



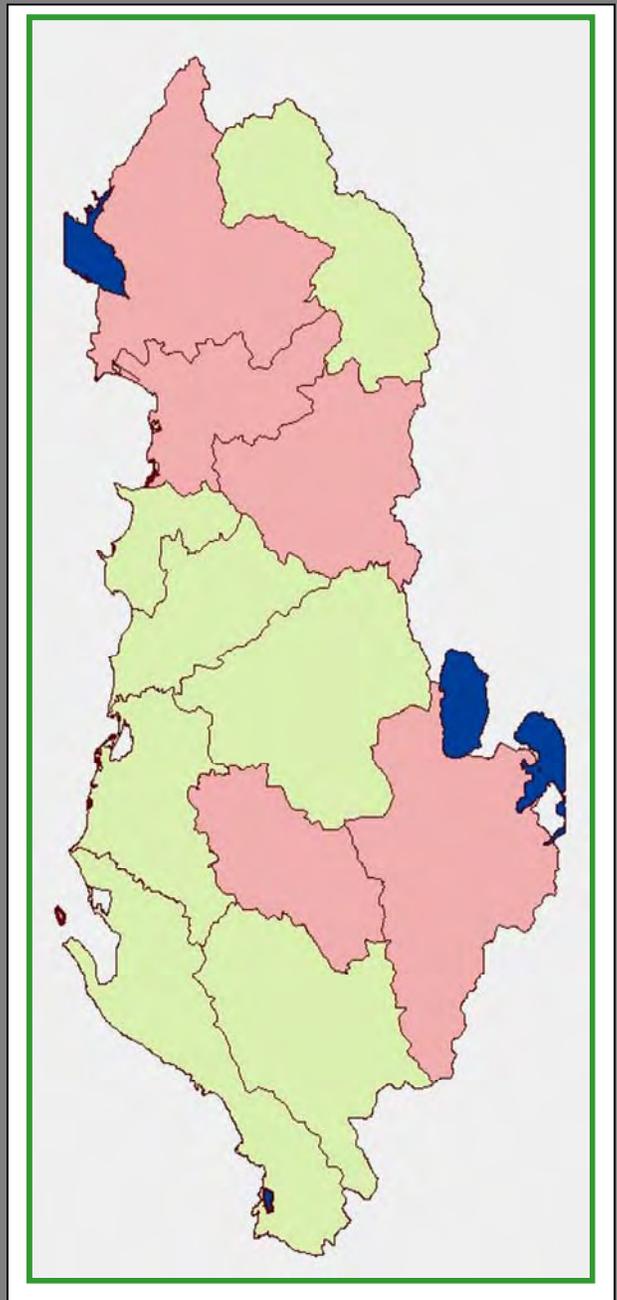
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ALBANIA

PRO Shëndetit ANNUAL REPORT *YEAR TWO*

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**University Research CO., LLC,
Bearing Point, and American Academy of Family Physicians**

Improving Primary Health Care Project, Albania

**Annual Report
Year Two**



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LIST OF ABBREVIATIONS

AAFP	American Academy of Family Physicians
ARC	American Red Cross
CME	Continuing Medical Education
CPD&E	Continuing Professional Development & Education
CTO	Cognizant Technical Officer
DPH	Department of Public Health
EOP	End Of Project
GOA	Government of Albania
GP	General Practitioner
FM	Family Medicine
FoM	Faculty of Medicine
FP	Family Planning
HII	Health Insurance Institute
HMIS	Health Management Information System
IPH	Institute of Public Health
IPHCA	Improving Primary Health Care in Albania
IMCI	Integrated Management of Childhood Illnesses
MOE	Ministry of Education
MoH	Ministry of Health
MOF	Ministry of Finance
NGO	Nongovernmental organization
PHC	Primary Health Care
PMP	Performance Management Plan
QI	Quality Improvement
RH/FP/MCH	Reproductive health/family planning/maternal and child health
RHA	Regional Health Authority
TB	Tuberculosis
WB	World Bank
WONCA	World Association of Family Doctors
WHO	World Health Organization

1. Introduction

URC is pleased to present the annual report, for the second year of the project, “Improving Primary Health Care in Albania” (PRO Shëndetit) for the period covering August 1st, 2004 – July 31, 2005.

PRO Shëndetit activities were vigorously launched during this reporting year, after the submission and acceptance of the three-year work plan in September 2004. While the project will work to impact health nation-wide, a decision was made to make five prefectures the initial-focus – Shkoder, Lezhe, Diber, Berat, and Korca. There were major personnel changes during the year, including all three of the foreign expert staff, and the important addition of other Albanian staff. The project and the government of Albania benefited from some of the work of USAID’s PHRplus project. It ended in March, but PRO Shëndetit was able to pick up two major pilot interventions and begin to roll them out nation-wide. Even with national elections affecting the initiation and speed of work May through August, the increasing momentum in activities and achievements can be seen.

A brief review of the project’s objectives and its organization to achieve those objectives is first presented. Progress made by each of the organizational components is then reviewed, along with progress made as shown by indicators. The report then turns to personnel changes, workshops and other learning events that contributed to project progress and a listing of the reports and some of the other products produced during the year. Finally, the report concludes with brief comment about key coordination activities with partners and stakeholders during the year and a short summary.

2. Project themes, objectives, and organization

There are two distinct themes that pervade project work.

Establishing, strengthening, and utilizing local human-resource networks are essential to project success and to development in general. It is important to identify and strengthen local human-resource networks that can undertake development efforts; success in developing vibrant networks is necessary for sustainability. The network effort can be seen in PRO Shëndetit's use of the Faculty of Medicine that in turn is developing a network of general practitioner trainers in each prefecture. It can be seen in each district where a network of key hospital specialists and more able nurses are being used to work on performance improvement for all nurses and midwives by running a continuing medical education (CME) program. Only by identifying and strengthening local human-resource networks can the training, peer review, and facilitative supervision take place that will potentially influence the performance of all 1,500 general practitioners and 6,300 nurses and midwives.

The same process of networks can be seen in health promotion at the community level. Here, working with the district public health and health promotion officers, district teams are trained that, in turn, work with multiple small teams that educate and promote health within the community. When economic resources are scarce and existing official human resources meager, it is essential to identify or form and develop local human-resource networks that can undertake the necessary human inputs for achieving better health. The process is an essential foundation block of sustainability.

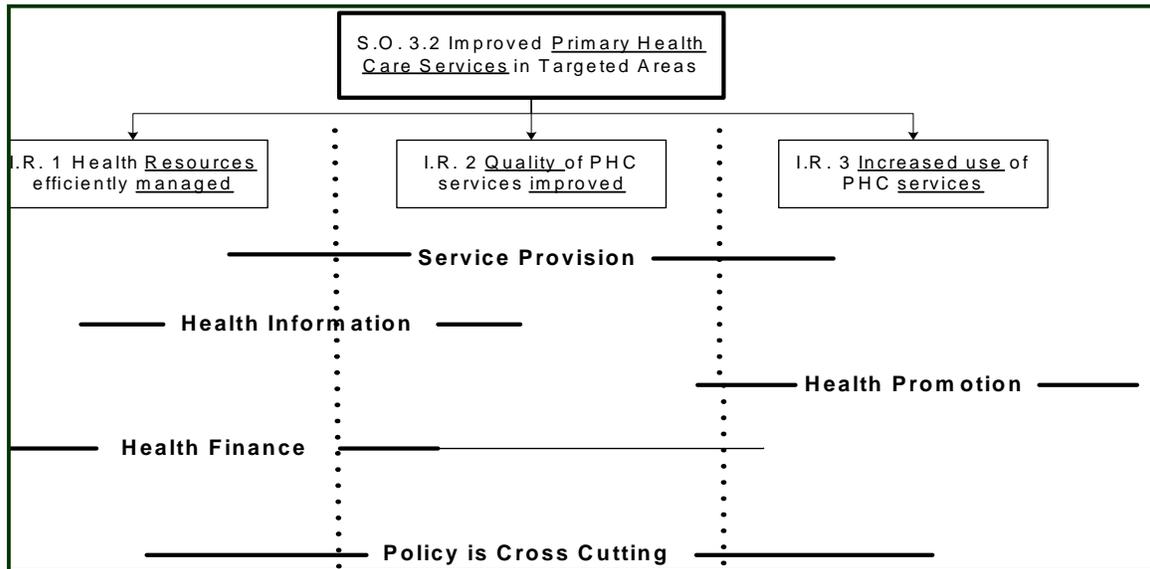
Forming linkages between systems and networks is a second theme that PRO Shëndetit makes explicit in its work. When resources are scarce it is a natural reaction to protect and maintain what ever meager resources are available within any operating unit, e.g., health district, hospital, community, and family. Units do not naturally look outside themselves to link with other units, especially when resource expenditures appear likely. PRO Shëndetit works at linking units that together can make greater impacts on health than if they operate separately. For example, the formal health system is linked to the community through engaging members of the formal system to team with (link with) members within the community. It is important for the official health system to define the community as a resource for better health and not merely as a consumer of services. Network development and making linkages between systems and networks are themes that can be seen throughout PRO Shëndetit's work.

Objectives -- Support for USAID/Albania's strategic objective for health remains paramount. This report underscores the most important elements of that objective and the three intermediate objectives (results) that lead toward it. These are shown in Figure 1. Primary health care (PHC) services are central and, as shown, the project achieves improvement in PHC services by assisting its partners to manage resources more efficiently, improve quality, and increase the utilization of services.

Organization The four organizational components of PRO Shëndetit support the achievement of the three intermediate objectives. As depicted in Figure 1, each component supports the achievement of more than one intermediate objective. The heavy horizontal lines extending from the name of the component indicate direct support to the intermediate objective above. The thinner horizontal line associated with

health finance indicates support for the above intermediate objective, but the support is less direct. Policy as a cross cutting element is portrayed at the bottom of the figure, although there is not a separate policy component. Each of the components has policy elements within its activities.

Figure 1. Results framework and program support components



The progress made this past year by each of PRO Shëndetit's components follows: service provision, health information, health promotion and health finance.

3. Progress made by project components

3.1. Service Delivery

Background

The project was developed and funded by USAID largely because quality service delivery of basic primary health care services and service utilization has decreased in the recent decade.

Quality – The MoH and PRO Shëndetit have adopted COPE as a quality improvement tool; it is the first step in quality enhancement at delivery sites. Part of the reason for its selection is that it is client-focused and is not heavily dependent on resources outside of the service delivery site. Human-resource networks composed of district officials become facilitators who then work with the individual human-resource networks associated with each health center, e.g., the center itself and its associated health posts. The health system of Albania has to operate within a resource poor environment that will improve only slowly. If quality improvement is to take place, it is essential that it can do so without a great influx of outside resources.

Having made the above observation, one of the major challenges in the coming year is to develop with the new MoH ways for assuring that basic infrastructure and equipment resources become available to health centers, especially where efforts for quality improvement are being made. This can be done though ensuring transparent flows of government resources and linking current quality improvement efforts with the World Bank grant (from Japan) that is being given to improve quality.

General practitioners performance improvement: Albania and PRO Shëndetit are benefiting from the 24-module clinical skills improvement training program developed through the support of USAID's PHRplus pilot project; based on previous experiences and needs assessment, 6 more modules are added to the training course. PRO Shëndetit is partnering with the MoH to take the program nation-wide. It is one of the first steps in moving general practitioners along the path toward family physician competency. The program is managed by the Faculty of Medicine that develops trainers in each prefecture who, in turn, train general physicians in the modules. Some support in module development and improvement will be provided by the American Academy of Family Physicians..

Nurses and midwives performance improvement: Nurses and midwives have, for the most part, in recent years been ignored in efforts to improve the performance of service providers. In collaboration with the MoH and district health officials, district boards are being formed to conduct continuous medical education (CME) programs. Specialists from district hospitals and more skilled nurses and midwives form a training team that responds to district defined needs for medical education. The program was initiated in the Berat prefecture.

Re-licensing and accreditation: Least progress has been made with these activities. The reason in part is that quality improvement and skill enhancement programs first need to be developed as partial basis upon which re-licensing and accreditation will be developed. Although important initial steps have been taken, leadership in the new ministry of health is particularly important for these activities.

Activities/achievements

Quality improvement at service delivery sites began in December; first with the training of eight key national trainers and then the first development of district facilitators in Lezhe.

Activities began in the second quarter of the year. Figure 2 depicts both the accumulated number of facilitators that were trained during the year and the number of health centers engaged

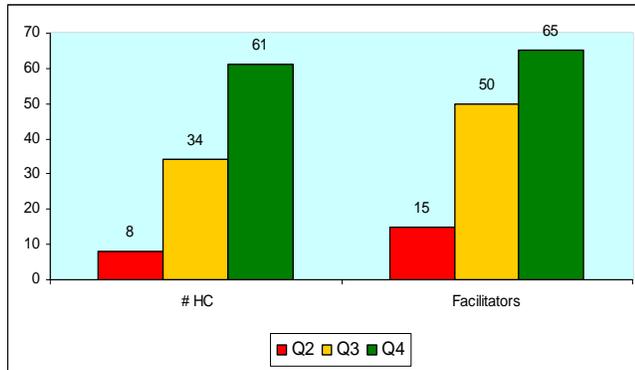


Figure 2: Cumulative number of health centers using QI and facilitators trained – by quarter

in using COPE for QI. At time of writing this report, there are a total of 61 health centers and 199 health posts that are part of the QI effort.

Since almost all staff participate in the QI exercise, as well as commune leaders, the number of individuals participating in QI is becoming very large. The numbers participating thus far (856) are shown in Figure 3. The MoH has assigned a person to coordinate this QI effort. Nevertheless this coming year, with an increasing number of health centers and staff engaged in the QI process, a major challenge will be to work with the MoH so that the process becomes regularized within a district supervision program. These are very weak at present.

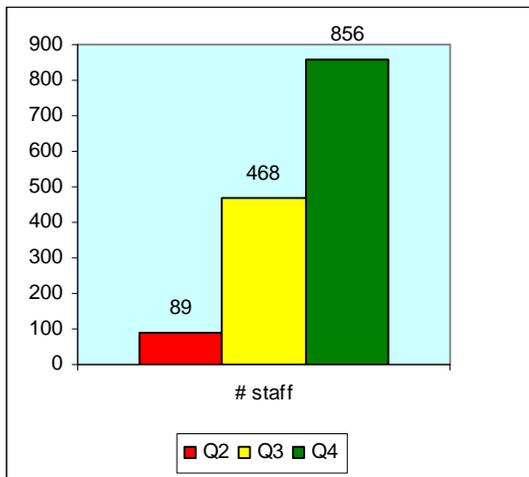


Figure 3: Cumulative number of persons trained in applying the COPE QI process – by quarter

from 1 to 5. Since there are 40 quality indicators the maximum possible score is 200. Each health center measures itself at the beginning and then measurement is taken again at three or six month intervals.

The QI process begins with a group of health centers, usually all of the health centers in a district. There have been four groups that have started the QI process and have been implementing QI long enough for assessments to be made. A sample

of half of each of these groups was measured on the 40 indicators in January or April, when QI began for respective groups, and again in July. Figure 4 shows the results of the measurement. The average scores at the beginning of QI are shown at the beginning of the line and the average scores received in July are shown at the end.

Most of the 40 indicators are easily quantifiable and others are more subjective. For example, organogram present, duty roster for night and weekends, regular staff meeting, posters in waiting area, and leaflets for clients present. It can be seen that overall there is upward movement in the averages QI scores for all groups. As might be imagined, there is considerable variation among health centers, and, in one case, a health center's score actually decreased. Overall, however, quality improvement is underway.

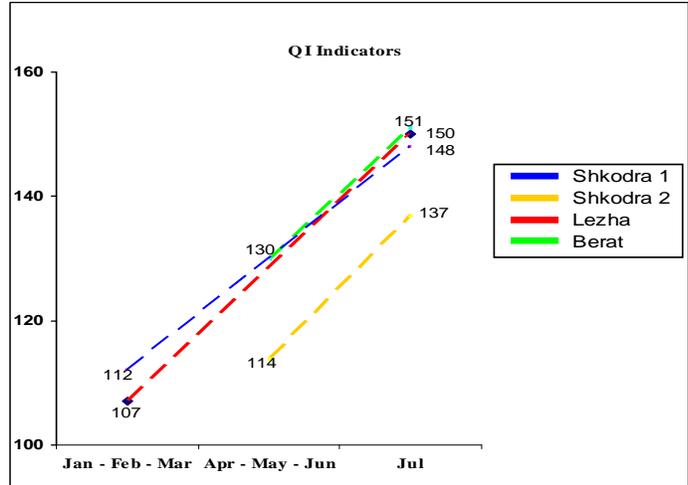


Figure 4: Average beginning and ending July measurements on 40 quality indicators for a sample of four groups of health centers: one from Lezhe, two from Shkoder, and one from Berat

When health centers begin the QI process, staff identify problems that they believe need to be resolved in order to improve quality. At least every six months an assessment is made to see the progress the health center team has made in resolving

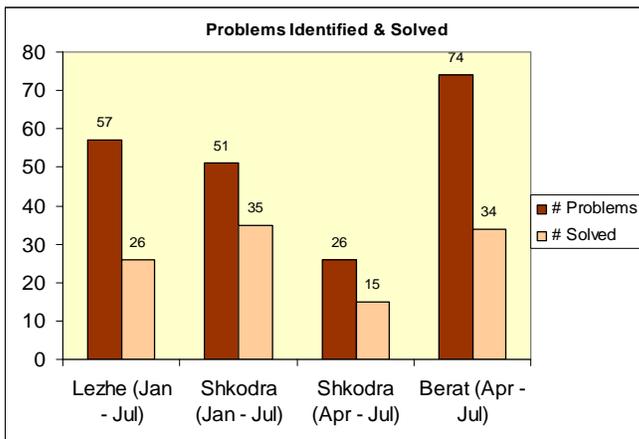


Figure 5: The number of problems identified and the number of problems solved for a sample of four groups of health centers

identified problems. Figure 5 indicates progress that is being by the four groups of health centers by showing the average number of problems initially identified and the number that have been solved by the health center teams.

General practitioners' performance improvement through training in the 30 modules began in July. The process is being started in Lezhe and Shkoder; the department of primary health care in the MoH and the Faculty of Medicine selected 14 physicians to be trained as trainers. The Faculty of Medicine began the

training of trainers program for those two prefectures in July. The American Academy of Family Physicians will assist in September and this initial training will end in October. At that time, the physicians trained in the modules will begin programs to train general practitioners in their prefectures. The Faculty of Medicine team will then begin the process of training new trainers in Korça. The project supports the distribution of 2,000 copies of the Order of Physicians' quarterly

bulletin to all primary health care physicians countrywide, to the family medicine doctors and to last-year students at the faculty of medicine. The project hired a consultant for facilitative supervision and auditing in Berat prefecture in order to assess the compliance of the general physicians with the clinical practice guidelines. He will also support the trainers in the prefectures of Lezhe and Shkoder.

CME for midwives and nurses has been initiated in Berat. Two boards were formed to steer CME activities. A third one, in Diber, failed to start due to the elections and directory changes. A board of 13 members provides direction and training for Berat and Kuçova districts and a board of six members oversees CME in Skrapar district. The board members attended a two-day training session in participatory and adult learning techniques. The Berat/Kuçova team has offered two sessions. The first was on the benefits of hormonal contraception in June (350 participants) and urinary tract infections in July (128 participants). Skrapar has organized one session on the benefits of contraception in July (71 participants).

Both boards have developed training schedules for the next six months that include: high blood pressure and diabetes; STD/HIV/AIDS; immunization febrile convulsions/high fever; child growth and development; antenatal care and pregnancy; cancer screening of breast, cervical, and skin; and care for chronic patients –TB DOTS.

Re-licensing and accreditation began by a ministerial decree that established a steering group, chaired by the deputy minister, to examine the re-licensing and accreditation process. There have been following meeting by a smaller task group that has, among other things, developed an initial draft of a point system for qualifying general practitioners as family physicians.

Major implementation issues during the year

- The election period covered almost 4 months and decreased or almost totally paralyzed a large part of district activities between May and August.
- Low salaries, as in most low- and mid-level economy counties, contribute toward low motivation. Developing a program that offers creative and contractually permissible incentives is a continual challenge.
- Additional budgets have to be found to reimburse travel costs for midwives and nurses that pay in order to attend the CME training courses. The amount required, while small, is sizable compared to their low income.
- Developing mechanisms to support and sustain activities, following rapid expansion, is a challenge. There is a poor to non-existent supervision system/culture from district to health centers. Visits that do occur tend to focus on checks, controls and inspection and not of facilitating, supporting and helping health center staff.
- Some staff members are reluctant to collaborate because they do not receive information about new activities from the district. There is a huge communication problem between different levels within the ministry.

Coming year highlights

Quality improvement at health sites

- COPE QI tool introduction in 5 additional prefectures: Korça, Gjirokaster, Elbasan, Fier and Vlora. The QI process will then include 9 of the 12 prefectures and will be operational in 200 health centers
- Train the facilitators in these prefectures in supervision and management
- Organize regular facilitative supervision visits for each health center
- Organize peer-review session between health center staff in 6 districts in the prefectures of Lezhë, Shkodra and Berat (districts are Lezhe, Shkodra, Malesi e Madhe, Kuçova, Berat, and Skrapar)
- Quarterly quality improvement data collection in all districts
- Clinical Practice Guidelines follow-up, audit and supportive supervision in Berat, Lezhe and Shkodra prefectures
- Quality Assurance workshop

General practitioners performance improvement

- Training of all PHC physicians in Lezhe, Shkodra, and Korca prefecture in 30 modules of family medicine
- Regular monthly CME sessions for physicians in Berat, Lezhe and Shkoder

Nurses and midwives performance improvement

- Regular monthly CME sessions for midwives and nurses in Shkoder, Lezhe, Diber, Berat, and Korça prefectures

Re-licensing and accreditation

- Develop draft-guidelines for health center accreditation
- American Association of Family Physicians will work with the Faculty of Medicine to develop a draft-plan for re-licensing of general physicians and for moving general physicians into family physician status

New

PRO Shëndetit anticipates working with a faith-based organization in neo natal care and treatment. Forty-five percent of infant mortality in Albania is due to neo natal deaths, according the national Reproductive Health Survey. This can be seen in Table 1.

Table 1. Infant and neonatal mortality in Albania by residence: August 92 – July 02

Mortality indicators	Residence		
	Nation	Urban	Rural
Infant mortality	26.2	21.7	29.3
Neo natal mortality	11.9	10.3	13.0
Percent of infant mortality due to neo natal deaths	45.4	47.4	44.3

There are ongoing discussions with the local, regional, and world-wide representatives of The Church of Jesus Christ of Latter-day Saints (Mormons). The church has an active neo natal program, providing training and equipment for neo natal care and treatment, with the intent of developing trainers of trainers. PRO Shëndetit is planning collaboration where the project will play the in-country and on-the-ground role, working with the MoH to assist in spreading the neo natal program nation-wide. Ninety-two percent of births take place within MoH facilities.

This activity fits well within the primary health care mandate of the project and strengthens the MoH delivery system through leveraging resources; it is expected to begin sometime in 2006.

3.2. Health Management Information Systems (HMIS)

Background

The health information system of Albania, like so many systems related things in Albania, never evolved after the fall of Communism. Although there have been some general assessments, there has not been a program that undertook the development of the system. The health insurance institute with independent resources has progressed further in the development of an electronic system that collects and produces health related data. However, its needs are fairly specific and have been related to payments for drugs and salaries of general physicians. Up to this point, there is very little exchange or joint utilization of data between the MoH and HII.

The USAID’s PHRplus project 2002-2005 developed a simplified encounter form to record all service provision by doctors and nurses, at health centers, and a software system to utilize the data. PHRplus developed the system and made it operational in 85 service delivery points (health centers and posts) before the ending of the project in March 2005. In November 2004 the ministry asked PRO Shëndetit to assist in taking the system, at the end of PHRplus, and expanding it nation-wide. That process began in April and is now underway in five prefectures.

Activities/achievements

Software and encounter forms – The encounter forms are the key data entry instruments for the new health management information system. PRO Shëndetit developed complete documentation for the software system and encounter forms of the HMIS.

Expansion in Berat was the first step of the roll out. When PHRplus left, the HMIS was operating in 85 service delivery points. The minister of health issued a decree to all health districts in the five initial focus prefectures to cooperate with PRO Shëndetit; by the end of May PRO Shëndetit had trained 525 nurses and midwives and 97 doctors in Berat and had the HMIS operating throughout the prefecture and in 268 service delivery points. Once all health centers and health posts in Berat prefecture were utilizing the new system, efforts were initiated to establish two pilot sites (one urban and one rural) in Shkoder, Lezhe, Diber and Korca. There are 57 service delivery points and 165 providers involved in the pilots.

Figure 6 shows, by quarter, the number of health centers and health posts that are using the new HMIS. The pilot sites were reporting, using the new system by the end of June.

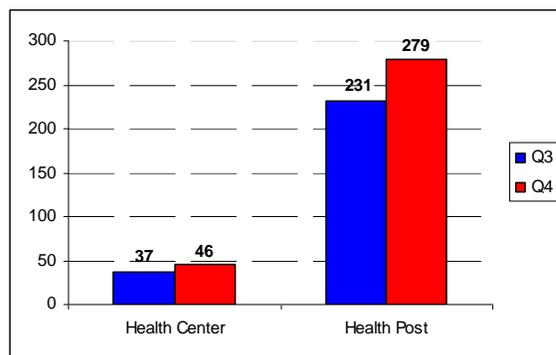


Figure 6: Number of health centers and health posts using the new HMIS by quarter

After the elections and designations of new key persons at the ministry of health, work will progress at other health centers. The experiences of the pilot centers will be used in assisting the roll out within the respective districts of the pilots.

In order to prepare health center and health post staff to fill out the encounter forms correctly, a major training effort is underway. The numbers of nurses, midwives,

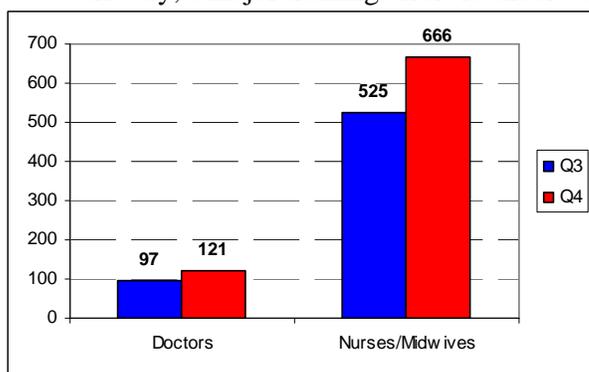


Figure 7: Number of physicians and nurses/midwives trained in using the new encounter forms

and physicians trained in utilizing the encounter forms are shown by quarter in Figure 7. The data in the graph indicate the major undertaking in developing an understanding of the encounter form used in recording each service contact made.

The four month period of the slow-down in ministry activities, associated with the national elections, has provided PRO Shëndetit the opportunity to move ahead incrementally and to provide trouble

shooting assistance in Berat and at the eight pilot sights. These experiences will be helpful once the roll out of the HMIS begins after the election lull.

A human resource data base is being developed by the ministry of health. Currently, there is no data base that documents where MoH staffs are located, positions, levels of training, etc. The ministry requested PRO Shëndetit to assist in training district level human resource personnel in the new software. The ministry had procured the software from an Albania firm. PRO Shëndetit assisted the MoH in training 30 human resource staff in 11 districts. Due to a discovery that there had been a problem in procurement procedures, the spread of the system was halted. PRO Shëndetit is waiting to assist once the process can begin again.

Major implementation issues during the year

Once the minister of health made the request to PRO Shëndetit to take the new HMIS country-wide, any issues about the most appropriate focus of HIS activities disappeared. Expansion and establishing a functional system nation-wide is a truly daunting task. Implementation issues faced thus far include:

- Working with both the MoH and HII to develop useful health data for both organizations that they are then willing to share
- Having the MoH assign data entry persons to input data from the encounter forms into computers. This has been the biggest potential obstacle in moving ahead with expansion.
- In general, having the MoH keep up with expansion of the new HMIS that required computer purchases, reassignment of personnel, and hiring data entry persons
- With regard to the human resource data base, the ministry needs to resolve the procurement issues associated with expanding utilization of the software

Coming year highlights

- The HIS is ready for the rollout phase in the other four prefectures. The two pilot centers will provide training and coaching to the rest of the centers of the prefecture. It is essential, however, that the MoH completes the data entry cabinets in each prefecture and appoints data entry persons.
- Work with the health finance component of PRO Shëndetit, HII, and MoH to develop appropriate indicators from the HMIS to be used in determining the performance of autonomous contractors with the HII – whether they be individual general practitioners or health centers.
- At the same time, Pro Shëndetit will initiate pilot programs in at least five of the other prefectures in Albania.
- Develop joint utilization of HMIS data between the MoH and the Health Insurance Institute.
- Strengthen the capacities of HII in collecting, transferring, processing and using the health information that they collect through their structures.
- Establish a routine feedback from the HMIS for health center, district, and central levels that includes highlighting key indicators and a monthly graphing and posting program of health data; it will be operational in at least the five initial focus prefectures, i.e., in at least 16 of Albania's 36 districts.

3.3. Health Promotion

Background

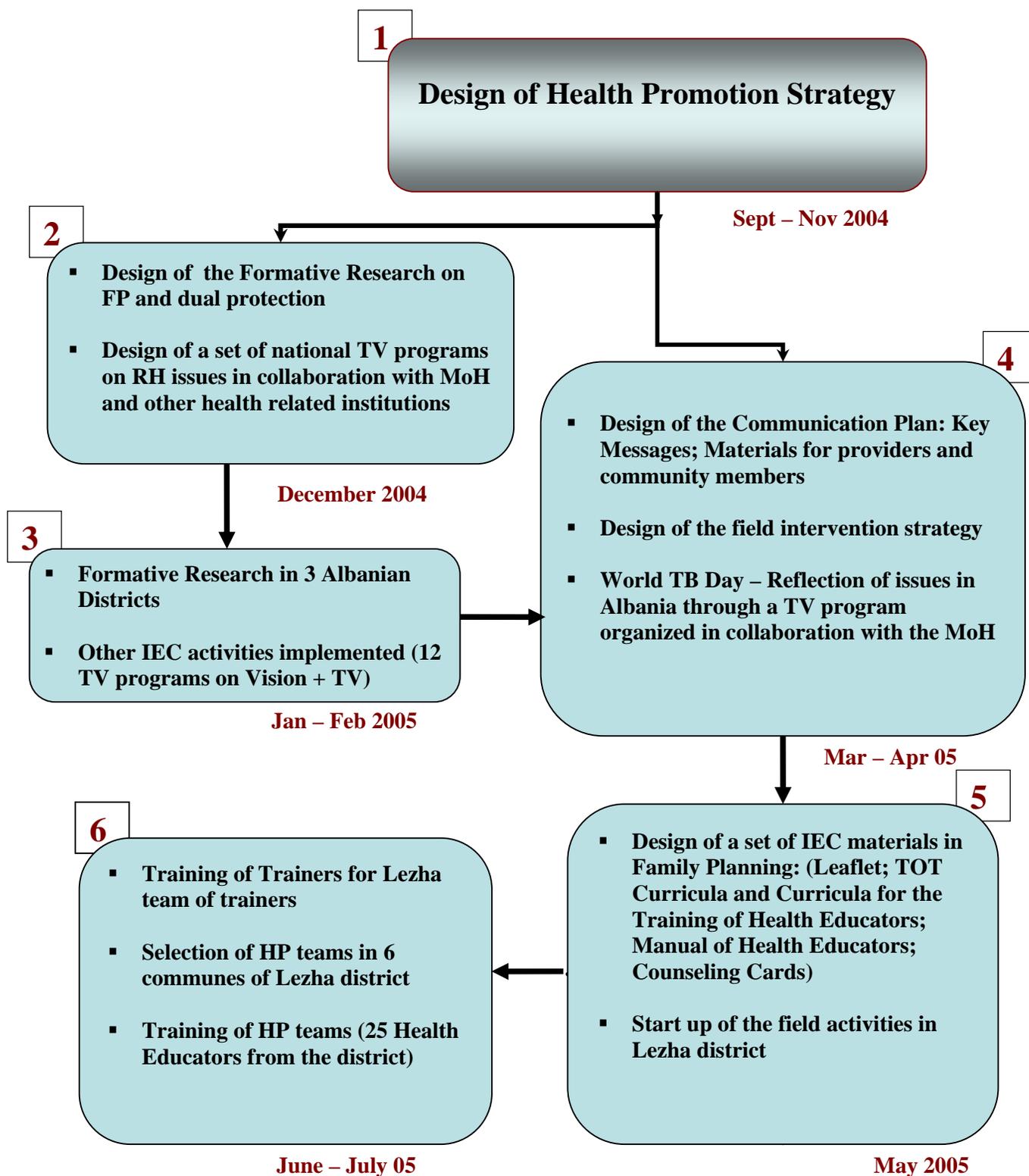
Health promotion in Albania has lagged behind other health system developments, which were themselves in poor states of development. This neglect or minimal attention to health promotion is especially true for community-based promotion. Although there are one to three persons assigned to health promotion within each district public health office, they are the lowest paid of all health workers and have no budgets. If any work is done in health promotion at the community level, it is through a donor project or a local NGO that might have minimal funds for a specific intervention area.

The health promotion component of PRO Shëndetit, as with other components, began its planning and initiated its activities after the three-year work plan was accepted in September 2004. Since strategy development began in September, the component's activities have grown rapidly with a virtual mushroom shape of expansion occurring in June-July of this past year.

Activities/achievements

The health promotion component developed its community health promotion strategy, conducted formative research to guide its work, developed messages, developed materials including flash cards and flyer, selected and trained a set of community health promotion trainers, prepared training materials for community promoters, and trained the first set of 25 community promoters from Lezhe. During this period the component also supported the MoH in television programs focused on 12 primary health care topics. In the coming year, tapes of these programs will be edited and taped programs made available to the local TV channels in prefectures where PRO Shëndetit is working. The preceding activities and achievements are shown in a time-line, Figure 8.

Figure 8 Time-line of health promotion activities and achievements for the year



Major implementation issues during the year

- The key expert consultant was changed during the first quarter of the year. It was a benefit for PRO Shëndetit, but a time consuming and reorienting period of time.
- The design of the implementation strategy was a slow and arduous process. It required contact and collaboration with a very wide set of institutions.
- When JSI reproductive health was awarded it necessitated time and effort to develop a close working relationship. This was of benefit to PRO Shëndetit and to USAID's country program, but took additional time.
- Working through possibilities to finally arrive at a system for establishing volunteer networks took a great amount of effort and time
- Material development in communication work, especially when target audiences will be community-based women and men, takes a great deal of time and work

Aside from the change in the expert consultant, almost all implementation issues were associated with the great deal of time and work it takes to develop and begin implementation of a health communications program – strategy, research, materials, and the development of a human-resource network for implementation.

Coming year plan highlights

- Expansion of the community model to all districts of Skhoder, Lezhe, Diber, Berat, and Korce.
- A network of Health Promoters in the five above prefectures will be established
- Expansion of the community model into three additional prefectures (a total of eight prefectures by the end of the year)
- The expansion of topics to be covered at the community level, e.g., prenatal care, breast feeding, TB in selected areas, and HIV/AIDs prevention...

3.4. Health Care Financing and Reform

Background

One of the significant health reforms enacted in Albania at the end of the Communist era was the establishment of the Health Insurance Institute (HII) in 1995. At the present, HII primarily funds much of the pharmaceutical costs of eligible clients and pays the salaries of general practitioners. Since October 2004, HII covers expensive examinations in the hospital. Over the past ten years there have been various adjustments made in HII procedures, but the often mentioned roles of becoming the single-source payer and purchaser of health care, including a system of contracting for services with health providers/units, have not evolved. PRO Shëndetit works with HII and the MoH to help define the process for moving the health finance reform agenda forward.

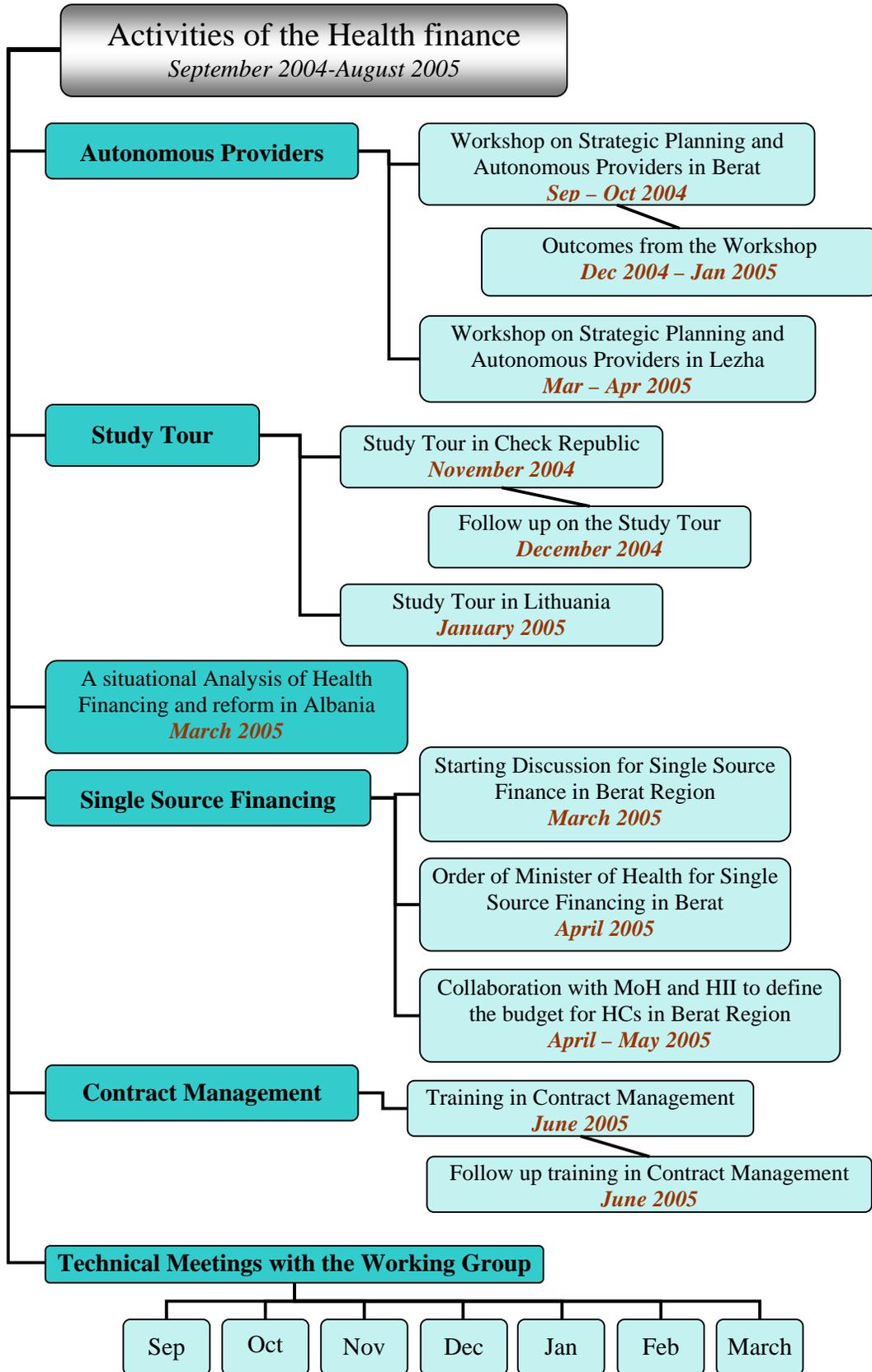
Activities/achievements

The health finance component invested large amounts of energy in networking with key players – mainly at HII and the MoH, but also at the Tirana Health Authority – and attempting to move the health finance reform agenda forward. At times it appeared that there was major movement, e.g., proposing to the Council of

Ministers to issue a decree allowing single source payment of primary health care to be implemented in Berat. At other times, it seemed things were slowing or moving backward, e.g., the failure of Parliament to take action on the proposed laws allowing health financing reform to become move forward.

Figure 9 provides a time-line summary of the major activities and achievements of the year that include workshops, study tours, a “situational analysis” report on health financing in Albania, regular technical meetings with the working group attempting to move health financing reform forward, and, in general, frequent and consistent networking efforts with key decision makers. It is the expectation of the component that with efforts at foundation building last year along with both foundation building and policy-level efforts this coming year, the outcome will be implementation of single source payer and contracting for services in at least the Berat region.

Figure 9 Time-line of health financing activities and achievements for the year



Major implementation issues during the year

- There are not clear objectives and a realistic implementation schedule associated with the 2004 Long-term Policy issued by the MoH. This situation makes it difficult to set priorities among all partners for moving health financing reform ahead.
- Two laws specifically focused on health financing, “The Act on Financing Health Services through Health Insurance” and “The Act on the Health Insurance Fund of the Republic of Albania,” were to have been passed in 2004; they were not. The uncertainty about health financing reform that exists without these explicit guidelines makes forward movement in health financing difficult.
- Role clarification for the entities most involved in health financing reform in primary health care, HII, the MoH, regional authorities, the ministry of local government, and providers – all players in health finance reform – has yet to take place.
- Since the draft laws did not pass in Parliament, special work was undertaken to have the Minister of Health obtain a decree from the Council of Ministers for starting autonomous providers in the Region of Berat. The minister signed but was not able to have the decree enacted by the Council of Ministers before the election.

Coming year highlights

- Implementation of single source financing and autonomy of providers in at least one Region
- Develop the new draft contract between the health insurance institute (HII) and health centers
- Establish the capacity within HII to develop, negotiate, conclude and monitor the contracts.
- Develop capacity for budgeting within the HII, possible regional authorities, and with providers
- Develop the model for autonomy of providers
- Establish the capacity within health centers to develop, negotiate, conclude and monitor contract implementation.
- Create a conducive policy environment through;
 - Supporting high-level decision makers
 - Defining the roles of HII, MoH, regional authorities, and providers
 - Increasing public understanding

4. Selected indicators

Since progress in terms of current indicators began in October, there are no long-term results to report. PRO Shëndetit currently tracks 30 indicators. The complete list of all 30 indicators is included as Appendix A. Table 2 contains an abbreviated list of indicators; it provide a sense of how the components and over all activities of PRO Shëndetit are affecting the chosen indicators.

Table 2. Abbreviated list of indicators of the ProShendetit project

Objectives/results and Indicators	Baseline 04	Target 05	Actual 05	Target 06
SO 3.2: Improved Selected Health Care Services in Target Areas				
Percent of SDPs providing integrated PHC services	<5	None set	24.3%	40%
Modern method contraceptive use - CPR	8%		15%	12%
Abortion rate	341 ¹		397	200
IR 1: Health resources efficiently managed				
Initiation of single source financing in at least one prefecture	No	No	No	Yes
Percent of health centers using encounter forms regularly	4%	33%	6.7%	60%
IR 2: Quality of PHC services improved				
Percent SDP providers trained/refreshed in PHC	<1%	20%	4.3%	33%
Accreditation guidelines written for health centers	No	No	No	Yes
IR 3: Use of PHC services increased				
Percent of target population with knowledge of PHC services		Non Set	3.8%	25%
Percent communities conducting health promotion activities	0	5%	4%	20%

The denominators being used to track indicators are national level, i.e., all 550 health centers in Albania are used as the denominator when calculating the per cent of health centers using the HMIS encounter forms regularly. The current contract horizon for the project as shown in the table is 2006; however, activities are being implemented with the expectation those activities will be continued through 2008. Using national level units as denominators, with a longer-term implementation period in view, some targeted levels for indicators in 2006 (just next year) are relatively low.

The following points should be remembered when viewing the above indicators:

- Because of the scarcity of base-line data, selection was made of what seemed best estimates available – results from the reproductive health survey, PHRplus surveys, Unicef, and the Red Cross in Diber.
- At time of writing, PRO Shëndetit's population-based survey has provided preliminary, non-weighted data (from one prefecture) for CPR and the abortion rate. A decision was made to include these in the table as tentative rates. They will be further assessed before inclusion in the USAID fiscal year report.

¹ This abortion rate was adapted from the Diber prefecture survey of 2004.

5. Personnel

5.1 Project staff

There was a change in the Chief of Party. Dr. Richard Sturgis first joined the project as a consultant during August 2004 and all of September and accepted the position as Chief of Party.

Dr. Marcel Reyners also joined the project as a consultant first and then accepted the position of Service Delivery Advisor in November 2004.

Dr. Zamira Sinoimeri also joined the project as the Deputy Chief of Party, in September 2004.

Ms. Zhenihen Zanaj joined PRO Shëndetit as a Technical Assistant in February 2005

The Health Promotion unit opened the position of Health Promotion Assistant. Ms. Elda Hallkaj was selected and joined PRO Shëndetit beginning in February.

Dr. Altin Malaj joined the team as Monitoring and evaluation Specialist in April. He worked previously for PHR plus.

Dr. Altini Azizllari and Ms. Entela Cocollari joined Pro Shëndetit from PHR plus in April. Altini and Entela are actively expanding the new HMIS system,

Ms. Hatixhe Mbjeshova (Xheku) has become the first Prefecture Coordinator (PC) in April and is based in Berat. She also was previously working with PHR plus.

Mr. Poul Thim joined PRO Shëndetit as the health finance expert on June 1, 2005. Ms. Catharina Hjortsberg resigned to return home to Sweden for the delivery and early care of her child.

5.2 Interns

Internationals

During May 2005 PRO Shëndetit had a graduate intern from Oregon State University in the US work on the project. Her name is Vera Kraynick. She spent five weeks assessing the progression of and issues with the COPE quality program.

Mr. Jeffrey Thimm, a student from Beloit College, was another intern that spent 6 weeks with the project. He helped in different issues: editing English documents, collecting the HC and HP geographic coordinates.

Ms. Frances Tain a graduate student completing her MPH at the University of North Carolina, was here for two months. She worked closely with the health promotion team in developing a report and designing materials.

National

PRO Shëndetit began a local intern program to develop young university students, orient them towards health concerns and issues in Albania, and at the same time obtain inexpensive labor. Meetings were held with the dean/director of economics and computer engineering. They recommended students that were then interviewed by PRO Shëndetit staff members. A candidate from the School of Economics was

selected, Ms. Elona Behari, and she begins work in August. Selection of an intern for IT work is still in progress. Two or three additional interns are anticipated for the coming months.

5.3 Consultants

During the year many consultants visited the project to assist the project team. The consultants fall into the following categories:

Visits by consultants that then became project staff	3
URC headquarters meeting with USAID and project	3
Technical consultants --	7
Total	13

For a complete listing of consultants that visited during the year see Appendix B.

6. Workshops, Seminars, Conferences, and Study Tours

- One day team building workshop in September for PRO Shëndetit staff, conducted by Neeraj Kak, vice-president of URC
- National conference sponsored by PHR+, where Pro Shëndetit presented a health management information system approach.
- Three one-day workshops organized jointly with PHR+ in the Region of Berat for the training of all physicians working in PHC Centers; the workshops were to educate physicians about autonomy in the anticipated changes to take place for financing primary health care.
- Support for a study tour to the Czech Republic in November. This study tour was to examine the Czech system for health financing and was attended 13 participants: Health Insurance Institute (8); Ministry of Health (1); Tirana Regional Health Authority (1); Mother Theresa Hospital (1); Ministry of Labor and Social Affairs (1); and PRO Shëndetit (1). Arrangements in the Czech Republic were made by the Albanian ambassador in the Republic.
- A conference was held on December 15th for senior official from all PRO Shëndetit partner organizations, to inform them of the project, its objectives, and planned activities.
- On January 17, PRO Shëndetit and HII organized a dissemination workshop based on the experiences from the Czech Republic.
- Technical Working Group on Health Financing met more than ten times during the year. The membership of this group includes key staff from the Tirana Regional Health Authority, Health Insurance Institute, the Ministry of health and the PHR Plus project, and PRO Shëndetit.
- There were three meeting during the year of the Health Management Information Systems Advisory Board. Membership of the advisory board is made up of key staff from the Ministry of Health, Health Insurance Institute, INSTAT, the Institute of Public Health, Social Insurance Institute, Faculty of Medicine, Civil Register Office and Tirana Regional Health Authority.
- A conference was held in January for senior health officers from PRO Shëndetit's three northern focus prefectures: Shkoder, Lezhe, and Diber. As with the December meeting with key officials from partner organizations, this conference was to inform key officials from the northern prefectures about the project, its objectives, and planned activities.
- Working with USAID's World Learning program in Albania, a study tour to Lithuania was arranged for key officials in health financing in January. Eleven persons participated in the study tour: Health Insurance Institute (3); Ministry of Health (2); Ministry of Finance (1); District primary health care (1); Tirana Regional Directory of HII (2); Tirana Regional Health Authority (1), and PRO Shëndetit (1).
- Three seminars were held with the Ministry of Health during January and February to train staff from 11 districts (from Berat, Fier, Vlora, and Elbasan) to begin to use the new human resource data base being initiated by the ministry. Unfortunately, due to procurement issues associated with the software being used, continuation of the introduction of this software has been placed on hold.
- Working with USAID's World Learning program in Albania, a study tour to Israel was arranged for key officials associated with health information in March/April. Thirteen persons (and a translator) participated in the study tour: Health Insurance Institute (6); Ministry of Health (2) Tirana Health Authority

(1); INSTAT (1); Social Insurance Institute (1); Tirana University Hospital Center (1); and PRO Shëndetit (1).

- Two staff members of the HII Health Information Department were supported for training in Oracle Database Management. The course took place in March.
- Two seminars were organized for doctors from the Berat prefecture during March. The first seminar introduced doctors to the encounter form of the health management information system and the second centered on utilizing feedback information from the system. The seminars were attended by 69 and 54 doctors, respectively.
- Two seminars in April for head nurses in Berat and Skrapar (total of 29 nurses) preparing them to implement and oversee the running of the new health management information system.
- Nineteen separate seminars were conducted in April for a total of 282 nurses to educate and prepare them for implementing the new health management information system.
- Workshops were organized for the Lezhe region in March (35 general practitioners) and April (40 general practitioners). These workshops were organized in collaboration with the Ministry of Health and the Health Insurance Institute. The workshops introduced general practitioners in the prefecture to single source financing and autonomy of providers.
- A workshop/retreat was held for the PRO Shëndetit staff on June 16-17. A major activity of the workshop was the introduction of COPE as a QI tool for the project. This not only familiarized all staff with the tool being used at service delivery sites, but is serving a practical tool for staff to work on quality improvement at work.
- Three days training on “Contract Management” in Durres, during June 2003, and one day follow up in Berat. The participants included 20 chiefs of the clinics from the Prefecture of Berat and 15 representatives from MoH, HII, PHD of Berat, Skrapar and Kucova and RDHII in Berat.

7. Programs Documents, Reports, and media presentations

The following list contains major documents, reports and media presentations developed by the project during the past year. Some of the reports are routine reporting documents like quarterly project reports, others are research reports, or manuals and work books developed to further program activities.

- A revised three-year work plan was submitted to and accepted by USAID in September 2004.
- The Performance Monitoring Plan, as part of the three-year work plan was submitted and accepted in September 2004. This has undergone a number of adjustments and the most recent plan, with associated indicators, was submitted to USAID in July.
- Each Quarter, the PRO Shëndetit has submitted to USAID the Quarterly Reports, highlighting major activities.
- The COPE quality improvement manual for Albania was translated into Albanian in January and is now in use at 63 health centers.
- Part of the project baseline report, “Baseline I,” was completed and submitted to USAID in March
- Working with the Vision Plus television channel, PRO Shëndetit helped develop and supported 12 TV programs focused on primary health care topics between December 2004 and March 2005: HIV/AIDs, and STIs; TB; family planning; antenatal and postnatal health; breastfeeding; menopause; family medicine; hypertension; and health insurance. The presentations involved 28 specialists from 14 different organizations.
- The plan for community-based health promotion activities of PRO Shëndetit, “Community Primary Health Care Promotion (CPHC) -- Strategy and Implementation Plan”
- A proposal for creating decentralized district-level training “A Contribution towards Sustainable Performance Improvement for Primary Health Care Providers by Decentralized and Formal Training.” This program supports the objective of developing sustainable performance improvement systems in Albania.
- An analysis, “Health care financing and reform in Albania: A situational analysis,” was completed in March
- Complete documentation for implementing the new “Health and Management Information System,” of the Ministry of Health
- An assessment, “Implementation of a Quality Improvement Tool for Primary Health Care: An Early Assessment,” has provided early evidence as to how the COPE tool is performing and made suggestions for future QI work.
- A formative research report, “Family Planning and STI/HIV/AIDs: An exploration of knowledge, attitudes, and practices,” has provided guidance for the development of health promotion materials.

8. Coordination with Local and Other Stakeholders

- PRO Shëndetit works most closely with the Ministry of Health (MoH). The project has a very close relationship with and at least weekly coordination with the national office. All major decisions are coordinated with the MoH.
- At the national and regional levels the project works in routine coordination with the Health Insurance Institute and its regional offices.
- In terms of daily, routine coordination the project works with district health officers. A Pro Shëndetit provincial is housed within the district health offices to ensure close and easy collaboration in all activity areas.
- The Institute of Public Health is a major partner with which the project works and coordinates, especially in its work with health promotion
- PRO Shëndetit has project activities with and is on committees with The Order of Physicians. The order is expected to play an increasingly important role in work this coming year with re-licensing and accreditation.
- The Faculty of Medicine is playing an important role in training the trainers to conduct training of general physicians in the topics of the 30 modules. The faculty also plays an essential role in the collaborative work looking at ways to move general practitioners to a level of recognition near that of family physicians.
- In its work in developing and implementing the new health information system, the project works closely with persons responsible for health information not only in the MoH, but also INSTAT, the Institute of Public Health, the Health Insurance Institute, Social Insurance Institute, Ministry of Finance.
- PRO Shëndetit also coordinates activities, especially health financing and the HMIS, with the Tirana Health Authority.
- The project participates on the MoH/WHO donor coordination committee and meets with and shares information of common interest with Unicef, UNFPA, and the World Bank.

9. Summary

This has been a big and busy year for PRO Shëndetit. The preceding activities, achievements, and some early outcomes – as suggested by the achievements and reflected in indicators – provide evidence of the current momentum of the project. Progress has been made in spite of a late start into the year and the national elections that have created a lull in MoH activity.

The current project team has now gained experience implementing their activities through identifying, developing, and using human-resource networks, and where ever practicable linking resource pools for increased impact and ensuring sustainability.

This coming year will be challenging as the portfolio of activities and networks increases. PRO Shëndetit will add prefecture coordinators in each prefecture, to assist both the project and the MoH in ensuring scheduling of events and providing a mechanism for the district health officers to easily communicate their needs.

There are some continuing and expected new challenges to be dealt with in the coming year, Success will depend in no small degree to the key personnel that assigned at the national and district levels by the newly elected administration, and continuing the excellent relationships that the project has developed.

Appendix A

Complete list of indicators tracked by PRO Shëndetit

Table A1: List of indicators tracked by PRO Shëndetit

Indicator
SO 3.2: Improved Selected Health Care Services in Target Areas
Percent of SPDs providing integrated PHC services
Modern method contraceptive use - CPR
Abortion rate
IR 1: Health resources efficiently managed
Accepted and Approved method of payment to GP based on performance
Percent of providers involved in strategic planning
Initiation of single source financing in at least one prefecture
Percent of regional health officials trained in contract management
Percent of health managers trained in resource management
Percent of SPDs reporting health statistics on time according to guidelines
Percent of health centers receiving regular feedback information
Percent of health centers using encounter forms regularly
Percent of districts using new human resource database
IR 2: Quality of PHC services improved
Percent of SPDs conducting quality self assessment and charting progress
Percent of problems identified by SPDs that have been resolved after 6 months
Percent of SPDs in compliance with evidence-based clinical practice guidelines
Percent SDP providers trained/refreshed in PHC
Percent HC teams conducting peer assessment and have acceptable PI scores
Accreditation standards written and approved for HC
Relicensing guidelines written for physicians
IR 3: Use of PHC services increased
Modern contraceptive method use (married women)
Percent new mothers practicing exclusive breast feeding
Percent mothers practicing ORS therapy for children
Percent of pregnant women having 3 or more antenatal visits
Percent HC skilled in case identification and follow up of TB
Total number of client visits to health facilities
Percent SDP providing integrated PHC services
Percent SDP providing expanded PHC outreach activities
Percent of target population with knowledge of PHC services
Percent communities conducting health promotion activities
Percent increase in the number of community level HP activities
Percent increase in number of HP teams

Appendix B

List of consultants during the year

Neeraj Kak, Corporate Monitor, visited Tirana from URC headquarters in Bethesda, during August 7-14, 2004 for the purpose of providing technical support to the team on the functional integration of PHC services, conducting a team-building workshop (August 10 and 11) and also orienting the interim COP about the project. He also visited the project from July 17-23, 2005 for the purpose to liaise with USAID on project performance and review progress with each unit of the project.

Stacy Kancijanic, Project Coordinator, visited Tirana during September 11-25, 2004. The purpose of this visit was to work with FAO on administrative policies and procedures, to develop guidelines for financial and accounting procedures, and also to orient staff on URC policies and procedures.

Paul Richardson, URC Consultant, visited Tirana during September 5-22, 2004, the purpose of this visit was to perform a rapid assessment for the health information systems and to start writing technical documents also to finalize the implementation plan. Different meetings were conducted as part of this consultancy with the counterparts from the central level institutions and also it was performed a field visit assessment in Berat.

Richard Sturgis provided a consultancy focused on developing the three-year work plan, including the Performance Monitoring Plan. It was also the occasion for him to meet with USAID and the project staff for all to determine the plausibility of his accepting the position of Chief of Party.

Marcel Reyners, an independent consultant familiar with developing service delivery capacity, worked with PRO Shëndetit staff in designing a quality improvement strategy, reviewing and making suggestions on assistance with accreditation, and the development of training modules to be used in service delivery. He was also meeting with USAID and staff to determine the plausibility of his accepting the position of Service Provision Advisor.

Maia Smith, an independent consultant visited Tirana from November 8th until December 8th 2004. Her scope of work was to help the Health Promotion Officer in designing a BC communications strategy and developing a formative research plan for the demand creation component. Further reference to the activities of her visit can be found in the section discussing Health Promotion activities for the period. She visited the project one more time from February 8 till March 17, 2005. She assisted in analyzing the results of the formative research and developing health promotion materials

John Stoeckel, an independent consultant visited Tirana from January 5th-20th, 2004. His scope of work was to assist the Chief of Party by reviewing the measurements of all proposed indicators, writing a draft for the Baseline I report, and designing the survey for data collection in Baseline II.

Susan Matthies, from BearingPoint visited Tirana from February 16th-26th, 2005. Her scope of work was to assess the overall progress of Bearing Point's activities and to identify a replacement for Catharina Hjortsberg.

Poul Thim, an independent consultant visited Tirana from March 30th – April 3rd, 2005. He came to be for the interview for the position of Health Finance Expert. The position

was held by Catharina Hjortsberg that left the project.

Don Ostergaard, from AAFP visited Tirana from April 24-27, 2005. His scope of work was to find agreement as to what AAFP's role would be in PRO Shëndetit

Brian Jack, from AAFP visited Tirana from April 24-29, 2005. His scope of work was to find agreement as to what AAFP's role would be in PRO Shëndetit

Katie Breese, Project Coordinator from Bethesda visited Tirana from July 17-30, 2005. Her scope of work was to work with AFO for updating the office manual and adjusting the budget for submission of USAID approval.

Theresa Cullen, from BearingPoint visited Tirana from May 6 – 16, 2005. her scope of work was to assist and work with HF Team and HMIS Team to find out how the data from the encounter form can be used as a basis for rewarding performance, of autonomous primary health care centers, through bonus payments.