

## Data Sheet

<b>USAID Mission:</b>	Albania
<b>Program Title:</b>	Health Sector Improvement
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	182-0320
<b>Proposed FY 2004 Obligation:</b>	\$2,700,000 AEEB
<b>Prior Year Unobligated:</b>	\$736,000 AEEB
<b>Proposed FY 2005 Obligation:</b>	\$2,700,000 AEEB
<b>Year of Initial Obligation:</b>	FY 1992
<b>Year of Final Obligation:</b>	2006

**Summary:** USAID/Albania's health program is focused on improving the access, use, and quality of key health services primarily utilized by women and children. These include reforming the primary health care system in its service delivery function, management structure, financing of tools, and health information systems while engaging the Ministry of Health (MoH) in committing to primary health care (PHC) reform. Such reform incorporates reproductive health including family planning, HIV/AIDS, sexually transmitted infections (STIs) as well as tuberculosis (TB) as integral parts of the basic health services and will improve the management and financing structures of primary health care sector.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

Improve primary health care (\$2,550,000 AEEB, \$736,000 AEEB carryover). The PHC work will expand to create a fully integrated system whose basic package of services for the Albanian population includes family planning/reproductive health, HIV/AIDS & STIs and TB. USAID will continue to provide training and technical assistance to the GoA, both at the central and the district levels, to ensure the proper involvement and commitment of all interested parties including government ministries and local authorities. TA will focus on building consensus on decision-making, such as defining decentralized roles and responsibilities; improving the financing structures of PHC; and establishing definitions and quality standards nationwide. Training will focus on improving institutional cooperation and dialogue; increasing quality assurance of PHC services at the community level; and increasing knowledge of health service providers. Health managers, policy makers, service providers and community members from 15 districts will collaborate to ensure improved service delivery services and established policies for health reform. Principal contractors and agencies include: University Research Corporation (prime), BearingPoint (sub), Abt Associates (prime).

Reproductive health/family planning work (\$150,000 AEEB). Technical assistance will focus on completing a wellness center northwest of Tirana. This will serve as a referral and training point for health professionals. A total of fourteen trainers of trainers and 60 health professionals will be trained in a broader range of reproductive health issues including proper ante-post natal care, breastfeeding, cervical cancer screening and newborn resuscitation techniques. This center will reach as many as 100,000 women and children per year. Additionally, the preventive cervical cancer screening program with Tirana's Maternity Hospital will reach completion in 2004. This program will serve 10 polyclinics in the Tirana area. Principal contractors and grantees include: American International Health Alliance (prime) Magee Women's Hospital, Pittsburgh (sub) Women's and Infants Hospital, Providence, Rhode Island (sub).

#### FY 2005 Program:

Improve primary health care (\$2,700,000 AEEB). Additional resources for technical assistance and training are planned to further strengthen health reform efforts in Albania. USAID will roll-out activities throughout the country to ensure a fully integrated PHC system that will be able to respond to the primary health care needs of the Albanian population. Technical assistance and capacity building at all levels are

planned to facilitate decentralization of health care delivery responsibilities. Training is planned to be expanded to management, planning and budgeting capacity for both central and local health authorities. University Research Corporation (prime), BearingPoint (sub).

**Performance and Results:** Over the past year the percentage of the population with access to reproductive health services has increased by 20%, bringing the total coverage to 68%. Total visits to health centers have doubled in the past year from 83,724 to 180,000 visits. The nationwide Contraceptive Logistics Management Information System is now fully functional and maintained by the MOH. CLMIS provides the GoA with the tools by which to avoid contraceptive stock-outs. Additionally, the first ever national reproductive health strategy has been formally adopted by the GoA, finalizing the efforts towards institutionalization of a reproductive health policy.

The USAID-designed primary health care model, which represents a bottom-up, demand-driven approach to improve efficiency, quality, management and resource allocation, has been fully developed and is tested at four pilot sites covering a total population of 40,000. This pilot has generated valuable lessons learned regarding the constraints of financing PHC within the decentralization process; the lack of management and clinical competencies, and the lack of institutional cooperation at the local and central level. These lessons and the success stories will be guiding the design of future interventions.