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Health Care Services for Child Survival and Performance-Based Management in Three Kosovo Municipalities

James Mugaju
Walden University

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Walden University

College of Social and Behavioral Sciences

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James Mugaju

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Review Committee

Dr. Raj Singh, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Morris Bidjerano, Committee Member,
Public Policy and Administration Faculty

Dr. Mark Gordon, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

Health Care Services for Child Survival and Performance-Based Management in Three

Kosovo Municipalities

by

James Mugaju

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

November 2018

Abstract

After the Republic of Kosovo's declaration of independence in 2008, new municipal structures were created with the charge of monitoring the delivery of health care services; yet, no mechanism for monitoring performance was ever implemented. With the public value theory as the foundation, the purpose of this multiple case study of 3 Kosovo municipalities was to understand issues surrounding the capacity of local government health department to monitor their performance related to the delivery of services. Relevant data were collected through focus-group discussions with 10 nurses, 9 directors of family medicine centers, and 12 municipal program managers. Purposeful semistructured interviews were conducted with 3 elected officials, 3 leaders of health care services, 3 policy leaders of relevant central-level ministries, and 9 participants from the national coalition of civil society organizations. All data were transcribed and coded per thematic analysis procedures. Results indicated that integrating the threefold value system of business value, social value, and governance value into municipal work plans and policy considerations will likely create a more solution-oriented service delivery at the municipal level. Furthermore, service delivery in the 3 municipalities appears to have improved over the past 5 years because of the pressure from active citizens, increased community engagement, and the institutionalization of home visits. Positive social change implications stemming from this study include the recommendation to central and local policy makers to fully integrate performance-based reporting systems into local legislation and policies. Such efforts can result in sustainable, equitable, and inclusive development, leading to stability and prosperity in Kosovo.

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Dedication

I dedicate this dissertation to my dear wife Josephine and my children Felix, Ruth, Deborah, Joy, and Nathan for their patience with me during this tough journey; to my parents for their love and inspiration that have made me who I am today; and to my brothers, sisters, and friends for their prayers during this long process.

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Chapter 1: Introduction to the Study

Background

Kosovo has progressed in its monitoring of problems related to child survival—the opportunities for a child to avoid preventable death and strive for health and well-being. Yet important challenges remain for researchers and public policy professionals in the nation. In principle, every municipality in the country must respond to and be accountable for implementing policies that help improve the well-being of citizens, especially children. Yet the poorest 20% of Kosovars lack access to high-quality health care because of the high out-of-pockets payments for medicine (World Bank, 2014). Indeed, Kosovo at the municipal level has underinvested in one of its main assets—its people, especially children, adolescents, and youth. The level of public spending on health was 2.1% of gross domestic product (GDP) per capita in 2013, the lowest rate in Europe (World Bank, 2014, p. 15). The insufficient funding for the health sector is aggravating inequities and limiting access to health care services by vulnerable groups. Indeed, progress for child survival depends on the further investments in the country's citizens.

The declaration of the independence of the Republic of Kosovo and the creation of new municipalities failed to modernize the health care system, transfer key competencies to local health structures, and promote quality affordable health care services for the people of Kosovo (World Bank, 2014). Despite huge investments in new physical capital projects, reports from the government cited by the World Bank (2014) have shown that resources have not always been allocated to reach the most vulnerable

children and families or address the most relevant developmental and structural challenges since independence in 2008. Thus, I conducted a case study to explore the realities of new local governance structures in the delivery of quality child survival services in three selected municipalities in Kosovo.

Viewed through the lens of a performance-based management approach, I explored how municipal policy makers and health care services providers are enabled and constrained from delivering better health outcomes to people of the three selected municipalities. Using this approach, I identified physical, legal, financial, and sociocultural barriers that limit the systemic ability to achieve success in services delivery. Practically, this bottleneck analysis was expected to help frame issues and solutions to better translate government processes and systems into results for child survival. Some of the targets of the performance-based system were used to discuss the interconnectedness of local system changes and the likelihood of delivering more equitable health outcomes for people, especially those in high-risk or high-burden municipalities.

Kosovo is a complex and volatile country in Europe. The north of Kosovo is subject to a dualism of legal frameworks between Serbia and Pristina. The nonfunctioning rule of law will continue to hinder the delivery of child survival services in the northern region if the political dialogue between Serbia and Kosovo is not concluded. The new municipal structures of this country are supposed to have created an enabling environment that guarantees quality services delivery to people. The current social reality is far from desired while the country's independence is still not accepted by

all members of the United Nations (UNSCR 1244). In this context, the status of human development is an indication of local governance structures that are not sufficiently translated into social well-being for Kosovar people.

De Beer (2014) suggested that human service systems that are stable are more likely to perform than systems in volatile countries. Following the declaration of independence in 2008, the Republic of Kosovo was committed to improving the social well-being of people through effective local governance practices. Furthermore, the transfer of competencies from central to local governance structures was supposed to have happened after the creation of new municipalities. Consequently, the existing health policy framework has not sufficiently translated into tangible social services for the people of Kosovo. According to European Union (EU) progress report (2014), the municipalities were not well prepared to handle responsibilities and accountabilities that came into force following independence.

Bianchi (2010) argued that it is essential to create system changes in governance for improved human services through an effective application of the principles of accountability and imposed moral obligation. Thus, it was relevant to investigate how the Republic of Kosovo has attempted to apply the public value (PV) creation principles in municipal governance structures. These features inform the design of patterns of success of local governance structure and are well connected with good governance values, such as transparency, accountability, performance-based management, effectiveness, and efficiency (Bianchi, 2010). These values are used to influence the strategic direction of government action for child survival services and social well-being of people. Positive

social change begins with creating a public awareness about the problems to be solved. That is why a change in political system is not sufficient to bring about changes in people's wellbeing. The change in political system must translate into local system changes with full transfer of competencies to deliver quality social services to people.

Taylor (2013) suggested that the PV framework is an advanced platform that should guide municipal action for the provision of social services to citizens. In Kosovo, every local governance structure is expected to generate PV for child survival through systems changes, including performance-based management systems that could help benchmark and frame issues and solutions for children and families in the post-independence context. Furthermore, accredited performance-based management is a good governance practice that contributes significantly to achieve a more tangible impact in human services and citizen participation. In the same vein, municipal officials and other key players are expected to have the ability to focus on less to achieve more results for the people of Kosovo.

Problem Statement

The Republic of Kosovo has been confronting challenges related to the process of state building. Scholars in Kosovo have not studied how the municipal structures monitor and measure success of public service provisions for child survival . UNICEF (2014) reported that “most of the municipalities do not have clearly defined plans and social sector program budgets and budgetary allocations are not tied to measurable outcomes for which policy makers and program managers can be held accountable” (p. 3). Thus, the social service delivery system is not yet results-oriented with clear targets for health care

delivery and other social services. As a result, municipal governmental systems are not well structured, prepared, or equipped to deliver equitable results for all children.

Civil society organizations (CSOs) are supposed to act as watchdogs on how local government policies and programs are translated into action for citizens. According to UNICEF's (2014) policy transformation agenda for the Central Eastern Europe and the Commonwealth of Independent States (CEE/CIS) region, CSOs can expand the reach and effectiveness of public social service delivery. Yet the European Union (2014) report suggested that Kosovo has the lowest human development indices in Europe, and the involvement of CSOs in self-governance systems is not established and well documented. These reports suggest that system changes at the central level have not yet resulted sufficiently in tangible changes in the conditions of the country's children. For example, although full immunization rates of the average Kosovar are relatively high at 79%, it is extremely low among the Roma, Ashkali, and Egyptian communities at only 30% (MICS, 2014). To address this equity gap, the ministry of health has introduced community-based program initiatives that respond to the needs and demands of people. These are demand-driven and fully embedded into the top priorities of the primary health care services in Kosovo.

Officials and experts from this ministry have acknowledged that there are gaps in the existing knowledge on the effectiveness of new local governance systems (MoH, 2017). The main gap in the existing literature is the little evidence on how the municipal structures monitor and measure success of public provision for child survival and well-being services in the post-independence context at the municipal level. To this end, I

designed this research to establish whether performance-based management is perceived as a gateway to create local systems changes that promote internal accountability, citizen participation, and positive social change at the municipal level. More specific to postindependence Kosovo, this study was designed to examine three important challenges preventing local governance systems from achieving tangible social progress for people. These challenges are related to (a) evidence-based policies and practices, (b) applying a regulatory policy framework, and (c) new public management principles at the municipal level.

Purpose of the Study

The purpose of this multiple case study was to better understand how municipal health departments are enabled to and constrained from delivering effective health services to children and residents of Gjakova, Prizren, and Fushë-Kosovë in Kosovo. The research was intended to contribute to the body of knowledge on the value of introducing performance-based management in the postindependence country context. I explored how these local health departments are set to incrementally monitor and measure the provision of health care services to children and families.

This exploratory research was driven by a PV theoretical framework, which was used to explore the success and significance of local health care services. The qualitative research relied on primary and secondary data sources. The participants in the study were selected based on a purposeful sampling strategy.

Research Questions

- RQ1. How do local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë monitor and measure the success of health care services for child survival in the post-independence context?
- RQ2. What factors are perceived as enabling and constraining the capacity of the local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë to provide health care services for child survival and well-being?
- RQ3. What are perceived benefits of performance -based management and reporting in the monitoring of the delivery of health care services at local government health department?

Theoretical Framework

According to Patton (2012), theories are required to get a deeper understanding of the surrounding world, especially when people are confronted with the need to make choices or decisions in every sphere of life. In this sense, the design and implementation of the proposed research were informed by PV creation theory (Moore, 1995). This framework views accountability, performance-based management, and reporting systems as value-based platforms to benchmark the delivery of government action for people.

PV is an integral part of local system changes in good governance, such as transparency, accountability, responsiveness, performance-based management, effectiveness, and efficiency. In the political and social context of this research, PV refers

to the ability of municipalities to deliver healthcare services in a citizen-centric manner. The PV framework requires four building blocks to be put in place to ensure that every municipality is more responsive to issues affecting child health: (a) the politics of services, (b) value for money, (c) local systems to translate policies into outcomes, and (d) building trust. More details are reflected in Figure 1 in Chapter 2. In addition, the merit of this PV framework was to establish the interconnectedness between business value, social value, and governance value. These three elements work together to achieve success, significance, and greater societal impact for positive social change.

According to Taylor (2013), “The success of public value creation is dependent on the ability of duty bearers to promote cohesiveness, effectiveness, managerial skills, and control of resources as part of an internal accountability system” (p. 1). These values are used to inform the strategic direction of government action in social and human development services. These are considered as points of reference to guide the metrics of central and local systems strengthening for institutional quality responsiveness and accountability.

In Kosovo, the ability to assess the added PV is confronted with the weak management information systems and some gaps in communication systems between the central government and municipal structures. Thus, the framework provided a theoretical perspective for understanding the perceived benefits, challenges, barriers, and prospects of the politics of child survival services in three selected municipalities. The study was also an attempt to generate knowledge on how the most relevant features of a PV creation

framework are used to influence positive social change in Kosovo, and to examine the interconnectedness between different dimensions of the PV theory.

Nature of the Study

Qualitative data collection techniques—focus groups, key informants, and open-ended questions to stakeholders—were used to examine the perceptions of local government officials on the value, the merit or effects, and the benefits of performance-based management practices as part of the politics of health care services delivery. Secondary data sources were used to investigate the enabling and constraining factors of the local health care services and the extent to which the establishment of new local structures has contributed to social and human progress in the health sector in Kosovo. Three specific indicators were used to analyze the trends in child survival from 2008 to 2015: the perinatal mortality rate, the under-5 mortality rate, and the immunization rate for the most vulnerable population (children in the Roma, Ashkali, and Egyptian communities). The secondary data sources provided an opportunity to reflect on how municipalities are structured, set, and equipped to deliver the dividends of independence and political system change to people of Kosovo. That said, the triangulation approach was undertaken to cross-check for any potential issue of validity or reliability.

The three subunits under investigation were compared to draw conclusions about potential determinants of effective performance-based management and accountability for child survival services at a local government level. Using this approach, I combined existing studies, research reports, interviews, focus group discussions (FGDs), and interviews with key informants to collect meaningful data. I examined records of specific

local governance issues in local health care system and pathways to overcome the relevant challenges of local health structures for child survival services.

Furthermore, the case study was expected to provide a snapshot of the realities of the targeted municipalities to better understand and identify the determinants that could have led or could lead to positive social change in the area of child survival.

Definitions

Capacity of policy makers and service providers: This term refers to the conditions and resources that are required to translate the municipal policy commitments into action, services, and systems for child survival and well-being.

Child survival: As used in this study, child survival referred to “no child dies from preventable deaths (survive); and every child enjoys health and well-being in life (strive)” (UNICEF Strategy for Health 2016-2030, 2015, p. 1).

Local health care system: UNICEF (2014) defined a health care system as “a system that closes gaps in access to quality services and in child health and nutrition outcomes” (UNICEF Strategy for Health, 2015, p. 26). A well-functioning modern health care system is characterized by resilience, inclusivity, and equitability—a system that leaves no single child behind and that contributes to child healthy lives and well-being.

New public management (NPM): As used here, NPM is an idea that was introduced in 1990s to modernize the public sector and policies on a global spectrum to reduce the overall size of the government bureaucracy, to improve the efficiency and productivity of public sector (Vries, 2010. p. 4).

Performance-based management (PBM): According to ASPA experts (2015), performance-based management refers to “keeping public and nonprofit organizations up-to-date, vibrant and relevant to society [and] ensuring that agency programs and policies connect with the important challenges that people, communities and the nation face” (p. 3). The key areas of interest were performance-based management (PBM) systems, municipal governance system or structures, perceptions of municipal policy makers on the merit or value of PBM, the linkage between PBM system and the ability of the municipality to deliver more results for children, and the enabling and constraining factors of the capacity of policy makers and program managers of the local health departments. Other concepts associated with PBM include measuring the success and significance of local health care services.

Significance: Significance refers to the ability of the municipality to achieve social inclusiveness and to build an equitable society (citation)

Success: In this study, success referred to the ability of a municipality to achieve the intended program or policy goals.

Lehoux (2014) argued that the capacity of local government should refer to the ability to align results and resources and to initiate, plan, implement, and evaluate well-designed solutions to social problems.

Subsequently, the PV creation theory was introduced as one of the best new avenues of thought that is people or citizen-centered. That is why this research was driven by the PV creation framework.

Assumptions

The study was designed to better understand the factors that enable and hinder the capacity of local health care system to deliver services for children, and to explore the value of performance-based management in local governance system in the postindependence country context. In this research design, the most relevant assumption was that PBM is a value-based platform that is used to boost, predict, and measure the effectiveness of the politics of child health services delivery. Another assumption was that the creation of new municipalities postindependence has enabled local governance systems to be more responsive and accountable for child survival and to improve the quality of and access to health care services in Kosovo. An additional assumption was that CSOs are now better equipped to play the role of watchdog or checks and balances for health care services.

Scope and Delimitations

This case study covered the three municipalities of Gjakova, Prizren, and Fushë-Kosovë. These three municipalities represented a unique combination of diversity of ethnic groups and issues of equitable development. The suggested geographical scope was best suited for social inclusion of the most vulnerable children and families. I explored how municipal policy makers and health care service providers are enabled and constrained from delivering better health outcomes to people in the postcrisis context (country context). The study focused on how local health departments are structured and organized to monitor the success and significance of health care services. The exploratory case study was set to gain an in-depth understanding of the value of performance-based

management in the delivery of social services in the postindependence country context in the three municipalities.

Limitations

A key limitation of this case study was that the variability of the political and social realities of the three local governments may not reflect the real challenges and opportunities that are relevant and applicable to all municipalities.

Another limitation was the availability of elected officials, municipal officials, and other stakeholders and the amount of time they needed to respond to research questions. This as a potential risk or threat for quality data collection if not mitigated on time. To that end, the data collection plan had strategies to address the risk of not reaching the targeted informants in the three municipalities. One of the strategies was to take advantage of the routine meetings of the elected officials under the coordination of the Ministry of Public Administration and local governance. Furthermore, the trustworthiness, and credibility of the study depended on a balanced combination of secondary data interpretation and the availability of key stakeholders to express their views about the effectiveness and sustainability of new governance structures and their performance-based systems.

Significance

This research was designed to examine how the system change that occurred in the municipal structures in Kosovo has provided the municipalities with the institutional ability to achieve social inclusion and to build an equitable society in three municipalities—Gjakova, Prizren, and Fushë-Kosovë. I explored the factors that enable

and constrain the capacity of local health care departments to deliver results for children. Thus, this research has generated scholarly knowledge on the value of performance-based management in the local health care system, especially on how a performance-based management system could be used to encourage policy makers and program managers to be more responsive and accountable for the well-being of people. In addition, I developed a program policy model that establishes the interconnectedness between business value, social value and governance value as a requirement for PV creation at municipal level.

Cooper (2012) suggested that the accountability framework is necessary to understand the resources that are needed to influence “societal problem framing, policy options generation, and institutional solutions creation” to achieve greater outcomes for social change in society (p. 2). Cooper also suggested that any government program action should be guided by moral standards that should be used as a point of reference to frame issues and solutions from a human rights perspective.

Implications for Social Change

By researching the extent to which PBM is a value-based platform that makes local governance more responsive to health care and child survival, this study led to the design of a policy model that integrates business value, social value, and governance value to maximize the desired policy impact and changes in the status of children and families. By discovering how the three municipalities are set to monitor and measure the performance of health care services since independence, this research added scholarly knowledge that can be used by other scholars, local public policy makers, public health

care administrators, and can be used to promote equity and inclusiveness in the provision of health care services.

Chapter Summary

In this chapter I introduced PBM as a value-based platform that is required to strengthen the responsiveness of local health care departments to child well-being especially the most vulnerable children. To this end, I explored how the three municipalities were set to monitor and measure the success and significance of the delivery of health care services in the postindependence country context. I explored the factors that enable and constrain the capacity of municipal policy makers, program managers, and health care service providers to deliver more tangible outcomes for children.

This research was guided by Moore's (1995) public value creation framework. Moore viewed PBM systems as essential to benchmark the delivery of government action for people. A purposeful sample of government officials, representatives of CSOs involved in human and social services, and other key informants were the primary data source to collect relevant information. Secondary data sources were used to analyze the trends in health care services delivery over a period of post-independence declaration in Kosovo (from 2008 to 2015).

Chapter 2 is a review of the scholarly literature on the prospects of creating public value and the politics of social services delivery.

Chapter 2: Literature Review

Introduction

Building blocks of PV creation in municipal governance structures are reviewed and analyzed in this chapter. Scholarly perspectives are provided on the pathways required to monitor and measure the success and significance of the delivery of health care services for child survival and human development. The literature review explores the scholarly insights on PBM as a value-based platform that can enable local governments to deliver tangible and beneficial results for people.

The search strategy is provided, followed by a section establishing the interconnectedness between the PV creation conceptual framework and performance system at municipal level. Next, I examine the context of local governance for health in Kosovo from 2008 to 2014 from two perspectives. This segment provides knowledge on the trends of child survival. I examined how the local government level is playing its pivotal role as regulator and provider of child survival in the postindependence context. Attention is given to challenges and prospects of partnerships, collaboration, and coordination for child survival. I then examined the politics of child survival services, and opportunities of localizing human and social development as an attempt to frame issues and solutions on how local governments should become more responsive and accountable for social betterment of citizens.

Literature Search Strategy

The literature search strategy was informed by the need to establish scholarship on PV creation and to generate evidence for what happened to the politics of services

delivery after the creation of new municipalities in Kosovo. To this end, the search strategy was threefold. First, the search for opinions and insights from various scholars on municipal governance systems relied heavily on databases available from three major sources for the most relevant peer-reviewed articles and publications: The Overseas Development Institute (ODI), the Walden University library, and Mendeley. The keywords used included *performance-based management*, *services delivery*, *local governance systems*, and *accountability framework*. The ODI database, which provided me with a wealth of information that was relevant to the research questions, offers country-specific case studies on social services delivery and recent scholarly thinking on the politics of services delivery. The search for evidence generated from Kosovo was organized in a manner that allowed access to country reports on child mortality, immunization, public health reform agenda, and some strategic documents from the EU and UN as applicable and relevant to the Kosovo development agenda. In addition, Kosovo government websites, CSOs' websites, and media reports were instrumental in framing issues and solutions related to the idea of fostering performance-based management in local governance systems for child survival.

A Model of Public Value Creation Theory and Performance-Based Management Systems at the Municipal Level

Public value refers to the ability of local government to deliver services and achieve success and significance in a citizen-centric manner (BBC Trust, 2014). In that light, performance-based management is an evidence-based system that is used by municipal policy makers and citizens to tell success from failure and to hold themselves

accountable for positive social change. In addition, performance-based management is a yardstick used to assess the effectiveness and efficiency of governmental action, and to demonstrate how policies are translated into local systems, services, outcomes, and trust. The literature provides the key building blocks that could drive the creation of PV in municipal governance systems in Kosovo. Based on the UNDP human development report (2016), Figure 1 represents how the newly created municipalities could organize themselves to improve child survival and human development indices. Four building blocks are mostly relevant to the Kosovo political and social context: the politics of services, value for money, local systems to translate policies into outcomes, and building trust. Thus, when all the four building blocks are in place, the new municipalities will become more responsive and accountable for an effective delivery of child survival services in a citizen-centric manner.

Accreditation of the Performance-Based Management in Local Health Programs

Foresti (2014) argued that politics is vital to foster institutional accountability and to improve social services. To this end, information and data are essential to create a spirit of understanding in different stakeholders who work together to translate the existing legislative and policy framework into services at municipal level. Thus, it is important to use evidence to inform the advocacy for the accreditation of the performance-based management in all municipalities. The existing MICS evidence (Kosovo Agency of Statistics & UNICEF, 2014) has shown that inequities are still hindering many children from reaching their full potential as productive members of the Kosovar society. The Roma, Ashkali, and Egyptian populations in Kosovo are among the

most vulnerable groups, suffering from multidimensional poverty and facing many barriers to access basic social services and inclusive social protection schemes. For example, MICS (2014) revealed that the infant mortality rate among Roma, Ashkali, and Egyptian children is estimated at 41 per 1,000 live births, while it is estimated at 12 per 1,000 live births for the general population (citation). In addition, only 30% of Roma, Ashkali, and Egyptian children 24-35 months old are fully immunized, compared to 79% of children 24-35 months old in the general population

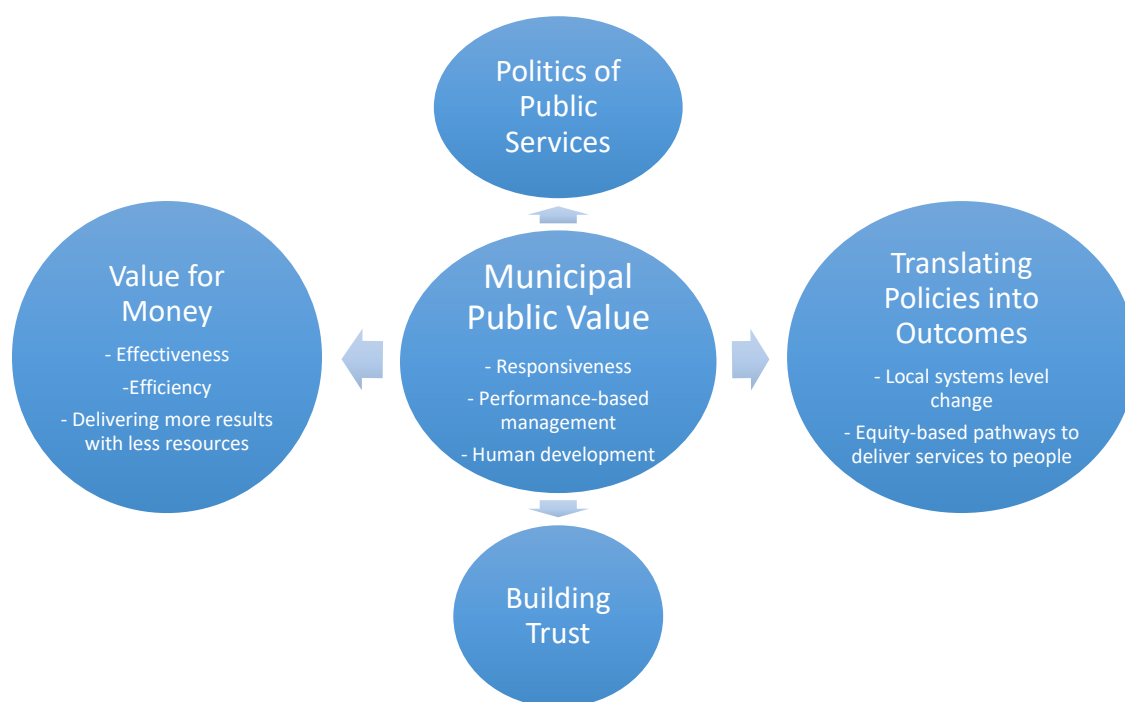


Figure 1. Building blocks of PV creation in municipal governance systems in Kosovo.

(Author's own diagram.)

This situation suggests the need for accreditation of performance-based management in local health structures. The literature review indicates that municipal budgetary allocations are not fully aligned with measurable health outcomes (EU Report,

2014). To this end, institutionalizing a performance-based management approach is recommended, one that causes the desired change to happen in the conditions of the most vulnerable communities. Accrediting performance-based management or measurement is an evidence-based pathway to improve child survival indices, especially health outcomes for people in Kosovo. That is, the best possible practice is to use PBM systems as checklist/standard operating procedures (SOP) to benchmark the delivery of healthcare services in targeted municipalities.

Public Value Creation as a Moral Imperative

Hedger (2010) suggested that creating PV for the most vulnerable children and families is a matter of moral imperative. UNICEF (2014) argued that focusing on the most vulnerable groups is important to accelerate the likelihood of achieving the targeted development goals for any country. This guiding principle is informed by a rights-based approach that puts children and families at the heart of social development. This UNICEF statement (2015) offered two justifications for adopting PBM. First, fostering performance-based management in local governance structures is a leadership problem that must be tackled as a leadership priority in municipal governance systems. Second, PBM is a tool of accountability that supports the applicability of the rights-based approach in local governance systems. It concerns involving representatives of claimants in the design of the program response. In other words, there is a moral obligation to design program solutions and strategies from the perspectives of users or clients.

Applying Public Value Creation Principles After Independence

Bryson (2010) suggested that “an organization’s existence must be socially accepted and politically justified by the public value or public goods it creates” (p. 5). This perspective suggests that every central and local government should foster PBM systems into their strategies to create an enabling environment and to predict and measure the ability to achieve the greatest business value. Performance-based management is, therefore, a solution-oriented initiative that enhances duty bearer’s moral obligation to support social betterment especially for the most vulnerable children and families. Field experience has shown that when PBM is well implemented it makes governance systems more responsive and boosts institutions’ ability to effect tangible social progress. In the context of this case study, it appears that PBM is essential to strengthen the institutional ability to frame issues and solutions at municipal level.

One of the major scholarly goals of this research is to establish the interconnectedness between business value, social value, and governance value. These three elements work together to achieve success, significance, and greater societal impact for positive social change. As shown in Figure 2, the suggested PV creation model is relevant to the fast changing and dynamic context of Kosovo. For example, the business value is measured through the alignment of results with resources to maximize the impact of policies and programs. The social value refers to the creation of local platforms for citizens’ participation to build trust and legitimacy. To this end, the World Bank (2014) has suggested the use of a social compact or performance-based contract between policy makers and citizens. The governance value reflects three elements that are the most

relevant ones for this research, namely, making municipalities more responsive to child survival services, generating evidence to inform policy making, and fostering an evidence-based management system to distinguish success from failure. Therefore, the interconnectedness of those values makes the PV creation model more powerful, sustainable, and solution-oriented in Kosovo.

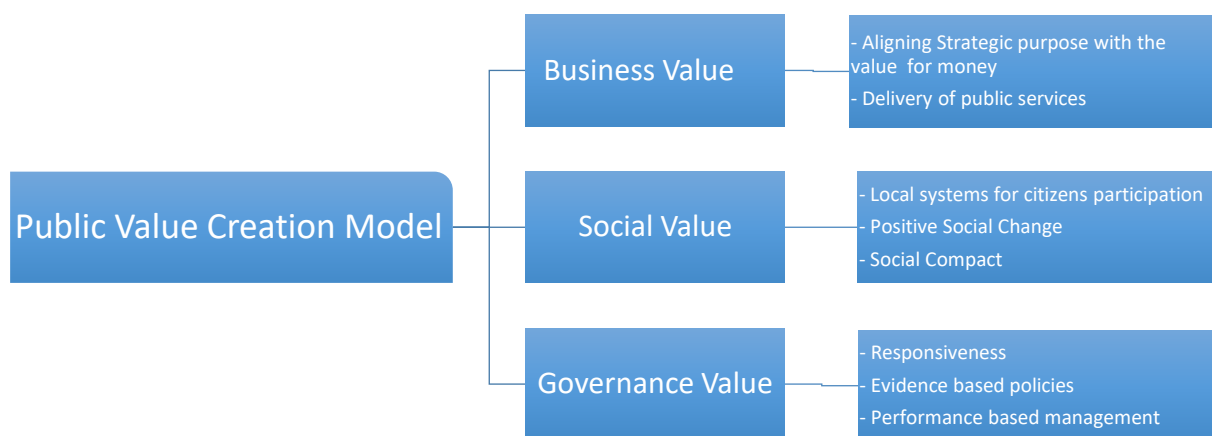


Figure 2. Public value conceptual framework: interconnectedness between business value, social value and governance value. (Author's model.)

Prospects of Applying Public Value Creation in the Developmental and Humanitarian Context

Taylor (2012) suggested several prospects of applying PV creation in developmental and humanitarian context. First, Taylor argued that PBM and PV creation principles have the potential to increase the productivity and performance of key players and to empower the recipients of developmental action. In reality, PBM cannot be

applied effectively without proper and responsive governance systems. From a recipient's perspective, PBM should be fully integrated into routine work processes because it places people's rights at the heart of the core business of municipal governance systems. In addition, PBM is an opportunity to "empower duty bearers and recipients of services" (Taylor, 2012, p. 1). Second, PBM is useful to promote efficiency in the delivery of local health services. Third, PBM serves as a guide to benchmark the delivery of targeted goals and to be used as criteria to hold policy makers accountable for their action. Furthermore, it is relevant to explore the donor's community perspective on the merit of PBM in managing developmental and humanitarian action.

Jensen (2014) described the value of PBM, calling it a great contribution to make development work more effective and professional. It is quite extraordinary that so many different humanitarian actors have succeeded in agreeing on a common set of performance standards that will be guiding the delivery of humanitarian assistance in the years to come. (p. 2)

From this viewpoint, it appears that PBM is useful to make governmental and nongovernmental structures more responsive and accountable to deliver services for people. De Beer (2014) suggested that "accountability in both developmental and humanitarian action operates like a prescribed methodology to determine the significance of the risks; and to define strategies to control, mitigate or transfer those risks" (p. 1). In other words, the accountability framework should make development and humanitarian actors more aware of the existence of a set of rules and procedures that can be used to make informed decisions, and to anticipate the consequences of action.

Potter (2014) suggested that “by bringing together the common elements of different standards, we are making it simpler for duty bearers to be accountable to people and communities they serve, and to deliver better quality action” (p. 3). Thus, based on the above perspectives, PBM is a call for both an alignment of local government’s action with professional standards and an institutionalization of service to humanity in the context of good governance values. In addition, PBM should be grounded in local realities and aligned with local governance systems to ensure that local health structures are well- coordinated to deliver equitable results with active participation of claimants.

Merit of PV Creation and NPM Principles in Public Sector Management

The PV creation concept originated in the United States 1995 as an attempt to clarify the politics of public sector in services delivery to citizens. This concept was taken up in the United Kingdom public administration in 2002, and it has been adapted to realities of modern society in the rapidly changing world. Moore (2013) argued that PV creation is meant to foster a more entrepreneurial behavior in policy makers and managers. Although PV creation can address some inadequacies of new public management (NPM), Moore suggested it is better suited to the needs and wishes of program clients, consumers, or users. He also argued that PV is more concerned with how public policy makers should navigate through a complex relationship between means and ends in the public sector. According to BBC Trust (2014), PV creation has introduced three main questions to public managers: (a) What is this organization for? (b) To whom are we accountable? (c) How do we know if we have been successful? These three questions reveal that PV creation is driven by and measured through three

dimensions: services, outcomes, and trust, and an attempt to generate PV by central and local governments should take those three dimensions into consideration. Public value is created through the delivery of high quality of services to citizens. To this end, the delivery of services requires an institutionalization of results-oriented management (ROM) practice in local government structures and a professionalization of public managers. Outcomes refer to the social contract between governmental structures and citizens. In other words, services delivery should address reduced child mortality, reduced poverty, and increased employability for families. That social contract cannot happen unless there is a sense of trust between citizens and public authorities. To build trust, citizens should be put at the heart of the core business in public sector, and they should be encouraged to participate in the empowerment of communities. Thus, PV creation is possible only when the above described dimensions are fully addressed as part of the public-sector governance systems.

Moore (2013) argued that NPM has failed to make public organizations more effective and efficient in developing countries. Moore suggested that NPM is a blueprint for reinventing government structures and to foster a purposeful governmental transformation agenda which introduced a shift from inputs and processes to outputs control and accountability systems. Their main critical argument is that NPM is more concerned with “practical solutions to the operational problems confronting governments” (Moore, p. 16). On a positive note, the merit of NPM is its focus on managerial improvement plans and the need to restructure the ways governments do business. NPM has borrowed some business ideas from the private sector to public

sector. Those ideas include competition, contracting services/outsourcing services, marketization, and institutionalization of ROM and professionalization of public managers. Therefore, the most important commonalities between PV and NPM reflect the need to make central and local government structures more responsive, effective, efficient, and accountable to program clients, and the requirement for the professionalization of public managers. NPM was an attempt to modernize public sector organizations, while PV has combined the entrepreneurial behavior in public managers and government's responsiveness to create a sustainable positive social change at the societal level. It appears that both PV and NPM are relevant to modernize the local health sector in Kosovo and to support the institutionalization of solution-oriented program initiatives towards equitable, inclusive and sustainable development.

Local Governance and Health System in Kosovo

Saliterer and Korac (2013) suggested that local health system strengthening is dependent on the political commitment and leadership, which together lead to proper accountability and allocation of resources that are required to improve human development indices. In this context, the priority action is to shape local government policies in a manner that will achieve equitable development and create an inclusive society. Saliterer and Korac argued that the fragmentation of local health services delivery does not create an enabling systemic environment to achieve the desired changes for citizens. To address this challenge, UNICEF (2014) suggested that it is relevant to benchmark the delivery of high impact interventions in each country to achieve greater outcomes for people through the following priority interventions:

1. Improve the functionality of the provision of essential public health services for fixed and outreach services through adequate and qualified health personnel, adequate supplies, and equipment.
2. Increase the proportion of families with increased financial access to the package of high impact essential public health services
3. Strengthen municipal accountability systems to deliver the targeted essential public health services.

In addition, the systems approach to public health programs should be strengthened strategically in collaboration with all key stakeholders based on the guiding principle of think big, start small, and scale fast, when organizations and institutions are facing enormous challenges. UNICEF (2014) recommended supporting the demand creation of essential services to raise social consciousness and public awareness, a sense of urgency, and the commitment to resolve the nontangible issues affecting public health program. The bottom line of the local health system approach is to create an enabling policy environment for effectiveness, scalability, and sustainability for the delivery child survival programs. Local health departments do focus more on behaviors and attitudes of institutions, communities, and individuals, and on the coverage and quality of services delivery at wards and community levels. They contribute to generate knowledge, evidence-based situation of health status, to increase demand for health services by families and communities, and physical access to services.

According to LSTM (2013), the local health department is accountable for policy action to social problem solving. A local-based approach is used to get the value for

money in a way that will establish ownership by all stakeholders. LSTM maintained that the rationale is that the local health department can best deliver focused, equitable, affordable, and results-oriented social services. Furthermore, in collaboration with other stakeholders, the public health department is tasked with choosing high-impact program interventions to strengthen universal and targeted coverage of health services.

According to Bryson (2011), a local program can achieve success and significance by focusing on a citizen-centered approach to policy development and implementation. Given the size of Kosovo, the government should think strategically, and start small and scale fast to cover the majority of vulnerable children and women. System thinking is a function of the political system and results new policies that improve human development indices (Bryson, 2011). In this context, local policy makers and program managers should shape the local government processes to make them more equitable and transparent. Once these conditions are established, the local health facilities will be able to provide essential health care services to the majority of vulnerable children and women under the umbrella of the primary health care system (Bryson, 2011).

Status of Child Survival in Kosovo

The Kosovo Agency of Statistics (KAS; 2014) found that child mortality and child poverty rates in Kosovo remain the highest in Europe: Almost one in three (29.2%) Kosovars lives below the absolute poverty line, and perinatal mortality is estimated at 17 per 1,000 live births. UNICEF (2013) suggested that preventable child mortality is a matter of urgency in developing countries and must be addressed as an emergency as part of a global humanitarian response. UNICEF argued the right to life and survival “is part

of the fundamental human rights which say that every individual, irrespective of race, gender, nationality, ethnic or social origin, religion or political preference, age or disability, is entitled to life and survival” (p. 10). As such, the government must focus on both public awareness to increase demand for health services and the deliberate strategic policy choices that will direct the delivery of high impact package of life-saving interventions.

Municipalities as the Providers and Regulators of Child Survival Services

Moore (2013) suggested PV creation melds with performance-based management. Moore discussed what citizens should expect and demand from central and local governments, and how public-sector organizations should engage communities to legitimize what they do responsively to create public value. In the same vein, WHO (2014) argued that achieving quality health status for people requires more than just controlling diseases; policy and technical standards must be integrated into local governance systems. These standards are used to measure progress toward eliminating disparities and increasing the quality and years of healthy life. The advantages of WHO’s argument include the need to benchmark government action to promote and protect the health of the citizenry. In other words, local government action plans should be structured and organized around achievable, time-bound targets. The disadvantage of this initiative is that, in some instances, the targets of the local government action are not achieved because of constant change in policy and politics. In some contexts, a social protection policy with a special emphasis on child health and protection of vulnerable groups is required. As the regulator of services, each central or local government must create

systems that contribute to improve the livelihood of its people and to translate policy frameworks into tangible outcomes for citizens. The Ministry of Local Government of Kosovo (2014) has suggested that municipalities are confronted with three critical issues: “the funding gaps in development program delivery, the weak accountability and reporting systems, and ineffective community-based structures for community participation” (p. 10). Thus, each municipality must create avenues that will facilitate the alignment of the performance-based management with local government priorities and strengthen the ownership or buy-in by stakeholders and the scalability and sustainability of programs.

Chambers and Cummings (2015) suggested that central governments must be accountable for fiscal policy options to regulate how the country will raise revenue to carry out social contract and policy agenda of the elected government. To achieve an often politically motivated agenda, each government is expected to make a number of policy choices regarding the structure and fundamentals of the national economic policy. Mikesell (2011) suggested that the challenges of the central government are to aggregate fiscal discipline, allocate resources, and control efficiency and effectiveness. The problem of fiscal policy development is slowness because it takes much time to get the approval of the legislature (Mikesell, 2011). In some instances, national debates on revenues are more politically driven than solution-oriented. In addition, municipal government is accountable for human development services. According to Mikesell, local governments do allocate considerable amounts of funding to improve primary education and health systems.

According to Mikesell (2011), the budget allocation policy is an indicator of sound democratic governance system. Therefore, an effective public funding management is required to strengthen accountability, efficiency and effectiveness, to deliver social services and to regulate peace, prosperity, wellness, stability, and security for all at the municipal level.

Equity-Based Child Survival and Challenges of Health Policy Reform

The former Secretary of State for Work and Pensions in the United Kingdom, Iain Smith, (2012) argued that “social justice is a way of targeting the vulnerable children and families, and to empower them in decision-making process” (p. 2). That said, advocacy efforts are required to raise the awareness of policy makers and other stakeholders and to influence health outcomes in a way that can affect positive social change in the conditions of the bottom quintile of poor people. Furthermore, when policies are designed from social equity lens, changes in health services are scaled up for vulnerable people. The report from the Ministry of Health (2014) suggested that “the Kosovo health reform has introduced changes in financing mechanisms, changes in priority setting, and changes in annual social budgeting and changes in service delivery mechanisms” (p. 14). This will ultimately result in more investments in children and families and to a more stable and prosperous country.

Every society has a different social equity system at any point in time. According to the Stanford Encyclopedia (2010), governments continuously adopt laws and policies to address “inequities, inequalities and discrimination” (p. 1) and to create an equitable society. The London Institute of Tropical medicine and Public Health (2013) suggested

that people with unequal health needs should receive unequal treatment in order to achieve equal health status or outcomes. Resource allocation depends on the magnitude of the health problems to be solved. For example, more resources should be allocated to treat people with serious health conditions than for those with minor health complaints. According to Mikesell (2011), this principle of distribution of resources can represent a threat to social equity because some countries decide to give more resources to the regions or provinces with more health problems while the regions, provinces, or districts that are performing well receive fewer resources.

In the developing world, threats to social justice are manifested through the review of policy implementation and the measurement of inequities/inequalities in society. For example, the health sector reform is meant to improve the health status of people by promoting wellness and providing quality health care in an affordable, efficient, equitable, and sustainable manner (LSTM, 2013). The sector reform policy is a sustained change process of policy and institutional framework to promote better quality of life for people through the improvement of efficiency, equity, cost-effectiveness, and quality in the health system. In other words, health sector reform addresses needed changes in financing mechanisms and priorities. Yet economic growth alone is not sufficient to bring the change needed in the conditions of children and vulnerable households. Instead, government must adopt a balanced policy approach that promotes an inclusive society with a focus on child health and vulnerable groups. This paradigm shift is essential to influence social budgeting and investments in the health sector in Kosovo.

Cooper (2012) suggested that developing an ethical code for an organization is what contributes to create an organizational culture. Many organizations fail to achieve their goals because of weak leadership and governance structures. The organizational norms, customs, and traditions are part of the value systems that promote the creation of ethical policies. The role of an organizational policy is to provide a strategic direction necessary to inform consistent actions and institutional behavioral patterns. Furthermore, equity perspective is both vertical and horizontal in health sector. It is the requirement that people with unequal health needs receive unequal treatment in order to achieve equal health status or outcomes (LSTM, 2013). For example, more resources are allocated for treating people with serious health conditions than for those with minor health complaints. The allocation of resources depends on the magnitude of the health problems to be solved. Some countries decide to give more resources to the municipalities with more health problems while municipalities that are performing well receive less resources. Horizontal equity is about social justice and fair redistribution of national wealth to achieve the desired health outcomes for all citizens. To be horizontally equitable, a program should be scaled up to achieve universal coverage of health services throughout the country. All individuals, municipalities should be exposed to the same level of equal opportunities and access to services. To be vertically equitable, a program should be scaled up based on the specific needs of individuals, and municipalities. In this case, the country government gives more resources (e.g., budget and more personnel) to the poorest municipalities.

Bovens (2010) argued that accountability is both a virtue and a regulatory mechanism at all levels of governmental policy action. Failing to regulate the public health services can result into loss of lives and violation of freedom and individual rights. According to Cooper (2012), doing what is good and right begins with creating a consciousness about the issues that must be addressed. The government must detect risks early enough, mitigate, transfer and control them to facilitate an efficient allocation of public financial resources to critical program areas. Another solution to ethical issues is the adoption of the so-called value for money principle (DFID, 2011), in which each municipality designs and implement child survival programs in a way that maximizes the impact of each dollar spent to achieve the desired policy outcomes. Indeed, it appears many scholars and practitioners believe that public budgeting is a political process. It shows the political will of the state to raise income and allocate and spend funds to change the existing situation into the desired one.

According to Cooper (2011), accountability structures and management relationships should be established to regulate the financial management information system, the lifeblood of the state development strategic plan.

Partnerships, Collaboration, and Coordination for Child Survival

Hayllar (2010) argued that a citizen collaboration framework is required to achieve government goals. Local health structures require such a framework to offer the most vulnerable children a package of child health care services. A UNICEF (2014) report (2014) suggested that the “best approach to promote positive social change is to develop solution-oriented partnerships, to promote community-based participation and

advocacy for system changes at local level” (p. 15). In addition, the partnership framework cannot work effectively without establishing “well-funded coordination mechanisms that will empower local governments to initiate and implement action to solve problems” (p. 15). UNICEF and other UN organizations consider partnership as a strategy to mitigate or transfer the risk of governance failure and concluded that the best governance practice in a changing context is to promote a spirit of partnership between public sector and civil society organizations including private sector organizations.

From an organizational perspective, collaboration, cooperation, and coordination are imperative in the strategic planning process (UNICEF, 2014). They are the best ways to control efficiency and effectiveness of organizations. It is difficult to effectively solve all the complex and messy social issues without joining forces with other people and organizations. Collaboration, cooperation and coordination refer to what people need to do to work together effectively. From this perspective, collaboration efforts achieve team spirit and team work with clear definition of roles and responsibilities; cooperation efforts help to increase socialization, ownership and mutual accountability while coordination efforts achieve efficiency in business management. The roadblocks to effective collaborative efforts include “miscommunication, conflicting goals, unreliable finances, and lack of time and human resources” (Shank & Stang, 2013, p. 2). As part of good governance practices, collaborative efforts involve many groups, organizations, and individuals with varying levels of interest, skills, access to resources, and decision-making power.

Stakeholder commitment and buy-in drive the progressive realization of children's rights. A strong commitment can enhance synergy in action and ensure coherence, consistency, and optimum results in the strategic planning process. To secure stakeholders buy-in and commitment, the principle of carrot and stick is required in some development contexts. Stakeholders do act or respond faster when they believe that there is a carrot at the end of the strategic planning process. Therefore, it is strategic to get together with stakeholders to identify problems and a shared objective or vision, and involve them in problem solving for the best interest of the organization

Challenges and Rewards of Investing in Health Services

According to UNICEF (2013), investing in children is a moral imperative for countries. It requires a partnership approach with all key stakeholders, including civil society organizations, and requires a holistic approach that recognizes that various actors in the public and private domains contribute to children's and women's rights violations. Improvements to women's and children's well-being can be achieved only through changes in the policies and actions of powerful institutions, as well as individuals, households, and communities (UNICEF, 2012). Bryson (2011) believed it is important to frame strategic issues and solutions in order to maximize the value for money and to achieve the intended goals. One strategic issue that limits the ability of countries to invest in children is the funding gaps in development program delivery. The second strategic issue is the weak accountability and reporting systems between central government and local governments. This issue of accountability is strategic because it requires a sense of commitment and moral obligation to improve the situation of child survival at the level of

local governments. To address these issues, Goldstein (2013) suggested that civil society organizations and representatives of communities should undertake high-level advocacy and policy dialogue with local governments to make their systems work for children.

Capital expenditures must improve the situation of children in each country.

“Investing in children is the right thing to do. The principle of investing in children rarely evokes controversy at the country level” (Lake, as quoted in UNICEF, 2012, p. 1). The World Bank (2014) recommended creating avenues for key decision makers to reach an agreement about priorities and policies that drive the country development. Without an agreement of this sort (Bryson, 2011), it will be too difficult to obtain ownership and buy-in and commitment by stakeholders to invest more in human capital. In other words, stakeholders must be a part of the solution if they are involved in the identification of strategic issues to be addressed.

Bryson (2011) suggested not to ignore the impact of internal organizational factors on public investment. These factors include internal processes (rules and regulations), leadership factors, and the institutional culture. These elements have the potential to influence investment in human capital and public spending.

Internal Processes, Rules, Policies, and Regulations

Daniels (2012) suggested that organizations need to develop performance management systems that can help create the greatest business value. Some municipalities are in the process of establishing key performance management mechanisms to maximize the impact of every dollar spent to improve children’s lives and to articulate costs and results in order to make informed programmatic choices for

children and families. Furthermore, government internal rules, policies, and regulations affect how funds are allocated to human and social services.

Leadership Factors

In Kosovo, the leadership factor is essential to organize municipal plans around measurable, relevant interventions that lead to intended results for child survival.

Leadership creates a perception (Bryson, 2011) that the government plans should achieve a positive impact by improving the conditions in which children and families live—not merely to spend money or feed the bureaucracy. The leadership factor creates conditions for effectiveness, efficiency, scalability and sustainability of the actions of the strategic plan for the benefit of children and women.

Institutional Culture

Bianchi (2010) argued that the essence of an institutional culture is to develop performance management systems and a policy practice of learning by doing, which helps leaders learn from past failures. A well-structured municipality with clear policies, management processes, and performance management systems will increase the likelihood of achieving the desired changes in child survival. In addition, these factors can affect how well local governments operate and implement national, local, and municipal plans.

According to University of Kentucky (2011), strategic investments in proven packages of high impact health care interventions could save lives and result in significant cost savings in U.S. health care costs. A UNICEF and EU (2013) report

demonstrated that each dollar invested in children gets an economic return of \$12. Thus, investing in public health is right in principle and practice

The American Association of Public Health (AAPH,2013) suggested three strategies to reduce preventable deaths and improve cost-effectiveness of health interventions: (a) scaling up of health insurance coverage, (b) quality delivery of preventive care, and (c) promoting healthier behaviors. The AAPH suggested government investment in each strategy could save lives and provide economic value, but these strategies are likely to be more effective in combination. The AAPH maintained that progressive and consistent investment in behavioral health-related interventions could prevent nine out of 10 deaths and reduce costs of health care interventions by 30% over a period of 10 years. This reality suggests every country health system must include behavioral interventions in the top priorities of health systems.

In both case scenarios, it is becoming clear keeping people healthy has cost implications and dividends. It takes a business skill for public health experts to predict or project the returns of every dollar invested in public health care interventions. In the era of PV creation and NPM, accurate budgeting can be accomplished not by cutting or adding budgets to reduce deficits but linking program results and funding to deliver social human development outcomes. According to Mikesell (2011), budget documents are instruments that show how government intends to address priority issues that matter for citizens in the light of PV and NPM

Based on the above analysis, the budget document serves both as a guiding tool and an accountability framework to assess how the use of existing or approved resources

is delivering success in terms of meeting the expectations of children and stakeholders. According to Arslan (2011), managing for results contributes to performance improvements and accountability, and the performance-based budgeting is a strategy that contributes to effective managing for results. Mikesell (2011) argued that a budget should be crafted in a way that reflects the key priorities of government or the goals that matter to deliver services and public good, and he offered two solutions to increase the attention to public sector investment in social and human capital services.

First, one of the federal government's policy actions is to strengthen systems and processes that would continuously monitor the balance between revenues/incomes and expenditures. To that end, it is important to align the budget execution with priority results for the country (Mikesell, 2011). This solution is relevant to this study because of the need to translate policy commitments into local systems and to link results and resources.

Second, public investment is a political process, rather than a purely technical issue. Any attempt to invest more in social sector would require tough and painful negotiations and consultations between different arms of government, especially between the executive and the legislature (Mikesell, 2011). A counterargument is that, being a politically driven process, it can be manipulated to win public support. This argument is consistent with Mikesell's (2011) opinion on budget manipulation. Mikesell maintained that capital budgets are usually separated from operational budgets in a way that hide some costs. This reality suggests that governments should establish systems to ensure

transparency and accountability in the budgeting process to avoid budget manipulation by politicians.

Politics of Service Delivery

This proposed study provides an opportunity to assess the effects of politics on service delivery for child survival in Kosovo. As such, the role of politics, power, and institutions in influencing development outcomes for people should be addressed. The main question is how central and local institutions should embrace the challenge of demonstrating results of both developmental and humanitarian programs. To this end, evidence suggests programs that fail to take the political context into consideration are bound to fail.

Wild and Forest (2013) argued that both politics and institutional capacity development matter for creating equitable society. Wild and Forest pointed out that politically aware systems and locally led action can lead to tangible outcomes in a measurable way for human development. Adopting a politically savvy approach to child survival program and locally led measurable package of interventions can lead to tangible outcomes for children and communities. Wild and Forest also maintained that the governmental agencies' own internal ways of doing business and incentives are often part of the problem of service delivery. The authors suggested that factors that prevent agencies from demonstrating tangible outcomes nurture an institutional culture of learning from failure.

Welham (2013), a research fellow from the Centre for Aid and Public Expenditure, helped establish in four arguments the relationship between politics and

service delivery in lower-income countries. First, Welham argued that “politics is part of the solution, not just the problem” (p. 1). This means that political commitment and willingness are perceived to be “the make or break” of service delivery. Therefore, it is advisable to factor the political context comprehension that offers some entry points for policy and programming in child survival at local governance level. Second, creating an equitable society requires a deliberate equity-based approach that “makes services work for the middle-class-to reach the poorest” (p. 2). For example, the 2014 World Bank report argued that the development efforts should primarily target the 40% poorest individuals. UNICEF (2010) also suggested that targeting the most vulnerable children is a moral imperative and it is right in principle and practice. Both the World Bank and UNICEF have maintained that targeting the poorest will contribute to accelerate and improve the development outcomes. Third, the politicization of development aid must be considered in service delivery. In the humanitarian context, most of the actors are more focused on their “geo-strategic and national interests,” and saving lives is a means to achieve their visibility. Finally, the politics of behavior is an attempt to identify the incentives that help deliver more development outcomes and to explain “why people behave the way they do in human societies” (Welham, 2013, p. 3). Indeed, Harris (2014) suggested that the role of behavioral patterns is becoming evident in shaping and influencing development outcomes in this rapidly changing world.

Localizing Human and Social Development

Welham (2013) pointed to new ways of doing development work that can produce concrete results for people. One of the suggested ways is to localize service delivery and

promote politically aware programming that is grounded in local realities. Hedger (2013) suggested that “money alone is not the solution to better service delivery” (p .5) and argued that a successful program should be “locally led, adaptive, politically smart and entrepreneurial” (p. 5). In contrast, program interventions that are not aligned with local needs and priorities can fail. Thus, involving local communities in the design and delivery of development program interventions is one of the sustainable ways to address the challenge of demonstrating tangible results for people.

UNICEF (2014) suggested that fostering enhanced, participatory accountability, planning, coordination, and monitoring in the local governance systems will be required to make municipal governance systems more effective, efficient, and responsive to create simple solutions to complex societal problems. Therefore, localizing service delivery will establish evidence that better coordination of the local government’s action is a gateway to creating an equitable society and to promote positive social change at municipal level

The UN has determined that better planning and coordination play an important role in shaping the quality of service delivery. Save the Children and UNICEF (2012) recommended that it is important to ensure that performance-based management is fully integrated into country’s national and local systems. Levy (2014) suggested one reason governments fail is failing to make good policy choices and well-planned and coordinated programs.

Chapter Summary

There is growing scholarly evidence that performance-based management is a value-based platform that causes organizations and government systems to be more

collaborative and responsive in the way of doing business. Four building blocks are mostly relevant in the context of solving social problems: (a) politics of services, (b) value for money, (c) local systems to translate policies into outcomes, and (d) building trust. When all four building blocks fall into place, municipalities will become more responsive and accountable for an effective delivery of child survival services in a manner focused on the citizens. The literature review identified required pathways to scan the municipality's ability post-independence to deliver a country's child survival services and to contribute to positive social change. The current research was designed to establish the interconnectedness between business value, social value, and governance value. These three elements work together to achieve success, significance, and greater societal impact for positive social change. The suggested PV creation model is relevant to the fast changing and dynamic country context.

In this chapter, I showed that performance-based management is a pattern of success that is used to boost, predict, and measure the ability of governments to create sustainable, inclusive, and equitable society. In addition, many scholars from the American Society of Public Administration (2015) have argued that the value of performance-based management is to streamline government systems, improve effectiveness, efficiency, accountability, improve the quality of public good, and reduce cost and size of operations to maximize results for people. To this end, a social compact is needed between governments and citizens to address issues of inequities, social exclusion, and social justice. No single government or organization can create an equitable society alone. Instead, an effective collaborative government is needed to

strengthen organizational systems and capacities, to frame and deliver timely and appropriate program responses.

In Chapter 3 I discuss and explain the methodological techniques I used to collect, analyze, summarize, and contrast data from three municipalities.

Chapter 3: Research Method

Introduction

This research was a multiple case study designed to better understand the factors that enable and constrain the capacity of local health departments of three municipalities in Kosovo to provide health care services. In this chapter, I discuss the rationale for research design, my role as researcher, data collection methods, data analysis plan, issues of trustworthiness, and ethical procedures. I also discuss the tools I used to examine how the three municipalities are structured to monitor and measure the success and significance of provided health care services.

Creswell (2013) stated that researchers use a qualitative method to explore a phenomenon. The process of examining contextual perspectives in a study is context bound. Qualitative data cannot be meaningful when they are isolated from the context in which the data are collected (Creswell, 2013). A qualitative assessment of the context variability is necessary to predict the behavior of the phenomenon under investigation, to generate knowledge, and to draw conclusions and interpretations. Thus, the merit of qualitative research is its capability to explore and understand the context and the meaning behind everything that happens.

This research was a multiple case study (see Scholz, 2011), in which I explored the interconnected local governance factors relevant to the politics and public policy of child survival services in three municipalities. I combined primary data and secondary data to gain an in-depth understanding of the enabling and constraining factors of quality health care services in Kosovo. My aim was to generate knowledge about the value of

performance-based management of the newly created municipalities in Kosovo. In the same vein, this case study addressed problems in the local health sector and generate options and institutional solutions to achieve positive social change in child survival in the three targeted municipalities.

Research Design and Rationale

Rationale for the Research Design

The choice of a qualitative research design is made within the circumstances that have marked the Kosovo context since the country's declaration of independence. Understanding the evolving context was necessary to explore the behavior of the municipal policy makers and program managers and to understand what motivates some local governments to engage in performance-based management while others do not. Patton (2012) suggested that the merit of qualitative studies is to put "flesh on the bones" of the existing evidence to generate a true knowledge and to draw meaningful, relevant conclusions and interpretations. I also explored possible nontangible factors that may improve the situation of child survival, and to establish a municipal governance practice of evidence-based reporting and accountability. These factors include a sense of urgency, awareness, social consciousness, moral obligation, and commitment of policymakers.

I followed a qualitative approach to explore the enabling and constraining factors of local health structures and the perceived benefits of PBM in terms of both process and outcomes of the local governance practices. Multiple data sources were used to explore the perception of policy makers and other stakeholders on how PV principles can be applied by the newly established local government systems. Secondary data sources were

used to analyze the trends in human and social services delivery over a period of post-independence declaration in Kosovo (from 2008 to 2015). The study was guided by the PV conceptual framework, set of values that considers performance-based management and accountability systems as methods of change for the way local governance structures hold themselves accountable for social service delivery.

Patton (2012) suggested that establishing a point of reference is a way of life that informs daily routine affairs in society. The research method is essential to understanding contextual considerations, especially when a researcher is confronted with the challenge of making choices or taking decisions in every sphere of life.

Research Questions Restated

The central research questions address how the three municipalities are prepared to monitor and measure success and significance of the provision of health care services; and the enabling and constraining factors of the capacity of municipal service providers and policy makers to deliver tangible results for child survival and well-being.

Three questions were crafted to explore the interconnectedness between business value, social value, and governance value:

- RQ1. How do local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë monitor and measure performance in the area of health care services for child survival?
- RQ2. What factors are perceived as enabling and constraining the capacity of the local government health departments in the Kosovo municipalities of

Gjakova, Prizren, and Fushë-Kosovë to provide health care services for child survival and well-being?

RQ3. What are perceived benefits of performance-based management and reporting in the monitoring of the delivery of health care services at local government health department?

Role of the Researcher

According to Maxwell (2013), the researcher's role is instrumental in qualitative designs. I selected the three targeted municipalities based on their geography, ethnic diversity, and number of stakeholders involved in the delivery of child survival services. In addition, I completed a thorough research process from data collection phase through classifying, summarizing, analyzing, and making sense of the findings. I also played a pivotal role in maintaining contacts with key informants and other relevant officials from government agencies and municipalities.

Researcher Bias

Using a triangulation approach mitigated any personal bias by helping me cross-check information from primary data sources in the three municipalities. Three FGDs and semistructured questions were crafted and presented to mitigate the risk of biased information during data collection. Timely understanding and detection of my own biases and those of the interviewees and how such preconceptions could affect research findings was essential. I took these biases into account as I cross-checked, classified, and summarized the information from primary data sources

Methodology

This research was a multiple case study design whose aim was to explore the enabling and constraining factors of child survival and well-being at municipal level. This contributed to the body of knowledge on the value of PBM in the delivery of health care services in postindependence Kosovo. The unique strength of this study was to describe the features of municipal governance systems and to explore the reality behind the trends of child survival indicators from 2008–2017. Both primary and secondary data were used to cross-check information and draw meaningful conclusions about potential benefits, barriers, and opportunities of introducing performance-based management in local governance values.

The primary data source portion was designed to reveal PV perspectives in the day-to-day municipal governance systems. In short, data collection tools were FGDs with 29 municipal directors and program managers and nine nurses; and semistructured interviews with elected officials in three municipalities. Additional semistructured interviews were conducted with three top policy makers of relevant central-level ministries and nine representatives of national coalition of civil society organizations to explore their perceptions on the value of introducing performance-based reporting. Data collection in the three municipalities from primary and secondary data sources were triangulated, compared, and contrasted to interpret the data and draw meaningful conclusions.

Strategy of Inquiry

First, I designed the study case in a logical and rational way (see Scholz & Tietje, 2002). With a basis in the literature review and the problem statement, I attempted to ask both the right research questions and interview questions. In the 21st century, the art of asking the right questions is becoming the most powerful instrument that helps to control human behavior and to promote social consciousness and positive change the at societal level (Harvard Business Review, 2015).

Rationale of Participant Selection

The selection of the three municipalities (Gjakova, Prizren, and Fushë-Kosovë) was based on the knowledge generated from EU progress reports, UN annual reports, and government research publications. These three municipalities were selected based on their profiles, features, characteristics, and populations. Participants in the primary data collection were all elected officials, municipal directors, program managers, or representatives of the governmental agencies and civil society organizations in the three municipalities.

Purposeful Sampling

Bryman (2006) argued that a purposeful sampling is more appropriate in a case study approach because it contributes to the alignment of the study findings with the understanding of the context. The list and typology of key stakeholders were established based on their involvement and contribution to social and human development services in each municipality. I conducted three FGDs for three municipalities. Participants in the FGDs were selected based on their involvement in planning and implementing social and

human services. These individuals included three municipal directors, 17 program managers, and 10 nurses. Three top policy makers of relevant central-level ministries of local government administration, health, and labor and social welfare were interviewed to discuss the challenges and opportunities of the provision of social services in the postindependence Kosovo. Twelve participants from the coalition of civil society organizations were interviewed to triangulate data collected from various sources.

Document review was also required to generate knowledge about the changes that occurred in the municipal governance systems after the declaration of independence of Kosovo. Annual research publications of the Ministry of Health and of the Ministry of Local Government were reviewed to assess the trends in the delivery of health care services in the postindependence context.

Instrumentation and Sources of Information

Primary Data Sources

For the first primary data source, I conducted semistructured interviews with three elected officials, three policy leaders of relevant central-level ministries, and nine participants from the coalition of civil society organizations. I explored the perception of policy makers and other key stakeholders of municipal governance practices of health services delivery for child survival.

As my second primary data source, I conducted three FGDs with municipal officials, three leaders of health care services, 17 program managers, and 10 nurses that provide social and health services.

Secondary Data Sources

Annual reports by the Kosovo Ministry of Health from 2008 to 2016 were used to analyze the trends of prenatal mortality rates for mainstream population and immunization rates for Roma, Ashkali, and Egyptian communities in Kosovo. These two specific indicators revealed the trends of equitable and inclusive development at the municipal level. Other administrative records, plans, the Multiple Indicator Cluster Survey 2014, census data from 2011, baseline studies, multicounty evaluation reports, EU and UN progress reports, white papers, CSO newsletters and bulletins, local newspapers, and other media accounts were also analyzed. These reports were available in the library of the Ministry of Health, Kosovo Agency of Statistics and in the Office of National Institute of Public Health. I obtained approval to use them for this research.

Data Collection Sources, Analysis, and Tools

Methodological triangulation techniques were used to ensure a greater validity of the findings. According to Creswell (2011), the merit of triangulation techniques is to increase the credibility and validity of the research, especially to indicate that more than two data collection strategies have been used to crosscheck research results. I combined the scanning of the context and the analysis of trends of perinatal mortality and immunization services before drawing meaningful conclusions. As documented in the previous sections of this chapter, a combination of primary and secondary data sources was used to discover the enablers of the local health system and the application of the PV principles in the newly created municipalities.

Data Collection Techniques

Procedures for Recruitment, Participation, and Data Collection

A combination of primary and secondary data sources was used to inform the design of the interview protocol and data collection procedures. Data primary source were used to explore the determinants of local health care services and child well-being while secondary data sources were used to demonstrate the effects of the introduction of the performance-based system in municipal governance systems.

First, I sent an email message to potential participants to explain the purpose of this research and to seek their agreement to participate in the study. In this email, I shared the informed consent letter, the confidential agreement, the interview protocol, and the contact summary form. Second, these forms were finalized as part of the submission to Walden's institutional review board.

Data Analysis Plan

Data analysis plan began with manual and electronic coding. An expert in NVivo 12 assisted with data entry and codification for quality assurance purpose. NVivo12 was instrumental for verifying, collating, classifying, summarizing, and interpreting all datasets. Data analysis tools were developed and fine-tuned in collaboration with the representatives of key municipal stakeholders. A team of resource persons representing the interest of local government officials and CSOs were established to cross check and avoid ethical issues related to the research questions.

The primary data source segment assessed the enablers of local health system and the perception of the most relevant stakeholders on the merit of PV creation initiatives

such as performance-based management and accountability. In this segment of the study, I examined how municipalities are structured and organized to deliver human development and social services, especially health care services for children and families since the declaration of independence (2008) to date.

The secondary data sources were evidence generated by routine reports from the Ministry of Health, three targeted municipalities, multiple cluster indicator surveys (MICS 2014), the EU, and UNICEF. The reports from the Ministry of Health and annual reports from 2008 to 2014 were used to analyze the trends of perinatal mortality, under-5 mortality rates, and immunization rates for Roma, Ashkali, and Egyptian communities in Kosovo. These child survival indicators were used as proxy indicators to draw some conclusions about the impact of political system changes on child survival and well-being in the health sector. The secondary data sources revealed the ability of the new municipalities to deliver the dividends of democracy and independence to citizens. This was measured through the trends in child survival indicators that occurred from 2008 to date in municipal governance systems.

Using secondary data sources can reveal unknown characteristics of the determinants of local governance systems and their impact on child survival or social and human progress in Kosovo. According to Creswell (2010), every feature of a qualitative study should be used to explore the existing evidence of the subject being studied. That said, the analysis of data relied heavily on the triangulation techniques to ensure better alignment and integration between exploratory and confirmatory approaches. Thus, collecting and checking data from multiple relevant sources increased the reliability and

the validity of the findings. Methodological triangulation techniques were used in a structured and logical way to address gaps, inconsistencies, and discrepancies contained in different data collection tools.

Issues of Trustworthiness: Validity, Relevance, and Appropriateness

Patton (2012) argued that no one can draw a meaningful conclusion about an observation without knowing exactly the context from which that observation is being made. “Bias and subjectivity are inevitable” in qualitative studies (Patton, 2012, p. 1). Triangulation techniques were used to ensure trustworthiness of data and to mitigate the risks of bias of data from multiple sources. The study was designed to analyze how PV principles are being applied to influence positive social change in a changing political context. The validity of the findings was heavily dependent on my research ability to compare data from different sources. In addition, methodological triangulation techniques were used to validate data from municipal officials and managers and key informants who were involved in human development services. This way of doing data collection affirmed the accuracy and sufficiency of data related to the most relevant parameters in this study.

According to Shelton (2003), the trustworthiness of a qualitative study has to be tackled with different tactics to ensure rigor while attempting to classify, analyze, and interpret perceptions or views from participants in the research. The targeted individuals were selected among the most experienced program managers, stakeholders, and influential policy makers in Kosovo. Additional strategies were implemented to ensure transferability, dependability, and conformability of the findings. For example, each key

informant who was approached was given the opportunity to reject the offer to participate in the research, and frequent debriefing sessions were conducted between the researcher and all people involved in data collection to spot-check and cross-check the accuracy of data collection techniques, and to anticipate any gaps or potential bias. The research questions were structured in a way that demonstrated how the findings and lessons learned from one municipality can be transferred or applied to the rest of the municipalities (i.e., transferability). I assumed the same questions asked to the same profile of participants in similar municipalities would yield similar findings (i.e., dependability). As Patton (2012) advised, I was objective in this research by ensuring that the findings were the results of the experiences and viewpoints of participants rather than my own preferences (i.e., confirmability).

Ethical Procedures

Data collection relied on primary and secondary data sources. In the primary data source segment, I did not use personal information about the participants; their views and perceptions on the value of PBM in municipal governance systems were reported anonymously. These policy makers, representatives of CSOs, and program managers were treated with dignity and respect with the aim of preserving privacy and anonymity. To ensure trustworthiness, the FGDs and semistructured interview transcripts were audio-recorded and will be kept for 5 years, and the findings will be available in the public domain.

The secondary data source segment relied on the most recent research reports and annual publications that were available in the public domain. To this end, a formal

authorization to use the relevant reports was obtained from the National Institute of Public Health in Kosovo. These considerations were addressed when the application to conduct research was submitted to the Walden University Institutional Review Board (IRB).

Chapter Summary

This multiple case study was designed to describe how the local health care departments in Kosovo are set to monitor and measure the success of health care services for child survival. The objective was to gain an in-depth understanding of the perceived enabling and constraining factors of the ability of the local health departments to deliver positive results for children in child survival and well-being. The method was designed to reveal the extent to which the three municipalities were prepared to promote positive social change by achieving progress in health care, child survival, and well-being. The research combined primary and secondary data sources in Gjakova, Prizren, and Fushë-Kosovë municipalities.

Personal information about the participants themselves is not revealed; they are referred to anonymously. Secondary data sources were used to examine the trends of political system changes through the lens of the access to social services. A maximum of proxy indicators revealed the trends and status of child survival and well-being in three targeted municipalities in Kosovo from 2008 to 2017.

Triangulation was used in a structured and logical way to address gaps, inconsistencies, and discrepancies in different data collection tools. The trustworthiness of qualitative study was tackled with different tactics to ensure rigor, transferability,

dependability, and conformability of the findings as I classified, analyzed, and interpreted perceptions from the participants.

Chapter 4: Results

Introduction

In this chapter, I present the results of the data analysis. The purpose of the study was to gain an in-depth understanding of the enabling and constraining factors of the capacity of the local government health departments to monitor the performance of health care services post-independence in the municipalities of Gjakova, Prizren, and Fushë-Kosovë. Specifically, the study sought to find answers to the following research questions:

1. How do local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë monitor and measure the success of health care services for child survival in the postindependence context?
2. What factors are perceived as enabling and constraining the capacity of the local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë to provide health care services for child survival and well-being?
3. What are perceived benefits of performance-based management and reporting in the monitoring of the delivery of health care services at local government health department?

This chapter provides an overview of the findings. I explain how data were collected, analyzed, categorized, and interpreted and it culminates with a presentation of the results within the value creation framework. In Chapter 4, I also present the setting, demographics, and the description of the study sample.

Context Setting

Following the declaration of independence in 2008, Kosovo started a long process of sector-specific reforms, including health sector reform, to modernize and transform the provision of health care services to the country's citizens. Bryson (2011) suggested that human service systems that are stable are more likely to perform than systems in volatile country context. Being an unstable country, Kosovo failed to strengthen its human service systems to improve indices for human development. In this context, I used an exploratory case study to discover how local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë are structured and organized to monitor and measure the success of health care services for child survival in the postindependence context. I analyzed the enabling and constraining factors of the capacity of health care providers and to crosscheck the perceived benefits of performance-based reporting in local health system strengthening.

In this chapter, I collected and analyzed data from three elected officials, three policy leaders of relevant central-level ministries, three leaders of health care services, nine representatives of civil society organizations, and 29 directors, program managers, and nurses who accepted to participate in three FGDs. These participants were purposefully selected from policy makers, program managers, and services providers who are directly involved in the provision of child survival services in the three municipalities. I did not aim for generalizable findings but an in-depth understanding of the enabling and constraining factors of the capacity of the three municipalities to deliver the dividend of the independence of Kosovo to its citizens especially to children, adolescents, and youth.

Demographics

I selected participants based on their direct involvement in the provision of health care services in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë. Although I contacted 12 participants of civil society organizations, only nine chose to sign the consent form. All other targeted participants for semistructured interviews and FGDs accepted to participate in this study per IRB guidelines approval number 11-07-17-0362560. In the same vein, I conducted three FGDs and 18 semistructured interviews between December 2017 and March 2018 at an average of 45 minutes each. The population sizes by gender, municipality, and ethnicity are shown in Tables 1 through 3.

Data Collection

Yin (2003) suggested that a researcher should develop the art of asking simple and clear questions and listen carefully to what respondents say. Because some of the participants were not fluent in English, I relied on an interpreter and made an audio recording of the dialogue between me, the interpreter, and participants. Most of my probing questions were open-ended to make the dialogue more meaningful and conversational within the allocated time.

In addition, I collected data from secondary data source and primary data sources. The secondary data source explored how the three municipalities are structured and set to report on progress made during the process of health-sector reform. The primary data source explored the insights and perceptions of policy makers, program managers, nurses and representatives of CSOs on the enabling and constraining factors of their capacity to deliver quality health outcomes for children.

Table 1

Participants by Gender

Number of participants by gender	<u>Focus group discussions</u>			<u>Percent (%)</u>
	<u>Program managers/ coordinators</u>	<u>Nurses</u>	<u>Main family medicine center directors</u>	
Male	1	0	8	29 %
Female	11	10	1	70 %
Total	12	10	9	100%

	<u>Semistructured interviews</u>	
	<u>Male</u>	<u>Female</u>
Policy leaders of central-level ministries (<i>n</i> = 3)	2	1
Ministry of Health		
Ministry of Education		
Ministry of Social Welfare		
Leaders of health care services (<i>n</i> = 3)	0	3
Elected officials (<i>n</i> = 3)	3	0
Participants from the civil society organizations (<i>n</i> = 9)	3	6

Table 2

Population Size per Municipality

<u>Municipalities by Population</u>	<u>Prizren</u>	<u>Gjakove</u>	<u>Fushe-Kosovo</u>
Total	177,781	94,556	34,827
Urban	53%	43%	53%
Rural	47%	57%	47%
Ethnic minority	30%	6%	4%

Note: Data collected from Kosovo Agency of Statistics (2016) and OSCE (2015).

Table 3

Roma, Ashkali, and Egyptian Populations by Municipality

Municipality	Total live births per the mother's permanent address and the mother's ethnicity	Total Roma, Ashkali and Egyptian population	Total population by municipality	% of Roma, Ashkali and Egyptian population
Gjakova	50	6,468	94,556	6.8
Fushë-Kosovë	25	3,948	35,000	11.2
Prizren	67	4,417	177,781	2.4

Note. From Kosovo Agency of Statistics (2016) and OSCE (2015).

The primary data source included eight telephone interviews with municipal directors on two specific questions to triangulate the findings of semistructured interviews and FGDs. These two probing questions follow:

1. What are the most pressing challenges facing local health departments?
2. What are the perceived benefits of introducing performance-based reporting in the delivery of municipal health care services?

Data Analysis

Gibbs (2007) recommended highlighting recurring words, ideas, and concepts during the analysis of the semistructured interviews and FGDs. In that vein, I created four preset coding categories as part of the preliminary thematic description that were used throughout data collection step: (a) monitoring of health care services, (b) enabling factors, (c) constraining factors, and (d) perceived benefits of the performance-based

reporting systems. Furthermore, each of the interviewees was assigned a code to protect their privacy.

Yin (2014) recommended using software to explain, step by step, how a researcher moves from research questions to emerging themes via nodes. To this end, I used NVivo 12 to codify, group, organize, and summarize data from the interview transcripts. First, I upload the transcripts to the software to highlight, aggregate, and group frequent words. The visualize function created words cloud analysis, which led to the identification of nodes. Rossman and Rallis (2003) defined a theme as “an outcome of coding and categorization, and analytic reflection of the emergent dataset” (p. 282). Therefore, the alignment between pre-et coding categories, excerpts from study participants, and the nodes in NVivo led to emergent themes.

Confidentiality

To preserve the privacy of the participants, I used codes to identify the interview participants, each of whom had signed a consent form. The individuals were coded as GS01, GS02, GS03, MYR 01, MYR 02, MYR 03, DIR 01, DIR02, DIR03, CS01, CSO2, CSO3, CSO4, CSO5, CSO6, CSO7, CSO8, and CSO9.

Coding

Initially, I created a preset of coding categories based on the key highlights of the three research questions. Then, I grouped the collected information into six main response categories: most pressing challenges, monitoring success of health care services, enabling factors, constraining factors, perceived benefits of performance-based reporting,

and responsiveness of policy makers. The word cloud analysis in NVivo 12 revealed the frequency and trends of the recurring ideas and messages from study participants.

Summary of Emergent Themes from Participants

Tables 4 and 5 present how the data from FDGs and semistructured interviews were analyzed, classified, and summarized in NVIVO 12. They also show how I moved from research questions to themes by aligning research questions and preset categories.

Monitoring of success of health services. Participant CSO6 suggested that municipalities are implementing some sporadic project initiatives to improve the monitoring mechanisms for quality of health care services provided to different communities. Participant CSO6 argued that a community scorecard should be institutionalized as part of the tools to monitor and measure the success of health care services at municipal level. In this context, profiling clients will contribute to matching demand and supply of health services and creating an institutional culture of evidence-based policy dialogue and implementation at local government level. Ultimately, this might improve the quality of health care services and increase participation of clients/beneficiaries in the provision of health care services to promote voice and accountability. Many participants suggested that the municipalities should pay more attention to information campaigns and awareness raising of the patients about their rights. The health care services will be deficient in quality unless the patients are well-informed and they demand for their rights to be respected by health care staff.

Participant MY1 said that the local health department monitors the success of health care services through periodic progress reports, health management information

systems, and systematic visits to schools and home to check the immunization records of children. He averred there is a need to improve the quality of health care provided.

Participant MY1 argued that service delivery seems to have improved over the past 5 years because of the institutionalization of home visits in the three municipalities.

Enabling factors of the capacity of local government health departments.

Participant FGD2 suggested that the trust between program managers, nurses, and clients or beneficiaries can be included as enabling factor for the local health providers. This group of participants argued that trust building, professionalization of staff, collaboration, and an accountability framework combine to boost the capacity of local government health service providers

Participant FGD3 stated that the home visits scheme is now fully embedded into staff's job description and annual work plans, and they need to attend to home visits more promptly than ever. The so-called stocktaking report of the Ministry of Health (2018) revealed that home visits are perceived to be “a gateway to strengthen local health systems and to improve the quality of health services including nurturing care practices for the most vulnerable children, to reduce equity gaps and to build trust between local healthcare system and families” (p. 1). Therefore, institutionalizing home visits appears to have significantly contributed to the ability of the municipalities to reach the most at-risk children and families with a package of services.

Constraining factors of the capacity of local government health departments.

Participant FGD1 reported the main challenges included the issues of (a) budget and implications with health law regarding human capacities and (b) the lack of health

insurance scheme and lack of functionalization of the health information system. In other words, the lack of an adequate budget and health insurance scheme limits the ability of the local health departments at municipal level. The municipal financing does not appear to be aligned with the existing policies of local health departments. In this context, several participants argued that failing to align the municipal health strategic plans with financing is failing to modernize the local government health departments.

Perceived benefits of performance-based reporting. FGD participants responded that the term performance based-reporting implies an increased quality of work and staff motivation whereby health workers are paid based on performance and the ability to reach the most at-risk children and families. They also suggested that performance-based reporting cannot have any meaning unless the standard operating procedures, quality standards, and protocols are established from a citizen centric-approach. The participants recommended that the municipal plans should be designed from clients' perspectives to meet unmet social needs.

Responsiveness of policy makers to issues affecting children. FGD participants generally agreed that the performance-based reporting system is required to increase credibility, accountability, and responsiveness of local health departments. They maintained that performance-based reporting increases quality of work, contributes to better targeting of the citizens in needs, encourages competition and accountability for better results, drives efficiencies in the provision of services, and connects elements of the value creation system: governance, business, and social power or community participation.

The real-time information offers enough evidence to the policy makers to design programs that will ultimately improve the conditions of children and families. This can lead to evidence-based policy making and contribute to make local health department more responsive to issues affecting children at the local government level.

Results

This multiple case study was exploratory (see Saldana, 2013). I asked open-ended research questions to explore how local health departments are structured to monitor and measure the success of health care services for child survival. I grouped the collected data into seven preset coding categories:

- Most pressing challenges affecting the local health department in the Kosovo municipalities of Prizren, Gjakova, and Fushë-Kosovë.
- Monitoring of success of health care services.
- Enabling factors of the capacity of local government health departments.
- Constraining factors of the capacity of local government health departments.
- Perceived benefits of performance-based reporting.
- Responsiveness of policy makers to issues affecting children.

Table 4

From Research Questions to Themes: Semistructured Interviews

RQs	Preset coding categories	Excerpts from participants	Word cloud analysis	Themes	
RQ1. How do local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë monitor and measure the success of health care services for child survival in the post-independence context?	Monitoring success of health care services	The local health department monitors the success of health care services through periodic progress reports, health management information system and systematic visits to schools and home to check the immunization records of Children. He maintained that there is a need for improvement of the quality of health care provided. (MY1, 2018)	System Data Visits	Strengthened periodic Reporting systems, functional Information management system and Systematization of Visits.	
	Monitoring success of health care services	GS1 indicated that the monitoring of the health care services is scarce and incomplete. Without fully functional Health Information System (HIS), any monitoring activity will not be complete. The current monitoring activities rely on data that is manually recorded, which exhausts considerable human resources.	System		
			Moreover, evidence-based interventions are still not possible, due to partial and	System	Profiling of clients as part of the monitoring system of health care services for children and families

	<p>unsystematic profiling of the clients (beneficiaries) as well as services provided in the health care sector.</p>		
Monitoring success of health care services	<p>CSOs have reported few sporadic projects that they are implementing to improve the monitoring mechanisms for quality of health care services provided to different communities. They suggested that a community scorecard should be put in place. The outcome of this endeavor will practically ring together the health care providers and health care beneficiaries.</p>	System	<p>Community scorecard as part of the tools to monitor and measure the success of health care services at municipal level</p>
Monitoring success of health care services	<p>They suggested that the municipalities should pay more attention to information campaigns and awareness raising of the patients about their rights. The health care services will not be of good quality unless the patients are well-informed and they demand for their rights to be respected by health care staff.</p>	System	<p>Matching demand and supply of health services as a strategy to improve the quality of health care services.</p>
Monitoring success of health care services	<p>Most of the representatives of CSOs have also agreed that their involvement in organizing and improving the health care sector is essential.</p>		<p>Increased participation of clients/beneficiaries in the provision of health care services to promote voice and accountability</p>

		There is a critical need to further promote the involvement of the NGOs with the intention of analyzing and advocating for the best interventions in the health care sector. The public-sector institutions have not demonstrated great success in reforming the health care sector		
	Monitoring success of health care services	CSO8 answered that they do collect information about the perceptions of clients on the quality of services provided. They also monitor the trends of the situation of children and mothers		Clients satisfaction system is used to collect relevant information.
RQ2. What factors are perceived as enabling and constraining the capacity of the local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë to provide health care services for child survival and well-being?	Main constraining factors of the capacity of the local government departments	The main constraining factor is the budget limitation and the structural governance challenges such as the decentralization policy that is not fully implemented. (MY3, 2018)	Budget	The lack of adequate budget limits the ability of the local health departments at municipal level
		MY1 maintained that “On the other hand, the main constraining factors of the capacity of services providers include the lack of transportation for outreach activities to cover all 74 villages of the municipality, the lack of health insurance scheme and high percentage	Budget	

	of out of pocket fees to cover health care services. In addition, the lack of incentives including good salary limits the capacity of health care services providers to deliver optimal results for children and residents of the municipality”.		
Main constraining factors of the capacity of the local government departments	GS2 said that “Most of the support of the social assistance scheme is targeted to support vulnerable families. There were ideas and initiatives to have specific intervention programs for young mothers and toddlers, but budget constraints have not made it possible to continue the discussion and implementation of such programs”.	Budget	Lack of accountability framework and capacity to analyze, utilize and regulate
	The main constraining factor is lack of a clear definition of roles and responsibilities and competencies that are carried out to the local level, in regard to the provision of social services. (GS2, 2018).	Expertise	Budget limitation and weak implementation of the decentralization policy
	CSO9 suggested that budget limitation and weak implementation of the decentralization policy is part of the constraining factors of	Budget	

	Main constraining factors of the capacity of the local government departments	the capacity of the local government health departments		
RQ3. What are perceived benefits of performance-based management and reporting in the monitoring of the delivery of health care services at local government health department?	Perceived benefits of performance-based reporting	<p>MY1 suggested that performance -based reporting signify three things: One is the number of patient the doctors have visited; Second is the quality of services provided and third one is the improvement of health outcomes for citizens. MY1 maintained that this means to give positive feedback to the health services providers based on their achievements by acknowledging their work through financial incentives or other means such as promotion at work or other moral acknowledgment.</p> <p>The ministry is currently implementing a project regarding criteria and standards for services scheme (GS2, 2018).</p>	Responsiveness	The ability to raise awareness on the outcomes achieved for children and to improve the quality of services to citizens
			Standardization	Standardization of services from a Citizen centric-approach
RQ3. What are perceived benefits of performance-based management and reporting in the monitoring of the delivery of health care services at local government health department?	Perceived benefits of performance-based reporting	MY2 said that the performance-based reporting is the basis to monitor the effectiveness of the local health department. Currently, there is no motivation, and at some point, there is negligence to undertake additional efforts to	Accountability	The performance-based reporting is a basis to monitor the effectiveness of the local health department

		implement performance-based reporting.		
		The Perceived benefits of performance-based reporting include a better profiling of the population health care sector serves, as well as services that are performed by the medical staff (GS1, 2018).	Responsiveness	Better targeting and profiling of the population
		The Institutionalization of a culture of feedback between central and local governance system is one of the major benefits of the performance-based reporting system said (GS3, 2018).	Accountability	An institutional culture of feedback
RQ3. What are perceived benefits of performance-based management and reporting in the monitoring of the delivery of health care services at local government health department?	Perceived benefits of performance-based reporting	MY2 suggested that the Performance-based reporting is the best way to provide local governance services. It enables monitoring of activities that are conducted by health care services staff, including undertaking other efforts to improve services that are provided by medical staff.	Accountability	The best way to make local health departments more responsive and accountable to the social needs of citizens.
		It has been highlighted that, introducing performance-based management system would create an enabling environment to make local health departments more		

	responsive and accountable to the social needs of citizens.		
Perceived benefits of performance-based reporting	CSOs suggested that the value of the performance-based reporting system is to facilitate the understanding of the needs of the communities for the public health care services, the clear definition of roles and responsibilities as well as the need for improvements of services delivered to the patients.	Quality Targeting	Increased quality of work and better targeting of the citizens in needs
Perceived benefits of performance-based reporting	CSO7 suggested that “Performance based management and reporting offers policy makers a major opportunity to secure health system improvement and accountability. In today’s world, with having patients becoming more informed and empowered, it will become an unavoidable method to implement in our municipalities. PBM encourages ‘competition’ which in turn improves the quality of care. Patient centered care, accountability, and competition drive better performance”.	Accountability	Performance-based reporting encourages competition and accountability for better results

Perceived benefits of performance-based reporting

CS06 said that it is beneficial to introduce a payment based on the performance and to strengthen evidence generation and reward system.

Responsiveness

Incentive system

CS08 suggested that the performance-based reporting is useful to inform internal decision-making and to drive efficiencies in the provision of services

Accountability

Drive efficiencies in the provision of services

Perceived benefits of performance-based reporting

CS09 maintained that the performance-based reporting is useful to create value for health system

Standardization

Value creation system, better motivation and competition

Table 5

From Research Questions to Themes: Focus Group Discussions

Research questions	Preset coding categories	Excerpts from participants	Word cloud analysis	Themes
RQ1. How do local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë monitor and measure the success of health care services for child survival in the post-independence context?	Monitoring success of health care services	FGD1, FGD2 and FGD3: Participants reported that they measure the success of the provision of health services and the impact of these services on child survival and wellbeing based on a set of key indicators such as the rate of the immunization coverage, the incidence of infectious diseases, the rate of exclusive breastfeeding which could be measured during home visits.	System Data Visits	Strengthened periodic Reporting systems, functional Information management system and Systematization of Visits.
	Monitoring success of health care services	FGD1: Participants understand the concept of monitoring the success of services through the established client satisfaction and grievance mechanisms, which serve as an in-house mechanism that deals mostly with complaints submitted by dissatisfied patients.	Satisfaction	Client satisfaction mechanism
	Monitoring success of health care services	FGD3: participants suggested that “the Collection of data from the field is recorded for each	Profiling	Profiling of clients as part of the monitoring system of health care services for children and families

Monitoring success of health care services	home visit; the information is stored in a form that requires general information about the profile of the beneficiaries, as well as information regarding the procedures utilized and information distributed to the beneficiary by nurses”.	Sites	Observation of the sites and Referral system to a more specialized health facility
Monitoring success of health care services	FGD2: participants suggested that “if a home visiting staff observes any deviation from the norms, the child and/or the mother is referred to a family doctor or to see another medical professional.”	Standardization	Standardization of quality health care services
	FGD2 participants maintained that “program managers collect information about the overall number of children they need to visit, based on the protocol for home visits. However, these targets are achieved due to the inability to reach households in remote locations...”		

<p>RQ2. What factors are perceived as enabling and constraining the capacity of the local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë to provide health care services for child survival and well-being?</p>	<p>Main enabling factors of the capacity of the local government departments</p>	<p>FGD1 and FGD2 agreed that the collaboration with the NGO has enabled the reach and effectiveness of health care services especially for vulnerable groups, including the Roma, Ashkali and Egyptian communities.</p>	<p>Collaboration</p>	<p>Collaboration with civil society organizations</p>
		<p>Another enabling factor is the continued education for health professionals and the implementation of family medicine concept.</p>	<p>Professionalization</p>	<p>Professionalization and continued capacity development of health service providers</p>
		<p>FGD2 suggested that the trust between program managers, nurses and clients or beneficiaries can be included as enabling factor for the local health providers</p>	<p>Trust</p>	<p>Building trust between families and health professionals</p>
		<p>FGD3 revealed that the home visits scheme is now fully embedded into their job description and annual work plans, and they need to attend to home visits more promptly than ever before.</p>	<p>Visits</p>	<p>Institutionalize home visits to reach the most at risk children and families with a package of services in the three municipalities.</p>
<p>RQ2. What factors are perceived as enabling and constraining the capacity of the local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë</p>	<p>Main constraining factors of the capacity of the local government departments</p>	<p>FGD1 participants reported that the main challenges included the issue of budget and implications with health law regarding human capacities; and the lack of health insurance scheme and</p>	<p>Budget</p>	<p>The lack of adequate budget and health insurance scheme limits the ability of the local health departments at municipal level</p>

to provide health care services for child survival and well-being?

lack of functionalization of the health information system.

RQ3, What are perceived benefits of performance-based management and reporting in the monitoring of the delivery of health care services at local government health department?

Perceived benefits of performance-based reporting

Most of the FGD1 participants responded that the term performance based-reporting implies an increased quality of work and staff motivation in the context where health workers get paid based on performance and the ability to reach the most at-risk children and families

Quality

Increased quality of work and Targeting the most at risk children and families

Targeting

FGD1 participants concluded that performance-based reporting cannot have any meaning unless the standard operating procedures, quality standards, and protocols are established.

Standardization

Standardization of services from a Citizen centric-approach

FGD2 participants generally agreed that the performance-based reporting system will increase credibility of local health departments. Real-time information shall provide sufficient evidence to the policy makers to design programs that will ultimately improve the conditions of children and families.

Responsiveness

Evidence-based policy-making and making local health department more responsive

Research Question 1

How do local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë monitor and measure the success of health care services for child survival in the postindependence context?

In response to RQ1, I combined primary and secondary data sources to understand how the local health department monitor the success of health care services for child survival in the three municipalities. The minister of health granted me permission to access administrative data from all municipalities including the three municipalities of the case study. I analyzed the status and trends of the following relevant indicators: home visits, infant mortality, immunization, and maternal mortality rates.

Indicator 1: Institutionalized home visits. The Ministry of Health Progress Report (2017) revealed that the three municipalities have adopted the home visiting practice as an integral part of the monitoring system to monitor the success of child and mother health. According to a UNICEF (2018) report, “The home visiting practice has contributed to improve child feeding and early care practices, build trust between local health care system and families and to strengthen local health system in nine municipalities” (p. 2). The current policy scenario on home visits has made visible the need for local health systems strengthening to improve inter-sectoral coordination and to maximize tangible health outcomes for children. Table 6 shows the number of children who were provided with essential health services through home visits in 2017. This table revealed that the three municipalities were able to respectively cover only 24%, 11%, and 8% of the targeted children in 2017.

Table 6

Stocktaking Review of Home Visits

	Prizren	Gjakova	Fushë-Kosovë
Actual coverage	1806	426	155
Expected	7038	3651	1913
%	24%	11%	8%

Note. Source: MoH (2018).

Indicator 2: Trends of infant mortality rate by municipality through 2010–2016. The Multiple Cluster Indicator Survey (MICS, 2014) revealed that in Kosovo the infant mortality rate was estimated at 12 per 1,000 live births, while under age 5 years' mortality rate was 15 per 1,000 live births. Despite the continued reduction over the past years, the child mortality is still the highest in Europe. The Kosovo Agency of statistics showed a disaggregation of the infant mortality rate per municipality (see Figure 3).

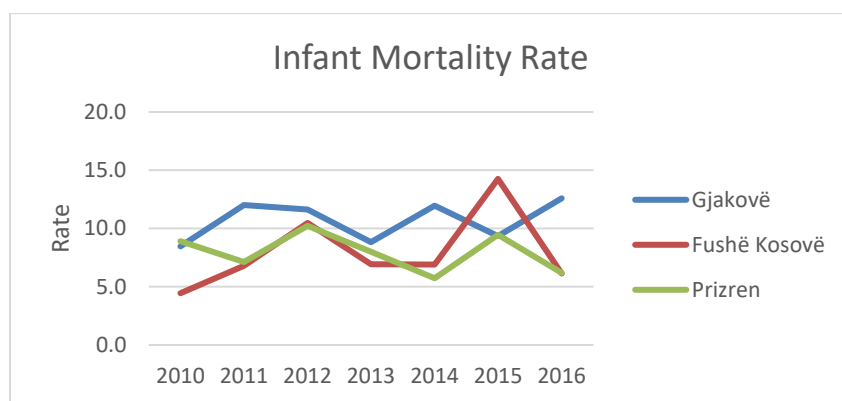


Figure 3. Author's own graph based on the quarterly progress reports of the Ministry of Health and Kosovo Agency of Statistics in 2016

Indicator 3: Immunization rate by municipality 2012–2016. In Kosovo, 79 percent of children aged 24–35 months old are fully immunized (MICS, 2014). However, the immunization rate remains much lower among Roma, Ashkali, and Egyptian communities; only three in ten Roma, Ashkali, and Egyptian children 24–35 months old are fully immunized. The Kosovo Agency of Statistics has reported the following immunization rates 2012–2016 for the municipalities of Gjakova, Fushë-Kosovë, and Prizren. The difference between these three municipalities is explained by the number of the most marginalized share of the Roma, Ashkali, and Egyptian population. Fushë-Kosovë municipality the highest number of unimmunized children. As was shown previously in Table 3, in Fushë-Kosovë the percentage of Roma, Ashkali, and Egyptian population is 11.2%, 2.4% in Prizren, and 6.8% in Gjakova.

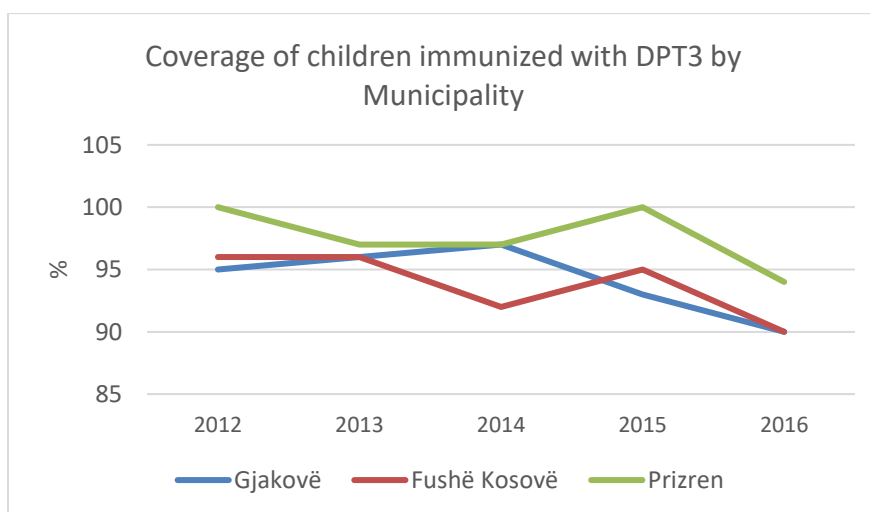


Figure 4. Coverage of children immunized with DPT3, by municipality.

Kosovo Institute of Public Health (2017)

Indicator 4: Trends of maternal mortality from 2008–2005. According to the MoH (2017), the Kosovo-wide maternal mortality ratio increased from 21.6 in 2000 to 43.2 per 100,000 births in 2009 and decreased to 10.5 in 2012. Since 2013, no single maternal death has been reported in Kosovo. There are no disaggregated records of maternal mortality rate for the three municipalities.

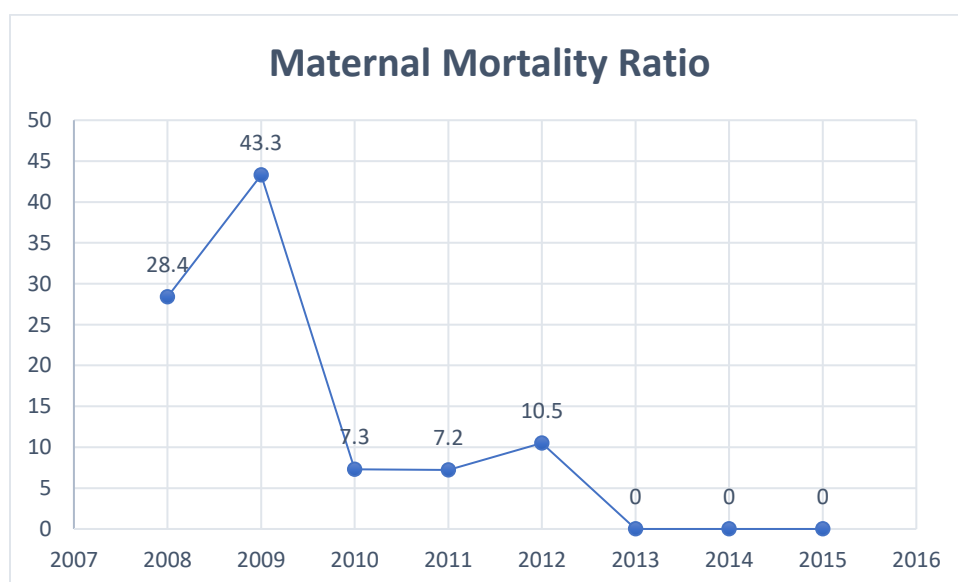


Figure 5. Maternal mortality ratio. Kosovo Agency of Statistics (2016).

Data analysis to summarize the emergent themes. A word-cloud analysis indicated that most FGD participants thought the local departments of health use periodic reporting system, information management systems, and home visits to monitor the success of health care services. Several policy makers mentioned profiling of clients and

client satisfaction assessments as part of the monitoring system of health care services for children and families.

In addition, most representatives of civil society organizations suggested that a community scorecard should be one key monitoring mechanism of the success of health care services at the municipal level. They also underscored the need to match demand- and supply-sides of health services as a strategy to improve the quality of health care services and to promote voice and accountability for citizens' participation.

Research Question 2

What factors are perceived as enabling and constraining the capacity of the local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë to provide health care services for child survival and well-being?

Enabling factors of the capacity of local government health departments.

Participants suggested the capacity of local health departments to deliver health care services for child survival is enabled by several emergent factors: trust building, quality of services, professionalization of staff, collaboration, and accountability framework. Results suggested when these building blocks are in place, local government health departments increase their ability to deliver higher quality health outcomes for children. In addition, the quality of policies, the institutionalization of performance-based reporting system, and the existence of institutional accountability framework create positive enabling environment for increased quality of health outcomes.

Constraining factors of the capacity of local government health departments.

Participants explained how the limited budget/financial resources and health insurance

scheme affect the ability of the local government health departments to deliver quality health outcomes to children and families in the three municipalities. They maintained the lack of adequate resources is associated with the weak implementation of the existing decentralization policy in Kosovo.

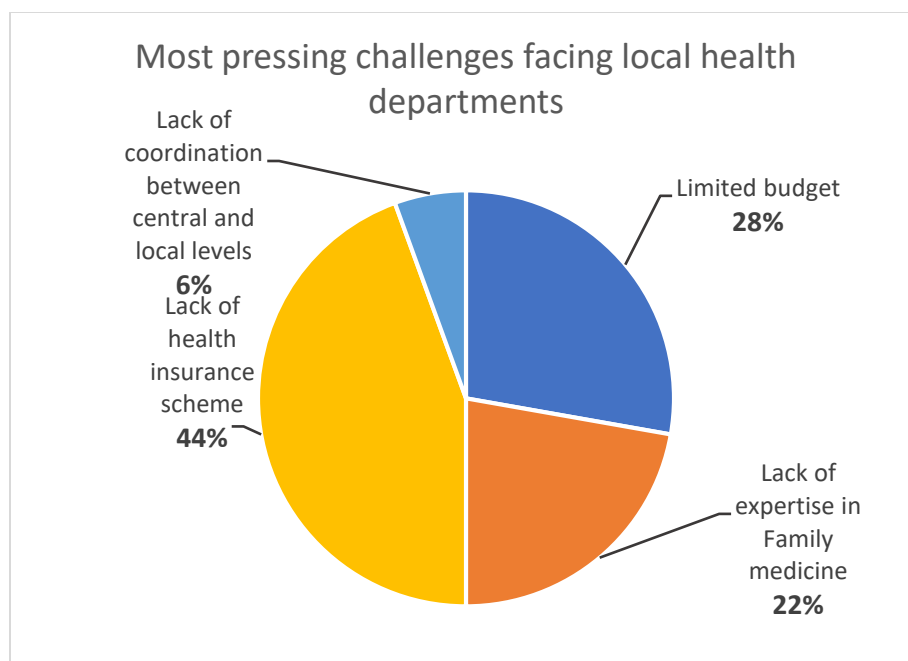


Figure 6. Triangulated results on the most pressing challenges facing local health departments as identified by participants.

Research Question 3

What are perceived benefits of performance-based management and reporting in the monitoring of the delivery of health care services at local government health department?

Participants argued the performance-based reporting system will increase the ability of local government health departments to raise awareness on the quality of health

services, improve the targeting of the children from the most vulnerable families, standardize and benchmark the delivery of health services, and, ultimately, make local government health departments more responsive to issues affecting children and residents of the three municipalities.

FGD1 participants responded that the term performance based-reporting implies an increased quality of work and staff motivation. Health workers are paid based on performance and the ability to reach the most at-risk children and families. Participants also suggested that performance-based reporting can have no meaning unless the standard operating procedures, quality standards, and protocols are established from a citizen centric-approach. Thus, the municipal plans should be designed from clients' perspectives to meet social unmet needs.

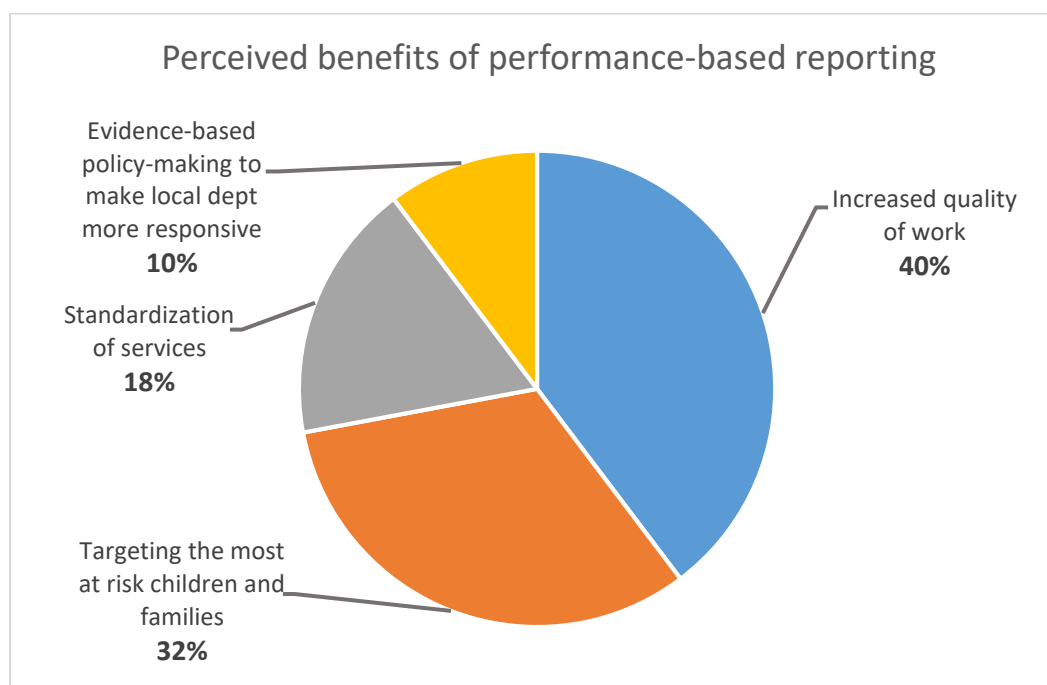


Figure 7. Triangulated results on the perceived benefits of performance-based reporting.

Evidence of Trustworthiness

Shields and King (2001) suggested a qualitative researcher must pay attention to the credibility, dependability, and transferability of the findings. To address the issue of credibility of data, I used several sources of data collection. The semistructured interviews provided the perspectives and insights of the policy makers and practitioners involved in the provision of child survival services at municipal level. The FGDs and the one-on-one telephone interviews added details about the context of the politics of services delivery in the three municipalities.

Graneheim (2003) argued, “One way to approach the credibility of qualitative study findings is to show participant quotations from the transcribed text” (p.110). In

some instances, I used the semistructured interview transcripts to guide the telephone interviews with one category of the participants to the FGDs.

With regard to the dependability criterion, I used an additional telephone interview with participants of the FGDs to triangulate data from municipal officials and managers who were involved in human development services. Doing so also mitigated the risks of bias of data from multiple sources in a changing political context. The dependability of the findings was dependent on my research ability to compare and contrast data from different sources.

To ensure the study findings would be transferable to other settings or groups of municipalities, I presented data in “a way that allows the reader to look for alternative interpretations” (Graneheim, 2003, p. 110). The findings from the three municipalities can be used to inform further research and policy engagement in other Kosovo municipalities in other social sectors such as education and social welfare. The findings demonstrate how the findings and lessons learned from one municipality can be transferred or applied to the rest of the municipalities (i.e., transferability). As Patton (2012) advised, I was guided by the findings rather than my field experience in development work, which improved the chances the findings were the results of the experiences and viewpoints of participants rather than my own work experience (i.e., confirmability).

Summary of Findings

Research Question 1

Research Question 1 was designed to explore how local government health departments in the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë are set and structured to monitor the success of health care services for child survival in the post-independence context. The findings showed that the local departments of health do use periodic reporting system, information management system and home visits to monitor the success of health care services and quality health outcomes for children. Participants emphasized that these systems are progressively creating an avenue to keep exploring the best ways of driving efficiencies and quality in the provision of health care services for child survival. The results from primary data source are consistent with the existing data from secondary data sources.

Imperial (2005) suggested a government alone cannot solve all the problems or create the desired PV without collaboration and partnerships with its relevant policy networks. In the context of incremental sector-specific reform, the local government health departments should be structured in a way that creates value for children and residents of Kosovo municipalities of Prizren, Gjakova, and Fushë-Kosovë . Therefore, the success of health care services is measured through the ways the local government health departments are structured to making their processes, policies and systems more effective and efficient to deliver equitable results for children.

In addition, the study revealed that the existence of reporting system, the systematization of home visits, and the profiling and targeting of clients have contributed

to better regulate the provision of health care services. Awareness has been increased about the need for improved monitoring and reporting systems of the success of health care services.

Research Question 2

Participants suggested that, when trust is built between health services providers and families (social value), there is a continued professional capacity development of staff (business value). Moreover, the collaboration between local government health departments and civil society organizations is in place, and the accountability framework is established (governance value). Municipal health departments will likely increase their ability to deliver more quality health outcomes for children. These findings are consistent with the ideas of citizen-centric approach of Bryson (2011) who argued that the participation of citizens in local governance creates an enabling environment that allows vulnerable people to exercise their rights and responsibilities, and to access the quality of services to which they are entitled.

In the post-independence context, the limited budget and health insurance scheme are the major constraining factors that affect the ability of the local government health departments to deliver quality health outcomes to children and families in the three municipalities. The lack of adequate resources is associated with the weak implementation of the existing decentralization policy in Kosovo.

Research Question 3

Participants argued that the performance-based reporting system is a booster of the ability of local government health departments to (a) raise awareness on the quality of

health services, (b) improve the targeting of the children from the most vulnerable families, (c) standardize and benchmark the delivery of health services, and, ultimately, (d) make local government health departments more responsive to issues affecting children and residents of the three municipalities. The Ministry of Local Government (2018) suggested that the performance-based reporting system is perceived as a booster and a predictor of the capacity of local health services providers to deliver more quality services to citizens. In the same vein, the value of performance-based reporting system is twofold: First, it creates a moral obligation to deliver the minimum requirements or basic standards of health services. Second, it provides incentives to go beyond the minimum quality services.

Chapter Summary

In this chapter, I discussed alignment of multiple case study with the post-independence context of Kosovo. I summarized the process of data collection and analysis and the study findings and emergent messages. The results were informed by datasets that emerged from 18 semistructured interviews and three FGDs. To strengthen the evidence of trustworthiness, Additional individual telephone interviews were conducted with participants who had taken part in FGDs.

Motivated by the need to conduct data analysis in a more structured way, I used NVIVO 12 for qualitative studies. Furthermore, I demonstrated how I moved from the research questions to emergent themes, and the key results or emergent messages were also summarized per research question. This was summarized into tables that show the

alignment between the research questions, preset coding categories, nodes in NVivo, and emergent themes.

Based on the findings, I concluded the best way for the three municipalities to monitor the success of health care services is to integrate threefold value system: business value, social value, and governance value into municipal work plans and policy considerations. In Chapter 5 I argue that the performance-based reporting system should be fully integrated into Kosovo legislations to better regulate the stability and prosperity of local government health departments. This will ultimately make the Kosovo municipalities of Prizren, Gjakova, and Fushë-Kosovë more responsive to issues affecting children.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

I undertook a multiple case study to gain an in-depth understanding of the enabling and constraining factors of the capacity of the local government health departments to monitor the performance of health care services postindependence in the municipalities of Gjakova, Prizren and Fushë-Kosovë, Kosovo. Much of the existing evidence of effectiveness of the municipal service delivery system in the newly created country was anecdotal. This study was designed to better understand the perceived benefits of performance-based reporting systems in the country.

For this purpose, I collected and analyzed data from secondary data sources to gain in-depth understanding of the system changes that occurred from the declaration of independence to date, and how these reforms affected the situation of children and mothers. The documents review included the analysis of the status and trends of four relevant indicators: institutionalized home visits, infant mortality rates, immunization rates, and maternal mortality ratios in the three selected municipalities. I also used primary data sources, which included 18 semistructured interviews and three FGDs to collect and analyze the perceived enabling and constraining factors of the capacity of local government health departments to deliver quality outcomes for children. Through the semistructured interviews and FGDs, I explored the perceived benefits of performance-based reporting systems by policy makers, program managers, and services providers from the selected municipalities. In this chapter, I interpret how Moore's (1995) value creation theory is used to integrate business value, social value, and

governance value to achieve stability and prosperity of newly created municipalities for children.

Interpretation of Key Findings

I undertook this study in the Kosovo municipalities of Prizren, Gjakova, and Fushë-Kosovë. These local governments have the highest number of vulnerable families among the ethnic minority of Roma, Ashkali, and Egyptian communities. Hedger (2010) discussed how PV creation should target the most vulnerable people; moreover, UNICEF (2014) suggested that it is the best way to accelerate the social progress in every society. Against this backdrop, the multiple case study was an opportunity to explore how these municipalities are set and structured to promote social inclusion and to achieve equitable development for children including at risk children and families. I collected data from key players and actors for municipal development policy agenda in health sector. I approached this multiple case study from the perspective of inclusive and equitable development within the context of newly created country.

Discussion of Findings for Research Question 1

I explored how the three municipalities are set and structured to monitor the success of health care services for children. The existence of a thematic progress reporting system, the systematization of home visits, and the profiling and targeting of clients have contributed to better regulate the provision of health care services and increased awareness about the need for better health outcomes for children at the municipal level.

Wild (2014) discussed the need for an innovative approach to promote human dignity especially in era of sustainable development goals in so-called fragile states. Because of the process of state building and frequent political stalemate, Kosovo can still be considered a fragile state. My interactions with policy makers and program managers suggested that the service delivery system should be locally-driven with active citizen engagement, politically savvy, and grounded in local realities.

The documents I reviewed and the findings described the role of a local government as regulator and provider of basic social services including health care. By analyzing these documents, I identified and adapted four building blocks and to fit the value creation theoretical framework: (a) the politics of public services, (b) building trust, (c) value for money, (d) and translation of policies into outcomes. To address these elements, the new development business model could be adapted to the country context to bridge the gap between policy and practice. Therefore, the central policy question is to understand the key social changes that are required for each municipality to achieve sustainable development and progress for children and families. The response to this question can serve as a useful starting point to inform how each municipality will design systems to monitor the success of service delivery for child survival.

Rao (2014) suggested that “politics and accountability are vital to improve service delivery and citizen engagement should be induced by the needs of people” (p. 1). This reflection is also a policy solution to the four building blocks. Thus, without political will and proper accountability mechanisms that are fully grounded into local realities, the

local government health departments will unlikely lead to the identification of community needs.

The Overseas Development Institute (2018) has recommended a tool that should be used to monitor the extent to which government systems are ready to build equitable and inclusive society. This tool has three critical elements: policy, data, and public financing. Based on the findings of this study, local health government departments will likely increase the ability to deliver outcomes for people if those three elements are fully embedded into administrative instructions, annual work plans, checklists and translated into three questions to monitor the success of health services.

- Policy question: Does the municipality have policy commitments in place to provide health services to the most at-risk children and families and to those who are left behind?
- Data question: Is the municipality undertaking the relevant surveys to assess client satisfaction and to identify children at risk of being left behind?
- Public financing question: Are policy commitments aligned with funding to create an enabling environment that fast-tracks the provision of health services?

Discussion of Findings for Research Question 2

Using secondary data sources, I attempted to look at the variation across the three municipalities in terms of their ability to deliver more outcomes for children. The status and trends of home visits and immunization rates suggest the municipality of Prizren is best structured to reach more children and women with health care services, while

Gjakova and Fushë-Kosovë have similar patterns of service delivery. The idea of the multiple case study was not to compare the three municipalities but to explore different pathways that will likely improve the effectiveness of service delivery by those three local governments.

I analyzed the enabling factors of the capacity of local governments to deliver quality outcomes for children to better understand how local government works and how local-driven systems affect the quality of service delivery (see Tam, 2014). To this end, the study identified several emergent enabling factors, including trust building, quality of services, professionalization of staff, collaboration, and an accountability framework. My analysis of the findings suggests there is a need to strengthen the interconnectedness between business value, social value, and governance value. Integrating this threefold value system will likely create a more solution-oriented service delivery system at municipal level. Furthermore, the evidence generated by the study shows that, when trust is built between health services providers and families (social value), there is a continued professional capacity development of staff (business value). The collaboration between local government health departments and civil society organizations is in place, and the accountability framework is established (governance value). Municipal health departments will likely increase their ability to deliver more quality health outcomes for children.

On the other hand, the findings suggested the limited budget and health insurance scheme are the major constraining factors that affect the ability of the local government health departments to deliver quality health outcomes to children and families in the three

municipalities. Most of the study participants stressed that the Ministry of Health has not yet assumed its proper role of regulator of service delivery regarding the impact of the on-going health sector reform. Despite these challenges, the service delivery to children is much better now than 5 years ago, because of the expansion of health services, the pressure for active citizen and community engagement, and the systematization of home visits scheme in the three targeted municipalities.

In the most fragile states, the real power to make policy choices and most resources remain at central government level (Jones, 2007). A local government cannot play effectively its role of agent of development unless it is given much-needed power and resources to regulate service delivery system and to improve health and well-being of at risk children and families.

Discussion of Findings for Research Question 3

Stuart (2016) argued that when citizen engagement is supported by a well-structured information system families will have access to quality public services and funding will be deployed in a way that reaches the most vulnerable groups of people. As such, I designed Research Question 3 to explore the perceived benefits of performance-based reporting as part of the monitoring of success of the service delivery system at the municipal level.

The study showed that the performance-based reporting system is a booster of the ability of local government health departments to achieve more quality health outcomes for the most vulnerable families. ODI (2018) found “the persistence of poor policy choices and dysfunctional institutions usually has less to do with the lack of knowledge

and funds than with the actions of collective movements and networks who gain from the existing arrangements and resist change” (p. 4). The policy experts from ODI (see Batley & Wales, 2015) maintained that there is a need to change the way development practice is perceived and carried out at central and local governance systems. Based on this body of knowledge, my analysis is that engaging social power and politics requires a strategic combination of a set of values that goes beyond a mere technical solution to the challenge of service delivery.

Therefore, the integration of performance-based reporting into the priorities of local governance is essential to connect social power, politics, and technical solutions. In doing so, the local government departments can better align the service delivery system with the existing political context, coalitions, and relationships. This will ultimately contribute to make local government health departments more responsive to issues affecting children and residents of the three municipalities.

Application of the Theoretical Framework

In this multiple case study, I applied the PV creation theory (Moore, 1995) to explore how the strategic value and enabling value (Verdin & Tackx, 2015) affect the capacity of the local government health departments to deliver quality outcomes for children. The strategic value refers to the ability to engage in a dialogue about the effectiveness of health service delivery system; the enabling value refers to processes and systems that translate ideas into products or service to meet social unmet needs for children.

Verdin and Tackx (2015) argued that the value creation is essential to improve the quality of life and increase the profitability of what the organization does for people. In the same vein, the integration of a set of values, including strategic and enabling values, is one of the long-term sustainable ways of approaching the service delivery for children at local government level. In Chapter 2, I adapted and developed a policy engagement model that shows the interconnected of business value, social value, and governance value. These three elements work together to achieve success, significance, and greater societal impact for positive social change. I consider this my contribution to the body of knowledge on the pathways of achieving social progress for children.

In the political and social context of this research, PV refers to the ability of municipalities to deliver health care services in a citizen-centric manner. In Chapter, 1 I defined value creation as the perceived benefit of the service delivery system for child survival and well-being. This framework views accountability, responsive service delivery schemes, performance-based management, and reporting systems as value-based platforms to benchmark the delivery of government action for people.

In responding to the research questions, I discussed how local system changes in good governance including the institutionalization of home visits have contributed to ensure that every municipality is more responsive to issues affecting child health. The study emergent messages suggest that the value creation framework is the best choice to connect the service delivery system with governance, business, and people.

Value is created in service delivery system “when needs are fulfilled and strategic goals are achieved” (Norwegian University of Science and Technology, 2016, p. 57). I

argue that the value is created when the municipal policy agenda is translated into products, services, and systems to meet social unmet needs of children and families. While the value is associated with time, cost, and quality of the service delivery, the ultimate value is the quality health outcomes for children per dollar spent. In other words, the real value is the child health outcomes per dollar spent.

The value creation theory aligns with the study findings. There is a need to integrate the social dimension of health services into the municipal political agenda. Participants argued that political support is needed to translate policy commitments into local systems and services for children and families. As such, the participants emphasized the interconnectedness of different elements of the value creation theory. In the context of this study, I singled out three most relevant elements: governance, business, and social power. To this end, participants maintained that improving health outcomes requires additional political support, realistic funding commitments, community participation, quality data generation, and focused local governance systems to improve local health service delivery for the most vulnerable groups. These participants suggested that investing in home visits created a space to provide families with critical support and capacity building. Home visits linked them with community health, education, and social services in a way that can improve young children's well-being and mothers' health in years to come. The participants also suggested there are several lessons that emerged from the municipal engagement from home visits. Home visits system contributes to building trust between local health care systems and families/communities, reducing

inequities in local health services, and improving the health and well-being of at-risk children and the most vulnerable families.

Limitations of the Study

Stake (2010) suggested case studies are limited in nature and scope. The first limitation of this study was associated with its exploratory nature. Although the findings are transferable to other similar local governments, some of the perceptions and viewpoints from participants are more context-specific and cannot be generalized to reflect the situation of all municipalities in Kosovo. In this context, study participants were selected based on the involvement in service delivery and policy development.

Patton (2002) suggested developing a set of criteria to guide the choice of a sampling strategy. Participants in this study were in civil society organizations and provided me with a set of independent voices and viewpoints on the ecosystem in which the targeted municipalities are operating.

The second limitation is that the variability of the political ecosystem of the three local governments within the broader context of post-independence country. The frequent changes in political leadership of the municipalities limits the sustainability of the service delivery system for children. This situation has created a huge gap or a disconnect between policy and practice at municipal level. To address this issue, I found secondary data sources to explore the status and trends of some relevant indicators used to track the social progress of the local government health department from the independence to date. To address the potential bias associated with this limitation, the semistructured interviews generated more strategic insights on the policy and practice of service delivery system,

while the FGDs were essential to provide me with an additional narrative on the programming context.

Delimitations

The geographic scope of this case study was the Kosovo municipalities of Gjakova, Prizren, and Fushë-Kosovë. These three municipalities represented a unique combination of diversity of ethnic groups and issues of equitable development. This scope was best suited for social inclusion of the most vulnerable children and families. I approached this case study within a post-independence country context that moved from a tough humanitarian action to sustainable development and within the political process of a state building. These country context considerations guided the recommendations for further research and policy prescriptions on how to achieve the stability and prosperity of Kosovo.

Recommendations for Further Research

The value creation framework is much more documented in production industry and profit organizations than in the social sector. The principles of driving efficiencies and quality are borrowed from private sector organizations. Thus, I recommend that additional quantitative and qualitative studies be undertaken to examine thoroughly the effects of the value creation in social sector, especially in social service delivery in public sector organizations.

The current findings showed that the value creation is both a booster of social progress at the local government level. This discovered knowledge added to the body of knowledge and informed the pathways for social progress at the local governance level.

Additional studies should be undertaken to establish the connection between politics, governance systems, community-based engagement, and a service delivery system. The ODI (as cited in Batley & Wales, 2015) conducted several recent studies on the integration of politics into development practice, but the role of social power in sustainable development is not fully covered in the existing body of knowledge. From this study, I established that there will be no sustainable prosperity in Kosovo unless three values are interconnected: business value, governance value and social value.

Implications for Social Change

At the beginning of this study, I reflected on how my contribution to the body of knowledge could make the world a better place. To this end, I examined the nature of municipal service delivery, and I discussed what could be the pathways of success to achieve a sustainable development, stability, and prosperity in Kosovo.

The health sector is largely influenced by multiple factors, including demographic, educational, socioeconomic and technology, which create an enabling environment to adopt and implement the appropriate policy agenda to achieve social progress. These factors are the drivers of human development and social innovation to induce social behavior. By discovering how the three municipalities are set to monitor and measure the performance of health care services since independence, this case study added to the body of scholarly knowledge, the value of which can be used to promote equity and inclusiveness in the provision of health care services at local governance level.

By exploring the enabling and constraining factors of the capacity of local government health department to deliver quality outcomes for child survival, I

established a policy model that integrates business value, social value, and governance value to maximize the desired policy impact and changes in the status of children and families. By discussing the perceived benefits of the performance-based reporting systems, I established that the value creation system is both a booster and a predictor of the ability of local government health departments to achieve more quality health outcomes for the most vulnerable families.

Conclusion

The purpose of this multiple case study was to explore the enabling and constraining factors of the capacity of the local government health departments to monitor the performance of health care services post-independence in the municipalities of Gjakova, Prizren and Fushë-Kosovë. The ODI (2018) reported that “good health is an outcome produced by many factors beyond health service delivery and investments in health contribute to the broader development progress of a country” (p. 10).

The research questions were categorized into six main elements of the study: (a) most pressing challenges affecting the local health department in the Kosovo municipalities of Prizren, Gjakova, and Fushë-Kosovë ; (b) the monitoring of success of health care services; (c) the enabling factors of the capacity of local government health departments; (d) the constraining factors of the capacity of local government health departments; (e) the perceived benefits of performance-based reporting; and (f) the responsiveness of policy makers to issues affecting children

In describing the most pressing challenges affecting the local government health departments, most participants suggested the lack of health insurance and the limited

funding do not create favorable conditions for municipalities to deliver quality health outcomes for children. Wong (2015) argued that the most challenging action is to deliver health services to people in need, more specifically to those who are hardest to reach. In the three municipalities, the existence of reporting system, the systematization of home visits and the profiling and targeting of clients have resulted in improved health care services. Moreover, leaders are more aware of the need for improved monitoring and reporting systems of the success of health care services.

I explored the enabling factors of the capacity of local government health departments to deliver quality outcomes for children. The study showed that, when service delivery system is connected and aligned with governance, business and people's social power, municipal health departments will likely increase their ability to deliver more quality health outcomes for children.

In terms of the constraining factors of the capacity of local government health departments, the Kosovo government has shown a political preference for investments in capital projects in tangible facilities, such as roads and buildings. The limited budget and health insurance scheme are currently the major constraining factors that affect the ability of the local government health departments to deliver quality health outcomes to children and families in the three municipalities. The study showed that the lack of adequate resources is associated with the weak implementation of the existing decentralization policy in Kosovo. Therefore, failing to address these constraints would not facilitate system changes that can capture data on the most vulnerable children and families.

On the perceived benefits of performance-based reporting systems, Lehoux (2014) argued the capacity of local government should refer to the ability to align results and resources and to initiate, plan, implement, and evaluate well-designed solutions to social problems. Against this backdrop, I found that integrating value creation into the priorities of local governance is essential to connect social power, politics, and technical solutions. Local government departments can thus align the service delivery system with the existing political context, coalitions, and relationships, ultimately leading to local government health departments better responding to problems affecting children and residents of the three Kosovo municipalities.

The three municipalities, however, have not assumed their social role because of limited transfer of competencies from the central government to local governments. Participants recommended integrating performance-based reporting systems into municipal annual work plans to boost the quality of service delivery and enable local government health departments to achieve more quality health outcomes for the most vulnerable families.

I conclude that, in the era of sustainable development goals, the local government policy agenda (social or economic) should be politically savvy and fully grounded in local realities to be able to leave no one behind (ODI, 2018). The case study showed that changes that occurred at local governance level were politically driven but the municipal social agenda is not prioritized within the European accession agenda of Kosovo. Therefore, in a fast-changing political context, should work flexibly, opportunistically,

and adaptatively (Rocha, 2014) to integrate the social dimension into the political agenda of EU integration in a manner that may result in stability and prosperity of Kosovo.

References

- Arslan, A. (2011). Innovative management practices and their impact on local e-governance performance. The Turkish provincial municipalities. *African Journal of Business Management*, 5(24), 20 pp. Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1923656
- Batley, R., & Wales, J. (2015). *Service characteristics and engagement with citizens*. London, England: Overseas Development Institute. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9548.pdf>
- BBC Trust. (2014). *Public value in practice: Restoring the ethos of public service*. Retrieved from http://downloads.bbc.co.uk/bbctrust/assets/files/pdf/regulatory_framework/pvt/public_value_practice.pdf
- Bianchi, C. (2010). Improving performance and fostering accountability in the public sector through system dynamics modeling. *Systems Research and Behavioral Science*, 27(4), 361-384. doi:10.1002/sres.1038
- Bovens, M. (2010). Two concepts of accountability: Accountability as a virtue and as a mechanism. *West European Politics*, 33(5), 946-967. doi:10.1080/01402382.2010.486119
- Bryson, J. (2011). *Strategic planning for public and non-profit organizations: a guide to strengthening and sustaining achievement* (4th ed.). San Francisco, CA: Jossey-Bass.

- Chambers, V., & Cummings, C. (2015). *Improving the odds for progress in Nigeria*. ODI: Research Report. London, England: Overseas Development Institute, University of Birmingham. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9576.pdf>
- Cooper, T. (2012). *The responsible administrator*. San Francisco, CA: John Wiley & Sons.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Daniels, H. (2012). Institutional culture, social interaction and learning. *Learning, Culture and Social Interaction Journal*, 1, 2-11 doi:10.1016/j.lcsi.2012.02.001
- De Beer, E. (2014). Creating value through communication. *Public Relations Review*, 40(2), 127-396.
- European Union. (2014). *EU enlargement update: Kosovo annual progress report*. Retrieved from http://ec.europa.eu/enlargement/pdf/key_documents/2014/20141008-kosovo-progress-report_en.pdf
- Foresti, M. (2014). The “then and now” of public service delivery. London, England: Overseas Development Institute. Retrieved from https://iapemtoluca.files.wordpress.com/2014/03/public_services_at_the_cross_roads_-_very_much_complete.pdf

- Goldstein, A. J. (2013). Creating value. *Journal of the American Dental Association*, 144(4), 356. (PMID: 23543687)
- Gupta, S. (2011, July). Leadership styles that deliver results. *Siliconindia*, 34-35.
Retrieved from
https://www.siliconindia.com/magazine_articles/Leadership_Styles_that_Deliver_Results-FIMU661448695.html
- Hedger, E. (2013). Managing money and delivering services. In *Public services at the crossroad* (pp. 8-9). London, England: Overseas Development Institute. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/events-documents/5073.pdf>
- Kosovo Agency of Statistics & UNICEF (2014). *Multiple indicator cluster survey* (MICS). New York, NY: United Nations. Retrieved from http://www.unicef.org/statistics/index_24302.html
- Levy, B. (2014). *How nations succeed: working with the grain*. Retrieved from <https://www.odi.org/events/4043-nations-succeed-working-grain>
- Mikesell, J. (2011). *Fiscal administration: Analysis and applications for the public sector* (8th ed). Boston, MA: Wadsworth Cengage Learning.
- Moore, M. (1995). *Creating public value: Strategic management in government*. Cambridge, MA: Harvard University Press.
- Moore, M. H. (2013). *Recognizing public value: Strategic management in government action*. Cambridge, MA: Harvard Kennedy School of Government.
- Patton, M. (2012). *Utilization-focused evaluation*. Newbury Park, CA: Sage.

- Saliterer, I., & Korac, S. (2013). Performance information use by politicians and public managers for internal control and external accountability purposes. *Critical Perspectives on Accounting*, 24(s 7-8), 502-517. doi:10.1016/j.cpa.2013.08.001
- Save the Children & UNICEF (2012). *Progress in child well-being*. London, England: Save the Children Fund.
http://www.unicef.org/bangladesh/Progress_on_Child_Wellbeing_2012.pdf
- Shank, T., Hill, R. P., & Stang, J. (2013). Do investors benefit from good corporate governance? *Corporate Governance Journal*, 13(4), 384-396.
http://dspace.nelson.usf.edu/xmlui/bitstream/handle/10806/8807/Shank_Hill_Stang_2013_abstract.pdf?sequence=1
- Smith, R.D., & Hanson, K (2011). *Global health diplomacy: The mission pillar of health system strengthening*. London, England: Oxford University Press.
- Taylor, F. (2013). Death to critique and dissent? The policies and practices of new managerialism and of evidence-based practice. *Gender and Education*, 15(1).
- Taylor, G. (2012). *The state of the humanitarian system*. ALNAP, Overseas Development Institute, 22-35. Retrieved from
<http://reliefweb.int/sites/reliefweb.int/files/resources/GHO-FINAL-web.pdf>.
- United Nations Development Programme. (2010). *The real wealth of nations: Pathways to human development. Human development report (20th anniversary ed.)*. Retrieved from
http://hdr.undp.org/sites/default/files/reports/270/hdr_2010_en_complete_reprint.pdf

- UNICEF. (2014). *UNICEF Strategic Plan 2014-2017 and UNICEF policy transformation: Agenda for CEE/CIS region*. Retrieved from http://www.unicef.org/about/annualreport/files/CEECIS_AR_2013.pdf
- Vries, J. (2010). Is new public management really dead? *OECD Journal on Budgeting, 1*
Retrieved from <https://www.oecd.org/gov/budgeting/48168865.pdf>
- Welham, B. (2014). The politics of service delivery. In *Public services at the crossroad* (pp. 11-12). London, England: Overseas Development Institute. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/events-documents/5073.pdf>
- Wild, L, & Foresti, M. (2013). *Working with the politics: how to improve public services for the poor*. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8587.pdf>
- World Bank. (2014). *A measured approach to ending poverty and boosting shared prosperity*. Washington, DC: Author. Retrieved from <http://www.worldbank.org/en/research/publication/a-measured-approach-to-ending-poverty-and-boosting-shared-prosperity>

Appendix A: Focus Group Discussions (FGD)

Number of FGDs, Selection Criteria, Venue, and Duration

FDG #1: Nine local government policy makers. They are accountable for municipal health system strengthening and the translation of policies and laws into systems and services for children and families. I will obtain the approval of the ministry of health to talk to these directors at one time during the monthly and quarterly coordination meetings. There will be one focus group discussion with the directors of family medicine of the three selected municipalities in one place.

Twelve municipal program managers and members of working group on home visiting program model. These are the program managers of healthcare services in the three municipalities. They are accountable to support and monitor the delivery of the local health programs to further improve health status and well-being of at-risk children and the most vulnerable families. I will obtain the approval of the ministry of health to talk to these program managers at one time during the monthly and quarterly coordination meetings. There will be one Focus group discussion with program managers of the three selected municipalities in one place.

Venue: Pristina

Duration: one hour

FDG #2: Ten nurses and social workers from three municipalities.

I will obtain the approval of the ministry of health to create a slot in the agenda of the monthly program review meeting of the nurses for one FDG with nurses from the

three selected municipalities in one place. These nurses are involved in home visits and direct delivery of healthcare services to children and families. They contribute to build trust between nurses/social workers and communities and to reach the most excluded or at-risk children and families.

Venue: Pristina

Duration: one hour

Focus Group Discussion Questions

1. How do you monitor success of health care services for Child Survival and well-being?
2. Do you have a monitoring framework that helps you tell success from failure in the delivery of health care services?
3. Is your monitoring system sufficient enough to inform the strategic direction of municipal action in the area of health care services?
4. In your opinion, what have been the main enabling factors of the capacity of local health providers and policy makers?
5. In your opinion, what have been the main constraining factors of the capacity of local health providers and policy makers?
6. Are you familiar with the term performance-based reporting? What does it signify for you?
7. Do you see any value of introducing performance-based management system in municipal health care system?

8. What perceived benefits or barriers of introducing performance-based reporting system in municipal health care services?
9. What would incentivize municipal policy makers and health care services providers to be more responsive to issues affecting child survival and well-being?

Thank you for taking your precious time to talk to me

Appendix B: Semistructured Interview Protocol and Questions

Semistructured Interviews #1: Elected officials of each of three

municipalities. In Kosovo, it is much easier to sit with an elected official and to have a meaningful conversation about the municipal policy agenda. I will use different existing platforms to administer a set of questions to an elected official from each relevant municipality.

Venue: Prizren, Fushë-Kosovë and Gjakova for a maximum of 45 minutes

Semistructured Interviews #2: Nine participants from the coalition of civil society organizations. I will obtain an approval of the Executive Board of the coalition to collect information from the members of the executive office on the value-added of the involvement of civil society organizations in the delivery of healthcare services.

Venue: Pristina for a maximum of one hour

Semistructured Interview #3: First policy maker of a relevant central-level ministry. She is accountable for the introduction of performance reporting system in local governance systems. I will seek to sit with her to explore her viewpoints on the value of introducing performance-based reporting system in municipal healthcare services. She is involved in the monitoring of the implementation of municipal regulations for the realization of children's rights through child friendly municipal governance system. These regulations define measures, roles and responsibilities for the provision of social services in the municipal governance system.

Venue: Pristina for a maximum of 45 minutes

Semistructured Interview #4: Second policy maker of a relevant central-level ministry. He is accountable for the monitoring of the delivery of social services by the existing 37 social work centers in Kosovo. I will sit with him to establish if it is possible to introduce and strengthen the performance-based management reporting in all 37 municipal social work centers.

Semistructured Interview #5: Third policy maker of a relevant central-level ministry. He is accountable for quality delivery of health care services in Kosovo. I will sit with him to explore his perception about the value of introducing performance-based management system in municipal healthcare system

Semistructured Interview Questions

1. In your opinion, what have been the main enabling factors of the capacity of local health providers and policy makers?
2. In your opinion, what have been the main constraining factors of the capacity of local health providers and policy makers?
3. Is your municipality adequately staffed to deliver quality health care services to Children and citizens? What gaps can you identify?
4. What do you consider as the booster of the motivation and commitment of policy makers, healthcare services providers to achieve more results for Children?
5. Are you familiar with the term performance-based reporting? What does it signify for you?

6. Do you see any value of introducing performance-based management system in municipal healthcare system?
7. What perceived benefits or barriers of introducing performance-based reporting system in municipal healthcare services?
8. What would incentivize municipal policy makers and healthcare services providers to be more responsive to issues affecting child survival and well-being?
9. Are civil society organizations involved in the delivery of local healthcare services? In your opinion, what is the value of civil society engagement with local healthcare policy makers and providers?

Thank you for taking your precious time to talk to me.