

Data Sheet

USAID Mission:	Albania
Program Title:	Health Sector Improvement
Pillar:	Global Health
Strategic Objective:	182-0320
Status:	Continuing
Planned FY 2005 Obligation:	\$2,700,000 AEEB
Prior Year Unobligated:	\$325,000 AEEB
Proposed FY 2006 Obligation:	\$2,700,000 AEEB
Year of Initial Obligation:	1992
Estimated Year of Final Obligation:	2007

Summary: USAID/Albania's program is aimed at improving quality, management, and access to Albania's primary health care (PHC) system, especially for women, children, and the elderly. Assistance seeks to relieve constraints in the health sector, including inadequate human capital, corruption, and fragmented financial mechanisms, and supports needed reforms that strengthen central and local PHC capacities through policy dialogue.

Inputs, Outputs, Activities:

FY 2005 Program: Build Health Systems Capacity (\$2,400,000 AEEB, \$325,000 AEEB carryover). USAID will continue to assist PHC providers to improve their technical competencies in a wide range of health conditions and promote integration of services in one package. Training will be offered to more than 500 health providers to assist them in complying with clinical guidelines according to international standards. Efforts will be made to expand the scope of PHC services to include family planning, women and children's health, HIV/AIDS and TB, and many others. Technical assistance will continue to help replicate innovative interventions such as health information systems, quality standards to measure performance, and improved payment schemes that increase transparency and accountability in 16 out of 36 districts. For policy reform in PHC, efforts will be intensified at both the local and central levels to improve legislation that will result in a nation-wide replication of service delivery innovations developed at the local level. Principal contractors and agencies include: University Research Corporation (prime), Bearing Point, and American Academy of Family Physicians (subs).

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$300,000 AEEB). USAID will continue to provide training and capacity building to improve the quality of service and integrate a family planning and reproductive health component into the basic PHC package. USAID assistance will help to expand the scope of PHC services, training and awareness campaigns, and the logistic management information system for contraceptives to 15 districts that account for a third of the country. The contractor is University Research Corporation (prime).

FY 2006 Program: Build Health Systems Capacity (\$2,400,000 AEEB). Additional resources for technical assistance and training are planned for further strengthening of health reform efforts by rolling-out activities from 15 to all 36 districts of the country, and ensuring a fully integrated PHC system which will be able to respond to the primary health care needs of the population. Technical assistance and capacity building are planned to facilitate decentralization of health care delivery responsibilities and increase accountability and transparency of the sector's financing at both central and local government levels. In addition to increasing clinical competency, training is planned to expand the capacity of management, planning and budgeting for both central and local health authorities to facilitate increasing the autonomy of PHC facilities. Principal contractors and agencies are the same as in FY 2005.

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$300,000 AEEB). USAID plans to provide training and capacity building to improve the quality of service and integrate a family planning (FP) and reproductive health component into the basic PHC package and plans to

expand the scope of these services to the remainder of the country. The contractor is: University Research Corporation (prime).

Performance and Results: A major achievement of USAID in FY 2004 was the creation of a fully functioning health information system (HIS) that is operating in four pilot sites. The Ministry of Health has endorsed and approved expanding the HIS nation-wide. As a first step, Albanian health authorities have approved an immediate expansion of the HIS in the Berat region from the four pilot sites to 14 additional delivery points. The HIS gives health authorities and providers an informed decision-making tool; the first of its kind in the sector. Additionally, there has been a 41% increase in the utilization of services in targeted areas in the past year. The increase in demand for services was due to the knowledge and skills demonstrated by 269 PHC physicians and nurses who, through the training received, increased their compliance with clinical practice guidelines. More than 2,500 women in the rural areas of the Berat region received training and counseling on PHC and reproductive health issues, which also contributed toward the 40% increase in demands for these services.

Continued progress in the nation-wide replication of PHC models will mean that by the end of FY 2006 the system will be ready to provide autonomy to PHC providers; the utilization rate of PHC services will be increased by over 50%; reliance on abortion will be decreased by 30%; and 32% of the population will have access to family planning services and behavior-change campaigns.

US Financing in Thousands of Dollars

Albania

182-0320 Health Sector Improvement	AEEB	CSH
Through September 30, 2003		
Obligations	20,534	0
Expenditures	16,341	0
Unliquidated	4,193	0
Fiscal Year 2004		
Obligations	2,861	1,000
Expenditures	3,922	0
Through September 30, 2004		
Obligations	23,395	1,000
Expenditures	20,263	0
Unliquidated	3,132	1,000
Prior Year Unobligated Funds		
Obligations	325	0
Planned Fiscal Year 2005 NOA		
Obligations	2,700	0
Total Planned Fiscal Year 2005		
Obligations	3,025	0
Proposed Fiscal Year 2006 NOA		
Obligations	2,700	0
Future Obligations	0	0
Est. Total Cost	29,120	1,000