. No. 210, Lagja Arbëria, Prishtina 10000, Kosovo

Tel: +383(0) 38 60 60 04/1011

<http://NAO-rks.org>

-
- 1 Standards and guidelines for performance auditing based on INTOSAI Audit Standards and practical experience.
 - 2 Economy - The principle of economy means minimizing the cost of resources. The resources used must be available at the right time, in the right quantity and quality, and at the best possible price.
 - 3 Efficiency - The principle of efficiency means getting the most out of available resources. It is about the relationship between the resources involved and the result given in terms of quantity, quality and time.
 - 4 Effectiveness - The principle of effectiveness means the achievement of predetermined objectives and the achievement of expected results.

Table of contents

General Summary	1
1. Introduction.....	5
2. Audit objective and audit questions	9
3. Audit findings.....	11
3.1.Efficiency and cost-effectiveness of health services contracting.....	11
3.1.1. Deficiencies in cooperation and co-financing agreements.....	12
3.1.2. Deficiencies in the regulations in force are one of the causes for the different procedures used by municipalities for contracting.....	22
3.1.3. Shortcomings in the Public Calls process	24
3.1.4. Shortcomings in various processes during the conducting of procurement procedures.....	28
3.1.5. Deficiencies in contract management	32
3.2.Citizens' satisfaction with additional health services	37
3.2.1. No assessment of the cost-effectiveness of the contracted services has been done	37
3.2.2. Citizens consider that they have benefited and are satisfied with the services provided	38
4. Conclusions.....	45
5. Recommendations.....	49
Annex I: Analysis for each contract and municipality.....	51
Annex II. Detailed charts on the results from the questionnaires with citizens.....	54
Annex III. Audit criteria, scope and methodology	56
Annex IV Letters of Confirmation.....	64

List of acronyms

FMA	Family Medicine Ambulance
CIK	Caritas Kosova
DSFP	Department of Social and Family Policies
IR	Islamic Relief
PPRC	Public Procurement Regulatory Commission
MFMC	Ministry of Finance, Labor and Transfers (Former Ministry of Finance)
CM	Contract Manager
MLSW	Ministry of Labor and Social Welfare
MoH	Ministry of Health
NGO	Non-Governmental Organization
MFMC	Main Family Medicine Center
NAO	National Audit Office
OPM	Office of the Prime Minister
OGG	Office of Good Governance

General Summary

Citizens of the Republic of Kosovo must be guaranteed the right to equal access to health care. The institutions of the Republic of Kosovo, in addition to the health services they provide through responsible public institutions, have also signed contracts with non-governmental organizations for health and social services over the years to meet the needs of citizens and provide them with home health services (palliative and home visits)⁵. Two of the non-governmental organizations with which there is cooperation for this purpose, whether at the central or local level, are “Caritas Kosova” and “Islamic Relief”.

The National Audit Office has audited the cooperation agreements and contracts signed by some Public Institutions with Caritas Kosovo for the period 2018-2022, since the same was the main provider of these services and more than 14.5 million euros of public money was spent for this period. We have evaluated the efficiency and cost-effectiveness of the procedures that these institutions have used for the outsourcing of health services and whether the intended results have been achieved with this outsourcing.

Additional health and social services were necessary to be contracted, with emphasis during the pandemic period or even for reasons of non-approval for additional staff as well as population growth in the audited municipalities, but the deficiencies that have accompanied these processes, whether the lack of realistic assessment of needs for additional services, the use of different procedures without a stable basis on what is the right procedure for these services, signing direct agreements without ensuring transparency and failure to manage contracts, have resulted in these services not achieving efficiency and maximum possible effectiveness.

The contracting of services by non-governmental organizations has been accompanied by legislative and procedural challenges. Even though the audited (central and local) Institutions have already been contracting these services for several years (either through cooperation agreements, public calls or even public procurement procedures), this process was again accompanied by challenges and there is still no procedural regulation on what the proper method for is contracting them, or even a completely different procedure from the aforementioned. Although all types of procedures were accompanied by various deficiencies, it is worth noting that the part of management and monitoring of the extent to which the expected services were received was a deficiency encountered in all types of procedures, so it is impossible to accurately measure their impact.

Poor and inefficient management of contracted services. The contracted quantities were not in line with real needs. The long experience of contracting municipalities has not been translated into effective agreements. The lack of documentation of real needs has influenced the ratio of services provided through the regular staff of MFMCs compared to those received and paid through a staff engaged through Caritas Kosova to be 264% in the best case and 969% in the worst case. Thus, the regular staff of MFMCs have provided much more services within the year. This disproportion in the provision of services highlights the inefficiency and poor contracting practices of these services. As for direct

⁵ The services are dedicated to elderly, diseased and lonely people, the diseased with serious diagnoses, disabled people on bed rest, who need care in their homes

agreements (without assessment of needs or monitoring) it is impossible to know which services or how many have been provided.

Contracted health services were not coordinated and transparent. The lack of coordination between the central and local levels has resulted in the double financing of services from different sources, resulting in potential budget inefficiency. Despite an advance towards more transparent procedures since 2018, significant shortcomings are still evident. Issues such as non-verification of health staff licenses, wrong estimated values and contracting with double values show weaknesses in management and transparency. Misreporting to the Office of Good Governance further adds to these transparency concerns.

Contract management requires immediate attention. We have not been provided with independent reports from the contract managers appointed by the municipalities, but only the reports prepared by the service provider, based on which the payments are made. This has made it impossible for us to identify all the services that have been provided by the engaged staff. Failure to accurately record services does not provide assurance that paid services have actually been received.

Citizen satisfaction and service efficiency. The audit showed that citizens were generally satisfied with the health services received and with the length of time they had to wait for treatment. Contracts for palliative services and home visits largely met the needs of patients. However, they were not always clear whether the health service providers were regular staff or outsourced, indicating a need for clearer communication. The remedying of all the deficiencies identified in this report would contribute to benefiting an even greater number of citizens.

The results of this audit show that in order for the contracting of additional health services to be even more efficient and effective, most of the processes for their contracting have room for improvement and attention in the future. In order to improve these processes, we have given two recommendations for the Office of the Prime Minister, three recommendations for the Ministry of Finance, Labor and Transfers and six recommendations for the Municipalities, which are presented in Chapter 5 of this report.

The auditees' response

All parties subject to this audit have agreed with the audit findings and recommendations. Please find the letters of confirmation on the acceptance of findings and recommendations on annex IV.

We encourage all institutions involved in this audit to address the given recommendations.

INTRODUCTION

01

1. Introduction

According to the Law on Health, all citizens and residents have the right to equal access to health care. For this, health institutions, legal and natural persons, in accordance with their rights and obligations, are obliged to take the necessary measures for the implementation of the principles and measures of health care, in accordance with the policies and priorities determined by the Ministry, through the promotion of health, preventive activities, and the provision of comprehensive and qualitative health care services⁶.

Health services can also be offered within projects implemented by civil society, which must be organized in accordance with the law on health and the cooperation agreement between the non-governmental organization, the relevant public line institutions covering the entity where the project will be implemented, including the beneficiary entity of the services⁷. Non-governmental organizations, among other things, also aim to promote local, national and international development, and it is expected that through the services they provide, they will influence the relief of social, individual, group or wider problems. For this purpose, the Public Institutions of the Republic of Kosovo have signed public contracts with NGOs to invest in projects and programs that can positively affect the lives of citizens through public funding and public contracts.

According to reports of State Treasury⁸, during the period 2018 - 2022, there were expenditures with some organizations that provide health services. These services are paid for under cooperation agreements and public contracts, and this is a very widespread phenomenon in

the municipalities of Kosovo, as a result of the great need for the provision of health services. This audit has highlighted that these services are contracted with two non-governmental organizations (hereafter NGOs), which are Caritas Kosova and Islamic Relief (hereafter IR).

⁶ Law No. 04/L-125 on Health Article 4 point 2

⁷ <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=9926>

⁸ Treasury of Kosovo is responsible for the management of the consolidated fund of the Republic of Kosovo as well as the fulfillment of all responsibilities given to it based on Law No. 03/L-048 on Public Financial Management and Accountabilities, Regulation (GRK) No. 06/2014 on Organization and Systematization of Jobs within the Treasury of Kosovo and other by-laws in force.

Expenditures through the Treasury for these two NGOs for the period 2018-2022 are presented in the tables below.

Table 1. Expenses with Caritas Kosova according to Treasury data (in million euros)

Expenses	2018	2019	2020	2021	2022	Total
Total	1.88	1.86	3.54	3.43	3.83	14.54 ⁹
Local government	1.82	1.82	3.52	3.35	3.64	14.15
Central government	0.06	0.04	0.02	0.08	0.19	0.39

Table 2. Expenses for Islamic Relief according to Treasury data

Expenses	2018	2019	2020	2021	2022	Gjithsejt
Total	0.025	0.136	0.351	0.339	0.455	1.3
Local government	-	-	-	-	0.083	0.083
Central government	0.025	0.136	0.351	0.339	0.372	1.22

Bearing in mind the value of the expenses that have been incurred, for this audit we have taken as a case study the NGO Caritas Kosova, where the expenses from the Budget of Kosovo are over 14.5 million euros, respectively 0.39 million euros (about 3%) from the central government as well as 14.15 million euros (about 97%) from local government. While the expenses with Islamic Relief were only 1.22 million euros for this period or 8% compared to Caritas Kosova, that is why it was not taken as a case study.

Caritas Kosova (hereafter CIK) is a non-governmental organization, with which Budgetary Organizations have signed contracts for health care service and support, the promotion of charity and social assistance. The NGO in question was founded in 1992, although it was officially registered as a Non-Governmental Organization with public benefit status in 2000. In the beginning, CIK had as its main objective the distribution of humanitarian aid in order to help the poor, while in recent years it has gradually developed and created programs and projects with the aim of improving the quality of life of the elderly, and protecting human rights.

Islamic Relief is also a Non-Governmental Organization which has signed cooperation agreements with Institutions of the Republic of Kosovo. IR was officially registered as a Non-Governmental Organization with public benefit status in 1999. It currently runs programs that benefit the poor from more than 30 countries around the world. Their work includes life-saving emergency aid, early diagnosis and treatment, and development programs that protect communities and improve the lives of the poorest families.¹⁰

Moreover, according to the report on public financial support for NGOs produced by the Office of Good Governance/Office of the Prime Minister, the CIK has received over seven million euros for the period 2018-2022.

9

10 Islamic Relief Kosova - Sadaqah, zakat, orphans, Ramadan, qurban Islamic Relief Kosovo

From the reports published in the table below, we have presented the funding for CIK and IR as reported in the Office of Good Governance.

Table 3. Funding of NGOs from the central and local level, according to reports published in OGG (in millions of euros)

CIK	2018	2019	2020	2021	2022	Total
Central government	0.06	0.04	0.01	0.1	0.04	0.25
Local government	1.82	0.87	0.77	3.35	0.18	6.99
Total	1.88	0.91	0.78	3.36	0.23	7.24
IR	2018	2019	2020	2021	2022	TOTAL
Central government	-	-	-	-	-	-
Local government	0.02	0.14	0.25	0.34	0.20	0.96
Total	0.02	0.14	0.25	0.34	0.20	0.96

Q2

AUDIT
EFFECTIVE
AUDIT
QUESTIONS

2. Audit objective and audit questions

The objective of this audit is to assess whether the procedures that the central and local government used for the contracting of CIK for the years 2018-2022 in the provision of health services were efficient and cost-effective. We will also review whether the intended results have been achieved by outsourcing these services.

Audit questions

In order to achieve the audit objective, we have presented the audit questions as follows:

- I. How efficient and effective were the procedures used for contracting services with CIK?
- II. How far have the contracts signed with CIK achieved the intended results?

The subject of this audit is the Office of Good Governance within the Office of the Prime Minister, the Ministry of Finance, Labor and Transfers, and five municipalities that have signed contracts and agreements with the CIK, such as - Municipality of Prizren, Ferizaj, Fushe Kosova, Shtime and Obiliq. The selection of municipalities is based on the size of the municipality and the procedures used for contracting. We have included all three contracting types in the sample. We have also analyzed some municipalities which did not have a contract with CIK, but which provided these services in other ways. The Municipality of Prishtina has covered this service with its available resources (except for a time during the pandemic when it had engaged staff with special agreements), the Municipality of Vushtrri had concluded an agreement with IR to provide some health services, while the Municipality of Podujeva had contracted employees through employment agency. These municipalities have not been audited in a comprehensive way, but the assessment mainly examined the possibilities that these municipalities have found for the provision of these services. This audit did not aim

to determine which approach is better for the municipalities that are the subject of the audit.

This audit included cooperation agreements, public calls and contracts signed for these services during the period 2018-2022.

For clarifications on various professional issues, we have also requested clarifications from the Ministry of Health, the Kosovo Doctors Chamber, the Kosovo Chamber of Nurses and the Office for NGOs within the Ministry of Internal Affairs.

The detailed audit methodology, sub-questions, criteria, scope and detailed description of the system and responsibilities of the relevant parties are presented in *Annex III* of this report.

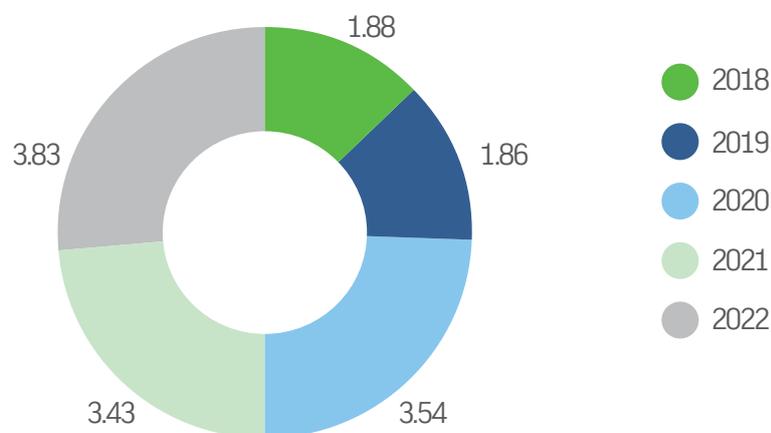
AUDIT FINDINGS

03

3. Audit findings

During 2018-2022, over 14.5 million euros were spent from the state budget of the Republic of Kosovo for the purchase of these primary health services (outside of those provided by Public Institutions), where the central government¹¹ spent about 400 thousand euros or 3 % of total expenses, while over 14 million or 97% of these expenses were spent by local government (17 municipalities¹²). From year to year there is an increase in expenses, where a more pronounced increase is observed during the period 2020-2022. This increase coincides with the onset of the COVID-19 pandemic.

Chart 1. Data on the expenses of PIs with CIK for the period 2018-2022 (in million euros)



In this chapter, the findings are presented according to the nature of work and responsibilities. We will commence with the elaboration of the procedures for signing the cooperation agreements, the funding process from the policymaking and monitoring authorities, to then continue with the implementing institutions and the deficiencies encountered at different stages of the process. The effects of spending on these contracts will be presented below.

3.1. Efficiency and cost-effectiveness of health services contracting

Proper needs assessment is essential to ensure that contracted (outsourced) services closely align with organizational objectives and meet stakeholder needs effectively.

The audited municipalities had not done a proper needs assessment, which hindered their ability to accurately identify needs to provide services and allocate resources adequately.

¹¹ Ministry of Finance, Labor and Transfers (Department of Social and Family Policies, within the former Ministry of Labor and Social Welfare), Ministry of Health, Office of Good Governance within the Office of the Prime Minister, Ministry of Education, Science and Technology and Innovation and the Ministry of Culture, Youth and Sports

¹² Municipalities: Prizren, Ferizaj, Fushe Kosova, Skenderaj, Suhareka, Viti, Shtime, Rahovec, Istog, Gjilan, Drenas, Junik, Malisheva, Mamusha, Mitrovica, Obiliq, Gjakova

Even though the audited municipalities had experience in outsourcing these services in the past, they had not utilized this experience and these data to get the best out of this process. The needs to outsource these services were not even included in the priorities, objectives or needs in the development plans of the municipality and the annual work plans of the Mayor's Office, even though the need to improve health services was foreseen in thick lines.

The audited public institutions used different procedures to contract these health services. The procedures used were: public procurement procedures by announcing tenders, by public call or through cooperation agreements directly by the public institution with the CIK. The use of different procedures by public institutions to contract the same services shows that this process is not sufficiently regulated or clear enough for the responsible institutions.

The possibility of using different procedures to contract these services shows a lack of transparency and accountability in public spending. Direct agreements do not allow other potential providers to offer these services, and also the shortcomings mentioned below show that there was a lack of transparency during the conducting of some procurement procedures.

3.1.1. Deficiencies in cooperation and co-financing agreements

Financial Rule No. 01/2013 excludes expenses where there is no need to conduct procurement procedures. Although the local level is allowed to sign various agreements to achieve their objectives or even to fulfill obligations, it is still necessary that these are included in the municipal strategies, the work plans of the mayors, from which the budget planning is derived. AI 04/2014¹³(Health) defines the health services that can be provided by civil society, where cooperation agreements are between NGOs, the Ministry of Health (hereafter MoH) and the relevant Ministry, but not the municipality. Monitoring by the Municipality on the achievement of action plans is also required in the signed agreements. Licensing must be done and be valid for everyone who provides health services¹⁴. Cooperation agreements are documents signed between two or more parties for the acceptance and delivery of services that are the main subject of the agreements, where the rights and obligations of the parties are also defined.

Cooperation and co-financing agreements - Cooperation and co-financing agreements according to Table 4 signed by the Municipality of Prizren (co-financing with MoH and the Ministry of Labor and Social Welfare - henceforth MLSW), Ferizaj (with MLSW and directly with CIK), Fushe Kosova (directly with CIK) and Obiliq (directly with CIK) were signed without carrying out any preliminary procedure.

Although the purpose of these agreements was mainly the same- for home care- there were also other services which are not part of the project according to the Memorandum signed by the Ministry of Health with the CIK in 2015¹⁵, which agreements were invoked by the municipalities. These agreements were signed without planning about the amount and number of staff needed, but based only on the project submitted by the CIK and the daily needs of the respective municipality.

The failure to analyze the needs regarding: the type of services, the number of families, the number of staff, the composition of the mobile team, ambulatory and social staff, has influenced the financial plan

13 <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=9926>

14 Administrative Instruction No. 08/2014 Licensing Procedures for Private Health Institutions and Law No. 04/L-125 on Health, Article 42, Article 71 and Article 76

15 Memorandum of Cooperation between the Ministry of Health and Caritas Kosova MoH and CIK, August 2015

to be made in monthly, quarterly installments or as specified in the agreement and not on the basis of the services foreseen to be performed.

Table No. 4 shows the cooperation agreements signed by the municipalities with the CIK, excluding the Municipality of Shtime, which is part of this audit, but there were no direct agreements signed in our audit period.

Table 4. Cooperation agreements signed between Municipalities and CIK without conducting procedures

No.	Municipality of Ferizaj	Municipality of Prizren	Municipality of Fushe Kosova	Municipality of Obiliq
1	Operation of the Social Center for the Roma, Ashkali and Egyptian Communities in Dubrava, 2017 in cooperation with the Ministry of Labor and Social Welfare	Social, health, home and ambulatory care Prizren - in cooperation with the Ministry of Health and the Ministry of Labor and Social Welfare	Establishment of social, health, home and ambulatory care in Fushe Kosova - Home Care 2018	Establishment of social, health, home and ambulatory care in the Municipality of Obiliq- Home Care 2018
2	Establishment of social, health, home and ambulatory care in Ferizaj, 2017	Annex bilateral agreement - Caritas Kosova and Prizren Municipality based on the four-party agreement	Annex to the Agreement - Establishment of social, health, home and ambulatory care in Fushe Kosova - Home Care 2018	Establishment of social, health, home and ambulatory care in the Municipality of Obiliq -Home Care 2019
3	Operation of the Kindergarten "Engjëjt" in "Lagjja e re" in Ferizaj. The opening and operation of two new kindergartens in Driton Islami Str. and in Greme, 2018			
4	Project 'Operation of Caritas Kosova social educational center in Dubrava', 2018			

The health license was not required by the municipalities¹⁶ –Cooperation and co-financing agreements by the four municipalities were signed without verifying whether the CIK has a license to provide health services, even though the services were mainly health services and the recruited staff were mainly health workers. Some of the municipalities relied on the Memorandum signed between the MoH and the CIK in 2015 for the HomeCare project (where the objective of the agreement was home care, also confirmed by the MoH), but the staff engaged under other agreements were not only for home and palliative visits, as indicated under the basic agreement, but they were also engaged in the medical centers of the municipalities (emergency, daily visits, injections and other) and as administrative staff. Among other things, the MoH had the duty to monitor the progress of this agreement, but we did not observe that it monitored the municipalities that were part of this audit.

¹⁶ Municipalities Prizren, Ferizaj, Fushe Kosove and Obiliq

Failure to require licenses raises concerns about the standards and quality of the services provided, since we are dealing with human life. However, it is worth noting that the respective directorates of the Main Family Medicine Center (hereafter MFMC) in each municipality have verified the health staff engaged on their licensing and the validity of the licenses. In more detail, this issue is addressed in the licensing chapter.

Non-inclusion of the needs for these services in the development plans of the municipalities – below is presented the situation as to whether or not the need for additional services was prioritized in the development plans and work plans of each Mayor.

	Municipality of Prizren	Municipality of Ferizaj	Municipality of Fushe Kosova	Municipality of Obiliq
Strategic Plan	The 2015-2025 strategic plan, where the strategic priorities are set, includes social inclusion and quality of life. This can be counted as a social and health priority.	The 2017-2021 strategic plan envisages two strategic priorities that match this area: Providing health content; and 'Raising the quality of health and social services'.	The 2021 municipal development plan envisages capacity building in education, health and other public/ municipal services, where, among other things, number of health facilities will be increased. For the previous years that are within the scope of this audit, we have not been provided with any similar document.	The strategy for local socio-economic development 2017-2021 foresees the purchase of services for health personnel.
Mayor's Plan	In order to implement the strategic priorities, the Municipality had foreseen the improvement of health services in the mayor's plans for 2019 and 2022.	In addition to the strategic plan, the Municipality has foreseen in the Governing Platform 2017-2021 as objectives - 'Increasing the efficiency of home medical visits', and similar in that of 2021-2025.	No document that is considered to be the plan of the office of the mayor has been provided to us.	No document that is considered to be the plan of the office of the mayor has been provided to us.

As can be seen from the table above, even though the improvement of health services was a priority of the municipalities, still these were included only in thick lines and without sufficient details on what are the methods or ways they will use to improve these services or even what are the real needs in this area.

The municipalities have not monitored the implementation of the agreements - the monitoring of the implementation of the agreements ensures that the municipalities receive the foreseen services and that the same are paid. In the municipalities that were part of this audit, and that had direct agreements, they had neither appointed responsible persons to monitor the implementation of the agreements, nor had they prepared any report on the services received, even though such a thing was foreseen by the agreement. Failure to monitor the implementation of the agreements has caused the municipalities to rely only on the periodic reports prepared by the service provider, based on which the payments have also been made.

None of the four municipalities (Prizren, Ferizaj, Fushe Kosova and Obiliq) had prepared reports or measured the implementation of the agreements in order to assess to what extent the objectives for which these agreements were signed have been met, and consequently how much they have contributed to the Municipality in fulfilling its obligations in providing health services.

Payments based on service provider reports do not provide assurance that services received match payments, nor that citizens have received all invoiced services.

The municipalities had failed to make a documented analysis of the needs for health services and why they cannot provide the same with their available resources. Municipalities had continued with these practices for years only based on previous experiences and not on any documented analysis of the quantities, profiles and number of staff needed for engagement. The need to cover the needs for health care has come also as a result of the increase in the number of the population and the increase in the centers for the provision of health services.

The reason why the agreements were concluded without verifying whether the CIK has a license to provide health services, is that all the municipalities¹⁷ were referred to the cooperation memorandum that the MoH¹⁸ had signed with the CIK. The lack of monitoring reports on the implementation of the agreements came due to the fact that no responsible persons were appointed to monitor these processes. Whereas, according to municipal officials, the periodic reports submitted by the CIK were sufficient and there was no need for additional monitoring reports. But taking into account all the weaknesses highlighted in this report, the reports prepared only by the service provider do not seem to be sufficient, in addition, there is a reason why there is also a monitoring link for each process.

Lack of concrete strategic planning and documented assessment of the needs for increasing services, signing agreements without conducting procedures but relying only on the memorandum of the MoH with the CIK and not monitoring the fulfillment of agreements has led to the conclusion of agreements without knowing the necessary amount of services, has influenced that non-medical staff were also engaged, payments were made based only on the information that the service provider has reported, as well as the risk of not achieving the main objectives of the municipalities for the fulfillment of which these agreements were concluded.

¹⁷ Except for the Municipality of Shtime, which did not have this type of agreement

¹⁸ Home Care, signed on 28.08.2015

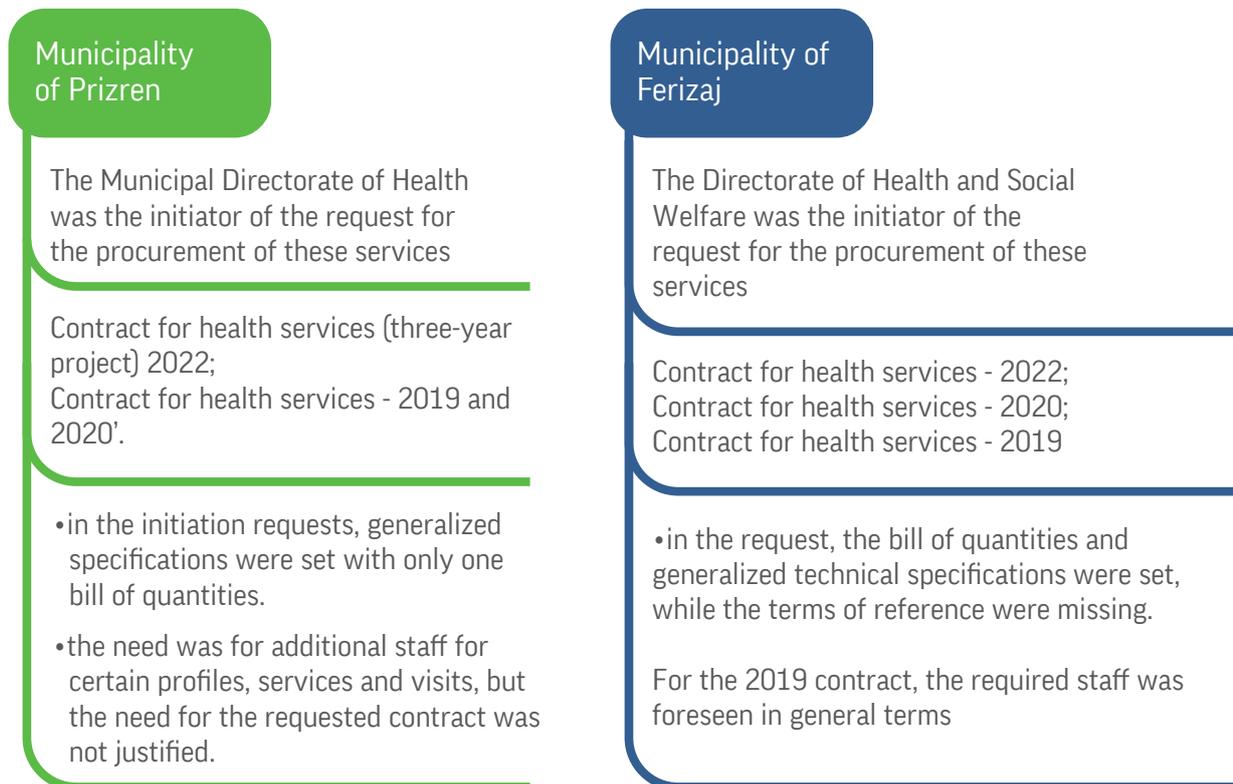
Documented analysis of needs has not been done even for the contracts concluded through procurement

The institution should initiate a signing activity for the agreements and procurement procedures only after it has completed a formal assessment of the needs.

Requesting units are responsible to prepare/propose technical specifications, terms of reference and bill of quantities¹⁹.

For the contracts signed during 2018-2022, we have encountered initiations of procurement requests with incomplete information, generalized specifications and no compiled/proposed terms of reference. Municipalities, before initiating the procedure for contracting, mainly made a statement and request for approval by the municipal executive and a table with a description of the price and generalized positions. In the chart below, we have presented for each municipality and contract the situation regarding the initiation of requests for the need for the procurement procedure.

Chart 1. Overview on the initiation of requests by municipalities for contracts



¹⁹ Law No. 04/L-042 on Public Procurement in the Republic of Kosovo, Article 9

Municipality of Fushe Kosova

The Directorate of Health and Social Welfare was the initiator of the request for the procurement of these services

Contract for health and other services -2022;
Contract for health services - 2020;
Contract for health services - 2019

- the request contained only the bill of quantities, without detailed technical specifications and without terms of reference.

Municipality of Shtime

The Directorate of Health and Social Welfare was the initiator of the request for the procurement of these services

Contract for health services - 2021;
Contract for health services - 2019;
Contract for health services - 2017

- the request contained only the bill of quantities, without detailed technical specifications and without terms of reference.

For the 2021 contract, we have been provided with an analysis of the needs of the MFMC, including the visits made, the insufficient number of health workers and the insufficient or no capacity for palliative care

The deficiencies identified in the initiation of requests have resulted in the needs not being supported with evidence and consequently the contracts year after year being not in accordance with the real needs for services and the municipalities also engaging staff with profiles outside the objectives of these contracts.

The contracted quantities increasing every year, but without any real analysis - in the contracts signed through procurement procedures²⁰ by the Municipalities: Prizren, Ferizaj, Fushe Kosova and Shtime, the contracted quantities were without any preliminary analysis. Increases in the number of services and the need for them have not been sufficiently documented with relevant evidence. We can also see this in Table 5 where we have shown the contracted quantities (services, visits and working hours), according to the contracts for each year from 2017²¹-2022.

²⁰ According to Table No. 14

²¹ Although the scope of the audit was from 2018, the contract in the Municipality of Shtime was signed in 2017, which is why it is included in the table

Table No. 5 shows the contracted quantities, according to the contracts for each year from 2018-2022.

Table 5. Contracted quantities for 2017-2022 through procurement procedures

Municipality	Prizren			Ferizaj			Fushë Kosovë			Shtime		
Measuring unit/year	2019	2020	2022	2019	2020	2022	2019	2020	2022	2017 (2 years)	2019 (2 years)	2021
Visits	14,000	30,000	39,476	28,000	109,000	109,000	10,531	30,000	100,000	3,000	14,400	14,400
Services	40,300	81,700	120,747	80,600	251,000	230,000	55,392	146,500	305,000	8,560	21,330	32,712
Working hours	-	-	21,523	-	-	-	-	-	98,500	-	-	7,680
Flat rate/month	12	24	-	24	-	-	12	-	-	12	-	-

* The municipality of Obiliq, even though it was part of the audit, had a project through a public call and not through procurement procedures.

As can be seen, each year there has been an increase in the number of contracted quantities and it has not been documented to us that any real analysis has been made for the increase in the number of quantities and the need for these quantities. Apart from the work reports of the MFMCs which have been compiled for the needs of the municipalities, we have not been offered any analysis of how they arrived at the number of quantities²² requested by the requesting units.

The quantities contracted through procurement procedures compared to the work flow of MFMCs - work reports and services performed in MFMCs of Municipalities, show an increase in services during the period 2018-2022, with special emphasis during the pandemic period. However, from the analysis made for contracted services and those performed by MFMCs, we see a difference in the performed services compared to the number of engaged staff (for both types of staff).

Each municipality during the years 2018-2022 (according to reports) has performed much more services with regular health workers than with staff engaged through contracts signed with CIK. The services contracted with CIK, in addition to palliative services and home visits, contracted services were also ambulatory visits which included general doctors and nurses, dental visits and other visits according to the needs of MFMCs.

As can be seen in Table 6 (even though the Municipality of Ferizaj and Fushe Kosova) engaged 78%, respectively 40% more staff with CIK than regular staff, still the services provided with regular staff are greater than those contracted with CIK (on the basis of the work reports provided to us).

The table below shows the enormous discrepancy in the services provided by the regular staff compared to the staff engaged with the CIK. More services from a regular staff compared to an engaged staff²³ were provided by 544% in Prizren, by 796% in Ferizaj, by 264% in Fushe Kosova and 969% in Shtime. Although from the statements of the municipal officials, the staff engaged with the CIK provided services more than what was reported and paid, we cannot be sure of such a thing, considering that no reports were prepared by the contract managers. (hereinafter CM).

²² services, medical visits, working hours

²³ Simple arithmetic calculation

Table 6 shows the comparison of work reports and quantities contracted and paid.

Municipalities	Prizren	Ferizaj	Fushe Kosova	Shtime
Services contracted with CIK	347,746 ²⁴	807,600	900,922 ²⁵	81,160 ²⁶
CIK – engaged staff	213 ²⁷	550 ²⁸	146 ²⁹	48 ³⁰
Services from MFMC with regular staff	4,113,970	3,598,466	1,694,464	1,310,488
Regular workers at MFMC ³¹	463	308	104	80
Number of services provided for a staff engaged with CIK (services/staff)	1,633	1,468	6,171	1,691
Number of services provided for a regular staff (services/staff)	8,885	11,683	16,293	16,381
Services provided (regular staff/staff engaged with CIK)	544%	796%	264%	969%
Total services provided by regular staff and those engaged with CIK	4,113,970	3,598,466	1,694,464	1,310,488

**The municipality of Obiliq, even though it was part of the audit, had the project through public call and not through procurement procedures.*

The table above shows the fact that these services are continuously contracted without an evidence-based needs assessment.

The number of engaged staff is higher than the quantities of contracted services - according to our analysis in Table 7, it can be seen that the municipalities have engaged more staff than the one necessary for the performance of services according to the contracted quantities.

The four audited municipalities have signed contracts with different measuring units for services, medical visits and working hours. With an analysis we have done, we have observed that the number of engaged and paid staff is not in line with the contracted needs. In order to do this analysis, we have calculated the contracted quantities of services in proportion to the duration of the contract. We have calculated 22 working days per month, seven working hours per day, and the number of medical staff has been calculated with the minimum service provision, that is, as if only one service were provided for one hour.

24 Prizren Municipality - In the 2022 contract, the services paid until November 2023 have been calculated, since the contract is at a unit price, procedure by weighting

25 Service quantities for CSW are not included, while hourly services are doubled (based on the realized service duration of about 30 minutes)

26 Service quantities for CSW are not included

27 No. of staff includes; Health, Homecare, Technical staff - those who were part of several contracts have not been doubled

28 No. of staff includes Health, Homecare, Hygiene - those who have been part of several contracts have not been doubled

29 No. of staff includes Health, Social, Hygiene - those who have been part of several contracts have not been doubled

30 No. of staff includes Health, Social, Hygiene - those who have been part of several contracts have not been doubled

31 No. of staff - according to the reports of MFMC officials

The following table shows the difference of this calculation compared to the number of staff engaged and actually paid.

Table 7. Data on the necessary staff according to the analysis of the contracted quantities and the engaged staff according to the lists submitted by the municipalities for all contracts during the period 2017-2022

Municipality	Total staff needed according to contracted quantities	Total staff engaged and paid	The difference between the staff engaged and the one needed according to the contracted quantities
Prizren	161	190	29
Ferizaj	251	907	656
Fushe Kosova	179	348	169
Shtime	53	97	44

From the table above, it can be seen that the number of engaged and paid staff compared to the estimated one (with the contracted quantities) is higher by 29 in the best case and 656 in the worst case. However, it is worth noting that the biggest difference was in the period 2019-2020 when it was also the peak of the time of the Covid 19 pandemic.

From the same calculation, we observed that even the number of staff engaged for certain profiles does not coincide with the contracted needs (according to quantities and type of service). For more details, this analysis is presented in Table No. 18, Annex I. An example from this analysis is when, according to the contracted quantities, 15 doctors had to be engaged, while only 5 were engaged³² or when 54 nurses were needed, while 264 were engaged³³.

Significant number of staff engaged through service contracts in Medical Centers - the staff engaged through service contracts was very high compared to the regular staff of medical centers in all audited municipalities. The Ferizaj Municipality leads here with 85% or the double, and the Fushe Kosova Municipality with 45%, while the best case was the Municipality of Obiliq where there were 12% of staff engaged with the CIK in relation to the regular staff.

³² Municipality of Fushe Kosova

³³ Municipality of Ferizaj

The following table presents the annual average of staff employed as regulars in medical centers during the period 2018-2022, in addition to the annual average of staff engaged through service contracts. Also, we have calculated the percentage of staff engaged with CIK compared to regular staff.

Table 8. The regular staff in the Municipality and the staff engaged with the CIK during the period 2018 to 2022

Municipality	Staff within MFMC 2018-2022	Staff engaged with CIK 2018-2022 ³⁴	% engaged with CIK against regular staff
Prizren	458	68	15%
Ferizaj	308	263	85%
Fushe Kosova	104	47	45%
Shtime	80	29	36%
Obiliq	105	13	12%

The need for these contracts for additional health and social services also occurred as a result of the overpopulation of the municipalities³⁵, the non-registration of the population from 2011³⁶ and the growth of health³⁷ and educational³⁸ facilities as well as for a time coping with the Covid-19 pandemic. The municipalities of Ferizaj and Fushe Kosova had requested permission to increase the number of regular staff, but the Ministry of Finance did not approve the increase.

Some of the engaged profiles were not compatible with the contracted services - according to the analysis of the engaged staff profiles, it is observed that all audited municipalities had engaged profiles that do not coincide with the type of contracted services. In the Municipality of Prizren there was a pharmacist and a dental technician³⁹, the Municipality of Ferizaj had staff engaged in administration⁴⁰, pharmacist⁴¹, physiotherapy⁴² and a speech therapist. The Municipality of Fushe Kosova had staff engaged⁴³ in administration, public services and education and the Municipality of Shtime in the profile of gynecology⁴⁴ and pharmacy⁴⁵, where none of these profiles match the type of health services that were contracted. These profiles are discussed in more detail in Table 18 of Annex I. Thus, the contracts were not respected.

34 Included are the health and support staff engaged during the period 2018 to 2022 according to the lists we received from the municipalities without duplicates.

35 Development plans Prizren, Ferizaj, and Fushe Kosova municipalities (official report of the Kosovo police), reporting in the AFS on property tax

36 Official census according to KAS

37 Prizren Municipality - Growth of 44 facilities (FMC and FMA), Ferizaj Municipality - 5 FMC, Fushe Kosova Municipality - (12 FMC and FMA)

38 The increase in the number of students and the need for teachers and additional hours

39 2020-2022 contract

40 2019-2020 - 19 staff, 2020-2022 - 29 staff and 2022-2024 - 12 staff

41 2019 - 8 officials, 2020-2022 - 12 officials and 2022-2024 - 5 officials

42 2019-2020 - 6 officials, 2020-2022 - 11 officials and 2022-2024 - 6 officials

43 2019-2020 - 66 officials, 2020-2021 - 66 officials and 2022-2025 73 officials

44 Contract for 2021 - 2023 1 official

45 Contract for 2019-2021 - 1 official

The engagement of different profiles outside the services signed according to the municipal officials, happened as a result of the staff needs in different departments in the municipalities⁴⁶.

The engagement of profiles outside the services that are the subject of the signed contract may affect the failure to achieve the objectives for which the contract was concluded and, consequently, the objectives of the municipality.

While the engagement of such a large number of staff through service contracts was a consequence of not properly analyzing the needs. These contracts are for several years and the practice for them is mainly inherited from the previous years. Even the method of contracting is mainly based on previous experiences and not on any documented and sufficient analysis of the quantities, profiles and number of engaged staff. Requesting units that have not correctly analyzed the needs as well as the practices of the procurement offices that compile the terms of reference according to the practices from the contracting of other types of services are also responsible. Moreover, the unspecified requests from the requesting units have resulted in deficiencies in the number of necessary and engaged staff, and in some cases the contracted positions are not according to the engaged profiles.

The high deficiencies mentioned have influenced the number of staff engaged through service contracts to be very high and sometimes even higher than the regular staff of health institutions. Following the same practices without any proper assessment of needs has resulted in inefficient contracts since the services provided with regular staff were much greater than those with staff engaged through these contracts, there were also cases where the profiles were not in accordance with the objectives of the contracts, therefore there is no analysis of how these profiles have contributed to the fulfillment of the contracts.

3.1.2. Deficiencies in the regulations in force are one of the causes for the different procedures used by municipalities for contracting

This chapter examines the current regulations and legal framework regarding reporting and funding of NGO projects by public institutions. We will also address the specifics of the regulation that is being drafted by the Ministry of Finance, Labor and Transfers (former Ministry of Finance, hereinafter MFLT) and the Office of Good Governance (hereinafter OGG) as a necessary document for the regulation of specific steps for the contracting of services by Civil Societies.

The shortcomings in the processes related to public calls are emphasized, highlighting the necessity of an additional mechanism of inter-institutional control at the central level, which requires an extended monitoring of the impact of these projects.

Incorrect reporting to the OGG by the Municipalities regarding the financing of NGOs

Regulation MF-No. 04/2017⁴⁷, in addition to other specifics, defines in detail the responsibility that public institutions have for reporting on public financing of NGOs. The Regulation aims to unify the procedures for the entire cycle of public funding of NGOs, including planning, public calls, contracting, monitoring and

⁴⁶ Population growth and the budget allocated according to the population census (2011)

⁴⁷ ActDetail.aspx (rks-gov.net)

reporting of this funding, reporting which is made to the Office of Good Governance, the Office of the Prime Minister, hereinafter OPM.

The report on public financial support for NGOs that is prepared by the OGG at the OPM should include information on the support provided by the Government of the Republic of Kosovo, Ministries and Municipalities for supporting the projects of Non-Governmental Organizations in various fields, related to the priorities of the Institutions of the Republic of Kosovo and the Kosovar society. This reporting is required to be done by all budget organizations at the central and local level that have financed non-governmental organizations through the public call procedure.

During the audit, we have established that reporting on this online platform is not only done for public call procedures. Information reported by budgetary organizations, in addition to those through public calls, also includes data on contracts signed through procurement procedures. In addition to budget organizations that have not reported in accordance with the established requirements, no proper monitoring has been done by OGG to ensure accurate and proper reporting. Although this reporting has progressed since 2018, it is still not complete or accurate.

The reason why the municipalities have also reported on some of the public contracts related to procurement, was the uncertainty as to whether or not they should be reported. That the reporting is not complete, can be seen from the following table, where through the expenses carried out through the Treasury of the Republic of Kosovo, there were over 14.5 million euros with the NGO CIK for the period 2018-2022, both through public calls and procurement procedures, while according to OGG reports, this value is 7.16 million euros, where there is a difference of 7.38 million euros or over 50%.

Table 9. The difference between the expenditures through the Treasury and the Municipal Reports to OGG for CIK from 2018-2022

No.	Organization	Treasury	OGG
1	Central government	0.39	0.17
2	Local government	14.15	6.99
	Total	14.54	7.16

Using different procedures for contracting the same services

Financial Rule No. 01/2013⁴⁸ regulates expenses for which there is no need to develop procurement procedures, MF Regulation. No. 04/2017⁴⁹ on the Criteria, Standards and Procedures of Public Funding of NGOs, states that any financial support must be made through public calls. According to Law No. 06/I-043⁵⁰ on the freedom of association in non-governmental organizations, it is not regulated and it is not foreseen by the law for NGOs for the latter to be economic operators. The law on public procurement considers even civil society organizations as economic operators⁵¹.

48 Article 21 at <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=10203>

49 Article 5 at <https://gzk.rks-gov.net/ActDetail.aspx?ActID=14831>

50 <https://gzk.rks-gov.net/ActDetail.aspx?ActID=19055>

51 <https://gzk.rks-gov.net/ActDetail.aspx?ActID=14831>

The audited municipalities used different procedures for the contracting and financing of the CIK. This happened as a result of the legislative ambiguity about what is the right procedure to contract these services.

Table 10. Procedures used for the contracting of health services

Municipality	Cooperation agreement	Public call	Procurement procedure
Prizren	x		x
Ferizaj	x		x
Shtime			x
Fushe Kosova	x		x
Obiliq		x	

The legal framework that affects this field has inconsistencies in different requirements and criteria. Law 06/I-043, which regulates the operation of NGOs, does not envisage that the possible services offered by NGOs are contracted through public procurement procedures. Rule 04/2017 on the funding of NGOs does not envisage and does not specify the funding of NGOs for the field of services. The Law on Public Procurement qualifies civil society organizations as economic operators. So, these differences in the legislation in force have raised dilemmas among public institutions on the proper and required procedure to contract this type of service.

Based on this situation, MFLT during the field work execution phase of this audit has made a decision and formed the team responsible for drafting a draft Regulation on the Contracting of Services by Civil Society Organizations. According to MFLT, it is expected that the working group to draft this regulation will initially be based on Annex No. 1 of the Policy document related to the contracting of services by CSOs⁵², and which must then be elaborated and concretized by the team.

The Annex in question also refers to the EU Directive No. 24/2014), which, among other services, also regulates the contracting of health services that are part of this audit.

Such a regulation would unify the way of contracting these services as well as specify the steps that public institutions will have to follow for the contracting of services from NGOs.

3.1.3. Shortcomings in the Public Calls process

Criteria for evaluating the project not according to the regulation

According to Regulation 04/2017, the Evaluation Committee shall consist of five (5) members, two of them representatives from the group of external experts, one of whom must be a representative of NGOs, the project proposal must be accompanied by a budget proposal, and the NGO must submit data for key personnel, specifying their duties, provide their CVs together with a statement of acceptance from

52 <https://civikos.net/wp-content/uploads/2023/12/dokument-i-politikave-lidhur-me-kontraktimin-e-shërbimeve-nga-oshc-te.pdf>

their side that they will work for the project/program, in case of the benefit of financial support, if this is necessary according to the call.

The Municipality of Obiliq has contracted the health services with the CIK for the project “Increasing social, health, home and ambulatory care in the Municipality of Obiliq - Home Care 2018” in the amount of 36,696 euros. In this process, the municipality did not comply with the requirements of the regulation, such as: it appointed only three members of the committee, while there should be five, one of them an external expert. It proceeded without having the budget proposal attached to the project proposal and the key personnel were not specified with their CVs and statements.

This happened as a result of not taking care to apply the steps of the regulation as a whole for the criteria for the committee and the criteria for the application. Failure to comply with regulatory requirements increases the risk that the assessment will not be appropriate, the risk of not achieving the objectives for which the NGO was contracted and diminishes the certainty that the project will be realized in its entirety.

Double contracting for the same activity in the same regions by different institutions

MLSW (respectively MFLT, when the latter was given these competencies) has signed up for the HomeCare project through a public call to support different municipalities. However, as seen in the table below, all four audited municipalities (except the Municipality of Obiliq) already had valid contracts for these services. The activities and services are the same, except that the contracts concluded by the municipalities have additional positions such as ambulatory services and other social services.

Contracting for the same services and the same municipalities for the same period does not add value to the processes. Bearing in mind that the institution that has contracted is different, there is a risk of not knowing correctly whether more services were offered or if it was paid twice for the same services, this is mainly because the municipalities had not monitored the fulfillment of the contracts, so they were based only on CIK reports, while MFLT only monitors the fulfillment of the project, without measuring the impact of the service on the beneficiaries.

Table 11. Projects for the same activities in the same municipalities

Institution	Year	Procedure	Project description	Period	Value	Comment
MFLT- Dept. for Social and Family Policies	2022	Public Call	Social care at home for lonely elderly people - HOMECARE	03.2022 - 12.2022	22,000.00	Prishtina/Fushe Kosovë, Prizren, Gjakove, Ferizaj, Viti
Municipality of Ferizaj	2020 / 2022	Procurement procedure	Social care, health, home and ambulatory services at MFMC	10.09.2020 - 10.10.2022	1,780,200	The entire territory of the Municipality of Ferizaj
				29.11.2022 - 04.01.2025	1,282,200	

Municipality of Prizren	2020	Procurement procedure	Socio-Health care at home and ambulatory care for the citizens of the Municipality of Prizren.	11.08.2020 10.08.2022 and 24.08.2022- 23.08.2025	544,100	The entire territory of the Municipality of Prizren
Municipality of Viti	2022	Procurement procedure	Palliative home health and social care for the sick in Vitia Municipality	03.2022 - 03.2024	700,000	The entire territory of Viti
Municipality of Fushe Kosova	2020 / 2022	Procurement procedure	Provision of social, health and other services in the municipality of Fushe Kosova	13.08.2020- 31.03.2022 11.10.2022 - 13.10.2025	832,100.00 1,369,500.00	The entire territory of Fushe Kosova

This situation is due to the lack of a control mechanism at the inter-institutional level or even a functional communication.

Projects financed by two institutions for the same services and the same time, when there are no detailed reports on the services provided, may result in the irrational spending of public money and the loss of the opportunity to use these funds to develop any other activity or project. Although the value financed by MFLT is very low compared to the contracts concluded by the respective municipalities, the very fact that such a thing happened shows that such a thing can be repeated again.

Projects signed without closing the preliminary obligations

In order to qualify for financial support, before the NGO signs another project, they must have completed all obligations from the previous financial support, if they benefited from public funding sources, the declaration is signed by the NGO⁵³.

The municipalities have signed projects through public calls with the CIK without closure of the preliminary obligations from the CIK towards the institutions with which there was a preliminary agreement. The table below presents the projects that are through public calls and CIK has not yet completed its obligations to the Municipality of Obiliq when it signed a contract with MFLT.

It is worth noting that the CIK has declared in each of these processes that there are no outstanding obligations. This declaration for the institutions is a guarantee from the applicant that there are no obligations in other institutions, since there is still no institutional control mechanism. MFLT has stated that it will not sign another project with any NGO without completing its obligations towards MFLT, for the preliminary project. However, as far as other institutions are concerned, there is no information other than this statement, since there is no inter-institutional communication on this issue.

53 MF Regulation No. 04/2017, Article 10, paragraph 1.3 (ActDetail.aspx (rks-gov.net))

Table 12. Projects won by the CIK through public calls without completing the preliminary obligations

Institution	Year	Procedure	Project description	Value (euro)	Contract period	Comment
Municipality of Obiliq	2020	Public call	Establishment of ambulatory health care HOMECARE	36,697	02.2020-01.2021	
MFLT- Dept. for Social and Family Policies	2020	Public call	Home social care for lonely elderly people Home Care	9,600	27.11.2020-27.03.2021	Has had outstanding obligations with the Municipality of Obiliq
OPM	2020	Public call	Home care for the elderly	12,000	24.12.2020-24.06.2021	Has had outstanding obligations with the Municipality of Obiliq
MLSW	2021	Public call	Social and home care for the elderly HOMECARE	17,000	15.04.2021 - 15.10.2021	Has had outstanding obligations with OPM

Lack of inter-institutional communication and relying only on a statement from the beneficiary has influenced the latter to benefit from new contracts without closing obligations from previous projects.

Contracting new projects without completing the previous ones may cause delays in the completion of both projects. The NGO may have limited resources and thus affect the non-fulfillment of the objectives of both contracting organizations.

Deficiencies in the monitoring of projects financed through public calls

Providers of financial support must appoint monitoring committees that do regular and direct monitoring of public financial support for NGOs. Monitoring should provide information, in addition to the regularity of expenditures, the realization of activities should also look at the impact of the project.

The Office of Communities within the OPM has financed the CIK with 12,000 euros for the project “Home care for the elderly - Covid-19” in the period December 2020 - June 2021, but it has not appointed the committee to monitor the project, therefore no monitoring of any kind and no evaluation of the impact of the project has been done. For the project in question, we only have the CIK report, which was submitted to this office.

MLSW (respectively MFLT, when the latter was given these competencies) did not do any monitoring of the impact of the projects. For the four projects financed through public calls for the period 2018 - 2022 presented in the following table, we have not been able to verify the effect of the services since we have not been provided with the contact information of the recipients of the service. The monitoring committee did not have their contact information nor did they monitor them to look at the impact of the project. The committee composed of three officials reported on the realization of the budget and the field visit to the beneficiary NGO, but not the possible impact of the projects.

Table 13. Projects financed by public calls 2018-2022

Year	Description	Institution	Value (Euro)
2019	Home social care for lonely elderly people - Home Care	MFLT - DSPF	30,000
2020	Home care for the elderly - Covid-19	ZK - ZPK	12,000
2020	Home social care for lonely elderly people - Home Care	MFLT - DSPF	9,600
2021	Home social care for the elderly - Home Care	MFLT - DSPF	17,000
2022	Home social care for lonely elderly people - Home Care	MFLT - DSPF	22,000

The failure to appoint the monitoring committee happened because the head of the Community Office of that period did not ask the Chief Administrative Officer to appoint a committee. The decision proposal for a member of the Monitoring Committee is sent by the Director of the Office to the Chief Administrative Officer and then the latter issues a decision on the establishment of the committee. While the non-evaluation of the impact of the projects financed by MFLT according to the monitoring team, occurred as a result of the lack of human resources. There is only one committee for monitoring all projects, therefore the load with other tasks and responsibilities in the mandate as well as the lack of time has made it impossible to carry out this measurement.

The lack of monitoring of the financed projects and the possible impact of these projects on the recipients of the services, increases the risk of not achieving the objectives of the projects in question and weakens the certainty that the project in question has been fulfilled as planned.

3.1.4. Shortcomings in various processes during the conducting of procurement procedures

Procurement procedures are one of the forms used for the contracting of health services by audited municipalities. These procedures include several phases such as: planning, request for services, assessment of needs, conducting of procedures, awarding and management of the contract.

Below are presented the deficiencies identified in the four audited municipalities: Prizren, Ferizaj, Fushe Kosova and Shtime, while the Municipality of Obiliq had not purchased this service through procurement procedures.

Violation of transparency by signing contracts with values higher than the estimated value according to the contract notice

The value of an envisaged public contract shall be estimated prior to the initiation of the procurement procedure. Such estimation shall be reasonable and realistic for the envisaged contract from the point of view cost, and transparent and fair use of public funds and resources⁵⁴.

⁵⁴ Law No. 04/L-42 on Public Procurement in the Republic of Kosovo, Article 17

In the Municipality of Shtime under contract notice for the procurement procedures:

- 'Home care - palliative care of the sick in the municipality of Shtime - Re-tendering' 2017; AND
- 'Home - palliative care of the sick in the municipality of Shtime' 2019.

Estimated contract values are set for a duration of 24 months. In 2017, the estimated value of the contract was 48,000 euros, while for 2019 it was 93,940 euros.

The contract award notice represents the amount of 46,950 euros for the 2017 contract, respectively 93,483.5 euros for 2019, and this value according to this notice is for two years. The same logic is also applied in the mandatory reporting to the Public Procurement Regulatory Commission - PPRC (report of signed contracts), but in the signed contracts it is emphasized that these values are for a period of one year, which means that the value paid will be double for both contracts, i.e. 93,950 euros will be paid for the 2017 contract and 186,967 euros for the 2019 contract.

According to the officials, this happened because the description of the price by the requesting unit was for one year, but since the 2017 contract was expected to be two years, in cooperation with the requesting unit and the Economic Operator, it was agreed that the contract include the same amount for 2018 as well.

As for the 2019 contract, we have observed in the file that the requesting unit had requested a change in quantities (doubling of the quantities of palliative care and revaluation of prices), but that the procurement office had not reflected this change in the contract notice.

Contracting at double values from those reported to the public and PPRC is totally non-transparent and limits and discriminates against competition, and consequently the lack of competition risks not achieving value for money. Likewise, entering into obligations more than planned becomes the municipality's burden for the following year. It is worth noting that this phenomenon was not encountered in other audited municipalities.

Deficiencies in the procurement plan and reporting of signed contracts

Another argument that institutional transparency has been lacking in these processes is the non-inclusion of these contracts in the annual procurement plan, or even when it was included, as in the report of the Municipality of Shtime, it was not the full value.

This happened because the requesting units had not made requests to include this activity in the plan, with the exception of the Municipality of Fushe Kosova, where according to officials, this service is foreseen among other services, but that the estimated value of other services is smaller than the value of the contracts for these services. Nor was their reporting in the list of signed contracts complete, except in the case of Prizren and Fushe Kosova.

Prizren	They were not included in the procurement plan	Reported value under signed contracts 1,692,970 euro
Ferizaj	They were not included in the procurement plan	Reported value under signed contracts 2,061,520 euro
Fushe Kosova	They were not included in the procurement plan	Reported value under signed contracts 2,574,138 euro
Shtime	They were included in the procurement plan but with halved values	Reported value under signed contracts 140,433 euro

Contracting without requiring health licenses and the list of staff to be engaged

In order to provide health services, each health activity must be licensed to provide such services⁵⁵. In order to provide health services, each health activity must be licensed to provide such services. Suitability requirements are established to ensure that the economic operator providing the service is sufficiently suitable to meet the needs of the contracting institution.

The health license was not required - even though the health license is the first condition that should be fulfilled by the service provider, since we are dealing with the most important aspect, i.e. the health of the citizens, three of the audited municipalities -Prizren⁵⁶, Ferizaj⁵⁷ and Shtime⁵⁸ -(except Fushe Kosova) had not requested such a thing, for some of the contracts we audited. Although the licenses were not required before the contracting, the MFMCs during the implementation of the contracts have verified whether the engaged health staff have licenses or not. Although most of the staff engaged had a license, there were cases where they did not have one. In more detail, this issue is addressed below in the contract management section.

The list of professional staff has not been required - Municipalities in some procurement procedures had not requested the lists of professional health staff that will be engaged in the provision of services. The list of professional staff is also a substantial condition for the type of services that are contracted in these cases. These lists would serve municipalities to know the exact number of staff that will be engaged as well as their profiles. These lists, in addition to showing the exact number of staff that will

⁵⁵ Law on Public Procurement No. 04 L 042.pdf (rks-gov.net), Article 66

⁵⁶ In the procedure "Socio-health care at home and ambulatory care for the citizens of the Municipality of Prizren" 2019

⁵⁷ In the procedure "Performance of social, health, home and ambulatory services in the MFMC" 2019

⁵⁸ "Home care - palliative care of the sick in the municipality of Shtime" of 2017 and 2019

be engaged, with better management and cooperation between municipalities, would prevent the EO from bidding with staff that are already engaged in other institutions, i.e. with the same staff who have already won a contract. Such a thing had happened in the Municipality of Prizren, where two health staff who were part of the list of health staff as part of the offer, were also engaged in the Municipality of Suhareka through the contract with CIK, however it is worth noting that this staff was not part of the list of staff paid by Prizren.

As for the list of engaged staff, in all three municipalities (except the Municipality of Ferizaj) we have not received the complete lists, but they have been completed and processed after our requests for them. The municipality of Ferizaj had them ready and there was no need for completions.

The reason for this was the lack of proper monitoring by the municipality and the failure to update the lists in time as there are staff movements.

As for the license for services, the Municipality of Shtime did not request it, since a technical error was made during the preparation of the contract notice and the tender dossier for the project in question because such a license was requested by the requesting unit. The Municipality of Ferizaj did not consider such a request necessary, while the Municipality of Prizren, although it did not consider such a request reasonable for the 2019 procedure, it requested it in the 2022 procedure. As for the list of professional staff that will be engaged, none of these municipalities saw it as necessary.

Not requiring professional licenses increases the risk of engaging staff who do not meet this criterion, which has happened, albeit in rare cases. While not requiring the list of professional staff to be engaged increases the risk that the economic operator will win several contracts with the same staff, consequently the staff engaged in some medical centers may not be sufficient or available every time when needed, and thus the expected results are not achieved.

Arithmetic error exceeds the allowed percentage

The CA will correct the arithmetic errors in case the corrected amount is less than +/- 2%, otherwise the CA eliminates the EO and informs it. The contracting authority is also obliged to make announcements about the steps of the process as defined by the legislation in force.

In the Municipality of Ferizaj, in the procedure "Performance of social, health, home and ambulatory services in MFMC", the total value of the offer in the amount of 779,320 euros had an arithmetic error for the position: flat-rate service/month for operating expenses. The value of this position was offered for 24 months, even though the contract was only for 12 months.

This item was offered for 48,000 euros, while it should have been 24,000 euros. The error in this case exceeds the +/-2% allowed, i.e. it is over 3%, and in this case the Municipality would have to cancel the procedure, but it proceeded with the signing of the contract.

Here it should be noted that during the same procedure, the Municipality did not make the notices for awarding the contract or for its signature on the official e-procurement platform, nor was it closed as a process on this platform. Even though the Municipality had started this process through e-procurement, after the evaluation of the offers (when the arithmetic error beyond the allowance leaked), the procedures

continued in physical form until the signing of the contract. The signed contract was published on the website of the Municipality.

This contract was reported to PPRC as a negotiated procedure, even though the procedure conducted was an open procedure.

According to the chairman of the bid evaluation committee, the arithmetic error was not noticed by them, while the procurement office did not give them any answer as to why it was proceeded with the contract.

The contract signed with this error, besides not being allowed to be done, has damaged the budget of the Municipality of Ferizaj for 24,000 euros. Moreover, the continuation of procedures in physical copies and incorrect reporting to the PPRC is a violation of transparency and accountability towards the interested parties and the very citizens.

3.1.5. Deficiencies in contract management

CM must ensure that the Economic Operator fulfills all obligations in accordance with the terms and conditions of the contract. The Economic Operator shall submit all the required documentation in accordance with the terms and conditions of the contract. Manage the technical acceptance procedure and ensure that the progress of the project is being covered with the necessary documents and reports⁵⁹; prepare and submit reports on the progress or completion of a contract.

In order to fulfill the contracts and to achieve the organizational objectives for which certain contracts have been concluded, a good management of these processes is needed. The responsible person on the part of the municipalities is the manager assigned to the respective contract.

Effective contract management is critical to minimizing risks and ensuring that public institutions are extracting maximum value from their contracts and funds spent. This process requires continuous monitoring with the service provider.

The contract managers have not provided us with their independent reports, either periodic or final, proving that the EO has fulfilled all performance obligations in accordance with the terms and conditions of the contract. They have made the acceptance report with a statement based on the quantities submitted by EO. So, payments were made according to the approximate average value of the contract and not according to the services actually performed (at least from patient records). A financial report was provided to us by the Municipality of Ferizaj, but even this report does not contain details about the services provided.

This happened because the municipalities did not consider the reporting on the progress of the implementation of the contracts as a necessary step, since this reporting was done by the EO and they assessed it as sufficient.

59 Article 81 Management of contractsActDocumentDetail.aspx (rks-gov.net)

In the phase of managing contracts for health services, we have observed some shortcomings which are disclosed below. The main reason that preceded these deficiencies is the failure to update the contract management plans, even though they were originally prepared by all municipalities but were not adapted to the course of contract implementation. While in the Municipality of Shtime there were two managers for one contract, with the reason that each one knows his field better, but that we have not found traces of any communication between them.

Service payments were not in accordance with the approved quantities but in average monthly value

The invoicing and payments made for the audited contracts⁶⁰ for health services from 2017-2022 were made according to an approximate average monthly value of the contract and taking as criteria the salaries of the staff engaged for that month and a part of the operational services. Payments were made according to the amounts reported by the CIK and approved by the CMs, but the records of the patients who received the services do not match these amounts. Examples that the payment was made with an approximate average and not based on the services performed are: in some reports on the quantities of services by the engaged staff of the CIK, the general doctor⁶¹ or the general nurse⁶² were reported with zero, while these profiles were paid. While for some positions for non-health staff (administration, education and others) who were not foreseen by contracts, payment was made based on the submitted lists. An exception is made in one case in the Municipality of Shtime, where for a general doctor position, in one payment there were more services performed than invoiced, but this does not justify the fact of inaccurate reporting.

Table 14. Total value paid by municipality for the years 2017-2022

Municipality	Value of payments	Value of contracts
Prizren	1,036,886	1,692,970
Ferizaj	3,681,005	4,993,990
Fushe Kosova	1,684,499	2,574,138
Shtime	575,413	554,386
Total	6,977,804	9,815,484

So as can be seen in the table above, the contracted value for the four municipalities for this period was close to 10 million euros, while the expenditure for these contracts (some of which were still in force when the field work was done) was close to 7 million euros. Based on patient records⁶³ we were unable to verify whether all paid services were received. Although according to some municipal officials, the staff engaged with CIK have provided more services than they were contracted and paid for, we were not able to confirm even the ones they were contracted for.

60 Municipalities of Prizren, Ferizaj, Fushe Kosova and Shtime

61 Municipalities of Fushe Kosova and Prizren

62 Municipalities of Ferizaj, Shtime (palliative care)

63 from staff engaged through service contracts

The reason for this was the carelessness of the CMs in monitoring the implementation of contracts. Another reason that may have made this process difficult is that the engaged staff is divided into different medical centers.

One of the reasons that made it difficult for us to verify the services performed, is the keeping of evidence for the services provided and the attendance of the staff engaged with the CIK. Mostly, the doctors were signed in the special registers for patients, we found some nurses signed in the doctors' books, some in the attendance list and some even in the analysis or emergency register, it depends on where they performed their function.

According to the Director of the MFMC in the Municipality of Shtime and the CMs in other municipalities, the CIK had the willingness and readiness to provide services more than what was invoiced and paid for, for which the municipal officials are grateful.

Such a thing has not been evidenced in the patient registers or in any other way, since the average of the services provided by the staff engaged with the CIK against the regular staff of the medical centers based on the data provided to us is highly disproportionate, so such a finding is not supported by evidence.

Staff engaged through service contracts were also part of the regular payroll

By comparing the lists of regular payrolls with the list of staff engaged with the CIK, we have observed that in all audited municipalities (except the Municipality of Obiliq), there were cases that in the same periods the staff were engaged both as staff of CIK and as staff of Public Institutions.

Such cases are three cases in the Municipality of Prizren, eight cases in the Municipality of Ferizaj, nine cases in the Municipality of Fushe Kosova and one case in the Municipality of Shtime. The duration of these engagements in two institutions was from one month the shortest to 11 months in the longest case. Although secondary jobs are allowed, it is difficult to know which was the primary job and which was the secondary and if the staff engaged worked for the time and hours they were supposed to work.

The reason for this was the failure of the municipality to record the movements of those engaged with the CIK. While according to municipal officials⁶⁴, the reason for this was the large flow of work and the need for expedited engagement of staff. According to the officials, the schedules have been adapted according to the need and conditions.

Engagement of staff to carry out several responsibilities and in two institutions at the same time can jeopardize the effectiveness of the engagement. While the lack of monitoring does not provide assurance that the paid work has been completed.

Deficiencies in verifying valid licenses of health professionals

According to Article 71 and 78 of Law No. 04/L-125 on Health, 'Health professionals can provide independent health services after obtaining a license. Licensing of health professionals shall be done by

⁶⁴ Municipality of Ferizaj and Fushe Kosova

the respective Chambers of health professionals established by the Assembly of Kosovo, and relicensing shall be done every 5 years.

The designated municipalities/MFMCs have mainly verified the licenses for the professional staff who have started the engagement, with the exception of certain cases in certain periods of time.

Table 15. The results of the verification of the licenses of health staff engaged through the CIK

No.	Municipality	Engaged health staff	Situation
1	Prizren	256 (54 doctors and 202 nurses and others)	January to March 2018 - 42 professionals (2 doctors and 40 nurses), did not have licenses for this period
2	Ferizaj	538 (123 doctors and 415 nurses and others)	We have been provided with all the licenses
3	Fushe Kosova	132 (58 doctors and 78 nurses and others)	For 21 professionals, we were not provided with licenses for the entire period when they were engaged. For further clarification, the mentioned staff have licenses but their validity is not in accordance with the entire period of engagement.
4	Shtime	48 (22 doctors and 24 nurses and others)	We have been provided with licenses for all engaged professionals, but for one nurse we have been provided with a license for the period July 2020 to July 2025, but no license was provided for the period 2018 to July 2020, the period she was engaged according to data from the Municipality.
5	Obiliq	12 (8 Doctors and 4 Nurses and others)	We have been provided with all the licenses.

As for the Municipality of Prizren, in this period all employed nurses worked with expired licenses, since the re-licensing process started towards the end of March 2018. However, we have verified this with the Kosovo Chamber of Nurses, and their answer was that in this period, anyone who applied for the extension of the validity of the licenses were re-licensed. While we have not received any response from other municipalities for cases without valid licenses.

The lack of licensing and re-licensing of professional health staff does not provide assurance on quality in the field of health care. Licensing is a review method for the medical field and helps ensure that quality standards in the medical community are consistently met for the benefit of citizens.

Payment for allowances for the staff engaged by the CIK and the CM - The Municipality of Fushe Kosova had carried out two transactions which do not comply with the objective and purpose of the contract:

- in November 2020 and January 2021, it had paid 133,800 euros⁶⁵ in allowances to the staff engaged with the CIK (health and administrative), to the responsible persons of the EO for the smooth running of the contracts and to the contract manager who is a regular staff of the municipality. The funds paid were from the 2020 - 2022 contract entitled 'Provision of social,

⁶⁵ Payment of 60,000 euros only to the health staff and 73,800 euros to the health, administrative and management staff

health and other services in the Municipality of Fushe Kosova, but this contract does not provide for such an allowance;

- in November 2022, it made a direct payment in the amount of 3,300 euros to the CIK for the engagement of 11 people for work outside regular hours, for the cleaning and removal of water in the building of the Municipal Assembly and some surrounding villages. These workers were engaged for CIK even for regular hours. We have not been provided with evidence of overtime work.

According to the municipality, the payment for allowances has been realized as a risk during the Covid 19 pandemic and the approximate harmonization of the salaries of the health staff during the pandemic with the regular staff. Where, with a request addressed to the municipal assembly, a value of 73,800 euros was approved for the 123 workers engaged in work⁶⁶ and a value of 60,000 was allowed only for health workers. The allowance for the responsible officials of the EO and CM on the part of the Municipality happened since the latter coordinated the works, the contract and compiled the financial and narrative reports. However, the payment of 3,300 euros was made as a result of the continuous rains and there was a need for an immediate response. This last part is not even related to the scope of the contract, since health services and rainfalls do not fall under the same scope of services.

Although the amount paid does not exceed the amount allowed for framework contracts and is within the limits of payments, such an item was not foreseen in the contract.

The reasoning was that these funds were given for harmonizing staff salaries and risks from the Covid-19 pandemic, however, EO should be responsible for such a thing, since the contract is for services. So, taking into account these payments, the contract has been consumed about four months before its expiration.

Rapid consumption of the unit price contract - Municipality of Prizren in the unit price contract '*Providing health services to cover the requirements and the need for additional staff of the MFMC*' where the ceiling was 900,000 euros, 577,849 euros or 65% were paid within only 15 months, while the validity of the contract was 36 months.

The reason for this was poor planning, where the anticipated number of staff needed for engagement was 54, while during this time the number of staff engaged had actually reached 107, according to the requests made by the Municipality to the EO.

Poor planning of needs has resulted in consumption of more than half of the contract for less than half of the contract validity time. Although the unit price procedure seems to be more suitable for these types of services, since it depends on the needs and in case of consumption of the ceiling value, then this contract is closed without causing any damage.

66 Health, administration, education, CIK management and contract manager

3.2. Citizens' satisfaction with additional health services

In addition to the issues addressed so far, such as the contracting, management and monitoring of agreements/contracts for health services and additional social services, this audit has assessed whether the audited municipalities had made a measurement of the cost-effectiveness of the contracting of these services which would serve them in the future contracts and also measured the satisfaction of the citizens to whom these services are dedicated. In addition to the data we have received from the contracting municipality, we have also conducted interviews with the beneficiary families of these services and patients at MFMC and social centers.

3.2.1. No assessment of the cost-effectiveness of the contracted services has been done

The municipalities of Prizren, Ferizaj, Fushe Kosova and Shtime have not made a cost-effectiveness assessment on how useful, economical and profitable the contracts signed with CIK are.

Although the municipalities have not assessed the cost-effectiveness of the contracted services, we have tried to do such an analysis.

We have compared the number of engaged staff⁶⁷ for additional health services (according to the lists provided to us) in relation to the lists of regular health staff (with equivalent positions). From this comparison, we have noticed that the salaries are lower for the staff engaged with CIK, therefore the expenses are also lower. However, as we have presented so far, the number of services offered for the staff engaged with the CIK was lower than for the regular staff of medical centers. In addition, based on the improper assessment of needs and the numerous deficiencies we have mentioned regarding the management and monitoring of the implementation of these contracts, the number of engaged staff has also turned out to be higher (according to our analysis), therefore if these processes were improved, the contracting of additional health services could become even more economical.

The municipalities have also not documented to us that they have made an analysis on the prices paid for the type of service against the CIK and the evaluation of whether they are in accordance with the Administrative Instruction, where the fees paid by the citizens are determined. Exceptions here are the services of palliative home care and home visits for the elderly, where the latter are offered free of charge to all citizens who have chronic diseases, since they are also exempt from paying for other services they receive in FMC facilities.

⁶⁷ According to the lists confirmed by the Municipalities and under the assumption that they have been engaged throughout the contract period

3.2.2. Citizens consider that they have benefited and are satisfied with the services provided

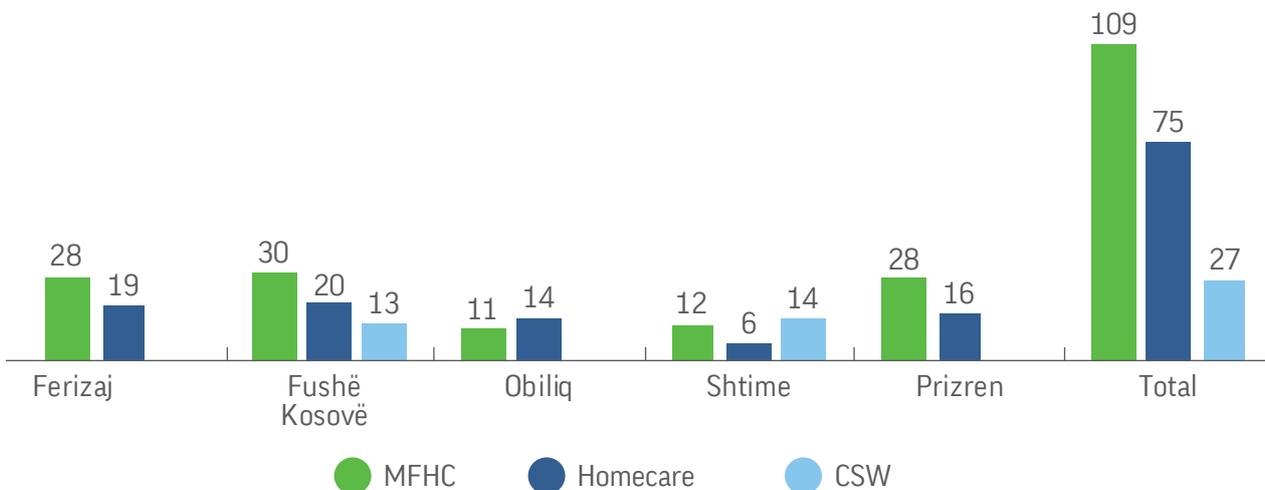
The municipalities with the contracting of health and social services aim to improve the services and provide them on time for their citizens. In order to measure the satisfaction of citizens for the services received from health and social institutions through the contracting of these services, we have conducted interviews/surveys with the relevant directorates of municipalities and citizens.

Regarding this assessment, we have interviewed the responsible directorates and all municipalities have responded that there is a significant improvement in health services, they have achieved the intended results and that they will continue contracting these services if no other solution is found.

As for the assessment carried out on how these services have affected the lives of citizens, we have carried out surveys with a number of citizens who have been served at MFMC while we have been in the field and some families who have received the service at home.

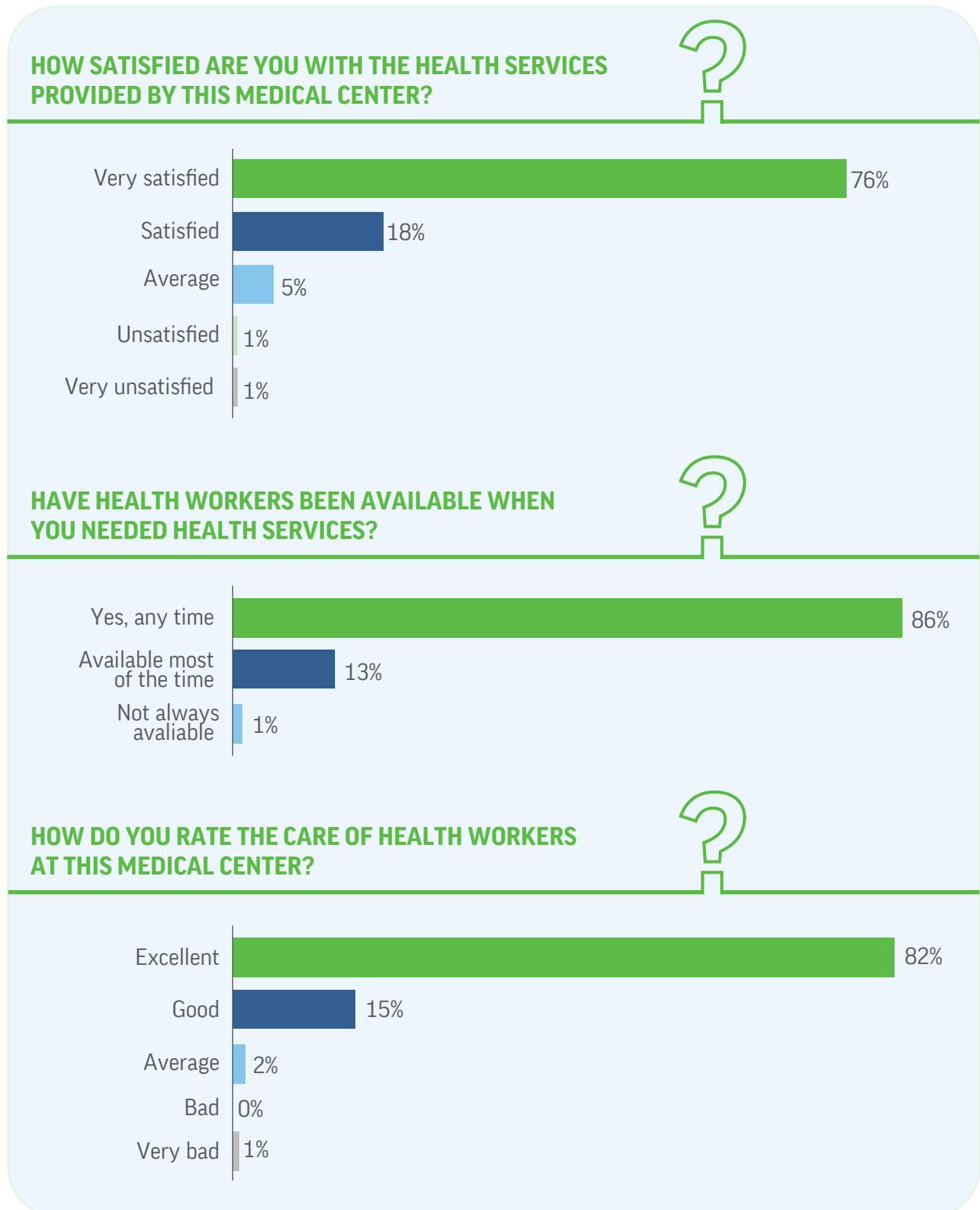
In the five sample municipalities, a total of 211 surveys were conducted, of which 184 were for health and social services in health centers and 27 were for social services in social work centers, only with citizens who benefited from the contracting of these services with CIK.

Chart 2. The number of surveys conducted in the sample municipalities

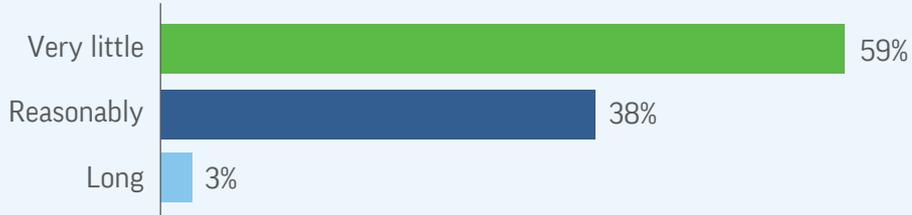


Based on surveys with citizens regarding health and social services received from medical centers, below we have presented the summarized results for the five sample municipalities.

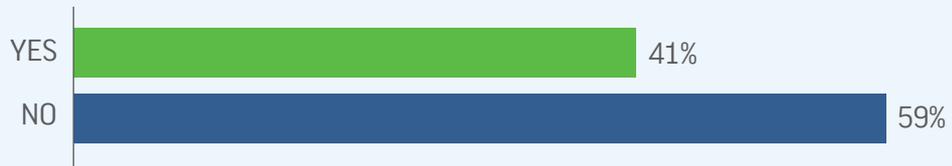
Chart 3. Responses from the surveyed citizens



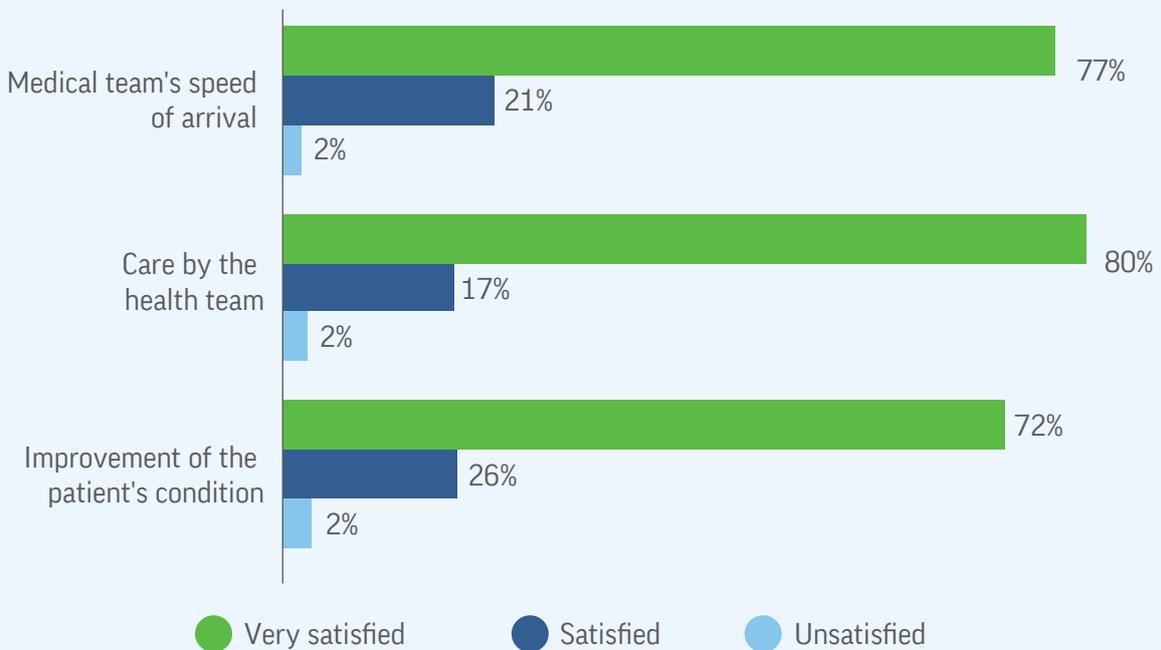
HOW DO YOU RATE THE LENGTH OF TIME YOU WAIT TO CONSULT A DOCTOR



IS THERE ROOM FOR IMPROVEMENTS IN THIS MEDICAL CENTER



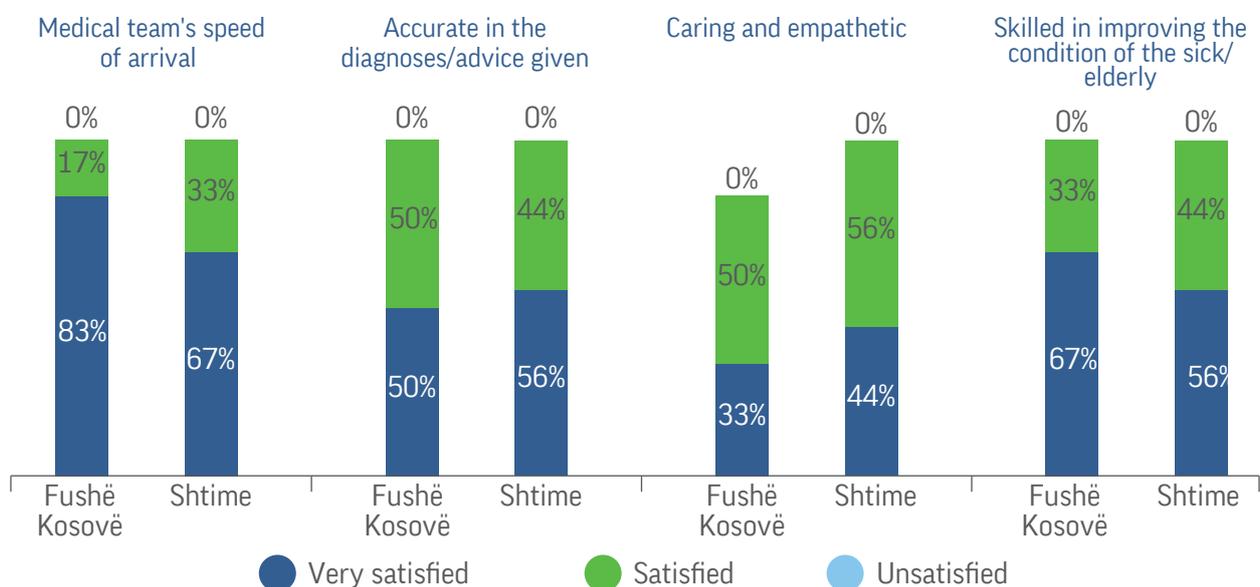
HOW SATISFIED ARE YOU WITH THE HOMECARE SERVICES OFFERED BY THIS CENTER, IF YOU HAVE USED THEM



From the surveys conducted with citizens over the age of 18 who have visited health centers or received services at home, it appears that citizens are satisfied with the services received by the health staff both in medical centers and for care at home.

Social services were part of some of these contracts in the Fushe Kosova and Shtime municipalities. We also interviewed citizens about the social services received by social officials engaged with contracts for additional services. Based on surveys with citizens in the Municipality of Fushe Kosova, the social services received were mainly social and family services, social assistance, housing and social assistance, while in the Municipality of Shtime it is counseling, assistance services, suggestions, instructions and informative talks. Even for these services, the surveyed citizens of both municipalities were satisfied.

HOW SATISFIED ARE YOU WITH THE HOMECARE SERVICES OFFERED BY THIS CENTER, IF YOU HAVE USED THEM



The answers show that the citizens were satisfied with the services received from the social centers, the workers were attentive, the short waits were reasonable.

From the answers of the citizens who have received services from the centers that have provided certain services, it results that they are mostly satisfied and that these services are necessary to facilitate the acceptance of services for the diseased with serious diagnoses and the elderly. This is proven by our visits to some families, but also by contacting the diseased and the family members of the diseased.

Other ways of engaging the staff for the provision of these services by the Municipality of Prishtina, Vushtrri and Podujeva

Out of a total of 38 municipalities in the Republic of Kosovo, 17 of them had a contract with CIK, another 10 municipalities with Islamic Relief and in the other 11 municipalities we have not encountered any payment for this type of service against any NGO. For comparison, we have selected three municipalities (Prishtina, Podujeva and Vushtrri), which did not have contracts with CIK within the scope of this audit. The Municipality of Prishtina and the Municipality of Podujeva used another method of engaging the additional necessary staff, while the Municipality of Vushtrri contracted these services with the NGO Islamic Relief.

During the period 2018-2022, these three municipalities have mainly operated with regular staff, but at different stages they have also received additional staff for better and faster provision of this services. This also means the engagement of staff with special agreements for certain periods or even the contracting of Islamic Relief, as is the case of the Municipality of Vushtrri.

These municipalities were not the scope of this audit, but were taken only for comparison to see how they have addressed the need for additional services.

Municipality of Prishtina - according to their report, in the absence of the budget, they did not contract additional services, although from the submitted reports it can be seen that there was a large flow of work in 2018, where the visits and health services were about 2.8 million, in 2019 there were about 3 million and in 2022 we have about 3.3 million visits and services. According to them, the services during the pandemic period were performed by engaging a small number of additional staff and by engaging the available capacities to the maximum and with continuous movement through the health centers where the need was greater.

According to the reports of the Municipality, Primary Health Care in the Capital has a fixed number of employees allowed by the central level of 871 employees and this ceiling number has never been increased even though the number of the population has changed. The Municipality of Prishtina during this period in November 2020 for Health Care had engaged about 45 medical staff (doctors and nurses) with contracts with special conditions until September 2023. Also, during the pandemic (September-December 2021) they had received 23 doctors and 43 additional staff from the Ministry of Health.

Municipality of Podujeva - also needed additional staff and services, but this Municipality has preferred inter-institutional contracting because it believes more in the credibility and efficiency of its employees than in outsourcing. In the Municipality, 10 health staff were contracted through the Employment Agency of the Republic of Kosovo according to their criteria and rules. They prefer to continue with this procedure even further in accordance with the needs.

According to the Municipality, the management of health centers has been done through a fundamental reform of the internal reorganization through the re-systematization of employees according to service priorities and service needs. According to reports from the MFMC, over the years there has been an increase in the number of services offered. While in 2018 there were about 597 thousand services, in 2022 over 680 thousand services were performed.

Municipality of Vushtrri - this municipality also needed the engagement of additional capacities for medical services, where this municipality had signed a cooperation agreement with Islamic Relief World

Wide from 2020-2022. The purpose of the agreement is the provision of health services in the case of medical visits by the health staff, free of charge for all residents of the Municipality, with a focus on home visits, visits to pregnant women and babies, people with different abilities, people with chronic illnesses and advanced age. Agreements are amended depending on the need for additional staff or conditions. Through this agreement, the municipality has engaged seven doctors, about 15 nurses, two laboratory technicians and 16 technical and support staff. A total of 40 staff for the period of one year. According to the Municipality, one of the main challenges of the MFMC is the small number of medical personnel within the MFMC compared to the number of registered residents in the Municipality of Vushtrri and the actual number. According to the work reports, it can be seen that from 2018, about 640,000 services were performed and over the years there was a significant increase, where in 2022, over 1.12 million services were performed, or double the services five years ago.

The need for the engagement of additional capacities even in these municipalities has arisen as a result of the increase in the number of services offered not followed by the increase of regular staff in accordance with the needs, then also the period of the pandemic which was unexpected and caused an additional load.

CONCLUSIONS

04

4. Conclusions

Citizens who received health services were satisfied with the services and the time within which they were treated. From the surveys conducted with some beneficiaries of these services, contracts for palliative services and home visits have fulfilled their purpose and met the expectations of citizens by addressing the needs of individuals facing serious illness and immobility, even though there were cases where citizens found it impossible to identify whether the staff who provided them with health services were engaged from outside or regular staff of the medical centers. Although taking into account the increase in the number of citizens in the audited municipalities and the lack of regular health staff, the contracting of these services turns out to be necessary, but to contract these services efficiently, effectively and at an acceptable cost in general, it is a high number of processes that must be treated seriously by the municipalities.

The existing legislation in force for the contracting of Non-Governmental Organizations has brought challenges and uncertainties regarding the appropriate procedures for the contracting of these services. The conclusion of direct agreements without evaluating the real needs but based only on the projects of the service provider, without requiring the fulfillment of even elementary conditions such as the health license and without taking care of an effective management of these agreements violates transparency in the expenditure of the municipalities' budget and minimizes the certainty that the services that are paid for have been accepted. Transparency has also been violated in some cases when the contracts were concluded through public procurement procedures and the Public Call procedure, where the reporting to the Office of Good Governance was not complete and the same did not undertake actions to ensure an accurate reporting. The lack of proper evaluation of the needs has influenced that the contracted quantities do not match the real needs or the number of engaged staff, even though the contracted quantities and amount are constantly increasing. Although municipalities have long experience in contracting these additional services, they still do not use their experience to conclude more effective contracts. The higher number of engaged staff than the contracted amount of services, the engagement of staff that are not related to contracted health or social services, as well as the case where 65% of the contracted quantity for 36 months is spent in only 15 months violates the efficiency and effectiveness of these contracts.

The lack of communication and cooperation between the central and local levels has resulted in financing the same services for the same municipality from different sources. Even though the identified project is worth 22,000 euros, this still indicates a deficiency in the process of how this area is regulated, increases the risk that such financing will be done again and may result in irrational spending of the budget.

Although from 2018, there is a positive change regarding the procedures used to contract these services, where from the direct cooperation agreements they have started to conduct procurement procedures or public calls for the performance of these services, which means a positive approach towards transparency, however the deficiencies identified show that there was not enough transparency here either.

Failure to require the list of professional staff that will provide the services or even their health licenses show that the municipalities did not sufficiently ensure in advance that these contracts will be effective. However, appropriate steps have been taken by the medical centers, where they have verified the

licenses before the staff are engaged in providing services, but even here there were some cases where the staff did not possess the licenses, therefore this puts the quality of the services offered at risk.

Signing a contract with a value higher than the estimated value, incorrect reporting to the Public Procurement Regulatory Commission, signing a contract with an arithmetic error with a value higher than what is allowed and continuing the latter procedure in physical form even though the e-procurement is mandatory for all procurement procedures and the same was started through this platform, shows that even the procedures through public procurement had not ensured transparency and the latter had damaged the budget for 24,000 euros.

Payments with average monthly value and not according to services provided, greater number of staff engaged in providing health services than the number needed, small number of services provided by engaged staff compared to regular health staff, lack of reports on the part of contract managers, on the part of municipalities and the reliance of payments only on the reports of the service provider, as well as payments for allowances that were not foreseen in the contract, are indicators of poor management of these contracts and do not provide assurance that countervalue was received in consideration for the money spent.

The lack of monitoring reports by the municipalities on the implementation of the contracts, as well as the lack of documentation of the identification of real needs for additional health services, shows that the municipalities have not taken actions to evaluate the cost effectiveness, nor do they have knowledge of the exact impact of these services.

Based on the lower level of salaries for external staff, it appears that these contracts were economical, but based on the number of services provided by them, compared to regular staff, it appears that they were not efficient.

05

5. Recommendations

In order to improve the contracting process of additional health services, we recommend:

The Office of the Prime Minister to ensure:

- that reports on the funding of Non-Governmental Organizations through public calls present the correct amount; AND
- that for each project it appoints the project monitoring committee, and also monitors and measures the impact of the project on the citizens.

Ministry of Finance, Labour and Transfers:

- to finalize and approve the regulation on the contracting of additional health services, which would determine the appropriate procedure for the contracting of these services as well as ensure communication and inter-institutional cooperation; and
- to ensure that the monitoring commission also measures the impact of the projects on the beneficiary citizens, not only on the Non-Governmental Organizations that implement the projects.

Municipalities to ensure that:

- have included in the municipal plans the need for the purchase of these services, real, reasonable and documented analyzes have been made to assess the needs for contracting these services;
- the bill of quantities is adequate for the contract according to the necessary positions, analyzing well each service and the necessary profiles for health services that are the object of the contract, the profiles and licenses for services, which are necessary in health, are also requested;
- transparency and accountability have increased, with emphasis on full and timely reporting to the Public Procurement Regulatory Commission and the signing of contracts within limits that do not damage the budget;
- the persons designated for the management and monitoring of the implementation of the contracts do continuous monitoring and reporting of the received services and whether they are in accordance with the contractual conditions. Payments should be made based on these reports and not based solely on the service provider's reports;
- payments are made only for the items that are part of the contract, so salary allowances are not approved for the workers of the economic operator since the contract was for services and not for wages; AND
- the cost-effectiveness assessment for these services is made, and that they utilize the experience of many years to ensure that future contracts are even more efficient and effective.

Annex I: Analysis for each contract and municipality

Table 18. Data on the needed staff according to the calculations as well as the staff engaged by the municipalities for each contract during the period 2018-2022

Staff profiles	Doctor	Dentist/ Dental Technician	Nurse	Laboratory technician	Pharmacist/ Pharmacy Technician	Physiotherapy/ Speech therapist/ Gynecologist ⁶⁸	Social Officer	Administration	Driver/ hygiene worker	Education	Total
August 2022-August 2025 Staff needed ⁶⁹ Staff engaged ⁷⁰	19	3	62	4	-	-	3	2	6	-	99
August 2020-August 2022 Staff needed Staff engaged	8	-	21	1	-	-	-	-	1	-	31
June 2019- June 2020 Staff needed Staff engaged	5	3	20	2	-	-	1	-	-	-	31
January 2022- January 2025 Staff needed Staff engaged	10	3	30	3	-	-	2	-	-	-	48
September 2020 - September 2022 Staff needed Staff engaged	27	3	59	3	-	-	-	-	-	-	92
August 2019-August 2020 Staff needed Staff engaged	36	11	140	9	5	6	-	12	1	-	220
Prizren	27	3	60	3	-	-	6	-	-	-	99
Ferizaj	32	30	264	23	12	11	-	29	16	-	417
August 2019-August 2020 Staff needed Staff engaged	10	5	40	3	-	-	2	-	-	-	60
August 2022-August 2025 Staff needed ⁶⁹ Staff engaged ⁷⁰	18	17	175	13	8	6	-	19	14	-	270

68 In the municipality of Ferizaj, the Physiotherapy profile, in the municipality of Shtime, the gynecologist profile

69 Number of staff calculated based on the quantities of contracted services for the duration of the contract

70 Number of staff engaged by the Municipalities for each contract

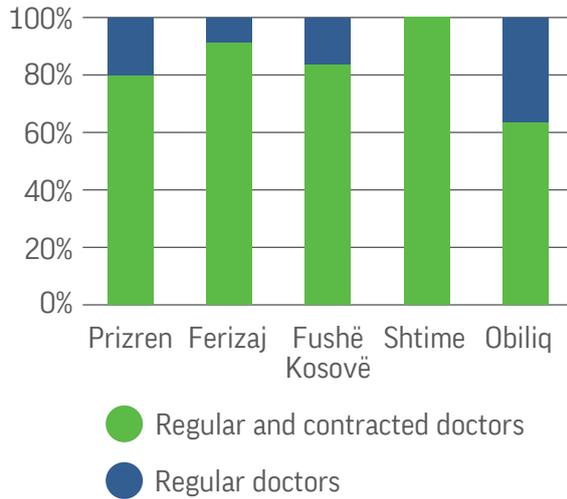
Table 19. The staff engaged with the CIK and the regular staff of the MFMCs for each separate contract (there are the same officials engaged in several contracts)

Municipality	Staff within MFMC 2018-2022	Health and support staff engaged with CIK 2018 ⁷¹	% of staff engaged with CIK versus regular staff
2018			
Prizren	462	100	22%
Ferizaj	308	96	31%
Fushe Kosova	104	39	38%
Shtime	82	22	27%
Obiliq	105	13	12%
2019			
Prizren	469	48	10%
Ferizaj	308	216	70%
Fushe Kosova	104	43	41%
Shtime	80	22	28%
Obiliq	105	-	-
2020			
Prizren	440	48	11%
Ferizaj	308	388	126%
Fushe Kosova	104	46	44%
Shtime	77	38	49%
Obiliq	105	13	12%
2021			
Prizren	458	44	10%
Ferizaj	308	388	126%
Fushe Kosova	104	46	44%
Shtime	83	38	46%
Obiliq	105	-	-
2022			
Prizren	463	100	22%
Ferizaj	308	228	74%
Fushe Kosova	104	61	59%
Shtime	80	27	34%
Obiliq	105	-	-

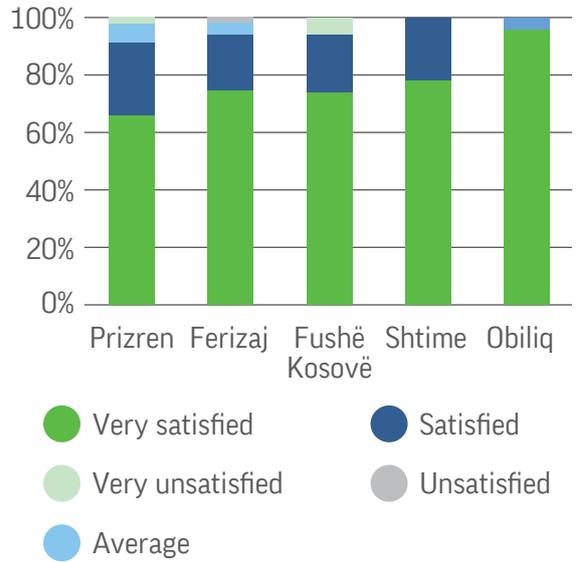
71 Included are the health and support staff engaged during the period 2018 to 2022 according to the lists we received from the municipalities without duplicates

Annex II. Detailed charts on the results from the questionnaires with citizens

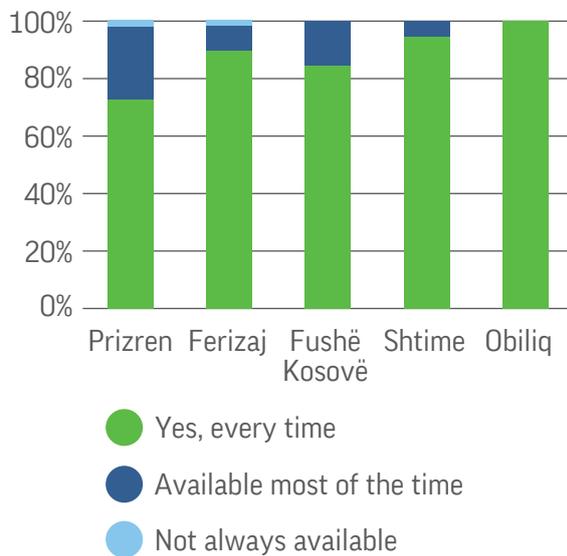
Have you been checked by regular or contracted doctors



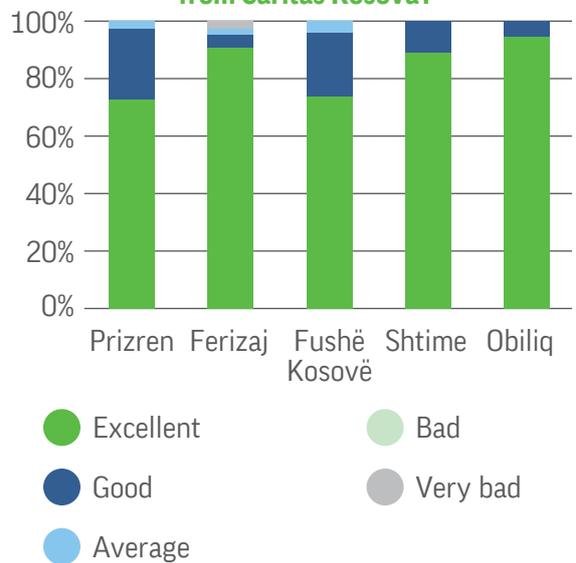
How satisfied are you with the homecare services provided by this center?



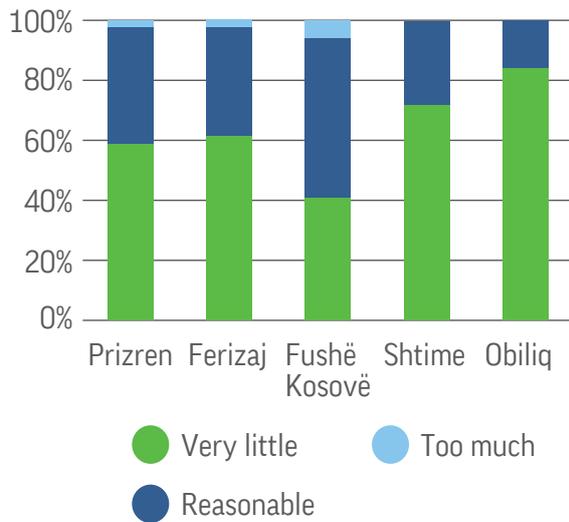
Have medical workers been available when you needed health services?



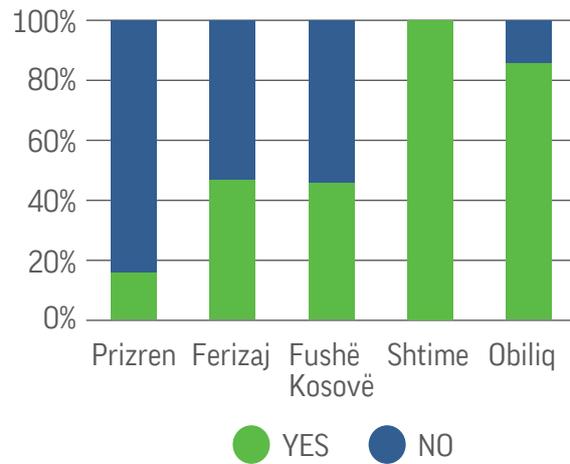
How do you rate the care of health workers at this medical center, if you have also identified those from Caritas Kosova?



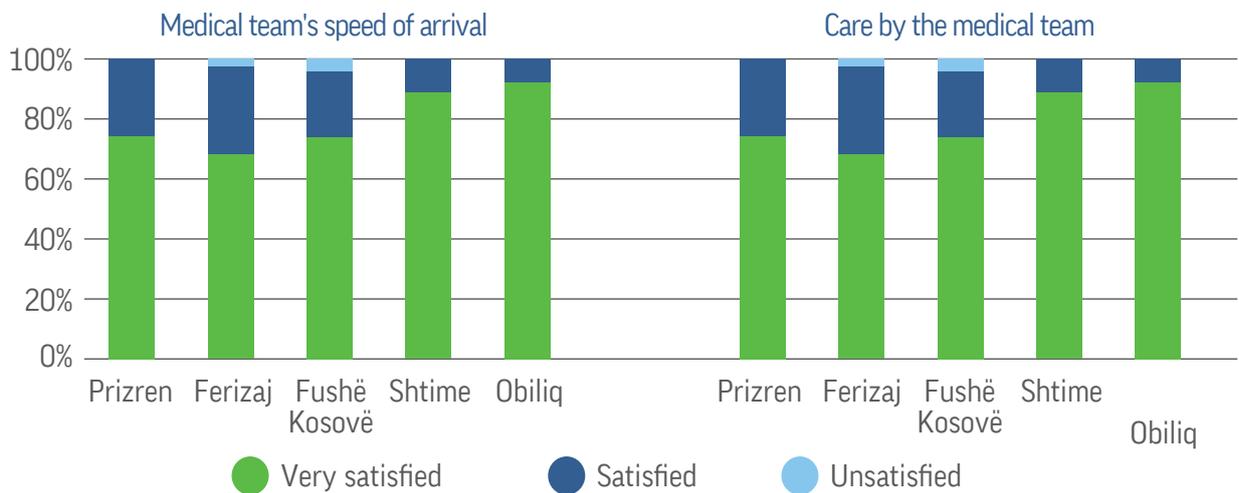
How do you rate the length of time you wait to consult a doctor?



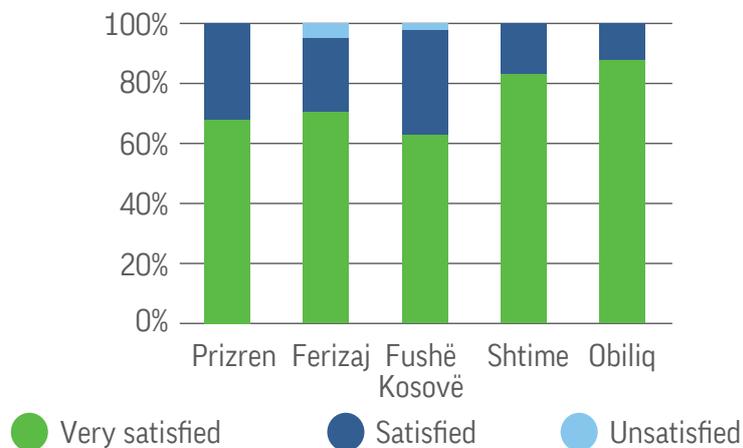
Is there a need for improvements in this Medical center, if so specify?



How satisfied are you with the Homecare services offered by this center, if you have used them?



Improvement of the condition of the sick



Annex III. Audit criteria, scope and methodology

Audit motive

The financial and compliance audit over the years has identified weaknesses in the contracts and payments that public institutions have made for the provision of services. Weaknesses identified and presented in the audit reports⁷² of the National Audit Office (NAO) over the years are: deficiencies in the payment process, lack of relevant evidence for the provision of services, engagement through agreements for special services for employment, non-compliance of objectives in the cooperation and co-financing agreement, misclassification of expenditures in economic categories and codes, as well as circumvention of procurement procedures.

Regarding the process of contracting and expenses of public institutions of these services, civil society has also continuously reported and raised their concerns. The problems presented by civil society⁷³ from the sample municipalities are: lack of license for the provision of relevant services, deficiencies in procurement procedures, general technical specifications and employment of health staff without valid documents and licenses required for health staff.

Therefore, taking into account the various problems identified and reported over the years, as well as the high level of the budget spent on these services, NAO has decided to conduct this audit. Moreover, the scope of these contracts includes a large number of citizens of Kosovo and is of public interest.

Audit questions

In order to achieve the audit objective, we have presented the audit questions as follows:

- I. How efficient and effective were the procedures used for contracting services with CIK?
 - Has the need for additional services contracted by public institutions been assessed?
 - Are the appropriate procedures used to contract the received services?
 - How far were the CIK contracting procedures respected and how were these contracts managed, ensuring transparency and accountability?
- II. How far have the contracts signed with CIK achieved the intended results?
 - Has the cost-effectiveness assessment of the services contracted with CIK been done, compared to those provided by public institutions?
 - How much have public institutions and citizens benefited from the services provided under the contracts with CIK and have expectations been met?

72 Raporti-i-auditimit-K_Mamush 2018, Raporti-i-auditimit_K_Rahovecit-2019, [RaportiAuditimit.Komuna Ferizaj 2016](#), Raporti-i-Auditimit-per-K-e-Rahovecit-2018, [Raporti Auditimit Komuna RA 2015](#), [Raporti i Auditimit 2018 -Komuna Fushe Kosove](#), [Raporti Auditimit Komuna Drenas 2017](#), [Raporti auditimit Drenas 2018](#), [Raporti auditimit 2018 OBILIQ 2018](#)

73 <http://inpo-ks.org/wp-content/uploads/2019/11/Prokurimi-i-p%C3%ABrlijur-n%C3%AB-komunat-e-Kosov%C3%ABs.pdf>

Audit criteria⁷⁴

The purpose of the audit is to assess whether the responsible actors involved in this process have ensured that the planning, coordination, reporting and monitoring related to the signed agreements and contracts have achieved value for money and achieved the intended results.

The audit criteria in this audit derive from national legislation and regulations in force and from good practices for the most effective management of these contracts.

To verify this, we have set the following criteria:

According to the statute of MFMCs for needs assessment;

- Health institutions must report on the needs for resources in the Municipality based on the work program and financial plan⁷⁵;
- The Municipality must assess the need for additional services based on the requirements of health institutions⁷⁶;
- The duties and responsibilities of the MFMCs must be based on the statutes approved by the municipal assemblies⁷⁷;
- Municipalities must sign contracts and bear responsibility without infringing the rights to local government⁷⁸;
- Contracts for health services should be based on the principles, policies, services, organization, licensing, obligations and conditions of health care organizations⁷⁹.

According to the public call procedure:

- Municipalities must use the appropriate procedure for contracting in the provision of services;⁸⁰
- The process of the financial support plan, from the selection process to the reporting by the beneficiary NGO, should be based on the criteria, standards and procedures of public financing of NGOs⁸¹;
- The contractual agreement signed with the NGO which was made on the basis of the public call must be implemented and managed by the municipality, based on the contracted services⁸²;
- The management/monitoring of the agreement must be done by an individual or committee designated by the institution that provided the support⁸³;
- Fully designed and executed reporting, must be regular and comprehensive from all parties involved in the running of the completed programs⁸⁴.

74 For more information consult ISSAI 300, Criteria, p.7

75 Article 16.4 of the Statute of the MFMC Municipality of Prishtina and Article 2.9 of the Statute of the MFMC Municipality of Fushe Kosova

76 Article 16 of the Statute of the MFMC Municipality of Prishtina and Article 2.2 of the Statute of the MFMC Municipality of Fushe Kosova

77 Law on Health Article 45 point 2

78 Law on Local Self-Government Article 17

79 Law No. 04/L-125 on Health Article 6

80 Regulation MF-No. 04/2017 Criteria, standards and procedures of public funding of NGOs, Law No. 04/L-042 on Public Procurement of the Republic of Kosovo

81 Regulation MF-No. 04/2017 Criteria, standards and procedures of public funding of NGOs, 1 -27

82 Regulation MF-No. 04/2017 Criteria, standards and procedures of public funding of NGOs, Article 22

83 Regulation MF-No. 04/2017 Criteria, standards and procedures of public funding of NGOs, Article 23 point 1

84 Regulation MF-No. 04/2017 Criteria, standards and procedures of public funding of NGOs, Article 23 point 2

According to procurement procedures:

- The CA should initiate a procurement activity only after having conducted a formal needs assessment. The purpose of the preliminary assessment of needs is for the CA to ensure that accurate and necessary procurements are made and to avoid inefficient procurement⁸⁵;
- The envisaged value of a public contract must be estimated before the initiation of the procurement procedure. Such estimation must be reasonable and realistic for the contract envisaged in terms of cost and transparent and fair use of public funds and resources⁸⁶;
- The CA's obligations and duties must be managed as specified in the contract and it must be ensured that the CIK performs the contract in accordance with the terms and conditions specified in the contract. In addition, it must be ensured that the CIK fulfills all performance obligations, including adequate time supervision⁸⁷;
- In order to implement the contract according to the signature, there must first be adequate reporting and monitoring⁸⁸;
- It is important to execute payments to the CIK only if the CA has previously received the services for which it pays⁸⁹;
- All procedures must be conducted in a transparent manner and be accessible to stakeholders.

Cost-effectiveness analysis of contracted services

- The municipality must take into account the costs of state institutions approved by the Ministry of Health as well as the costs of previous contracts for the same purpose signed by the same or other contracting authority⁹⁰;
- Health personnel in employment relationships with state institutions cannot be contracted by the CIK;
- The services contracted with CIK accord with the services approved according to the legislation for health purposes by established authorities⁹¹;
- Achieving the best value for money from government and local authorities means timely, appropriate and optimally priced implementation of contracts signed with CIK. From this, specified goals have also been achieved⁹²;
- Effective implementation of health services for the most urgent cases means that all urgent needs are taken into account in time. Timely service means providing immediate health service to all applicants who urgently need it. Patient recovery and satisfaction and responsibility shown by the medical staff appointed by the CIK to the families where the service was performed⁹³.

85 Law on Public Procurement Article 9

86 Law on Public Procurement Article 16

87 Law on Public Procurement Article 81

88 Rule on public procurement Article 70.24 and Regulation MF-No. 04/2017 Criteria, standards and procedures for public funding of NGOs, 23

89 Rules on public procurement Article 70.24

90 Good practice to look at cost-effectiveness of signed contracts

91 Law on Health Article 11 and Administrative Instruction on Health 08/2007 Article 8

92 Law No. 04/L-042 on Public Procurement of the Republic of Kosovo, Article 6

93 Law No. 04/L-125 on Health, Article 18

Audit scope

This audit will cover the cooperation agreements and contracts signed with CIK for the period 2018 – 2022. We will analyze the efficiency and cost effectiveness of the contracting processes of these additional services provided by CIK, such as needs assessment, planning, coordination of engaged staff, monitoring of processes and reporting on the realization of these services. This audit will include the management of the processes of about 20 agreements and contracts signed with CIK within the framework of two governments - the central and local governments of the Republic of Kosovo. In order to measure the effectiveness of these contracts in improving the provision of health services to citizens, we have selected two entities from the central level and five from the municipal level.

The audited entities from the **central level of government** were;

- The Office of Good Governance as the bearer of the process of reporting on the financing of NGOs, as well as the procedure through public calls from the Office for Communities, within the Office of the Prime Minister;
- The Ministry of Finance, Labor and Transfers as an institution appointed to help the welfare of citizens in need and which has financed CIK through public calls and the government's decision on the economic recovery package.

While at the local government level, 17 municipalities have signed a contract with the CIK. From them we have selected five municipalities: Ferizaj, Fushe Kosova, Shtime, Obiliq and Prizren for this audit. This selection was made based on the number of inhabitants, the value of the financed contracts (high, medium and low values) and according to the procedures used for contracting. Below are further explanations for each municipality.

- Ferizaj Municipality has the highest value or about 38% of expenses from the general budget spent on contracts with CIK according to Treasury data for the scope period. The Municipality of Ferizaj has signed contracts with CIK through cooperation agreements and procurement procedures;
- Municipality of Fushë Kosova, according to the interviews with the responsible officials, is faced with the increase in the number of the population in recent years and as a result the need for services in the MFMC has also increased. This increase in population⁹⁴ has led to the need for increased services in MFMC and ambulances (outpatient clinics) within the municipality.
- Municipality of Shtime is among the municipalities with expenses in average value compared to other municipalities in terms of expenses for services contracted with CIK;
- The municipality of Obiliq was selected as it had agreements signed with the CIK only through public calls and cooperation agreements. Contracting has not continued;
- Municipality of Prizren has paid CIK from the economic code for services and according to the interview with the municipality officials, they were carried out through procurement procedures, however, these contracts do not appear in the list of signed contracts in PPRC; For more, refer to Table No. 21 Data related to sampling for audit; AND
- We surveyed 211 citizens who received services from contracting with CIK, of them 184 for health and social services in health centers and 27 for social services in centers for social work.

94 Development plans Prizren, Ferizaj, and Fushe Kosova municipalities (official report of the Kosovo police), reporting in the AFS on property tax

Audit Methodology

Our approach to auditing services contracted by Public Institutions includes a range of techniques to obtain audit evidence and assurance, starting from research into the procedures used for NGO contracting, financial analyzes of expenditures and their consolidation, interviewing relevant officials from the central and local level, analyzing the relevant documents, and assessing the risks for this audit.

In order to answer the audit questions and in order to support the audit conclusions, we will apply the following methodology;

- Analyzing the procedures used by the central and local level for the contracting of CIK;
- Analyzing the reports of treasury payments for the period 2018-2022 for CIK from public institutions;
- Summary and analysis of public calls according to the reports published by the Office of Good Governance for the central and local level;
- Comparison of reports on signed contracts published in PPRC for the years 2018-2022 through procurement procedures;
- Comparison of Treasury payment reports, reports from OGG and reports of contracts signed in PPRC;
- Comparison of the list of personnel who perform the contracted services of CIK and the list of regular personnel;
- Analyzing a number of services contracted with CIK and comparing them with services provided by public institutions;
- Analyzing the agreements signed with CIK by the central government and those of the local government for the same project;
- Interviewing the responsible officials (Directorates of Finance, Directorates of Health-MFMCs, Directorate of Procurement) from the actors involved in the process: Office of Good Governance, Ministry, civil society, contracting municipalities, municipalities that do not have a contract with CIK;
- Analyzing the amount of the contract with the payments made and with the returned transactions;
- Analysis of the regulatory legal framework, the relevant agreement between public institutions and CIK;
- Analysis of procurement files and their comparison with Public Procurement procedures according to the legislation in force;
- Analysis of files through public calls and their comparison with the procedures according to the Regulation of the Ministry of Finance on the funding of NGOs;
- Analysis of projects through public calls if CIK was funded by the same project from different institutions within the fiscal year;
- Comparison of payments with services performed in sample contracts;
- Comparison of payments with reports of monitoring committees for financing according to public calls.
- Comparison of the prices of services contracted with CIK and those offered in MFMC and FMAs, according to health legislation.;
- Analyzing the list of regular personnel and those who have performed services with CIK;
- Comparison of services approved by health legislation and those contracted with CIK;
- Comparison of the list of patients treated by personnel contracted with CIK and of MFMCs;

- Compiling of questionnaires for the persons/families who have received services and the effect of the services from the personnel contracted with CIK;
- Compiling of questionnaires/interviews for the financing municipalities on the effect of services contracted with CIK;
- The municipalities of Prishtina and Podujeva will be taken for comparison, considering that they did not have contracts with NGOs and the Municipality of Vushtrri, which had contracted Islamic Relief, to see how they managed the provision of these services.

Table 21. List of samples

Budget No	Organization	Year	Procedure	Description	Value of payments according to the report of the Treasury and CPO	Audited value according to the contract	Total audited value according to the contract
1	OPM	2020	Public call	Home care for the elderly	12,000.00	12,000.00	12,000.00
		2021	Public call	Home social care for the elderly - Home Care	17,000.00	17,000.00	
		2022	Public call	Home social care for lonely elderly people - Home Care 2022	22,000.00	22,000.00	
2	MFLT	2019	Public call	Home social care for lonely elderly people - Home Care	30,000.00	30,000.00	78,600.00
		2020	Public call	Home social care for lonely elderly people - Home Care	9,600.00	9,600.00	
		2019	Procurement procedure	Specification: Provision of social, health and other services in the Municipality of Fushe - Kosova for 2019	460,772.30	72,988.10	
3	Fushe Kosova	2022	Procurement procedure	Specification for the Project "Contracting professional medical, social, health, ambulatory, logistical, administrative services in MFMC and at home to patients in the Municipality of Fushe Kosova"	141,996.70	1,369,050.00	2,809,018.10
			Cooperation and co-financing agreement	Establishment of social, health, home and ambulatory care in Fushe Kosova - Home Care 2018	256,019.20	234,880.00	
		2020	Procurement procedure	Provision of social, health and other services in the Municipality of Fushe Kosova	1,081,730.30	832,100.00	

	2021	Procurement procedure	Psycho-social, educational, rehabilitative, integrative and comprehensive services for the needs of children from 0-6 years for the operationalization of kindergartens in the Municipality of Ferizaj	383,969.70	1,152,270.00	
	2022	Procurement procedure	Social care, health, home and ambulatory services at MFMC	-	1,282,200.00	
	2019	Procurement procedure	Performing social, health, home and ambulatory services in MFMC	982,907.00	779,320.00	
	2020	Procurement procedure	Social, health, home and ambulatory services at MFMC	2,314,128.50	1,780,200.00	
4 Ferizaj	2018	Cooperation and co-financing agreement	Cooperation and co-financing agreement Ferizaj Municipality and CIK: Operationalization of the "Engjujt" Kindergarten in "Lagjja e Re" in Ferizaj. The opening and operationalization of two new kindergartens in Driton Islami Str. in Greme	1,208,630.10	990,000.00	6,825,167.90
	2018	Cooperation and co-financing agreement	Cooperation and co-financing agreement Ferizaj Municipality and CIK: project 'Operation of social educational center Caritas Kosovo in Dubrava'	277,904.72	284,561.20	
	2015	Annex agreement	Annex Cooperation and co-financing agreement between the Municipality of Ferizaj and Caritas Kosovo: Kindergarten in Lagjja e Re in Ferizaj	90,000.00	120,000.00	
	2017	Cooperation and co-financing agreement	Agreement: The establishment of home and ambulatory social health care in Ferizaj 2017	81,461.49	341,138.22	
	2017	Cooperation and co-financing agreement	Cooperation and co-financing agreement between MLSW, Ferizaj Municipality and CIK: Operation of the social center for the Roma, Ashkali and Egyptian communities in Dubrava 2017	125,478.49	95,478.48	

5	Obiliq	2020	Public call	Establishment of health, home and ambulatory care -Home Care in the Municipality of Obiliq	36,696.84	36,696.84	132,714.34
		2019	Public call	Establishment of health, home and ambulatory care-Home Care in the Municipality of Obiliq 2019	56,000.00	56,070.00	
		2018	Cooperation and co-financing agreement	Establishment of health, home and ambulatory care (Home Care) in the Municipality of Obiliq 2018	29,767.50	39,947.50	
6	Prizren	2022	Procurement procedure	Provision of health services to cover the requirements and the need for additional staff of the MFMC (three-year project)	130,293.00	900,000.00	1,692,970.00
		2020	Procurement procedure	Home and ambulatory socio-health care for the citizens of the Municipality of Prizren	638,157.00	544,100.00	
		2019	Procurement procedure	Home and ambulatory socio-health care for the citizens of the Municipality of Prizren	268,435.90	248,870.00	
		2018	Contract Annex	Social, health, home and ambulatory care	25,000	30,000.00	
		2017	Cooperation and co-financing agreement - MLSW, Ministry of Health, Municipalities	Social, health, home and ambulatory care	249,200	249,200	
7	Shtime	2017	Procurement procedure	Palliative home care of the sick in the Municipality of Shtime	54,769.30	93,900.00	554,386.20
		2019	Procurement procedure	Palliative home care of the sick in the Municipality of Shtime	216,662.00	186,967.00	
		2021	Procurement procedure	Home-palliative health services and social and residential services for people in need in the Municipality of Shtime - Framework contract for 24 months	303,982.00	273,519.20	
					9,504,562.04	12,384,056.54	12,104,856.54

Annex IV Letters of Confirmation



Republika e Kosovës

Republika Kosova- Kosova Cumhuriyeti



REPUBLIKA E KOSOVËS • REPUBLIKA KOSOVA
KOSOVA CUMHURIYETI
Komuna e Prizrenit • Opština Prizren
Prizren Belediyesi
Kryetari i Komunës / Predsednik Opštine
Belediye Başkanı

01 Nr 328/24 Dt. 29.05.2024



Komuna e Prizrenit

Opština Prizren – Prizren Belediyesi

LETËR E KONFIRMIMIT

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të teknologjisë së informacionit “Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”, dhe për zbatimin e rekomandimeve.

Për: Zyrën Kombëtare të Auditimit

I nderuar,

Përmes kësaj shkrese, konfirmoj se:

- kam pranuar draft raportin e Zyrës Kombëtare të Auditimit “Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës” (në tekstin e mëtejshëm “Raporti”);
- pajtohem me të gjeturat dhe rekomandimet dhe nuk kam ndonjë koment për përmbajtjen e Raportit; si dhe
- brenda 30 ditëve nga pranimi i Raportit final, do t’ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

Kryetar i Komunës

Shaqir Totaj

Vendi dhe data: Prizren, me datë





REPUBLIKA E KOSOVËS
REPUBLICA KOSOVA/REPUBLIC OF KOSOVO

KOMUNA SHTIME
OPŠTINA ŠTIMLJE/MUNICIPALITY OF SHTIME

Zyra e Kryetarit të Komunës
Kancelarija Predsednika Opstine/Mayor's Office

02/536
04/06/2024

LETËR E KONFIRMIMIT

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të teknologjisë së informacionit **“Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”**, dhe për zbatimin e rekomandimeve.

Për: Zyrën Kombëtare të Auditimit

Vendi dhe data: Shtime, 04.05.2024

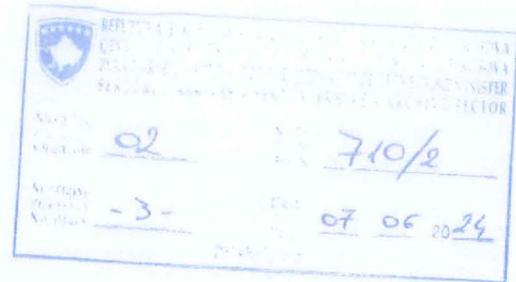
I nderuar,

Përmes kësaj shkrese, konfirmoj se:

- kam pranuar draft raportin e Zyrës Kombëtare të Auditimit **“Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”** (në tekstin e mëtejme “Raporti”);
- pajtohem me të gjeturat dhe rekomandimet dhe nuk kam ndonjë koment për përmbajtjen e Raportit; si dhe
- brenda 30 ditëve nga pranimi i Raportit final, do t’ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

Qemajl Aliu – Kryetar i Komunës së Shtimes
04.06.2024





Republika e Kosovës
Republika Kosova - Republic of Kosovo
Qeveria - Vlada - Government
Zyra e Kryeministrit - Ured Premijera - Office of the Prime Minister
Sekretari i Përgjithshëm - Generalni Sekretar - General Secretary

Nr. prot: 073/2024

Datë: 07.06.2024

LETËR KONFIRMIM

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të teknologjisë së informacionit “Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”, dhe për zbatimin e rekomandimeve.

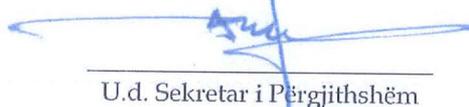
Për: **Zyrën Kombëtare të Auditimit**

I nderuar,

Përmes kësaj shkrese, konfirmoj se:

- kam pranuar draft raportin e Zyrës Kombëtare të Auditimit “Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës” (në tekstin e mëtejshëm “Raporti”);
- pajtohem me të gjeturat dhe rekomandimet që kanë të bëjnë me Zyrën e Kryeministrit dhe nuk kam ndonjë koment për përmbajtjen e Raportit; si dhe
- brenda 30 ditëve nga pranimi i Raportit final, do t’ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

Arben KRASNIQI



U.d. Sekretar i Përgjithshëm



REPUBLIKA E KOSOVËS • REPUBLIKA KOSOVA • REPUBLIC OF KOSOVO
KOMUNA E FERIZAJT • OPŠTINA UROŠEVAC • MUNICIPALITY OF FERIZAJ



<http://kk.rks-gov.net/ferizaj>

LETËR E KONFIRMIMIT

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të teknologjisë së informacionit **“Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”**, dhe për zbatimin e rekomandimeve.

Për: Zyrën Kombëtare të Auditimit

Vendi dhe data: Ferizaj, 04.06.2024

I nderuar,

Përmes kësaj shkrese, konfirmoj se:

- Kam pranuar draft raportin e Zyrës Kombëtare të Auditimit **“Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”** (në tekstin e mëtejme “Raporti”);
- Brenda 30 ditëve nga pranimi i Raportit final, do t’ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

z. Agim Aliu
Kryetar i Komunës





REPUBLIKA E KOSOVËS / REPUBLIKA KOSOVA
REPUBLIC OF KOSOVA
KOMUNA E FUSHË –KOSOVËS / OPŠTINA KOSOVO-POLJE/
MUNICIPALITY OF FUSHË-KOSOVË ,KOSOVO POLJE



LETËR E KONFIRMIMIT

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të teknologjisë së informacionit “Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”, dhe për zbatimin e rekomandimeve.

Për: Zyrën Kombëtare të Auditimit

Vendi dhe data: Fushë Kosovë
05.06.2024

I nderuar,

Përmes kësaj shkrese, konfirmoj se:

- kam pranuar draft raportin e Zyrës Kombëtare të Auditimit “**Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës**” (në tekstin e mëtejme “Raporti”);
- pajtohem me të gjeturat dhe rekomandimet dhe nuk kam ndonjë koment për përmbajtjen e Raportit; si dhe
- brenda 30 ditëve nga pranimi i Raportit final, do t’ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

Kryetari
Burim Berisha



REPUBLIKA E KOSOVËS - REPUBLIKA KOSOVA
 REPUBLIC OF KOSOVO

KOMUNA OBILIQ - OPŠTINA OBILIČ - MUNICIPALITY OBILIC

Nr. Br. No. 02-020-01-15842-24

Nr. i fq. / Br. str. / No. pg. 1/1

Data / Datum / Date 04.06.2024

OBILIQ - OBILIČ - OBILIC



Komuna Obiliq

LETËR E KONFIRMIMIT

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të teknologjisë së informacionit **“Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”**, dhe për zbatimin e rekomandimeve.

Për: Zyrën Kombëtare të Auditimit

Vendi dhe data: 04.06.2024, Obiliq

I nderuar,

Përmes kësaj shkrese, konfirmoj se:

- kam pranuar draft raportin e Zyrës Kombëtare të Auditimit **“Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”** (në tekstin e mëtejme “Raporti”);
- pajtohem me të gjeturat dhe rekomandimet dhe nuk kam ndonjë koment për përmbajtjen e Raportit; si dhe
- brenda 30 ditëve nga pranimi i Raportit final, do t’ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

Kryetari i komunës:

Xhafer Gashi



REPUBLIKA E KOSOVËS / REPUBLIKA KOSOVA / REPUBLIC OF KOSOVO Qeveria e Kosovës / Vlada Kosova / Government of Kosovo Ministria e Financave / Ministarstvo za Finansije Ministry of Finance Arkiva - Arhiva - Archive			
Nr. i faqesve Broj stranica No. pages:	01/150	Nr. Prot. Br. Prot. Prot. No.:	1514/2024
Data Datum Date:		07/06/2024	
PRISHTINE/A			



Republika e Kosovës
Republika Kosova - Republic of Kosovo

Qeveria - Vlada - Government

*Ministria e Financave, Punës dhe Transfereve - Ministarstvo Finansija, Rada i Transfera -
 Ministry of Finance, Labour and Transfers*

Kabineti i Ministrit - Kabinet Ministra - Minister's Cabinet

LETËR E KONFIRMIMIT

Për pajtueshmërinë me të gjeturat e Auditorit të Përgjithshëm për raportin e auditimit të teknologjisë së informacionit **“Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”**, dhe për zbatimin e rekomandimeve.

Për: Zyrën Kombëtare të Auditimit

Prishtinë, 06.06.2024

E nderuar Auditore e Përgjithshme,

Përmes kësaj shkrese, konfirmoj se:

- kam pranuar draft raportin e Zyrës Kombëtare të Auditimit **“Efektiviteti dhe efikasiteti i kontraktimit të shërbimeve shëndetësore dhe sociale nga Institucionet e Republikës së Kosovës”** (në tekstin e mëtejshëm “Raporti”);
- pajtohem me të gjeturat dhe rekomandimet dhe nuk kam ndonjë koment për përmbajtjen e Raportit; si dhe
- brenda 30 ditëve nga pranimi i Raportit final, do t’ju dorëzoj një plan të veprimit për implementimin e rekomandimeve, i cili do të përfshijë afatet kohore dhe stafin përgjegjës për implementimin e tyre.

Hekuran Murati,

Ministër i Ministrisë së Financave, Punës dhe Transfereve



National Audit Office of Kosovo
Arbëria District,
St. Ahmet Krasniqi, 210
10000 Pristina
Republic of Kosovo