MONITORING OPEN GOVERNMENT CONTRACTS OF COVID-19 IN KOSOVO

JANUARY 2020 - MARCH 2021
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INTRODUCTION

Facing the COVID-19 pandemic, many areas of life have been highly affected. When looking at the supply chain operations during this time, there are a few things which don’t go unnoticed. The demand and supply of certain products and services such as the medical ones have been significant during this time and as such there has been a substantial increase in their demand and supply. Hence, the governments of all countries have activated their plan regarding the emergency procurement of medical products and services during this situation. Conducting emergency procurements also implies more flexibility regarding this process contrary to the usual process of the public procurement. This flexibility related to the emergency procurement leaves space for issues like mismanagement, corruption, and lack of transparency when conducting this process.

Open Data Kosovo (ODK) has partnered up with Open Contracting Partnership (OCP) to monitor open government contracts/tenders related to COVID-19 in Kosovo. Serving as the data collector, ODK has been carrying out the process of data extraction and monitoring since mid-March of this year - 2021. During this time, ODK has extracted data regarding the COVID-19 open contracts from the Public Procurement Regulatory Commission of Kosovo (PPRC) website 1 and that of the Agency for Registered Business in Kosovo (ARBK) 2, as the key data sources. The data collected from these two sources refers to the local open contracts having been published from January 2020 up to and including March 2021. This report analyses both types of contracts awarded: open and negotiated procedures, and as such ODK managed to collect data from 313 different contracts regarding the call related to the emergency procurement. This data has been shared in the Covid-19 Contract Explorer 3, a digital platform developed as part of this project.

When extracting and monitoring the respective data regarding the Emergency Procurement and Open Contracting in Kosovo, ODK has pointed out not only the challenges faced during this process, but also respective red flags which have been elaborated more in depth in two different articles 4 as part of this project. In those two articles, ODK has provided recommendations on how to address the issues related to the extracting and monitoring process of open contracting in Kosovo regarding COVID-19.

As part of the data monitoring process, this report aims to provide an overall picture of the data gathered regarding the open contracts in Kosovo, and as such analyse the trends noted from these contracts referring to the time period of January 2020 - March 2021. Another goal of this report is to provide additional recommendations on how to address important red flags from the analysis of such data, which can improve the process of the emergency procurement in Kosovo.

EXECUTIVE SUMMARY

This report provides an analysis of the 313 contracts regarding the emergency procurement in Kosovo for the time period of January 2020 - March 2021. The data info of these contracts have been extracted and monitored by Open Data Kosovo using the two main data sources: PPRC 5 and ARBK 6. As such, the gathered data set has been imported to the Covid-19 Contract Explorer 7 (digital platform developed as part of this project). Another point of reference used when analysing the data set regarding the 313 contracts, has been the KDI report which has at focus the analysis of Emergency Tenders of the Ministry of Health (4 March to 28 April 2020) 8. Below is a snapshot of the main findings/figures which are elaborated in this report.

<table>
<thead>
<tr>
<th>Total Contracts Monitored</th>
<th>Monetary Value</th>
<th>Average Bid</th>
</tr>
</thead>
<tbody>
<tr>
<td>313</td>
<td>14.5M EUR</td>
<td>4.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procurement Sourcing Method</th>
<th>Product Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Open</td>
<td>1. Personal Protective Equipment (PPT)</td>
</tr>
<tr>
<td>b. Restricted Competitive</td>
<td>2. Sanitizing Supplies (SS)</td>
</tr>
<tr>
<td>c. Single Source</td>
<td>3. Other (O)</td>
</tr>
<tr>
<td></td>
<td>4. Covid Tests &amp; Testing (CTT)</td>
</tr>
<tr>
<td></td>
<td>5. Other Medical Equipment (OME)</td>
</tr>
<tr>
<td></td>
<td>6. Construction Works &amp; Materials (CWM)</td>
</tr>
<tr>
<td></td>
<td>7. Other Medical Consumables (OMC)</td>
</tr>
</tbody>
</table>

5 See footnote 1  
6 See footnote 2  
7 See footnote 3  
For the indicated time period, 313 contracts related to the emergency procurement in Kosovo were monitored. It is worth mentioning that the total number of contracts extracted from the two main sources (as indicated previously), at first was higher, but after sorting out the duplicated contract ID’s, the remaining number of contracts is 313. The issue of duplicates in the contract ID is taken into consideration under the Recommendations section.

As noted by the Kosovo Democratic Institute (KDI) 9, in accordance with the local law on Public Procurement, as well as the Rules and Operational Guidelines for Public Procurement, in emergency cases as when dealing with COVID-19, “there is a possibility to use the negotiated procedure without publishing the contract notice” (2020). Nonetheless, this report will share its focus on the data analysis part of the 313 contracts, and not elaborate much on the area of fair administration regarding the institutional resources, which is actually at the focus of the KDI report published last year (refer to the previous footnote).

ANALYSIS OF THE MAIN FINDINGS

Total spending regarding the 313 contracts/tenders monitored for this time period equals a total of 14.5M EUR or 16.9M USD. As such, the average bid per contract is 4.6.

1. Procurement Source Selection Method

Regarding the source selection method, the 313 contracts fall into three different categories: a) Open, b) Selective, and c) Directive.

a. **Open** - this category means that the interested suppliers can submit a tender, i.e. open to all

b. **Restricted Competitive** - only certain suppliers which are classified as qualified are eligible to submit a tender.

c. **Single Source** - the contract is awarded to a single supplier without competition.

Referring to the 313 contracts, the table below indicates the respective number of the contracts and their total share of monetary value falling in each of the three categories of the emergency procurement:

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Referring to the 313 contracts, the table below indicates the respective number of the contracts and their total share of monetary value falling in each of the three categories of the emergency procurement:

<table>
<thead>
<tr>
<th>Procurement Method</th>
<th>Number of Contracts</th>
<th>EUR</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Open</td>
<td>146</td>
<td>3.19</td>
<td>3.84</td>
</tr>
<tr>
<td>b. Selective</td>
<td>108</td>
<td>7.24</td>
<td>8.35</td>
</tr>
<tr>
<td>c. Directive</td>
<td>59</td>
<td>4.04</td>
<td>4.74</td>
</tr>
</tbody>
</table>

Despite the situation of emergency procurement, the first method of Open Procurement appears to be the prevailing one with the highest number of contracts. This key result fits well in terms of institutional transparency and fair competition.

2. Product Categories

The 313 monitored contracts are split into 7 types/categories based on the goods and services to be purchased:

<table>
<thead>
<tr>
<th>Product Categories</th>
<th>Number of Contracts</th>
<th>EUR</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal Protective Equipment (PPT)</td>
<td>154</td>
<td>3.2</td>
<td>4.1</td>
</tr>
<tr>
<td>2. Sanitizing Supplies (SS)</td>
<td>92</td>
<td>1.6</td>
<td>1.82</td>
</tr>
<tr>
<td>3. Other (O)</td>
<td>21</td>
<td>1.7</td>
<td>3.06</td>
</tr>
<tr>
<td>4. Covid Tests &amp; Testing (CTT)</td>
<td>21</td>
<td>4.2</td>
<td>5.05</td>
</tr>
<tr>
<td>5. Other Medical Equipment (OME)</td>
<td>14</td>
<td>2.6</td>
<td>3.01</td>
</tr>
<tr>
<td>6. Construction Works &amp; Materials (CWM)</td>
<td>10</td>
<td>716.5</td>
<td>858.26</td>
</tr>
<tr>
<td>7. Other Medical Consumables (OMC)</td>
<td>8</td>
<td>360.5</td>
<td>429.68</td>
</tr>
</tbody>
</table>

From these overall figures, **154 contracts** have been made related to (1). **Personal Protective Equipment**, that being the highest number of contracts per product category.

In terms of the total spending per product category, (4). **Covid Tests & Testing** has the highest value on spending with a total of **4.2M EUR**.

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10 Monetary value in EUR and USD is in Millions
11 Categories 1 to 5 account for monetary values in Millions. Categories 6 and 7 account for monetary values in Thousands.
The product category (3) Other refers to contracts such as: anti-Covid material, supplies for families in need during this time, and other services related to the management of the situation with Covid-19 in order to adapt to the needs related to the pandemic.

To give a clearer presentation in terms of total spending from each of the 7 Product Categories, the table below shows the total spending figures on the monthly basis (January 2020 to March 2021).

<table>
<thead>
<tr>
<th>(IN EURO)</th>
<th>1. PPE</th>
<th>2. SS</th>
<th>3. O</th>
<th>4. CTT</th>
<th>5. OME</th>
<th>6. CWM</th>
<th>7. OMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2020</td>
<td>11.44K (2)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Feb 2020</td>
<td>10.72K (2)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mar 2020</td>
<td>668.57K (16)</td>
<td>508.92K (25)</td>
<td>-</td>
<td>123.97K (1)</td>
<td>45.22K (1)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Apr 2020</td>
<td>667.57K (25)</td>
<td>402.13K (15)</td>
<td>193.34K (4)</td>
<td>-</td>
<td>1.7M (6)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>May 2020</td>
<td>80.72K (10)</td>
<td>232.21K (12)</td>
<td>9.9K (1)</td>
<td>-</td>
<td>-</td>
<td>1.08K (1)</td>
<td>-</td>
</tr>
<tr>
<td>Jun 2020</td>
<td>72.21K (5)</td>
<td>38.24K (4)</td>
<td>12.3K (1)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Jul 2020</td>
<td>58.52K (9)</td>
<td>12.68K (3)</td>
<td>-</td>
<td>-</td>
<td>28.47K (3)</td>
<td>-</td>
<td>114.7K (2)</td>
</tr>
<tr>
<td>Aug 2020</td>
<td>85.85K (6)</td>
<td>50.76K (4)</td>
<td>157.47K (4)</td>
<td>147.48K (2)</td>
<td>14.75K (1)</td>
<td>-</td>
<td>12.93K (1)</td>
</tr>
<tr>
<td>Sep 2020</td>
<td>96.39K (13)</td>
<td>16.28K (4)</td>
<td>5K (1)</td>
<td>1.3M (1)</td>
<td>-</td>
<td>14.5K (1)</td>
<td>-</td>
</tr>
<tr>
<td>Oct 2020</td>
<td>34.05K (6)</td>
<td>187.39K (5)</td>
<td>206.95K (2)</td>
<td>110.4K (1)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nov 2020</td>
<td>132.45K (13)</td>
<td>65.05K (5)</td>
<td>-</td>
<td>534.7K (4)</td>
<td>289.2K (1)</td>
<td>45.31K (1)</td>
<td>-</td>
</tr>
<tr>
<td>Dec 2020</td>
<td>1.2M (33)</td>
<td>46.68K (7)</td>
<td>1.8M (6)</td>
<td>541.16K (8)</td>
<td>-</td>
<td>33.03K (4)</td>
<td>211.67K (4)</td>
</tr>
<tr>
<td>Jan 2021</td>
<td>218.83K (7)</td>
<td>60.19K (4)</td>
<td>17.7K (1)</td>
<td>-</td>
<td>559.2K (1)</td>
<td>6.49K (1)</td>
<td>-</td>
</tr>
<tr>
<td>Feb 2021</td>
<td>162.84K (5)</td>
<td>7.2K (2)</td>
<td>-</td>
<td>1.45M (3)</td>
<td>-</td>
<td>8.99K (1)</td>
<td>-</td>
</tr>
<tr>
<td>Mar 2021</td>
<td>30.46K (2)</td>
<td>-</td>
<td>133.76K (1)</td>
<td>-</td>
<td>21.2K (1)</td>
<td>610.33K (1)</td>
<td>21.2K (1)</td>
</tr>
</tbody>
</table>

The months with the highest spending have also the highest number of contracts, except CTT (value in Feb 2021, contracts in Dec 2020) and CWM (value in Mar 2021, contracts in Dec 2020):

- (1) PEE, had the highest spending recorded in December of 2020 with 1.2M EUR,
- (2) SS, had the highest spending recorded in March 2020 with 508.92K EUR,
- (3) O, had the highest spending recorded in December 2020 with 1.8M EUR,
- (4) CTT had the highest spending in February 2021 with 1.45M EUR,
- (5) OME had the highest spending in March 2021 with 610.33K EUR,
- (6) CWM had the highest spending in April 2021 with 1.7M EUR,
- (7) OMC had the highest spending in December 2020 with 211.67K EUR.

12 The abbreviations on each column present the 7 product categories, connected with the respective monetary value & number of contracts - highlighted with red are months with highest spending.
The next distinction that can be made referring to the data above is regarding the month of December in 2020, which represents the monthly period with the most total spending related to three different products categories.

According to the COVID-19 data for Kosovo for the year 2020, the month of November has recorded the highest number of COVID-19 cases\(^\text{13}\), hence, we can make the correlation that in the following time period (December 2020 - March 2021) there has been a significant increase in spending per the emergency contracts.

<table>
<thead>
<tr>
<th></th>
<th>1. PPE</th>
<th>2. SS</th>
<th>3. O</th>
<th>4. CTT</th>
<th>5. OME</th>
<th>6. CWM</th>
<th>7. OMC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jan 2020</strong></td>
<td>112.73K (2)</td>
<td>1.09K (2)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Feb 2020</strong></td>
<td>11.7K (2)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Mar 2020</strong></td>
<td>737.14K (16)</td>
<td>554.31K (25)</td>
<td>-</td>
<td>163.76K (1)</td>
<td>50.5K (1)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Apr 2020</strong></td>
<td>725.24K (25)</td>
<td>436.97K (15)</td>
<td>210.03K (4)</td>
<td>-</td>
<td>1.86M (6)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>May 2020</strong></td>
<td>88.05K (10)</td>
<td>251.58K (12)</td>
<td>10.79K (1)</td>
<td>-</td>
<td>-</td>
<td>12K (1)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Jun 2020</strong></td>
<td>81.32K (5)</td>
<td>43.2K (4)</td>
<td>13.84K (1)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Jul 2020</strong></td>
<td>67.4K (9)</td>
<td>14.8K (3)</td>
<td>-</td>
<td>-</td>
<td>32.94K (3)</td>
<td>-</td>
<td>130.91K (2)</td>
</tr>
<tr>
<td><strong>Aug 2020</strong></td>
<td>102.22K (6)</td>
<td>60.11K (4)</td>
<td>185.64K (4)</td>
<td>174.14K (2)</td>
<td>17.52K (1)</td>
<td>-</td>
<td>15.35K (1)</td>
</tr>
<tr>
<td><strong>Sep 2020</strong></td>
<td>113.61K (13)</td>
<td>19.23K (4)</td>
<td>5.92K (1)</td>
<td>1.52M (1)</td>
<td>-</td>
<td>17K (1)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Oct 2020</strong></td>
<td>40.07K (6)</td>
<td>221.7K (5)</td>
<td>245.32K (2)</td>
<td>129.66K (1)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Nov 2020</strong></td>
<td>156.68K (13)</td>
<td>76.77K (5)</td>
<td>-</td>
<td>636.69K (4)</td>
<td>341.75K (1)</td>
<td>53.77K (1)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Dec 2020</strong></td>
<td>1.47M (33)</td>
<td>57.01K (7)</td>
<td><strong>2.21M (6)</strong></td>
<td>660.32K (8)</td>
<td>-</td>
<td>40.18K (4)</td>
<td><strong>275.8K (4)</strong></td>
</tr>
<tr>
<td><strong>Jan 2021</strong></td>
<td>266.4K (7)</td>
<td>73.5K (4)</td>
<td>17.7K (1)</td>
<td>-</td>
<td>680.87K (1)</td>
<td>7.87K (1)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Feb 2021</strong></td>
<td>197.37K (5)</td>
<td>8.74K (2)</td>
<td>-</td>
<td><strong>1.76M (3)</strong></td>
<td>-</td>
<td>10.9K (1)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Mar 2021</strong></td>
<td>36.63K (2)</td>
<td>-</td>
<td>133.76K (1)</td>
<td>-</td>
<td>25.55K (1)</td>
<td><strong>727.38K (1)</strong></td>
<td>25.62K (1)</td>
</tr>
</tbody>
</table>

3. Top Suppliers

When looking at the Top Suppliers in terms of the emergency open contracts in Kosovo for the indicated time period, there are 5 main beneficiaries per this number of contracts. Below are listed the top 5 suppliers, indicating the respective monetary value for the related product category.

- **Interlab SH.P.K.:** 2.8M EUR / 3.2M USD
  - (OME) Other Medical Equipment 1.40M EUR / 1.64M USD
  - (CTT) Covid Tests & Testing 1.30M EUR / 1.52M USD
  - (PPE) Personal Protective Equipment 25.78 EUR / 30.13K USD

- **Ekologjia SH.P.K.:** 224.4K EUR / 246.1K USD
  - (SS) Sanitizing supplies 168.96K EUR / 197.44K USD
  - (CWM) Construction Works & Materials 46.01K EUR / 53.77K USD

- **Genius SH.P.K.:** 215.2K EUR / 237.3K USD
  - (PPE) Personal Protective Equipment 401.51K EUR / 496.18K USD
  - (OME) Other Medical Equipment 67.29K EUR / 78.63K USD
  - (CTT) Covid Tests & Testing 22.93K EUR / 26.8K USD

- **N.SH.H. Zona Park:** 140.1K EUR / 152.8K USD
  - (SS) Sanitizing Supplies 117.03K EUR / 136.75K USD
  - (CWM) Construction Works & Materials 9.33K EUR / 10.9K USD
  - (PPE) Personal Protective Equipment 4.39K EUR / 5.14K USD

- **Eka Trading:** 102K EUR / 111.2K USD
  - (SS) Sanitizing Supplies 95.16K EUR / 111.2K USD

As the figures present, along with the top supplier, the product category which has been supplied most is the (OME), together with (CTT).

The other product categories, such as the (PPE) and the (SS) share a lower monetary value in terms of supply, however these are also common among the rest of the top suppliers.
4. Top Buyers

When looking at the top buyers in terms of the emergency contracts in Kosovo for the indicated time period, there are top 5 local institutions which are noted as the top buyers during this period. Below are listed these top 5 institutions, including the respective monetary value of the total spending. For this section of the top buyers, the respective month relating to the respective spending is included.

- **Ministry of Health:** 4.8M EUR / 5.5M USD
  - Apr2020: Other Medical Equipment 1.4M EUR / 1.64M USD
  - Sep2020: Covid Tests & Testing 1.29M EUR / 1.52M USD
  - Oct2020: Other 192.3K EUR / 225.3K USD
  - Dec2020: Other 1.79M EUR / 2.1M USD
  - Feb2021: Covid Tests & Testing 926.1K EUR / 970.41K USD

- **Municipality of Prishtina:** 1.4M EUR / 1.7M USD
  - Mar2020: Personal Protective Equipment 9.20K EUR / 10.75K USD
  - May2020: Personal Protective Equipment 4.21K EUR / 4.92K USD
  - Jul2020: Other Medical Consumables 112.09K EUR / 130.91K USD
  - Aug2020: Personal Protective Equipment 61.2K EUR / 71.5K USD
  - Nov2020: Covid Tests & Testing 255.44K EUR / 298.33K USD
  - Dec2020: Other Medical Consumables 161.03K EUR / 188.07K USD
  - Feb2021: Covid Tests & Testing 675.10K EUR / 788.44K USD

- **University Clinical Center of Kosovo:** 786K EUR / 936K USD
  - Feb2020: Personal Protective Equipment 5.04K EUR / 5.89K USD
  - Apr2020: Personal Protective Equipment 6.41K EUR / 7.49K USD
  - Jul2020: Personal Protective Equipment 5.82K EUR / 6.8K USD
  - Dec2020: Personal Protective Equipment 10.30K EUR / 12.04K USD
  - Feb2021: Personal Protective Equipment 24.78K EUR / 28.94K USD
  - Mar2021: Other 136.58K EUR / 159.51K USD
    Construction Works & Materials 622.82K EUR / 727.38K USD

- **Municipality of Podujeva:** 600.7K EUR / 672.1K USD
  - Mar2020: Personal Protective Equipment 330.54K EUR / 396.04K USD
  - Apr2020: Sanitizing Supplies 89.32K EUR / 104.32K USD
  - Sep2020: Personal Protective Equipment 115.65K EUR / 135.07K USD
  - Oct2020: Sanitizing Supplies 151.18K EUR / 177.33K USD

- **Municipality of Prizren:** 588.9K EUR / 698.9K USD
  - Apr2020: Sanitizing Supplies 95.18K EUR / 111.17K USD
  - Oct2020: Covid Tests & Testing 111.02K EUR / 129.66K USD
  - Dec2020: Personal Protective Equipment 227.51K EUR / 265.71K USD
    Covid Tests & Testing 164.73K EUR / 192.39K USD
As noted from these figures, the Ministry of Health in Kosovo is the main buyer in terms of the emergency open contracting regarding Covid-19, with the highest total spending in the product categories of (OME) and (CTT). Alongside the Ministry of Health, the main public health institution in Kosovo, i.e. University Clinical Center of Kosovo is another top buyer institution in Kosovo, together with the three other local municipalities of: Prishtina 15, Podujeva, and Prizren.

On this note, the Ministry of Health is the assigned institutional actor to take the respective measures regarding the Covid-19 situation, including here measures related to the emergency procurement. Referring to the KDI report16, the actions taken by this Ministry regarding the emergency procurement have been overall transparent.

The aforementioned report has in its focus to analyse the (10) announced emergency tenders from the Ministry of Health during the time period of: 4 March to 28 April 2020, which is the emerging situation regarding Covid-19. It should be noted that these contracts were “conducted through a negotiated procedure without publication of a contract notice” (page 11) 17.

The subject of these tenders (9 of them) was the provision of 120 medical equipment and products, meanwhile (1) of them was for sanitization purposes for the chosen public institutions (page 11) 18. According to KDI, the total value of these contracts was 7,128,901.77 EUR.

Looking back at the figures generated from the 313 open contracts monitored for the indicated time period (January 2020 - March 2021) as part of this report, it is noted that the contracts related to the Ministry of Health as the top supplier have the highest value in April 2020, with roughly 1.4M EUR 19.

Since the number of contracts analysed in the KDI report accounts for the contracts conducted without the contract notice, and due to the limitations when generating the existing data as part of this report, then it is expected that the overall value of the conducted tenders during the emergency procurement to be higher.

15 note that the municipality of Prishtina has a bigger share in terms of total spending as a top buyer, compared to the University Clinical Center of Kosovo.


17 See footnote 12.

18 See footnote 12.

19 See the Methodology section.
As the data provider for open contracting in Kosovo, ODK employed the methodology of gathering data from 1. Secondary Sources, namely the respective websites of PPRC and of ARBK (see footnote 1 and 2). By utilizing these two sources, ODK was able to generate the data of 313 contracts in total for the time period of January 2020 - March 2021. In addition to this, another main reference point for this report has been the respective report published by the Kosovo Democratic Institute 20, in June 2020, which provides an analysis of the tenders during the pandemic, i.e. emergency tenders of the Ministry of Health.

The data analysis part follows a 2. Independent Assessment of the data trends noted from the data results. The main goal of this report is to provide an overview of the emergency procurement and open contracting in Kosovo for the noted time period. As such, the report aims to provide a picture for Kosovo which can be easily comparable with other country cases, and to serve as a reference point for future improvement in the emergency procurement and open contracting terms.

1. Secondary Data
   - Contracts published in the PPRC website, i.e. e-prokurim-21;
   - Data regarding supplies/companies, published in the ARBK website 22;
   - “Tenders during the pandemic”, report published by KDI (see footnote 4).

2. Independent assessment of the gathered data
   - Categorize and analyse the contracts in terms of the Procurement Method;
   - Categorize and analyse the contracts in terms of the Product Categories:
     ■ Indicate the total spending per product category in the monthly basis;
   - Identify Top Buyers
     ■ Analyse the main tenders of the main top buyer
   - Identify Top Sellers
   - Analyse the respective issues/red flags related to the assessment of the data:
     ■ Provide important recommendations

3. Preparing data for import
The Excel file provided by ODK with the data referring to the 313 contracts was processed accordingly to match the OCP standards and website. Except from fixing problematic discrepancies in the data, columns were added and removed correspondingly to fit the OCP standard 23.

   - Insert the data on the respective platform: Covid-19 Contract Explorer (see footnote 3), as the primary source.

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20 See footnote 7
22 https://arbk.rks-gov.net/page.aspx?id=2.1
Limitations

There were some limitations regarding the data extraction part which relates to the availability of the secondary sources. The limitations are issues found on data retrieved from the respective websites, such as the lack of a specific buyer ID related to procurement tags such as COVID, and other important details which hindered the identification of the relevant data. Another identified problem has been the availability of datasets for annual procurements, directly impacting the duration of the process of monitoring the data, hence making this process slower. The rest of the issues, and red flags which have created limitations to conducting the data extraction and analysis part are listed in the Recommendation section.
Some of the issues faced when extracting the data and then conducting the data analysis part, were the duplicates in contract ID’s. This issue has been noted in certain contracts when extracted from the main secondary sources which had two different suppliers, or same buyer and supplier but different material or value. Ideally, all contract ID’s should be unique, in order to analyse each contract accurately (using the explorer) \(^{24}\). At this point, the contract ID could not be changed in order to make them all unique because it would create more discrepancies in the data as the data source (e-prokurimi) \(^{25}\) entered them that way initially and it’s already in the system. The set of issues and the respective recommendations can be categorized in relation to the a. Secondary Sources (PPRC \(^{26}\), and ARBK \(^{27}\), and b. Covid-19 Contract Explorer, as in the following:

**Addressing the red flags in the Secondary Sources (PPRC & ARBK)**

1. PPRC provides a specific buyer ID related to procurement tags such as COVID. This recommendation is important so that government entities can be easily and uniquely identified and for the process to remain orderly and transparent in this regard. Despite enabling public institutions and civil society to segregate the data by purpose and social impact, it would also be time-beneficial in building better advocacy platforms with statistics.

2. PPRC: transpose the data in a machine-readable format - PDF formats/scanned documents are less useful to data collectors than searchable data. This will enhance the platform in terms of digitalisation; hence, human error will be eliminated. In order to do this, the platform should be enhanced into completing the following procedures online \(^{28}\):
   a. Create the request online (to be completed by the requesting unit);
   b. Online (digital) approval of the request by appropriate stakeholders based on the threshold;
   c. Create Scope of Work by the platform using the specifications from the approved request
   d. Create terms of using tick boxes based on procurement type and threshold;
   e. Automatic attachment to Tender/RFP of general conditions;
   f. Automatic assignment of tender/RFP response deadlines based on the legal requirements for each category and threshold;
   g. Submission of Financial Offers in the platform as defined in the initial request when using the "responsive bid with lowest price criterion" and automated generation of the bid tabulation;
h. Create the option to allow attaching alternatives if that option is defined in the tender/RFP/RFQ and when using the “responsive bid with most advantageous economic tender criterion”;

i. Create the option to allow attaching the technical proposal of the tender/RFP/RFQ (which has to be evaluated separately by technical/professional personnel);

j. Create the automated Award/Evaluation Document Summary based on the outcome of the evaluation;

k. Generate the digital contract based on the special conditions from the RFP (Scope of Work) and ward/Evaluation Document Summary (Awardee and other terms such as price, execution plan, subcontracting, etc.); and standard general conditions which derive from the Law on Obligational Relationships in power;

l. Create option to generate modifications/annex contracts on the base contract;

m. Generate Contract Administration Sheet based on KPIs (all musts and shoulds);

n. Create service receivable tab for cost management;

o. Relate to Freebalance to ensure a three-way match (contract requirement, contract receivables and contract payment);

p. Technical acceptance;

q. Property/Material hand over, and Creation of Affidavit and Release form and approval;

r. Deobligation and Close-Out;

s. Generation of data sets in real time for each of the listed activities;

(3) PPRC to have a separate tag/label for emergency procurement, where contracting processes are easily available to the public, and sorted into specific data.

(4) ARBK to increase the overall user friendliness of their website (platform). E.g. One identified area which needs immediate attention and intervention is the upgrade of the search bar by also including the keywords section so that businesses can be easily identifiable.

(5) ARBK to improve the completeness of information (all organization identifiers, quantity of items purchased, price per unit).

(6) ARBK and e-Procurement should communicate with one another with information pertaining to Economic Operators. e-Procurement platform should be upgraded to feed automatically the applicant’s information form PPRC by using Business Registration Number. This will avoid any business registration paperwork, and will automatically increase the accuracy of data, responsiveness of applicant and create the snapshot of which businesses target what procurement and what scales which can help institutions such as Ministry of Trade and Industry and Kosovo Statistics Agency analyze challenges and opportunities to increase the competition or stimulations for business growth through public policies.

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29 This is one of the OECDs recommendations to stimulate SMEs through public procurement.
POLICY INSIGHTS

While being faced with COVID-19, the citizens were also faced with the lack of transparency pertaining to public expenditures in their fight against the pandemic. Usage of emergent restricted procedures without a prior publication, led citizens towards the reaction mode, instead of prevention. Several Civil Society and Media reporting raised flags pertaining to price gauging, unfair and or improper competition, failed procurement procedures, improper and even health risking supplies, etc. Additionally, because of the used procedure that contracts are published after they were awarded, and because the current legislation does not require that all financial proposals are published in e-Procurement, access to data was limited, and in several instances not accessible. A lot of the exposed risks by civil society could have been easily avoided if the procurement process had been digitized to its maximum.

The current platform as it is, is neither a sourcing/procurement platform nor a transparency platform. Our recommendation for the platform would be:

• Maximized digitalization of the procurement process (from cradle to grave).
• Creation of datasets in OGP format 30.
• Transparency Interface and user-friendly presentation of data.

Furthermore, to meet the legal procurement requirements in a bidding process, e-Procurement should closely communicate with existing government platforms such as the following:

• Cooperation between e-Procurement with ARBK platform, where businesses should apply using the business number, allowing all data to automatically populate from ABRK;
• Cooperation with TAX Administration, where businesses with tax debts are not allowed to proceed further.
• Digital contract (pricing schedule) should communicate to Free Balance, hence creating the infrastructure for implementation of P2P

Delays in proceeding with draft law on public procurement, identified as another challenge that aims to address some of the barriers in further digitalization of procurement processes, while one of the greatest challenges is delays on updating legislation pertaining to digital security, digital archiving and digital obligations/including signature.

30 Open Government Partnership: https://www.opengovpartnership.org/
This report is part of the project implemented by the Open Contracting Partnership (OCP) with support from the European Bank for Reconstruction and Development, which focuses on improving COVID-19 procurement in order to increase civil society procurement monitoring capacity in a few countries around the world. The focus of this report is the case study of Kosovo as a partaking country in the implementation of this project. This report has been written in collaboration with the Kosovo Democratic Institute (KDI), who has provided their input regarding the policy related insights as included in this report.