



### AQH Key Activities and Outputs January – June 2017

	Activity	Output
<b>Outcome 1</b>		
<b>Output 1</b> Training courses for service providers to support the implementation of the service packages are carried out; integrated into the national training system	Deliver eight training cycles on Communication and Counselling according to the training plan	Training package developed by national consultants based on existing training materials. Accreditation – 6 credit points.  2 training sessions conducted by national consultants in June 2017 for Prishtina and Gjakova clusters. 15 participants attended the training in Prishtina (2 m/ 13 f) and 19 in Gjakova (5 m/14f).
	Deliver eight training cycles on Gender according to the training plan	2-day day Training of Trainers (ToT) module developed and delivered by Dr. Leah Bohle from Swiss TPH in February 2017, attended by 21 participants (10 m/11 f). Accreditation for ToTs – 9 credit points.  2 training sessions targeting facility level staff conducted by national trainers in May 2017 for the Prishtina cluster (3 m/15 f) and June 2017 for the Mitrovica cluster (3 m/16 f). Accreditation – 6 credit points.
	Develop/update training materials for refresher training on infection control. CME accreditation if required	1-day module for refresher training developed by national consultants based on existing training materials. Accreditation pending.
	Development and publication of infection control education materials	Stakeholders have not identified the need for any materials so far.
	Deliver refresher training on infection control	1 <sup>st</sup> round of training conducted by a national trainer for Prishtina cluster for 20 participants (5 m /15 f) in June 2017. 2 <sup>nd</sup> round will take place in September and 3 <sup>rd</sup> in October.

	Website developed to provide interim repository for health facilities and/or provide access to national/ international resources	AQH website developed and launched March 2017.
<b>Output 2</b> Support data collection and analysis capacity for improved M&E in selected Municipalities	Development of training package for M&E and training plan	As M&E is integrated within each of the management training modules a specific training package will not be developed during this year.
	Workshop/round table to approve the plan	As above.
	CME accreditation of training package	As above
	Deliver M&E training for data collection and analysis in service package municipalities	12 M&E focal persons were identified at the beginning of the year and training was undertaken in April 2017.
	Provide M& E focal persons with IT equipment for data collection	Laptops and data collection tools provided at the training event.
	Commence M&E training at remaining 8 Municipalities	As above.
	Establish mechanisms with NIPH for management of PHC data generated by project municipalities	Inclusion of NIPH representatives in SP WG to provide expertise about alignment of SP data.
	Design data sets and tools for M&E	As above.
	Initiate data collection	Commenced May 2017 for reporting period January – June 2017.
	Support data collection through coaching and monitoring	Supervision and coaching from PIU.
Support data analysis for annual planning	Linked with Output 12.	
<b>Output 3</b> A “service package” for tracer diseases is developed and access to this package is guaranteed at pilot PHC facilities	Support NCCPG to compile and publish CPGs for Diabetes, Hypertension and Asthma	Logistics support provided for NCCPG workshops and meetings as well as for the 3 WGs developing the CPGs for diabetes, hypertension and asthma. Outcome 1&2 Leads participated in all meetings. NCCPG posted draft CPGs on the MoH web site at end June 2017 for comments by September 4 <sup>th</sup> .
	Determine process for development and approval of service packages	Agreed with Expert Group comprising representatives of national institutions, PHC experts and SP municipalities at workshop on 17 May 2017. Briefing paper describing AQH approach produced.
	Workshop on modality and framework service packages	As above. Service package model and draft implementation plan for development of SPs agreed at same event. Following

		the workshop ToRs were produced and SP WG established in June 2017.
	Develop service package for Hypertension and Diabetes	WHO PEN protocol materials translated. 4 sub-WGs established: I. Core training module for Health Educators (5 days) II. Training module for Family Doctors on HE/HP for Diabetes and Hypertension (2 days) III. Passports and Registers for Diabetes and Hypertension IV. HE/HP materials (19 topics)  First draft materials to be submitted early September after the holiday period.
	Approval of service packages	Expert Group concluded that no formal approval is required.
	Deliver training on service packages in selected 4 municipalities:	10 training sessions targeting municipality/facility level staff conducted by national trainer with a total of 189 participants (64 m/ 125 f)
	Deliver workshop/training on translation of guidelines into institutional protocols	This activity will not be undertaken by AQH during 2017. NCCPG will develop protocols for diabetes, hypertension and asthma once the CPGs are approved. This will be followed by training for the national roll-out of both CPGs and supporting protocols, likely during 2018.
	Identify which institutional protocols are needed for implementation of service packages	National consultancy in June 2017 to conduct rapid assessment of the capacity of the 39 service package facilities for the prevention of NCDs using the WHO PEN questionnaire modified for the Kosovo context.
	Develop institutional protocols for service packages	The consultancy report will be finalised in July 2017, after which time municipality implementation plans will be developed based on the findings of the assessment.
	Support protocol implementation through coaching and monitoring	Scheduled July – December 2017 activity.
	Support NIPH to conduct 2017 STEPS survey (dates to be determined by NIPH)	Start date for survey not yet determined – current rate of progress suggests that it may not commence during 2017.
	National conference for presentation of STEPS survey findings (dates to be determined by NIPH)	Survey will not be concluded during 2017 therefore this activity will be deferred to 2018.

<b>Output 4</b> Development, piloting and M&E of integrated care services at community level, with support from communities	Integrated Care conference	1-day conference in February 2017 attended by 120+ representatives of development partners, national and local government stakeholders, international and local NGOs active in the health sector, UN agencies, PHC/TEG group and Master trainees in Family Medicine. Representatives from the SDC-funded health projects in Albania and Moldova also attended. An Expert Panel workshop for key health sector stakeholders took place on the following day to consider the topic in the Kosovo context.
	Establish national level inter-sectoral WG	Round Table event with national level stakeholders to consider issues related to the topic, agree draft implementation plan for the development of integrated care model, and approve selection of Fushe Kosova as pilot municipality.
	Agree process with counterparts for development of an integrated care model for Kosovo	Draft implementation plan developed and approved at above event.
	Agree on the criteria for pilot Municipality	Criteria agreed with SDC and selection of Fushe Kosova approved by national stakeholder representatives at above event.
	Select the pilot Municipality	As above.
	Establish inter-sectoral working group at pilot municipality level	ToRs developed and membership agreed.
	Design the model of integrated care including necessary Policies, Guidelines, Protocols, Standard Operation Procedures etc	International consultant appointed to support inter-sectoral WG in the design of the model. First meeting will comprise 2-day retreat scheduled 13/14 September 2017 after the holiday period.
	Preparations for piloting	Scheduled November/December 2017 activity
	Participation in conference on Integrated Care - Dublin	Supported 3 participants to attend although 1 had to withdraw the day before travel due to personal circumstances.
<b>Output 5</b> Pilot PHC facilities have the infrastructure and equipment for the delivery of service packages	Procurement of basic equipment for PHC facilities according to implementation plan	International consultants appointed to lead international tendering process. Procurement plan developed. Equipment specifications agreed with national expert group. Tender Evaluation Committee will convene July 2017.

	Development of MoUs/handover arrangements for provision of equipment and infrastructure to project municipalities	Handover arrangements for basic equipment is included in Procurement Plan. Scheduled in the next reporting period
	Assessment and prioritisation of infrastructure needs	SP model includes establishment of Health Resource Centres (HRCs) however it is agreed that these will be established in all 12 municipalities. Specification for equipment is developed.
	Implement infrastructure investment in PHC facilities in 4 selected Municipalities in line with agreed plan	Infrastructure assessments commence August 2017 and procurement scheduled to commence September 2017.
<b>Output 6</b> Institutional processes and procedures are defined, (re)designed and translated into practice	Support MoH to develop AI Organisation of Family Medicine Centres (HSS Obj 3, 4.5.1)	Logistics support was provided to the MoH WG during this reporting period. The AI was finalised at a 2-day retreat at the end of June 2017, supported by AQH at the General Secretary's request.
	Identify institutional processes/regulations to be revised/developed based on AI and agree process	July – December 2017 activity once AI approved.
	Review existing arrangements for management of medical records at facility level	Audit of medical records in all 12 municipalities commenced June 2017 and will conclude September 2017 (linked to Output 9).
	Support municipalities to ensure all facilities have a functioning medical records system in place (linked to Outputs 2,3,4 & 5)	Pending review of audit findings.
	Review existing protocols for referral and counter-referral	39 SP facilities reviewed in June 2017 as component of Rapid Assessment (linked to Output 3).
	Work with relevant agencies to revise current protocols for referral and counter-referral in service package municipalities	Included in SP model. Will be agreed with SP WG as July December 2017 activity.
	Integration of referral protocols into implementation plan for service package facilities/regional hospital	As above.
	Support referral protocol implementation through coaching and monitoring	As above.
	Support CDFM to audit referral mechanisms in service package municipalities	According to agreed SP Implementation Plan this will not be undertaken this year and is likely to be an activity for 2018.
	Review existing arrangements for management of patient complaints at facility/municipality level	International and national consultant appointed. Review will take place September 2017.

	Develop guidelines and protocols for complaint management at facility/municipality level (link with Output 15 activities)	Pending findings of review. Likely to be deferred to 2018 given demands on municipality managers.
	Support implementation of complaints management protocols through coaching and monitoring (link with Output 15 activities)	As above.
<b>Output 7</b> Supportive supervision systems (including coaching) are implemented along referral lines	Deliver two day workshop introducing principles of supportive supervision	Initial 2-day training in March 2017 with follow-up workshop in April 2017 to develop model and tools. Further workshop with PHC TEG in April to finalise the supervision tools.
	Establish process for development of the supportive supervision model.	International consultant appointed to provide coaching and mentorship for implementation of the tools in 5 municipalities commencing July 2017.
<b>Outcome 2</b>		
<b>Output 8</b> A management training package is developed and applied for PHC facilities	Management training package accredited by the CPD board of the MoH	Training package is accredited by the CPD board with the total of 72 credits points.
	AQH Steering Committee decision on institutional responsibility for sustainability of management training	After extensive consultations with all relevant stakeholders it was suggested that CDFM should be the national institution responsible for the sustainability of management training. This was endorsed by the AQH Steering Committee chaired by the Minister in April 2017.
	A 'core' management training programme delivered to senior managers of the 12 project municipalities and Trainers of Trainers (ToTs).	25 senior managers from 12 project municipalities and 10 ToTs (7 from CDFM and 3 from CCNE) successfully completed the 1 <sup>st</sup> round of training concluding May 2017. This round comprised 6 core modules and one additional module "How to Plan Successfully".
	Evaluation of the first cycle and preparation for the second cycle of management training	Evaluation workshop was held on 14 June 2017. Overall, management training is evaluated highly positively. Minor modification in terms of duration of some modules are recommended for the next cycle of training. First preparation meeting with ToTs was held on 27 June 2017. 2 <sup>nd</sup>
<b>Output 9</b> Municipal staff are trained and supported to conduct participatory quality auditing for improved M&E in health facilities	Deliver training on Quality Audit and ISO standards to the Quality Coordinators of the 12 project municipalities	3-day training on Quality Audit, including ISO standards was implemented 22-24 March 2017. Training is accredited by the MoH with 8 credit points and was attended by 12 Quality

		Coordinators, 10 Health Inspectors and Chief of the Quality Assurance Division of the MoH.
	Support Quality Coordinators to develop yearly plan for quality audits ( review options for accreditation with MoH)	In consultation with the quality coordinators it was decided to support each project municipality to conduct one clinical audit this year, focused on the use of medical records. AQH hired two local experts to mentor quality coordinators throughout this process as a mechanism for sharing best practice across municipalities, including non-AQH municipalities.
	Support implementation of the quality audits (1 quality audit per Municipality)	Audits commenced June and will conclude September 2017.
	Workshop with 12 municipalities to review the process and share lessons learned	The workshop is planned for the end of September after completion of clinical audits
<b>Output 10</b> Continuous quality improvement projects that respond to patients' needs are implemented at facility level	Continue implementation of QIPs granted in 2016	Because of procurement and rehabilitation procedures the 1 <sup>st</sup> round was not concluded until the end of this reporting period.
	Evaluation of the year one QIPs process and revision of the process based on findings and recommendations	Evaluation was conducted through a participatory workshop held on 14 June 2017.
	Rollout QIPs training at the cluster level	Quality Coordinators trained on Quality Management, including ISO standards in March 2017 (linked to Output 9).
	Launch call for the second cycle of QIPs	Call for the second round of QIPs was launched formally during the workshop in June and municipalities are expected to submit first draft of QIPs by the beginning of September 2017.
<b>Output 11</b> Peer Review and Benchmarking procedures are developed and piloted	Deliver training on Peer Review and Benchmarking processes to the Quality Coordinators	Quality Coordinators and Heads MFMC received introductory training on principles of peer review and benchmarking in February 2017.
	Support Quality Coordinators to develop and implement yearly plan for peer review and benchmarking	Given the limited capacities of the Quality Coordinators, they will be supported to gain experience on planning and implementing peer review activities through participation on the joint peer review event with the colleagues from Albania. Scheduled September/October 2017.
	Support participation in annual European WONCA PHC conference	Supported attendance of MFMC directors from Vushtrri and F. Kosova municipalities and AQH project assistant (2 female/1 male). Kosovo delegation made two presentations: 1) QIPs and 2) Quality of Care survey.
	Support one regional PHC networking activity (date to be confirmed)	Regional representatives were invited to attend the Integrated Care conference in February 2017. AQH has confirmed support for CDFM's 5 <sup>th</sup> International Conference on Family Medicine which will take place 25-26 September

		2017 and will also support the NIPH HE/HP Conference in October 2017.
<b>Output 12</b> Pilot Municipalities engage in annual participatory health planning and produce Health Masterplans	How to Plan Successfully” training course and ‘Planning and Implementation of PHC services’ module, are delivered.	Linked with Output 8, senior managers (12 directors of MFMC and 13 directors of DHSW) participated in seven day training course aiming to develop capacities of health managers to plan PHC services. In addition, as a part of the management training package, above managers attended four day module on Planning and Implementation of PHC services.
	Review actual municipal annual planning process compared to training received on planning and support development of health sector planning tools for participatory annual planning of PHC services	Directors of the DHSW and MFMC had the opportunity to review their planning process while participating in the small group sessions of the above training courses. In addition, they were equipped with the knowledge and skill to develop and use tools for the participatory annual planning.
	Support municipalities to develop participatory annual planning of PHC services for 2018	Scheduled July – December 2017 activity. It is agreed with municipalities that AQH will support Gjakova and Mitrovica municipalities to pilot involvement of the community in the annual planning process.
	Workshop to agree health masterplan model	Workshop held on 14 June 2017. TA support is requested therefore the appointment of international consultant to support this activity is underway.
	Agree process for development of master plan.	Scheduled July – December 2017 activity.
<b>Outcome 3</b>		
<b>Output 13</b> NIPH is supported to develop and implement a training package on communication skills for health promotion and education for community leaders/CSOs/CBOs	Support NIPH to develop Standards on HE/HP materials	International consultant appointed. Initial workshop took place in March 2017 to provide an introduction best-practices for HE/HP materials. Ongoing support was provided to assist NIPH with development of standards/procedures for production and approval of any HE/HP materials produced by other organizations. The standards were finalised in June however NIPH do not wish to launch the standards until the HE/HP Conference in October 2017 (see below).
	Support NIPH to finalize National HE/HP Strategy	Strategy is not yet published therefore AQH has agreed to support a NIPH conference in October 2017 so that the strategy can be officially launched.
	Participation at 5th International Public Health Conference, Albania, 2017	14 participants from (HE/HP) institutions at national, regional and municipal level attended, as well as 2 staff from PIU. The delegation made 3 presentations: ‘KAPB Survey Kosovo 2016’; ‘Smoking among teachers in elementary schools in



		Macedonia'; and 'Malignant diseases of breast and female genital tract reported at National Institute of Public Health of Kosova, 2012-2014'.
	Provision to three regional IPHs the basic equipment to implement HE/HP activities	At regional IPHs' request some basic equipment has been provided, such as laptop and projector, flip charts etc. and also blood pressure monitoring equipment and glucometers. Equipment was delivered during May 2017
	AQH supports NIPH to functionalize the HE/HP Commissions in municipality level	Planned July – December 2017 depending on findings of the assessment.
	Support NIPH to set-up and functionalize the training centre for HE/HP within the NIPH based on the draft HE/HP Strategy	NIPH strategy is not yet launched and no support for this activity has been requested by NIPH so far. Further discussions to clarify needed support/actions and timelines related to set-up and functionalization of the training centre will take place in the next reporting period, however it is highly likely that this will not be implemented during 2017.
	Support NIPH to develop training packages on communication skills for HE/HP and deliver the training to HE/HP trainers	ToRs for supporting NIPH to develop training packages on communication skills for HE/HP drafted but needs to be revised and adapted accordingly to the Outcome 3 SBC strategy and training package for health educators.
	Support NIPH to produce the training plan for community leaders/CSOs/CBOs	This will be planned and implemented in close collaboration with NIPH.
	Support NIPH to provide training	This will be planned and implemented in close collaboration with NIPH.
	Develop HE/HP and disease prevention work plan in collaboration with NIPH and municipalities	HE/HP disease prevention work-plan will be finalised when HE/HP Strategy is published.
<b>Output 14</b> Communities and vulnerable groups are reached with health promotion and education activities for common health problems, healthy practices and when/where to seek care	Assess the current HE/HP processes/structures at facility level	National consultancy to assess current HE/HP processes/structures at facility level. Report provides detailed data on findings /analysis and recommendations on relevance of existing processes/structures, and gives a ground on the further discussions and actions that need to be agreed with NIPH which will need to lead functionalization of the HEC's in municipality level.
	Design and produce draft BCC/IEC materials in line with the plan	WG established to develop technical content for HE/HP materials for 19 topics related to hypertension and diabetes Design of materials is included in ToRs for creative agency.

	Pre-test BCC/IEC materials and determine most effective communication methods/channels	Included in ToRs for creative agency. Scheduled for July – December reporting period.
	Produce final versions of BCC/IEC materials	Included in ToRs for creative agency. Scheduled for July – December reporting period.
	Develop HE/HP campaigns through selected project NGOs (risk factors; diabetes; hypertension; healthy eating etc)	HE/HP activities for diabetes and hypertension are included in the NGO service agreements for July – December.
	Support project NGOs to deliver training activities to communities (risk factors; diabetes; hypertension; healthy eating etc)	1,503 community members attended education sessions on immunization from 12 Municipalities (638 m/865 f). Basic equipment to implement HE/HP activities provided to 3 NGOs including blood pressure monitoring equipment and glucometers which will be needed for training about hypertension and diabetes.
	Monitoring of project NGOs	As per Service Agreement, NGO reports detailing activities undertaken are submitted prior to release of further funds. Field visits by Outcome 3 lead to monitor the quality of training provided.
	Support MoH for HSS and/or NIPH for HE/HP Strategy health education activities as per workplan	National HSS and HE/HP priorities are reflected in the AQH SBC Strategy. National HE/HP Strategy is under revision by the MoH which is expected to be finalized /adopted in October 2017. Once the strategy is finalised AQH will discuss, agree and provide support to NIPH accordingly.
	M&E of activities/campaigns undertaken	M&E is included in ToRs for creative agency. First 2 campaigns are scheduled for July – December 2017 reporting period.
	Development of training package for communities and vulnerable groups on risk factors for hypertension and diabetes	WG established to develop technical content for HE/HP training materials on hypertension and diabetes for Health Educators and clinical staff. These materials will be finalised and then modified for community education in July-December period.
	Development of training package for communities and vulnerable groups on healthy eating and physical activities	As above
	Development of training package on health-seeking behaviours for hypertension and diabetes (link to Output 3 activities)	As above
	ToT training for health educators within HE Commissions (linked to Output 13 activities)	Content of 5-day training module has been agreed and WG established to develop training materials. First round of training will commence October 2017.

	Training of HE Commissions and selected NGOs for packages (linked to Output 13))	WG established to develop technical content for HE/HP training materials on hypertension and diabetes for Health Educators and clinical staff. These materials will be finalised and then modified for community education in July-December period.
<b>Output 15</b> Selected community leaders/CSOs/CBOs have capacities to advocate for patients' rights and to engage in feedback mechanisms with health services providers and managers	Develop annual capacity building plan with PRAK	Plan developed
	Implementation of agreed capacity building activities for PRAK	Activities scheduled November/December 2017
	Develop capacities of PRAK to establish systems and procedures to ensure that community needs are identified and addressed	This will be achieved through involving the participation of community members in selected social accountability approaches: the Community Scorecard (CSC) and External Assessments:
	Support PRAK to develop capacities of community representatives to enable their participation in health sector planning activities	AQH will aim to explore the capacity building of a selected NGO to design, implement, and monitor and evaluate a community scorecard and external assessment approach with community members in one to two pilot municipalities. The project will use Save the Children experiences to improve the quality of education using the CSC to improve health service quality.
	Supporting PRAK to advocate and lobby on amendment of the Law on the Rights and Responsibilities of the Citizens in Healthcare	The activity will start from September 2017 after the capacity building training on Patient's Rights is provided to PRAK.
	Develop annual capacity building plan with Office for Patients' Rights, MoH	Capacity building activities agreed with Office for Patients' Rights.
	Capacity building of Office for Patients' Rights related to complaints management	Study visit on Complaint Mechanisms in Ankara, Turkey  At the request of the Ministry of Health the AQH project supported a group of 8 participants to attend a study visit on Complaint Mechanisms from 25-28th of April 2017 in Ankara, Turkey. The participants were: Deputy Minister of MoH, Adviser in MoH, 2 representatives from Department of telephone line for citizen complaints (MoH), 1 representative from Division for Rights of the Citizens to Healthcare (MoH), 1 representative from Health Inspectorate (MoH), 1 representative from "Patients' Rights Association in Kosovo" (PRAK) and 2 representatives from AQH project.

	Support PRAK to review the existing procedures and identify the plan for improving management of patients complaints	PRAK has limited technical capacity to lead this activity therefore international and national consultants have been appointed to undertake this review. Consultancy will take place September 2017.
	Develop and implement guidelines/procedures on management of patients complaints at facility/municipality level (linked to Output 6)	To be determined by conclusions of the review.
	Support PRAK with implementation of complaints activity plan	To be determined by conclusions of the review.
	Support PRAK's with the publicity and maintenance of their web page	July-December 2017