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Republika Kosova - Republic of Kosovo  
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Ministria e Shëndetësisë  
*Ministarstvo Zdravstva - Ministry of Health*

## Primary Health Care in Kosovo

### SUMMARY REPORT OBILIQ MUNICIPALITY

# Quality of Care Study 2018



Accessible  
Quality  
Healthcare

Kujdesi Shëndetësor i Qashtëm dhe Cilësor  
Kvalitetna i Dostupna Zdravstvena Zaštita

SDC project implemented by Swiss TPH and Save the Children

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*Summary Report  
Obiliq Municipality*



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

**Swiss Agency for Development  
and Cooperation SDC**



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# Contacts



Debra Stevenson  
Team Leader  
Accessible Quality Healthcare Project (AQH)  
debra.stevenson@aqhproject.org  
<http://www.aqhproject.org/>

Swiss Tropical and Public Health Institute  
Socinstrasse 57  
4002 Basel, Switzerland  
[www.swisstph.ch](http://www.swisstph.ch)

Manfred Zahorka  
Project Director  
Accessibly Quality Healthcare Project (AQH)  
Swiss Centre for International Health  
manfred.zahorka@swisstphl.ch

Consortium partner:



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# Table of Contents

<b>1</b>	<b>Background &amp; Objectives</b>	<b>5</b>
<b>2</b>	<b>Methodology</b>	<b>6</b>
2.1	Study design	6
2.2	Study area & target population	6
2.3	Sample size and sampling strategy	6
2.4	Data collection and analysis	7
2.5	Limitations	9
2.6	Ethical considerations	9
<b>3</b>	<b>Results</b>	<b>10</b>
3.1	Summary of results for Obiliq municipality	10
3.2	Infrastructure	10
3.2.1	Clinical observation	10
3.2.2	Exit Interviews	10
3.3	Detailed information on results	11
3.3.1	Overall assessment of municipalities	11
3.3.2	Number of observations and overall assessment	12
3.3.3	Infrastructure	12
3.3.4	Clinical Observations	20
3.3.5	Exit Interviews	25
<b>4</b>	<b>References</b>	<b>27</b>
	<b>Appendix A: Abbreviations</b>	<b>28</b>
	<b>Appendix B: Questionnaire</b>	<b>29</b>

## Overview on tables

Table 1 Overview rank of all municipalities in Kosovo, 2018 .....	11
Table 2 Number of observations and overall assessment in Obiliq Municipality.....	12
Table 3 Overall quality scores for Obiliq Municipality .....	12
Table 4 Services offered .....	12
Table 5 Facility infrastructure and overall cleanliness and maintenance .....	13
Table 6 Hygiene .....	14
Table 7 Public accountability items .....	15
Table 8 Availability of guidelines and information materials.....	15
Table 9 Availability of general medical equipment .....	16
Table 10 Availability of Gynaecological service equipment.....	17
Table 11 Availability of advanced equipment .....	17
Table 12 Availability of equipment to assess and monitor child growth .....	17
Table 13 Availability of medical products .....	18
Table 14 Clinical observations overview table .....	20
Table 15 Adherence to principles of history and physical examination .....	20
Table 16 Infection prevention and control .....	21
Table 17 Patients with diabetes .....	21
Table 18 Patients with hypertension .....	22
Table 19 Patients consulting for other reasons than diabetes or hypertension.....	23
Table 20 Patients consulting for referrals.....	24
Table 21 Socio-demographic attributes among respondents of exit interviews .....	25
Table 22 Frequency and reason of visit of exit interviews.....	25
Table 23 Overall satisfaction with health services - exit interviews.....	26
Table 24 Satisfaction with different aspects of health service - exit interviews .....	26
Table 25 Payment for health service - exit interviews .....	26

# 1 Background & Objectives

The Accessible Quality Healthcare (AQH) project in Kosovo is funded by the Swiss Agency for Development and Cooperation (SDC) and implemented by a Consortium comprising Swiss Tropical and Public Health Institute (Swiss TPH) and Save the Children. The overall goal of the AQH project is to ensure that the health of the population of Kosovo has improved, with strengthened healthcare providers and managers able to meet the needs of the patients (especially vulnerable groups), who are more aware of their rights and needs.

At the request of the Ministry of Health, the AQH project conducted the first national **facility-based Quality of Care (QoC) study** from August to October 2018.

The objective of the study was to measure the quality of care related to structural and procedural aspects, as well as selected outcomes, in Primary Health Care (PHC) in all 38 municipalities in Kosovo.

The specific objectives of this study were to provide PHC service providers with information to:

- Assess the quality of health services provided in several PHC centres in each municipality, including specific structural and procedural aspects.
- Allow comparison of different aspects of quality of care between all municipalities.
- Determine to what degree health providers have infrastructure and consumables available as outlined in the national PHC norms or, where these are unavailable, those outlined in WHO standards.
- Assess patient satisfaction with the services provided at PHC centres.

For this study we considered an operational definition of the quality of health services based on the concept of quality of care presented by Donabedian (1988, 1990), which has frequently been used in similar studies (Boller and Wyss et al., 2003; Matthys, 2013; Kiefer and Kadesha, 2015; Lechthaler, 2015; AQH, 2016). This is characterized by three dimensions:

1) Structural attributes - relate to the setting where health care is provided. These attributes mostly refer to the organizational structure, human and financial resources, as well as availability of technical resources such as clinical protocols and guidelines.

2) Process attributes - relate to the provider-client interaction, for example professional conduct and technical competence, as well as interpersonal relations/client satisfaction.

3) Outcome attributes - relate to the effect of care delivery on the health status of populations. Outcomes result from the structural and process attributes, for example, survival and recovery of patients or, more indirectly, patient satisfaction.

This operational definition is based on the assumption that the three dimensions are connected to each other and ultimately to service quality: good structure increases the likelihood of good processes and good process increases the likelihood of good outcomes, although outcomes are a consequence rather than a component of the quality of services.

## 2 Methodology

### 2.1 Study design

The QoC study is designed as a facility-based cross sectional survey to measure aspects of the quality of care of PHC service. It captures the overall quality of the facility infrastructure (structural aspects), the quality of provider-patient interactions (process aspects) and patient satisfaction after consultation (outcome). The study assesses quality of care provided to all patient groups but particularly focuses on patients with diabetes and hypertension.

The modules for the QoC survey are based on a mix of indicators from the WHO Service Availability and Readiness Assessment (SARA) and the “Tool to Improve Quality of Health Care” within the “ACCESS” program supported by the Novartis Foundation for Sustainable Development (2014), as relevant. The modules were adapted to the Kosovo local context thereby taking into consideration the national PHC norms or, where these are unavailable, the WHO norms established in the Package of Essential Non Communicable Diseases (NCDs) Interventions.

### 2.2 Study area & target population

The survey was implemented in all municipalities. The QoC survey targets PHC facilities in both rural and urban areas. During the survey data was collected at three different levels: 1) the health facility, 2) the health provider and 3) the patients.

#### Inclusion criteria for the baseline assessment

Inclusion criteria for the health facilities were as follows:

- Main Family Medicine Centre (MFMC) or Family Medicine Centre (FMC)
- At least one medical doctor assigned to the facility for at least one day per week

Inclusion criteria for health providers of the selected facilities for provider-patient observations were:

- Doctors providing PHC services
- Patients (18 years or older, or children accompanied by a legal representative) accessing the facility and receiving a consultation from a health provider
- Oral informed consent provided by the provider
- Oral informed consent provided by the patient or his/her legal representative (mother/father/caretaker)

Inclusion criteria for patients accessing the selected facilities and receiving consultation were:

- Patients (18 years or older, or children accompanied by a legal representative) accessing the facility and receiving a consultation from a health provider
- Oral informed consent provided by the patient or his/her legal representative (mother/father/caretaker)
- Accessing the facility to receive services either for themselves or their accompanying minors.

### 2.3 Sample size and sampling strategy

#### Sampling of health facilities

We applied a random proportional-to-size sampling procedure for each of the domains assuming that the facilities will be allocated to urban and rural areas proportional to the size of

urban and rural populations in the region. The number of daily visits in June 2018 is considered a proxy of daily attendances.

### **Sampling of providers for provider-client observations**

All provider-patient consultations, for which informed consent could be obtained from the patient or their legal representative, were observed in each health facility “Provider” hereby only refers to medical doctors (see inclusion criteria). A healthcare provider could but did not have to be observed repeatedly.

### **Sampling of patients for exit interviews**

For the exit interviews, all patients that received care for themselves, or for a child in their care, at the facility were interviewed for the exit interview, provided they gave consent<sup>1</sup>. The patients included for exit interviews did not necessarily need to be the same as for the provider-patient observation (see inclusion criteria).

## **2.4 Data collection and analysis**

### **Data collection**

Before data collection, relevant authorities, specifically Directors for Health and Social Welfare (DHSW), mayors as well as managers of all selected facilities in all surveyed Municipalities were informed about the study, its purpose and its schedule at a meeting hosted by the Ministry of Health on 5<sup>th</sup> July 2018.

The data collection team consisted of 23 data collectors, divided into 10 sub-teams. Most data collectors had a background in medical training and public health and previous survey experience. Each data collection team was assigned to a set of designated facilities where they conducted the assessments. The data collection teams were closely monitored by the local study coordinator and supervisors. Data collection in the field took place from 10 September 2018 until 05 October 2018.

The following procedures were followed at each facility:

- 1) Introduction of purpose and procedures of the survey to the targeted service providers.
- 2) Data collection
  - Starting with provider-patient observations and exit interviews with patients conducted at the facility.
  - Exit interviews with clients were conducted in an appropriate location ensuring privacy and confidentiality.
  - Structural attributes related to infrastructure and management were assessed after the consultation hours in the afternoon.

Data collection was performed electronically using the Open Data Kit (ODK)<sup>2</sup> software on tablets. During and after each day of data collection, the local study coordinator and the supervisors conducted quality assurance.

### **Data analysis**

During the analysis of the obtained data, full confidentiality of respondents was assured. Data was analysed using Stata Statistical Software/SE v15.0.

**Additive index:** The overall scores were calculated as additive indices to indicate the achieved percentage score. For a certain set of questions, e.g. infection prevention and control measures the additive index counts the answers/criteria which were fulfilled or not fulfilled. Questions/criteria which are not applicable were not considered. The number of positive

<sup>1</sup> Depending on the capacity of the data collectors.

<sup>2</sup> Open Data Kit (ODK) is a free and open-source set of tools for mobile data collection solutions. <https://opendatakit.org/>



answers is then divided by the total of valid answers (ratio). This way a percentage score is obtained for **each patient**.

Example: For infection prevention and control measures we measured five different aspects. For the first patient none of the aspects we measured was relevant, e.g. no examinations were done.

For the second patient only two of the five aspects were relevant: hand washing before and after the examination. Both actions were not observed. Hence this person had two valid answers but did not achieve any score. So the percentage score achieved for this person was 0.

For the third patient all five actions related to infection prevention and control measures were relevant. However, none of the five actions were observed. So the percentage score is yet once more 0.

The fourth patient was examined and instruments were used. Thus three aspects were relevant, but only one aspect (disinfection of instruments) observed. Hence 1 out of 3 were achieved, translating to a percentage score of 33%.

For the fifth patient all five aspects were considered relevant and all were also adhered to by the doctor. Hence for this person a percentage score of 100% was achieved.

The average index **for the facility** for infection and prevention measures would be calculated as  $133/4=33\%$

Patient	Washed hands before	Washed hands after	Disinfected instruments	used gloves as required	used mask as required	Number of valid answers	Number of positive answers	Ratio (positive/valid answers)
1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2	no	no	n/a	n/a	n/a	2	0	0
3	no	no	no	no	no	5	0	0
4	no	no	yes	n/a	n/a	3	1	33
5	yes	yes	yes	yes	yes	5	5	100
<b>Facility Score</b>								<b>133/4=33</b>

Yes/no: as observed; n/a: action was not needed, e.g. no examination conducted

**95% - CI:** A 95% confidence interval (CI) is used to analyse the data presented in Tables 15 - 20 whereby the average is a range with an upper and lower number calculated from a sample. Because the true population average is unknown, this range describes possible values that the mean could be. If multiple samples were drawn from the same population and a 95% CI calculated for each sample, we would expect the population mean to be found within 95% of these CIs. CIs are sensitive to variability in the population (spread of values) and sample size. We could say: we are confident that the real value lies somewhere within this value range. A confidence interval cannot be estimated if there is only one observation or if there is no variation of values.

**n:** number of observations in the sample

**Rank:** The rank provides an indication on the position of the municipality related to certain aspects. In other words: how does the municipality perform in comparison to the other 37 municipalities. In case of ties (=municipalities achieving the same score) the average rank is calculated and assigned, e.g. achievement scores are for two facilities 90, then their potential ranks 8 and 9 and are taken together and divided by 2. This results in the rank 8.5. Hence there is no rank 8 or 9 assigned and the next municipality would be assigned the rank 10.

## **2.5 Limitations**

### **Sample size**

The study was designed as a nationwide survey. Hence, in comparison to a census, only randomly selected facilities were included in the study. Due to the different sizes of the municipalities, but also the different utilization patterns in the different municipalities, some municipalities had more facilities included than others. Some of the municipalities had only the MFMC and 1 FMC included. This limits our ability to show possible wider variations in these municipalities.

In addition some facilities had only a few visits from patients on the day(s) of the survey. Thus the numbers of observations or exit interviews varies substantially between the facilities.

### **Interviewer bias**

Interviewers were trained and received clear instructions on the data collection, nevertheless variations between interviewers cannot be completely ruled-out.

### **Clinical observations**

The observations protocols for diabetic and hypertensive patients were very detailed in comparison to other illnesses. Hence, this might partially explain achievement differences between those illnesses and all other.

## **2.6 Ethical considerations**

Before the interviews and observations, participants were given an information leaflet and asked for their consent. For this, participants were informed that a) their participation is voluntary, b) they can withdraw from participation at any time without any consequences, c) non-participation will not have any negative effects. Participants were also informed how the data will be used and that confidentiality is ensured as no names or other identifying aspects will be collected.

Ethical clearance was obtained from the Kosovo Medical Chamber on 3<sup>rd</sup> of August, 2018 (Reference Number: 04/2018).

## **3 Results**

### **3.1 Summary of results for Obiliq municipality**

#### **3.2 Infrastructure**

- Two facilities were part of this study (MFMC, FMC – Milloshevë).
- The MFMC offered all services.
- The facility infrastructure, overall cleanliness and maintenance were generally better in the MFMC.
- The rating of hygiene was generally better at the MFMC, with water throughout the year and a toilet available.
- Critical at both facilities is for instance the adequate and safe disposal of sharps and infectious waste as well as the cleanliness and availability of soap close to a toilet.
- Public accountability items and guidelines and information materials were overall available.
- General medical equipment was mostly available and functional. Gynaecological service equipment and advanced equipment was available at the MFMC but not at the FMC.
- Equipment to assess and monitor child growth was fully absent at both facilities.

##### **3.2.1 Clinical observation**

- In total, 12 clinical observations were conducted (5 at MFMC, 7 at FMC).
- In both facilities patients attended either for referrals only or for illnesses other than diabetes or hypertension.
- Principles of patient history taking and physical examination were mostly adhered to in each of the facilities, with a score of 97% at the MFMC and 83% at the FMC.
- Infection prevention and control was not very satisfactory in both facilities. The scores indicate that in cases where infection prevention and control measures were needed, they were often not performed.
- Achievement levels for patients consulting for reasons other than diabetes or hypertension were in both facilities high, although in both instances very few observations were conducted. Observations for patients were more varied: in the MFMC the medical doctor asked more of the relevant questions and did not instruct so well. At the FMC the picture was slightly reversed with less questioning and more instructions.

##### **3.2.2 Exit Interviews**

- A total of 5 patient interviews were conducted (3 in MFMC, 2 in FMC).
- Satisfaction with services was higher at the FMC. At the MFMC patients specifically did not seem to have sufficient chance to ask questions about the investigation, health problem and treatment.
- All patients who paid for the service had received a receipt.

### 3.3 Detailed information on results

#### 3.3.1 Overall assessment of municipalities

Table 1 Overview rank of all municipalities in Kosovo, 2018

Municipalities	Number of facilities	Infrastructure		Clinical Consultation		Exit Interview	
		Infrastructure Score (%)	Infrastructure Rank	Clinical Consultation Score (%)	Clinical Consultation rank	Exit Interview Score (%)	Exit Interview rank
Partes/Pasjane	1	85	1	84	1	97	1.5
Mitrovica North	1	80	2	68	20	77	34.5
Zvecan	1	78	3	54	34	73	38
Prishtinë	5	77	4	59	30.5	88	21
Strpce	1	76	5	78	8.5	94	5
Zubin Potok	1	73	6	67	22	79	32.5
Mamusha	1	68	7.5	77	10	89	18
Leposavic	1	68	7.5	61	29	75	36
Istog	2	65	10	78	8.5	97	1.5
Kaçanik	2	65	10	75	12	92	10
Gracanica	3	65	10	55	33	79	32.5
Prizren	8	64	13	83	2.5	91	14
Mitrovicë	6	64	13	81	4	87	23
Fushë Kosovë	3	64	13	70	18.5	84	28.5
Obiliq	2	63	15.5	83	2.5	85	26.5
Viti	2	63	15.5	67	22	88	21
Dardanë	2	62	19	79	6.5	93	7.5
Peja	3	62	19	72	17	94	5
Hani i Elezit	1	62	19	67	22	91	14
Rahovec	3	62	19	52	35	93	7.5
Gjakovë	5	62	19	46	36	89	18
Junik	1	61	22	42	37	88	21
Ranilug	1	60	24	75	12	86	24.5
Novo Brdo	2	60	24	75	12	77	34.5
Shtime	2	60	24	74	14.5	89	18
Ferizaj	4	59	26.5	74	14.5	85	26.5
Gjilan	5	59	26.5	64	25	82	30
Dragash	2	58	28	73	16	91	14
Skenderaj	3	57	29.5	80	5	94	5
Therandë	3	57	29.5	65	24	80	31
Klinë	2	56	31	79	6.5	92	10
Drenas	3	55	32.5	63	27	91	14
Vushtrri	3	55	32.5	59	30.5	74	37
Malishevë	3	53	34	63	27	91	14
Podujevë	2	51	35	56	32	84	28.5
Lipjan	5	49	36.5	70	18.5	86	24.5
Deçan	2	49	36.5	41	38	95	3
Klokot	1	44	38	63	27	92	10

### 3.3.2 Number of observations and overall assessment

Table 2 Number of observations and overall assessment in Obiliq Municipality

	<b>Name of the facility</b>	<b>No. of clinical observations</b>	<b>No. of Exit interviews</b>
1	MFMC	5	3
2	FMC - Milloshevë	7	2

Table 3 Overall quality scores for Obiliq Municipality

	<b>MFMC</b>	<b>FMC - Milloshevë</b>
Infrastructure score (structural quality)	70%	55%
Clinical score (process quality)	83%	82%
Exit score (outcome quality)	75%	100%

### 3.3.3 Infrastructure

Table 4 Services offered

	<b>MFMC</b>	<b>FMC - Milloshevë</b>
Family planning	yes	no
Antenatal care	yes	no
Obstetric and newborn care	yes	no
Immunization	yes	no
Child care	yes	no
Adolescent health	yes	no
STI services	yes	no
Tuberculosis services	no	no
NCD services	yes	no
Surgery	no	no
Outreach activities (mother, newborn and child health)	yes	no
Lab services	yes	no
X-ray	yes	no
Physician present.	5 or more days per week	5 or more days per week

Table 5 Facility infrastructure and overall cleanliness and maintenance

Facility	MFMC	FMC - Millosheve
The facility and immediate surroundings (facility yard, waiting area outside) are free from long grass, paper debris and solid waste.	yes	yes
The facility has a rubbish bin which is properly used and not overflowing.	no	no
There is a designated waiting room for patients.	yes	yes
The current waiting area is mopped, free of dust, trash; dirt, spider webs, and generally tidy.	yes	yes
There is at least one designated consulting room for women.	yes	no
There is at least one designated consulting room for children.	yes	no
All examination room(s) ensure(s) privacy/confidentiality (door, window blind, curtain).	yes	yes
All examination rooms are mopped, free of dust, trash; dirt, spider webs, and the rooms are generally tidy.	yes	yes
All examination rooms are well illuminated.	yes	yes
The facility has electricity	yes	yes
During the past 7 working days, did you have any power cuts of more than 1 hour during opening hours.	no	no
Is there routinely a time of year when this facility has a severe shortage or lack of power?	no	yes
If yes, specify:		Dimer
The facility has a functional generator	no	no
If the health facility has a functional generator: is fuel available today for the generator?	not applicable	not applicable
The facility has a functional heating system.	yes	yes
If yes, specify:	Qendrore	Qymyr
Has the facility a functional communication equipment (functional landline telephone or cell phone) available (either private phone or facility phone)?	yes	no
What type of phone do you have available?	Private cell phone of staff, Cell phone of facility	not applicable
The facility has functional computer.	yes	no
The facility has a functional printer.	yes	no
The facility has internet access.	yes	no
During the past 7 working days did you have internet for at least 1 hour every day?	yes	not applicable
The administration shelf is filed and in order.	yes	yes
Does the facility have a patient record system?	yes	yes
In which year was the patient record system introduced?	2001	2003
Are there sufficient empty patient record cards available?	yes	no

Table 6 Hygiene

	MFMC	FMC - Millosheve
There is running water in the facility (out of the tap).	yes	yes
There is warm water available (out of the tap).	yes	yes
Is there routinely a time of year when this facility has a severe shortage or lack of water (out of the tap)?	no	yes
If yes, SPECIFY when:	not applicable	Veres
If yes: In case there is a severe shortage or lack of water (out of the tap), where do you fetch water?	not applicable	Bottled water
Functional washing points exist in examination rooms and/or entrance hall, and soap or hand disinfectants and water are available.	yes	no
Labelled containers for medical waste disposal are available in all required areas (e.g. examination rooms).	yes	yes
The facility has adequate and safe disposal of sharps (sharps box/container).	no	no
The facility has adequate and safe disposal of infectious waste.	no	no
Sharps waste is temporary stored at a protected place.	yes	yes
There is regular and appropriate collection for infectious waste.	yes	yes
There is regular and appropriate collection for sharps waste.	yes	yes
The facility has essential disinfectants and antiseptics.	yes	no
The facility has chlorine solution or other disinfectants to disinfect contaminated instruments in all required areas (e.g. in examination rooms).	no	no
The facility has at least one accessible and functional toilet for patients.	yes	yes
The facility has at least one accessible and functional toilet for staff.	yes	no
The toilet(s) or latrine is clean.	no	no
A washing point is available near the toilet or latrine.	no	no
Soap and water are available at the washing point near toilet or latrine.	no	no

Table 7 Public accountability items

	MFMC	FMC - Millosheve
Facility visibly displayed	yes	yes
Opening hours visible	yes	yes
Phone number displayed	no	no
Tariffs displayed	yes	yes
Ministry of Health (MoH) complaints number displayed	yes	yes
Flyer about MoH complaints number available	yes	yes
Tobacco laws displayed	yes	yes
Patient's rights and responsibilities displayed	yes	yes
Logos of pharmaceutical industries showing	no	no
Mechanisms to give public opinion on the service	no	no
Mechanisms for referrals available	yes	no
Year of last quality inspection by the Ministry	2018	2015

Table 8 Availability of guidelines and information materials

	MFMC	FMC - Millosheve
Therapeutic standard guideline for PHC	yes	yes
List of essential drugs	yes	yes
Calendar for health promotion	yes	no
Vaccination calendar	yes	no
Are awareness materials based on standard package info	yes	yes



Table 9 Availability of general medical equipment

Facility	MFMC	FMC - Millosheve
Microsurgery	available, not functional	not available
Nebulizer	available, functional	available, functional
Ambu mask	available, functional	available, functional
Strong source of light in good condition (portable)	available, functional	available, functional
Nasal speculum	not available	not available
Otoscope	available, functional	available, functional
Ophthalmoscope	available, functional	available, functional
Doppler	not available	available, functional
Glucometer	available, functional	available, functional
Peak flow meter	not available	available, functional
Tape measure	available, functional	available, functional
Pen light	available, functional	available, functional
Head light	not available	not available
Neurological hammer	available, functional	available, functional
Weight scale for adults	available, functional	available, functional
Weight scale for children (over 2 years old)	available, functional	not available
Weight scale for infants and toddlers (up to 2 years old)	available, functional	not available
Sphygmomanometer for children	available, functional	available, functional
Sphygmomanometer for adults	available, functional	available, functional
Stethoscope for children	available, functional	available, functional
Stethoscope for adults	available, functional	available, functional
Obstetrical stethoscope/Fetoscope	not available	not available
Pelvimeter	available, functional	not available
Sterilization equipment and anti-septical protocol	available, functional	available, functional
Pulse oximeter	available, functional	available, functional
Refrigerator	available, functional	available, functional
Vaccine refrigerator/portable	available, functional	not available
Height meter board for children (up to two years old)	available, functional	not available
Meter for height measuring (children over 2 years old)	available, functional	available, functional
Thermometer	available, functional	available, functional
Tuning fork	not available	not available
Table for vision testing	available, functional	available, functional
Ear syringe	not available	not available
Scissors	available, functional	available, functional
Timer	not available	not available
Snellen eye chart	available	available
Children growth chart	available	available
Tongue depressor	available	available

Table 10 Availability of Gynaecological service equipment

	MFMC	FMC - Milloshevë
Gynaecological bed	available, functional	not available
Gynaecological instruments	available, functional	not available
Oxygen tank (tube)	available, functional	available, functional
Vaginal speculum, small size	available	not available
Vaginal speculum, medium size	available	not available
Vaginal speculum, large size	available	not available
Pap smear materials: (brush, spatula, holder)	not available	not available
Gloves (latex)	available	available
Masks for doctors	available	available

Table 11 Availability of advanced equipment

	MFMC	FMC - Milloshevë
EKG machine	available, functional	not available
Sterilizer/Autoclave	available, functional	available, functional
Photometer	available, functional	not available
Centrifuge	available, functional	not available
X-ray	not available	not available
Defibrillator	available, functional	not available
Ultrasound machine	available, functional	not available
Microscope	available, functional	not available

Table 12 Availability of equipment to assess and monitor child growth

	MFMC	FMC - Milloshevë
Box of blocks in different colours	no	no
Rattle, small red ball hung in a piece of thread	no	no
Book with simple illustrations or some sheets of colour paper with illustrations, i.e. a flower, a girl, a car, a cat, etc.	no	no
Large and thin pencils, sheets of paper for drawings	no	no
Doll	no	no
Hairbrush	no	no
Small plate and spoon	no	no
Cups	no	no
Simple puzzles with 2-3 pieces	no	no
Sheet with stripes and shapes	no	no

Table 13 Availability of medical products

Facility	MFMC	FMC - Millosheve
Vaccines	yes	no
Water for injections	yes	yes
Atropine sulphate	no	yes
Dextrose solution	yes	no
Manitol solution	no	no
Diazepam	yes	yes
Adrenaline / epinephrine	yes	yes
Furosemid	yes	yes
Natrium chloride solution	yes	yes
Glyceryl trinitrate/nitroglycerin	no	no
Dexamethason	yes	yes
Antitetanus serum	no	no
Antivenom imunoglobulin/antivipera serum	no	no
Oral rehydratation salt/tresol (o.r.s)	no	yes
Benzylpenicillin/ bipericillin	yes	no
Metoclopramide/ methochopramid	yes	yes
Paracetamol/acetaminophen	yes	yes
Morphine sulphate	no	no
Diclofenac	yes	yes
Salbutamol (nebulizer)	no	yes
Hydrocortisone	no	no
Contraceptives: oral (COC, POP), Injectables, DIU, Condoms	no	no
Emergency conceptive pill/levonorgestrel	no	no
Plastic syringes	yes	yes
Needles for syringes	yes	yes
Povidon jod/iodine solution	yes	yes
Surgical gloves	yes	yes
Amoxicillin/erythromycin	yes	yes
Chloropiramine/chlorfeniramin (oral antihistamine)	no	yes
Acid acetylsalicylic/aspirin	yes	yes
Atenolol/metoprolol	yes	yes
Sol. glucose	yes	yes
Hyoscine butylbromide/buscopan	yes	no
Folic acid	no	no
Oxygen	yes	yes
Bandages	yes	no
Gauze	yes	no
Hydrogen peroxide	no	no

Facility	MFMC	FMC - Millosheve
Hydrophilic cotton	yes	yes
Plastic perfusion system	yes	yes
Spiritus aethylicus 70% (alcohol)	yes	yes
Ranitidine	yes	yes
Magnesium sulphate	no	no
Suture/thread for stitching wounds	no	no
Kalium (potassium) iodine	no	no
Test strips for Glucometer	no	no
Urine protein test strips	no	no
Urine ketones test strips	no	no
Urine microalbuminuria test strips	no	no
Fluorescein strips	no	no
Blood cholesterol assay	yes	no
Lipid profile	yes	no
Serum creatinine assay	yes	no

### 3.3.4 Clinical Observations

Table 14 Clinical observations overview table

	<b>MFMC % (n=5)</b>	<b>FMC - Millosheve % (n=7)</b>
Number of observations (patients)	100%	100%
- women	100% (5)	86% (6)
Observations by type of doctors		
- Family Medical Specialist	100% (5)	100% (7)
- General Practitioner	0% (0)	0% (0)
- Other Specialist	0% (0)	0% (0)
Age of patient		
- <5	0% (0)	14% (1)
- 5 - 18	0% (0)	14% (1)
- 19 - 49	80% (4)	43% (3)
- 50 - 65	20% (1)	14% (1)
- >65	0% (0)	14% (1)
Reason for visit		
- Hypertension	0% (0)	0% (0)
- Diabetes	0% (0)	0% (0)
- Other	60% (3)	71% (5)
-Referral	40% (2)	29% (2)

Table 15 Adherence to principles of history and physical examination

	<b>MFMC (n=5)</b>	<b>FMC – Millosheve (n=7)</b>
<b>The medical doctor adheres to principles of history and physical examination, i.e. ...</b> - Greets the client - Sees the client in privacy/confidentiality - Makes the client comfortable (e.g. Seat offered) - Asks the client about concerns, allows client to explain his/her health issue - Has the patient record - Uses the patient record during consultation - Documents consultation in patient record (of all who have the patient record) - Closed politely the consultation	97% (90% - 100%)	83% (Not available)

Table 16 Infection prevention and control

	<b>MFMC (n=5)</b>	<b>FMC - Milloshevë (n=7)</b>
<b>The medical doctor pays attention to infection prevention and control, i.e. ...</b> - Washes hands before the procedure - Washes hands after procedure - Applied proper decontamination procedures - Puts on gloves where required - Puts on a mask where required	0% (Not available)	0% (Not available)

Table 17 Patients with diabetes

<b>Diabetes</b>	<b>MFMC (n=0)</b>	<b>FMC - Milloshevë (n=0)</b>
<b>The medical doctor</b>		
<b>Asks questions, about ...</b> - Any specific health complaints - General weakness - Urine discharge - Vulvovaginitis or pruritus - Appetite - Eye-sight - Visit to ophthalmologist - Alcohol - Smoking - Using other medicine - Sedentary way of life - Adherence with diabetes treatment (if applicable)	Not applicable	Not applicable
<b>Conducts examinations, i.e. ...</b> - Checks blood pressure - Weight measurement / calculation of body-mass index - Of skin, mucus membranes, nodes of lymph, ears, nose, thyroid glands - Of eyes - Of chest, auscultation of lungs - Auscultation of heart - Of abdomen, palpation of liver and signs of percussion - Perfusion of legs (veins and feeling of legs) - And gives clear explanations to the client concerning the purpose of tests and procedures.	Not applicable	Not applicable

<b>Diabetes</b>	<b>MFMC (n=0)</b>	<b>FMC - Milloshević (n=0)</b>
<b>Advices, explains and instructs, about ...</b> <ul style="list-style-type: none"> <li>- Results of examinations</li> <li>- The situation and diagnosis</li> <li>- The prognosis</li> <li>- About needed examinations - Nutrition, i.e. Food intake and weight decrease</li> <li>- On the prevention and treatment of hypoglycaemia and other acute and chronic complications of diabetes</li> <li>- On self-monitoring - glycemia control and prevention of hypoglycaemia</li> <li>- About alcohol</li> <li>- About smoking</li> <li>- About physical exercise</li> <li>- Right ways of care of legs</li> <li>- Potential complication of the illness</li> <li>- Potential risks if illness is not treated</li> <li>- Importance of adherence to treatment</li> <li>- About follow-up visit</li> <li>- About the referral (if applicable)</li> <li>- On prescribed medicines/treatment (if applicable)</li> </ul>	Not applicable	Not applicable
<b>Overall Score</b>	<b>Not applicable</b>	<b>Not applicable</b>

Table 18 Patients with hypertension

<b>Hypertension</b>	<b>MFMC (n=0)</b>	<b>FMC - Milloshević (n=0)</b>
<b>The medical doctor</b>		
<b>Asks questions, about ...</b> <ul style="list-style-type: none"> <li>- Any specific health complaints</li> <li>- Headache</li> <li>- The use of medicine other than for hypertension</li> <li>- The use of contraceptives</li> <li>- Eye-sight</li> <li>- Visit to ophthalmologist</li> <li>- Alcohol</li> <li>- Smoking</li> <li>- Sedentary way of life</li> <li>- High blood pressure (if applicable)</li> <li>- Adherence with hypertension treatment (if applicable)</li> </ul>	Not applicable	Not applicable
<b>Conducts examinations, i.e. ...</b> <ul style="list-style-type: none"> <li>- Checks blood pressure</li> <li>- Weight measurement / calculation of body-mass index</li> <li>- Of skin, mucus membranes, nodes of lymph, ears, nose, thyroid glands</li> <li>- Of eyes</li> <li>- Of chest, auscultation of lungs</li> <li>- Auscultation of heart</li> <li>- Of abdomen, palpation of liver and signs of percussion, palpation of kidneys</li> <li>- Perfusion of legs (pulse and perfusion of legs)</li> <li>- And gives clear explanations to the client concerning the purpose of tests and procedures. Checks blood pressure</li> </ul>	Not applicable	Not applicable

<b>Hypertension</b>	<b>MFMC (n=0)</b>	<b>FMC - Milloshevë (n=0)</b>
<b>Advices, explains and instructs, about ...</b> <ul style="list-style-type: none"> <li>- Results of examinations</li> <li>- The situation and diagnosis</li> <li>- The prognosis</li> <li>- About needed examinations</li> <li>- About signs of extreme hypertension</li> <li>- About what to do when signs of extreme hypertension occur</li> <li>- Nutrition, i.e. food intake</li> <li>- About alcohol</li> <li>- About smoking</li> <li>- About physical exercise</li> <li>- About oral contraceptives</li> <li>- Potential complication of the illness</li> <li>- Potential risks if illness is not treated</li> <li>- Importance of adherence to treatment</li> <li>- About follow-up visit</li> <li>- About the referral (if applicable)</li> <li>- On prescribed medicines/treatment (if applicable)</li> </ul>	Not applicable	Not applicable
<b>Overall Score</b>	<b>Not applicable</b>	<b>Not applicable</b>

Table 19 Patients consulting for other reasons than diabetes or hypertension

<b>Other diseases</b>	<b>MFMC (n=3)</b>	<b>FMC - Milloshevë (n=5)</b>
<b>The medical doctor</b>		
<b>Asks questions, about ...</b> <ul style="list-style-type: none"> <li>- Takes patient history (general history, specific to disease)</li> <li>- Asks open ended questions during history taking</li> <li>- Asks about any prescriptions the client is currently taking.</li> <li>- Listens to the client and responds to client questions.</li> </ul>	92% (75% - 100%)	100% (Not available)
<b>Conducts examinations, i.e. ...</b> <ul style="list-style-type: none"> <li>- Performs medical examinations and other investigations as individually required.</li> <li>- Gives clear explanations to the patient concerning the purpose of medical examinations and other investigations.</li> </ul>	100% (Not available)	100% (Not available)
<b>Advices, explains and instructs, about ...</b> <ul style="list-style-type: none"> <li>- Results of examinations</li> <li>- The situation and diagnosis</li> <li>- The prognosis</li> <li>- About needed examinations</li> <li>- About follow-up visit</li> <li>- About the referral (if applicable)</li> <li>- On prescribed medicines/treatment (if applicable)</li> <li>- On risks factors/health education (if applicable)</li> </ul>	100% (Not available)	86% (73% - 98%)
<b>Overall Score</b>	<b>97% (92% - 100%)</b>	<b>92% (86% - 99%)</b>



Table 20 Patients consulting for referrals

Referrals	MFMC (n=2)	FMC - Milloshevi (n=2)
<b>The medical doctor</b>		
<b>Asks questions, about ...</b> - Takes patient history (general history, specific to disease) - Asks open ended questions during history taking - Asks about any prescriptions the client is currently taking. - Listens to the client and responds to client questions.	63% (0% - 100%)	50% (0% -100%)
<b>Conducts examinations, i.e. ...</b> - Performs medical examinations and other investigations as individually required. - Gives clear explanations to the patient concerning the purpose of medical examinations and other investigations.	Not applicable	Not applicable
<b>Advices, explains and instructs, about ...</b> - Results of examinations - The situation and diagnosis - The prognosis - About needed examinations - About follow-up visit - About the referral (if applicable) - On prescribed medicines/treatment (if applicable) - On risks factors/health education (if applicable)	30% (10% - 50%)	67% (Not available)
<b>Overall Score</b>	<b>44% (1% - 88%)</b>	<b>60% (21% - 99%)</b>

### 3.3.5 Exit Interviews

Table 21 Socio-demographic attributes among respondents of exit interviews

	<b>MFMC % (n=3)</b>	<b>FMC - Millosheve % (n=2)</b>
Number of interviews	100%	100%
- Women	67% (2)	100% (2)
Education		
- Never attended school	0% (0)	0% (0)
- Completed lower primary school	0% (0)	0% (0)
- Completed primary school	0% (0)	50% (1)
- Completed high school	100% (3)	50% (1)
- Completed college / university	0% (0)	0% (0)
- Other	0% (0)	0% (0)
Occupation		
- Farmer	0% (0)	0% (0)
- Employed	33% (1)	0% (0)
- Self-employed	0% (0)	0% (0)
- Housewife	67% (2)	100% (2)
- Governmental employee	0% (0)	0% (0)
- Unemployed	0% (0)	0% (0)
- Pensioner	0% (0)	0% (0)
- Pupil/Student	0% (0)	0% (0)
- Other	0% (0)	0% (0)
Economic or social aid	0% (0)	50% (1)

Table 22 Frequency and reason of visit of exit interviews

	<b>MFMC % (n=3)</b>	<b>FMC - Millosheve % (n=2)</b>
Excluding today: how often did you access this HC over the past 3 month?		
- Did not access this HC in the past 3 months	33% (1)	0% (0)
- 1-3 times	33% (1)	50% (1)
- More than 3 times	33% (1)	50% (1)
What was the reason for your consultation today?		
- Chronic condition	33% (1)	50% (1)
- Antenatal care	0% (0)	0% (0)
- Child health	33% (1)	0% (0)
- Immunisation	0% (0)	0% (0)
- Other	33% (1)	50% (1)

Table 23 Overall satisfaction with health services - exit interviews

	<b>MFMC % (n=3)</b>	<b>FMC - Millosheve % (n=2)</b>
Overall: How satisfied were you with the services you received today		
Very unsatisfied	0% (0)	0% (0)
Unsatisfied	33% (1)	0% (0)
Satisfied	33% (1)	0% (0)
Very satisfied	33% (1)	100% (2)

Table 24 Satisfaction with different aspects of health service - exit interviews

	<b>MFMC % (n=3)</b>	<b>FMC - Millosheve % (n=2)</b>
Patient was given the opportunity to explain the health problem	100% (3)	100% (2)
Patients privacy was ensured	100% (3)	100% (2)
Doctor explained the questioning and physical examinations and the health problem*	100% (2)	100% (2)
Doctor explained the intake of prescribed medicine**	67% (2)	100% (1)
Doctor asked if patient currently takes prescriptions	100% (3)	100% (2)
Patient was given chance to ask questions about the investigation, health problem and treatment	33% (1)	100% (2)
Doctor listened carefully to patients concerns and questions and gave satisfactory answers	67% (2)	100% (2)
Patient got advice on health problem	67% (2)	100% (2)
Medical doctor was polite during consultation	67% (2)	100% (2)

\* relevant only when examination was conducted; \*\* only relevant if medicine were prescribed

Table 25 Payment for health service - exit interviews

	<b>MFMC % (n)</b>	<b>FMC - Millosheve % (n)</b>
Did you pay today for your health consultation?	100% (3)	50% (1)
Did you get a receipt for your payment?	100% (3)	100% (1)

## 4 References

Accessible Quality Healthcare (AQH) (2016). "Quality of Care Study 2016 – Technical Report of the Baseline Study." Swiss Tropical and Public Health Institute, Basel.

Boller, C., Wyss, K., et al. (2003). "Quality and comparison of antenatal care in public and private providers in the United Republic of Tanzania." *Bull World Health Organization* 81(2): 116-122.

Donabedian, A. (1988). "The quality of care. How can it be assessed?" *JAMA* 260(12): 1743-1748.

Donabedian, A. (1990). "The seven pillars of quality." *Archives of pathology & laboratory medicine* 114 (November): 1115-1118.

Foundation for Sustainable Development (2014). Quality as the missing link between access to healthcare and improved patient outcomes. Express Newsletter 3/14, URL: [http://www.novartisfoundation.org/\\_file/205/newsletter-3-14.pdf](http://www.novartisfoundation.org/_file/205/newsletter-3-14.pdf) (Access: 11 February 2015).

Kiefer, S. and Kadesha, B. (2015). Report on the Assessment of Quality of Care in Primary Health Care Facilities in the two Pilot Regions, Health for All project, Albania. Study report. Basel: Swiss TPH.

Lechthaler, F. (2015). Study Protocol on the Quality of Care Study in Chad. Unpublished.

Matthys, B. (2013). Assessment of quality of care in primary health care facilities in two pilot rayons of project Sino. Study report. Basel: Swiss TPH.

World Health Organization (2010). Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings. Geneva: WHO.

World Health Organization (2015). Service Availability and Readiness Survey (SARA). An annual monitoring system for service delivery. Version 2.2. Geneva: WHO.

## Appendix A: Abbreviations

AQH	Accessible Quality Healthcare
CI	Confidence interval
DHSW	Directors of Health and Social Welfare
FM	Family Medicine
FMC	Family Medicine Centre
GP	General Practitioner
MFMC	Main Family Medicine Centre
MoH	Ministry of Health
ODK	Open Data Kit
PHC	Primary Health Care
QoC	Quality of Care
SARA	Service Availability and Readiness Assessment (SARA)
SDC	Swiss Agency for Development and Cooperation
Swiss TPH	Swiss Tropical and Public Health Institute
WHO	World Health Organisation

## Appendix B: Questionnaire

Quality of Care Assessment - Infrastructure Assessment	Answers
Interviewer_ID	
IMEI (International Mobile Equipment Identity)	
Date of interview	
Start time of interview	
Name of municipality	
Name of facility	
Oral consent given by interviewee	yes no
<b>Which services do you provide at this facility?</b>	
Family planning	yes no
Antenatal care	yes no
Obstetric and newborn care	yes no
Immunization	yes no
Child preventative and curative care	yes no
Adolescent health	yes no
Sexually transmitted infections	yes no
Tuberculosis	yes no
Non-communicable diseases	yes no
Surgery	yes no
Do you provide any outreach activities?	yes no
If yes, SPECIFY	
Do you have laboratory services?	yes no

Do you have X-ray facilities?	yes no
How many days of the working week is at least one doctor present to provide general primary health care services?	1-2 days per week
	3-4 days per week
	5 or more days per week
<b>Facility infrastructure and overall cleanliness and maintenance</b>	
The facility and immediate surroundings (facility yard, waiting area outside) are free from long grass, paper debris and solid waste.	yes no
The facility has a rubbish bin which is properly used and not overflowing.	yes no
There is a designated waiting room for patients.	yes no
The current waiting area is mopped, free of dust, trash; dirt, spider webs, and generally tidy.	yes no
There is at least one designated consulting room for women.	yes no
There is at least one designated consulting room for children.	yes no
All examination room(s) ensure(s) privacy/confidentiality (door, window blind, curtain).	yes no
All examination rooms are mopped, free of dust, trash; dirt, spider webs, and the rooms are generally tidy.	yes no
All examination rooms are well illuminated.	yes no
The facility has electricity	yes no
During the past 7 working days, did you have any power cuts of more than 1 hour during opening hours.	yes no
Is there routinely a time of year when this facility has a severe shortage or lack of power?	yes no
If yes, SPECIFY:	
The facility has a functional generator	yes no
If the health facility has a functional generator: is fuel available today for the generator?	yes no
The facility has a functional heating system.	yes no

If yes, SPECIFY:	
Has the facility a functional communication equipment (functional landline telephone or cell phone) available (either private phone or facility phone)?	yes no
What type of phone do you have available?	private cell phone of staff cell phone of facility landline of facility
The facility has functional computer.	yes no
The facility has a functional printer.	yes no
The facility has internet access.	yes no
During the past 7 working days did you have internet for at least 1 hour every day?	yes no
The administration shelf is filed and in order.	yes no
Does the facility have a patient record system?	yes no
In which year was the patient record system introduced?	
Are there sufficient empty patient record cards available?	yes no
<b>Are minimum hygiene and safety standards in the facility ensured?</b>	
There is running water in the facility (out of the tap).	yes no
There is warm water available (out of the tap).	yes no
Is there routinely a time of year when this facility has a severe shortage or lack of water (out of the tap)?	yes no
If yes: In case there is a severe shortage or lack of water (out of the tap), where do you fetch water?	well (protected) bottled water water tank/storage other
If other, please SPECIFY:	



Functional washing points exist in examination rooms and/or entrance hall, and soap or hand disinfectants and water are available.	yes no
Labelled containers for medical waste disposal are available in all required areas (e.g. examination rooms).	yes no
The facility has adequate and safe disposal of sharps (sharps box/container).	yes no
The facility has adequate and safe disposal of infectious waste.	yes no
Infectious waste is temporary stored at a protected place.	yes no
Sharps waste is temporary stored at a protected place.	yes no
There is regular and appropriate collection for infectious waste.	yes no
There is regular and appropriate collection for sharps waste.	yes no
The facility has essential disinfectants and antiseptics.	yes no
The facility has chlorine solution or other disinfectants to disinfect contaminated instruments in all required areas (e.g. in examination rooms).	yes no
The facility has at least one accessible and functional toilet for patients.	yes no
The facility has at least one accessible and functional toilet for staff.	yes no
The toilet(s) or latrine is clean.	yes no
A washing point is available near the toilet or latrine.	yes no
Soap and water are available at the washing point near toilet or latrine.	yes no
<b>Public accountability</b>	
Is the facility location visible displayed in public?	yes no
Are the facility opening hours visibly displayed to the public?	yes no
Is a contact phone number visibly displayed to the public?	yes no

Are the tariffs visibly displayed to the public/patients?	yes no
Are the contact details of the Ministry of Health helpline for citizen complaints publicly displayed?	yes no
Are information leaflets about the Ministry of Health helpline for citizens complaints available at the health facility?	yes no
Is information on the violation of the Kosovo law against tobacco displayed to the public?	yes no
Is the Charter of Patient's Rights and Responsibilities visibly displayed in the waiting area?	yes no
Do any of the leaflets/posters at the facility have a logo/trademark from a pharmaceutical company?	yes no
Does the facility have a box/book to get public opinion on the quality of services?	yes no
Does the facility have mechanisms to facilitate referral of emergency patients to the next level?	yes no
When was the last quality inspection by the health inspectors from the Ministry of Health?	
<b>Is there a document or copy available of the following essential treatment / management guidelines for different common conditions treated in your health facility?</b>	
Is the booklet on <b>Therapeutic standard guideline for PHC</b> available at the facility?	yes no
Is the list of essential drugs available at the facility?	yes no
<b>Are the following IEC materials visibly displayed to patients?</b>	
The Calendar of health promotion developed by MOH or IPH	yes no
The Calendar of Vaccination/Immunization	yes no
Awareness materials (posters, leaflets) (when counseling) based on standard package info (children, adults, women and reproductive health, seniors, mental health)	yes no
<b>Does the facility have the following basic/essential medical equipment and supplies and are they functional?</b>	
General medical equipment	
Microsurgery	available, functional

	available, NOT functional
	not available
Nebulizer	available, functional
	available, NOT functional
	not available
Ambu mask	available, functional
	available, NOT functional
	not available
Strong source of light in good condition (portable)	available, functional
	available, NOT functional
	not available
Nasal speculum	available, functional
	available, NOT functional
	not available
Otoscope	available, functional
	available, NOT functional
	not available
Opthalmoscope	available, functional
	available, NOT functional
	not available
Doppler	available, functional
	available, NOT functional
	not available
Glucometer	available, functional
	available, NOT functional
	not available
Peak flow meter	available, functional
	available, NOT functional
	not available
Tape measure	available, functional
	available, NOT functional
	not available

Pen light	available, functional
	available, NOT functional
	not available
Head light	available, functional
	available, NOT functional
	not available
Neurological hammer	available, functional
	available, NOT functional
	not available
Weight scale for adults	available, functional
	available, NOT functional
	not available
Weight scale for children (over 2 years old)	available, functional
	available, NOT functional
	not available
Weight scale for infants and toddlers (up to 2 yrs old)	available, functional
	available, NOT functional
	not available
Sphygmomanometer for children	available, functional
	available, NOT functional
	not available
Sphygmomanometer for adults	available, functional
	available, NOT functional
	not available
Stethoscope for children	available, functional
	available, NOT functional
	not available
Stethoscope for adults	available, functional
	available, NOT functional
	not available
Obstetrical stethoscope/Fetoscope	available, functional
	available, NOT functional

	not available
Pelvimeter	available, functional
	available, NOT functional
	not available
Sterilization equipment and anti-septical protocol	available, functional
	available, NOT functional
	not available
Pulse oximeter	available, functional
	available, NOT functional
	not available
Refrigerator	available, functional
	available, NOT functional
	not available
Vaccine refrigerator/portable	available, functional
	available, NOT functional
	not available
Height meter board for children (up to two years old)	available, functional
	available, NOT functional
	not available
Meter for height measuring ( children over two years of age)	available, functional
	available, NOT functional
	not available
Thermometer	available, functional
	available, NOT functional
	not available
Tuning fork	available, functional
	available, NOT functional
	not available
Table for vision testing	available, functional
	available, NOT functional
	not available
Ear syringe	available, functional

	available, NOT functional
	not available
Scissors	available, functional
	available, NOT functional
	not available
Timer	available, functional
	available, NOT functional
	not available
Snellen eye chart	available
	not available
Children growth chart	available
	not available
Tongue depressor	available
	not available
<b>Gynecological service equipment</b>	
Gynecological bed	available, functional
	available, NOT functional
	not available
Gynecological instruments	available, functional
	available, NOT functional
	not available
Oxygen tank (tube)	available, functional
	available, NOT functional
	not available
Vaginal speculum, small size	available
	not available
Vaginal speculum, medium size	available
	not available
Vaginal speculum, large size	available
	not available
Pap smear materials: (brush, spatula, holder)	available
	not available

Gloves (latex)	available
	not available
Masks for doctors	available
	not available
Delivery set: available?	yes no not applicable
Delivery set: sterile	yes no
<b>Does the delivery set contain...</b>	
Haemostatic pincette	available, functional
	available, NOT functional
	not available
Obstetrical forceps	available, functional
	available, NOT functional
	not available
Scissors	available, functional
	available, NOT functional
	not available
Sterile cat gut	available, functional
	available, NOT functional
	not available
Sterile gauze	available, functional
	available, NOT functional
	not available
Umbilical cordon clip	available
	not available
Needles and needle bearer	available
	not available
Anatomic pincette	available
	not available
Sterile surgical gloves (two pairs)	available
	not available

Surgical coat	available
	not available
Oxytocin ampoule (one) + metergine ampoule (one)	available
	not available
Syringes	available
	not available
Plastic aspiration tubes for newborns	available
	not available
Lydocain (One vial)	available
	not available
Betadine solution (vials)	available
	not available
Oxytocin (vials)	available
	not available
<b>Advanced equipment</b>	
EKG machine	available, functional
	available, NOT functional
	not available
Sterilizer/Autoclave	available, functional
	available, NOT functional
	not available
Photometer	available, functional
	available, NOT functional
	not available
Centrifuge	available, functional
	available, NOT functional
	not available
X-ray	available, functional
	available, NOT functional
	not available
Defibrillator	available, functional
	available, NOT functional



	not available
Ultrasound machine	available, functional
	available, NOT functional
	not available
Microscope	available, functional
	available, NOT functional
	not available
<b>Necessary tools/materials to assess and monitor child growth</b>	
Box of blocks in different colors	yes no
Rattle, small red ball hung in a piece of thread	yes no
Book with simple illustrations or some sheets of color paper with illustrations, i.e. a flower, a girl, a car, a cat, etc.	yes no
Large and thin pencils, sheets of paper for drawings	yes no
Doll	yes no
Hairbrush	yes no
Small plate and spoon	yes no
Cups	yes no
Simple puzzles with 2-3 pieces	yes no
Sheet with stripes and shapes	yes no
<b>Were the following products available the day of the visit?</b>	
Do you have all vaccines available today as foreseen by the calendar of vaccinations?	yes no
Water for injections	yes no
Atropin sulphat	yes no

Dextrose solution	yes no
Manitol solution	yes no
Diazepam	yes no
ADRENALINE / Epinephrine	yes no
Furosemid	yes no
Natrium chloride solution	yes no
GLYCERYL TRINITRATE/Nitroglycerin	yes no
Dexamethason	yes no
Antitetanus serum	yes no
ANTIVENOM IMUNOGLOBULIN/Antivipera serum	yes no
ORAL REHIDRATATION SALT/Tresol (O.R.S)	yes no
BENZYL PENICILLIN/ Bipenicillin	yes no
METOCLOPRAMIDE/ Methochopramid	yes no
PARACETAMOL/Acetaminophen	yes no
Morphin sulphate	yes no
Diclofenac	yes no
Salbutamol (nebulizer)	yes no
Hydrocortison	yes no
Contraceptives: oral (COC, POP), Injectables, DIU, Condoms	yes no
Emergency contraceptive pill / LEVONORGESTREL	yes no
Plastic syringes	yes no

Needles for syringes	yes no
POVIDON JOD/Iodine solution	yes no
Surgical gloves	yes no
Amoxicillin/erythromycin	yes no
CHLOROPIRAMINE/Chlorfeniramin (oral antihistaminic)	yes no
ACID ACETYLSALICYLIC/Aspirin	yes no
Atenolol/metoprolol	yes no
Sol.Glucose	yes no
HYOSCINE BUTYLBROMIDE/Buscopan	yes no
Folic acid	yes no
Oxygen	yes no
Bandages	yes no
Gauze	yes no
Hydrogen peroxide	yes no
Hydrophilic cotton	yes no
Plastic perfusion system	yes no
Spiritus aethylicus 70% ( alcohol)	yes no
Ranitidin	yes no
Magnesium Sulphate	yes no
SUTURE/Thread for stitching wounds	yes no
Kalium (potassium) iodine	yes no

Test strips for Glucometer	yes no
Urine protein test strips	yes no
Urine ketones test strips	yes no
Urine microalbuminuria test strips	yes no
Fluorescein strips	yes no
Blood cholesterol assay	yes no
Lipid profile	yes no
Serum creatinine assay	yes no
<b>Thank you very much for the interview.</b>	
Interviewer comments	
Do you have any indication of cigarette smoke within the premises of the health facility?	yes no
End time of interview	
<b>Quality of Care Assessment - Clinical observation</b>	<b>Answers</b>
Interviewer_ID	
IMEI (International Mobile Equipment Identity)	
Date of interview	
Start time of interview	
Name of municipality	
Name of facility	
<p>Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of selected health facilities of the project. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and ethical review board has approved this study.</p> <p>Your experiences are very important to improve aspects related to quality of care. Information collected from this interview/questionnaire will be used by the Accessible Quality Healthcare Project. Summaries of findings might also be shared with municipal or national authorities.</p> <p>The information collected from you will be kept confidential within the research team. Instead of using your name, we will give a non-personal identification number which cannot be traced individually. We are not</p>	

interested in your disease or disease history but want to observe some aspects on the care that the doctor provides to you. You are free to decide whether or not you participate in this study. If you decide not to do it, there will be no negative effect.	
Do I have your agreement to observe your consultation?	yes no
Is the patient during the consultation present?	yes no
<b>Patient profile</b>	
Patients' gender	female male
Patients' year of birth	
Mother/father/caretaker with child (child is patient)	yes no
<b>Profile of health staff</b>	
Staff name	
Doctors' gender	female male
Doctors' year of birth	
Type of doctor that is observed	family doctor general doctor specialist
Please specify:	
<b>Adherence of medical doctor to principles of clinical history and physical examination</b>	
The medical doctor	yes no
... greets the client.	yes no
... sees the client in privacy/confidentiality.	yes no

... makes the client comfortable (e.g. seat offered)	yes no
... asks the client about concerns, allows client to explain his/her health issue.	yes no
... has the patient medical record	yes no
... uses the patient card for anamnesis	yes no
For which illness is the patient seen?	arterial hypertension  diabetes  referral  other
<b>Assessment of an adult diabetes mellitus patient - Does the medical doctor follow the clinical assessment procedures, investigations and treatment guidelines?</b>	
<b>Asks questions on the illness about</b>	<b>yes no</b>
... any specific health complaints	yes no
... general weakness	yes no
... urine discharge	yes no
... vulvovaginitis or pruritus	yes no
... appetite	yes no
... eye-sight	yes no
... visit to ophthalmologist	yes no
... alcohol	yes no
... smoking	yes no
... using other medicine	yes no
... sedentary way of life	Yes  no

... adherence with diabetes treatment	yes no
<b>Conducts examination...</b>	<b>yes no not applicable</b>
... checks blood pressure	yes no
... weight measurement / calculation of body-mass index	yes no
... of skin, mucus membranes, nodes of lymph, ears, nose, thyroid glands	yes no
... of eyes	yes no
... of chest, auscultation of lungs	yes no
... auscultation of heart	yes no
... of abdomen, palpation of liver and signs of percussion	yes no
... perfusion of legs (veins and feeling of legs)	yes no
... and gives clear explanations to the client concerning the purpose of tests and procedures.	yes no
<b>Advices, explains, instructs</b>	<b>yes no</b>
... results of examinations	yes no
... the situation and diagnosis	yes no
... the prognosis	yes no
... about needed examinations	yes no
... nutrition, i.e. food intake and weight decrease	yes no
... on the prevention and treatment of hypoglycemia and other acute and chronic complications of diabetes	yes no
... on selfmonitoring - glycemia control and prevention of hypoglycaemia	yes no
... about alcohol	yes no

... about smoking	yes no
... about physical exercise	yes no
... right ways of care of legs	yes no
... potential complication of the illness	yesno
... potential risks if illness is not treated	yes no
... importance of adherence to treatment	yes no
... about follow-up visit	yes no
<b>Advices, explains, instructs</b>	<b>yes no not applicable</b>
... about the referral	yes no not applicable
... on prescribed medicines/treatment	yes no not applicable
<b>Assessment of an adult patient with arterial hypertension - Does the medical doctor follow the assessment procedures, investigations and treatment guidelines?</b>	
<b>Asks questions on the illness about</b>	<b>yes no</b>
... any specific health complaints	yes no
... headache	yes no
... the use of medicine other than for hypertension	yes no
... the use of contraceptives	yes no
... eye-sight	yes no
... visit to ophthalmologist	yes no
... alcohol	yes no
... smoking	yes no



... sedentary way of life	yes no
<b>Asks questions on the illness about</b>	<b>yes no not applicable</b>
... high blood pressure	yes no not applicable
... adherence with hypertension treatment	yes no not applicable
<b>Conducts examination...</b>	<b>yes no</b>
... checks blood pressure	yes no
... weight measurement / calculation of body-mass index	yes no
... of skin, mucus membranes, nodes of lymph, ears, nose, thyroid glands	yes no
... of eyes	yes no
... of chest, auscultation of lungs	yes no
... auscultation of heart	yes no
... of abdomen, palpation of liver and signs of percussion, palpation of kidneys	yes no
... perfusion of legs (pulse and perfusion of legs)	yes no
... and gives clear explanations to the client concerning the purpose of tests and procedures.	yes no
<b>Advices, explains, instructs</b>	<b>yes no</b>
... results of examinations	yes no
... the situation and diagnosis	yes no
... the prognosis	yes no
... about needed examinations	yes no

... about signs of extreme hypertension	yes no
... about what to do when signs of extreme hypertension occur	yes no
... nutrition, i.e. food intake	yes no
... about alcohol	yes no
... about smoking	yes no
... about physical exercise	yes no
... about oral contraceptives	yes no
... potential complication of the illness	yes no
... potential risks if illness is not treated	yes no
... importance of adherence to treatment	yes no
... about follow-up visit	yes no
<b>Advices, explains, instructs</b>	<b>Yes</b> <b>no</b> <b>not applicable</b>
... about the referral	yes no not applicable
... on prescribed medicines/treatment	yes no not applicable
<b>Assessment of a patient with other condition than diabetes or arterial hypertension.</b>	
Asks questions on the illness about	yes no
... takes patient history (general history, specific to disease)	yes no
... asks open ended questions during history taking	yes no
... asks about any prescriptions the client is currently taking.	yes no

... listens to the client and responds to client questions.	yes no
<b>Conducts examination...</b>	<b>yes no not applicable</b>
... performs medical examinations and other investigations as individually required.	yes no not applicable
... gives clear explanations to the patient concerning the purpose of medical examinations and other investigations.	yes no not applicable
<b>Advices, explains, instructs</b>	<b>yes no</b>
... results of examinations	yes no
... the situation and diagnosis	yes no
... the prognosis	yes no
... about needed examinations	yes no
... about follow-up visit	yes no
<b>Advices, explains, instructs</b>	<b>yes no not applicable</b>
... about the referral	yes no not applicable
... on prescribed medicines/treatment	yes no not applicable
... on risks factors/health education	yes  no  not applicable
<b>Did the medical doctor apply infection prevention and control measures?</b>	
The doctor...	
... washed hands before the procedure (including use of soap).	yes no not applicable

... washed hands after the procedure (including use of soap).	yes no not applicable
... applied proper decontamination procedures (e.g. soaking contaminated instruments into a bucket with chlorine or any other disinfectant)	yes no not applicable
... put on gloves where required.	yes no not applicable
... put on a mask where required.	yes no not applicable
... closed the consultation politely.	yes no not applicable
Does the doctor document the consultation in the patient card?	yes no
<b>Thank you very much for the interview.</b>	
Interviewer comments	
End time of interview	
<b>Quality of Care Assessment - Exit Interview</b>	<b>Answers</b>
Interviewer_ID	
IMEI (International Mobile Equipment Identity)	
Date of interview	
Start time of interview	
Name of municipality	
Name of facility	
<p>Good morning! My name is [NAME]. We are here on behalf of the Accessible Quality Healthcare Project funded by the Swiss Development Cooperation to conduct a survey of health facilities in our project area. The objective of this study is to assess the quality of health care services provided in health facilities. The Ministry of Health and the ethical review board has approved this study.</p> <p>We would like to interview people who have today consulted the medical doctor for their own health issues or for a child. Your experiences are very important to improve aspects related to quality of care. Information collected from this interview/questionnaire will be used by Accessible Quality Healthcare Project. Summaries of findings might also be shared with regional or national authorities.</p> <p>The information collected from you will be kept confidential within the research team. Instead of using your name, we will give a non-personal identification number which cannot be traced individually. You are free to decide whether or not you participate in this study. If you decide not to do it, there will be no negative effect. However, we hope you will answer the questions, which will benefit the people of Kosovo.</p>	
Do I have your consent to proceed?	yes no

Have you been here today for issues related to your own health or the one of a child (child must be with the person)?	yes no
<b>Socio-demographic information</b>	
Patients' gender	female male
Year of birth	
Mother/father/caretaker older 18 with child (child is patient)	yes no
<b>Satisfaction with health service</b>	
Overall: How satisfied were you with the services you received today?	very unsatisfied unsatisfied satisfied very satisfied
<b>Received services</b>	
Excluding today: How often did you over the past 3 month access this HC?	did not access this HC in the past 3 months 1-3 times more than 3 times
What was the reason for your consultation today?	chronic condition antenatal care child health immunisation other
Did the medical doctor...	conduct an examination write you a prescription Other
<b>Aspects of todays consultation</b>	
At the beginning of the consultation, were you given the opportunity to explain your health problem?	yes no
During your visit today, did the medical doctor ensure your privacy?	yes no
Did the medical doctor explain the questioning and physical examinations and your health problem?	yes no
Did the medical doctor clearly explain the intake of prescribed medicines to you?	yes no
Did the medical doctor ask if you are currently taking any (other) prescriptions?	yes no
During consultation were you given a chance to ask questions about the investigations and your health problem and treatment?	yes no
Did the medical doctor listen carefully to your concerns and questions and did he/she give satisfactory answers?	yes no
During consultation, did you get any advice on your health problem?	yes no
Was the medical doctor polite in general during consultation?	yes no
We would now also like to ask you a few questions on your knowledge and opinion on health. Are you willing to continue the interview with me for some more questions?	yes no
<b>Knowledge, Attitude and Practice</b>	
	cough

In your opinion, what are symptoms that children with Acute Respiratory Infections (ARI) have?	difficult or fast breathing
	fever
	chest in drawing
	chest pain especially when breathing deeply
	blue lips and nail beds (cyanosis)
	seizures
	inability to swallow
	inability to drink or breastfeed
	vomiting after each drinking or breastfeeding
	irritation
	dehydration
	comorbidities/polyorganic deficiency
	blood streaked sputum
don't know	
other	
PLEASE SPECIFY	
In your opinion, how do people get infected with ARI?	air droplets
	fomites
	dirty hands
	other
	don't know
PLEASE SPECIFY	
How often do people smoke in the same room where your child is present?	every day
	several days a week
	several days a month
	once a month or less
	never
	don't know
Knowing the symptoms and warning signs of ARI will help to visit the doctor in time.	strongly agree
	agree
	neither agree, nor disagree
	disagree
	strongly disagree
Smoky surroundings (due to tobacco smoking, fires, etc) have no effect on whether a baby catches pneumonia.	strongly agree
	agree
	neither agree, nor disagree
	disagree
	strongly disagree
What do you think are causes of diarrhea?	drinking dirty water
	eating contaminated food by unwashed hands after defecation
	eating contaminated food
	food allergies
	other
	don't know
PLEASE SPECIFY	
How can you prevent diarrhea?	drinking clean water
	protect drinking water from contamination
	washing hands before preparing and eating food

	safe disposal feces by using safe latrine
	other
	don't know
PLEASE SPECIFY	
What did you do when your child last had diarrhea?	visited doctor/family medicine center
	tried applying traditional therapy at home
	nothing specific
	other
	don't know
PLEASE SPECIFY	
Do you give liquids to your child when he or she has diarrhea?	yes no
How do you get the medication to treat diarrhea?	medical prescription
	your own decision
	pharmacist recommendation
	other
PLEASE SPECIFY	
Child's food diversity during the last 24 hours: Did you child eat any of the following food items within the last 24 hours?	Any infant formula (baby food) [CERELAC, HIPPI, NAN, VINNY, NESTOGENE]
	Any bread, rice, noodles, biscuits, cookies, or any other foods made from grains?
	Any dark green, leafy vegetables like parsley, spinach, or coriander?
	Any vegetables/ cucumbers, eggplant, onion, tomato, pumpkins, carrots, potatoes?
	Any fruits/ apricot, apples, strawberry, bananas?
	Any meat/ beef, pork, lamb, chicken, fish?
	Any eggs?
	Any foods made from beans, peas, or lentils?
	Any cheese, yogurt or cottage cheese?
	Any food made with oil, fat, or butter?
	Any other food?
PLEASE SPECIFY	
How much do you agree with the following statement: Unsafe water, poor sanitation and hygiene can cause the diarrhea but not ARI	strongly agree
	agree
	neither agree, nor disagree
	disagree
	strongly disagree
<b>Non-communicable diseases</b>	
Which risk factors for cardiovascular disease do you know?	diabetes
	high blood pressure
	obesity
	smoking/tobacco use (Nos)
	high cholesterol/high blood fat
	unhealthy diet
	physical inactivity
family history/genetics	

	age
	stress
	other
	don't know
	none
Which of the following is a typical symptom of a heart attack?	left-sided chest pain
	headache
	feeling thirsty
	pain in the legs
	don't know
Which of the following is not a typical symptom caused by diabetes?	frequent need to urinate
	lower back pain
	tiredness
	unexplained weight loss
	don't know
How much do you agree with the following statement: Overweight people are healthier.	strongly agree
	agree
	neither agree, nor disagree
	disagree
	strongly disagree
How much do you agree with the following statement: Smoking does not effect the health.	strongly agree
	agree
	neither agree, nor disagree
	disagree
	strongly disagree
How much do you agree with the following statement: Changing my lifestyle today will not affect my health later.	strongly agree
	agree
	neither agree, nor disagree
	disagree
	strongly disagree
How much do you agree with the following statement: I cannot influence my health because it depends on the doctors.	strongly agree
	agree
	neither agree, nor disagree
	disagree
	strongly disagree
Are you currently taking measures to have a healthy lifestyle?	no, not at the moment
	I am trying from time to time
	yes, sometimes
	yes frequently
How motivated are you to change your lifestyle?	not motivated
	rather not motivated
	rather motivated
	motivated
What have you already changed in your life to decrease your risk of getting cardiovascular disease? (do not read responses)	do more physical exercise
	lose weight
	eat less fat
	eat less sugar
	eat more fruits and vegetables
	stop smoking /stop using Nos
	control my diabetes more actively (if applicable)
	control my high blood pressure more actively (if applicable)



	I have never tried
<b>Now a few last questions....</b>	
<b>Basic information</b>	
Did you pay today for your health consultation?	yes no
If no, why not?	benefitting from any economic or social aid scheme
	health insurance
	other
Please, SPECIFY	
Did you get a receipt for your payment?	yes no
Are you benefitting from any economic or social aid scheme?	yes no
<b>This following questions concern the person who answered</b>	
What school level did you complete?	never attended school
	completed lower primary school (max 5 years)
	completed primary school (9 years)
	completed high school (12 years)
	completed college/university
	other
PLEASE SPECIFY	
What is your current occupation?	farmer
	employed
	self-employed business
	housewife
	governmental employee, teacher, administrative / professional,
	unemployed
	pensioner
	Other
PLEASE SPECIFY	
<b>Thank you very much for the interview.</b>	
Interviewer comments	
End time of interview	



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

**Swiss Agency for Development  
and Cooperation SDC**