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Health Network

Service Availability Mapping SAM

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Acronyms

AIDS	-	Acquired Immune-Deficiency Syndrome
ART	-	Anti-Retroviral Therapy
ARV	-	Anti-Retroviral
EPI	-	Expanded Programme on Immunization
GIS	-	Geographical Information System
GPS	-	Global Positioning System
HIS	-	Health Information System
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information System
HQ	-	Headquarters
IMCI	-	Integrated Management of Childhood Illnesses
IPH	-	Institute of Public Health
MoH	-	Ministry of Health
PDA	-	Personal Digital Assistant
PHDs	-	Provincial Health Directors
PMTCT	-	Prevention of Mother to Child Transmission
SAM	-	Service Availability Mapping
TB	-	Tuberculosis
WCO	-	World Health Organization Country Office
WHO	-	World Health Organization

1. Executive Summary

The Institute of Public Health/Albania in collaboration with WHO/Regional Office for Europe implemented in October 2005 a survey on Service Availability Mapping (SAM).

The purpose was to collect information on the the availability and coverage of health services and resources determined to be priorities for Albania at district and health facility level.

The SAM Albania 2005 was applied in all 36 districts where district health officers have been asked about the availability of services in the district.

In 12 districts, all health facilities were surveyed. Data were collected on the presence of key health personnel and on estimated coverage of selected interventions.

This SAM Survey Report for Albania covers three categories of indicators:

1. The availability of services and service providers:

- Human Resources
- Hospital beds
- Blood transfusion services
- Laboratory Services
- Communication and technology
- Injection practices
- Sterilization equipment

2. Estimated coverage of specific interventions:

- Percentage of facilities in the district with access to safe water
- Percentage of facilities in the district with functioning piped water supply
- Percentage of facilities in the district with health workers trained in safe motherhood
- Percentage of facilities in the district with health workers trained in IMCI
- Percentage of facilities in the district with HIV testing sites
- Percentage of facilities in the district with TB treatment sites that had a stock out

3. Facilities providing selected services

- HIV counseling and testing
- TB diagnostic lab facilities
- ALERT system
- Caesarean section
- Emergency blood transfusion
- Family planning

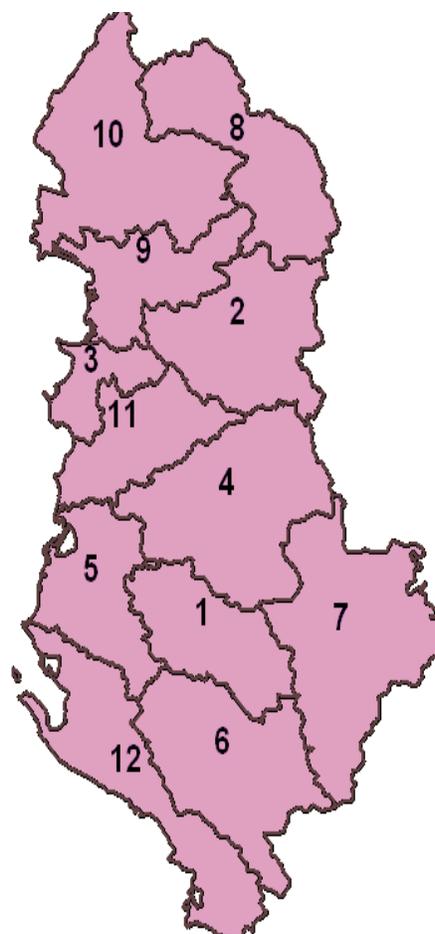
2. Introduction

2.1 Country profile

Albania, is a country of about 28,748 km² (*Land*: 27,398 km² and *Water*: 1,350 km²), located in Southeastern Europe. It borders on Greece to the south; the Former Yugoslav Republic of Macedonia to the east, the UN administered province of Kosovo and Republic of Montenegro to the north and the Adriatic and Ionian Seas to the west. There are 720 km of land borders and 362 km of coastline. The geographic coordinates are 41°00'N 20°00'E.

Albania is administratively divided into 12 counties (Albanian: official *qark/qarku*, but often *prefekturë/prefektura*, sometimes translated as prefecture) each of which contains several districts (sometimes translated as sub prefectures). The country counts 36 districts, 311 communes and 64 municipalities (INSTAT, 2003). The following is the **list of Albanian counties**, the districts they contain, and their capitals:

Number	County	Districts	District Center
1	Berat	Berat, Kuçovë, Skrapar	Berat
2	Dibër	Bulqizë, Dibër, Mat	Peshkopi
3	Durrës	Durrës, Krujë	Durrës
4	Elbasan	Elbasan, Gramsh, Librazhd, Peqin	Elbasan
5	Fier	Fier, Lushnjë, Mallakastër	Fier
6	Gjirokastrë	Gjirokastrë, Përmet, Tepelenë	Gjirokastrë
7	Korçë	Devoll, Kolonjë, Korçë, Pogradec	Korçë
8	Kukës	Has, Kukës, Tropojë	Kukës
9	Lezhë	Kurbini, Lezhë, Mirditë	Lezhë
10	Shkodër	Malësi e Madhe, Pukë, Shkodër	Shkodër
11	Tiranë	Kavajë, Tiranë	Tiranë
12	Vlorë	Delvinë, Sarandë, Vlorë	Vlorë



The *Lowest point* is Adriatic Sea 0 m and the *highest point* is Korab's Peak on Mount Korab (*Maja e Korabit on Mali Korabit*) in Golem 2,753 m.

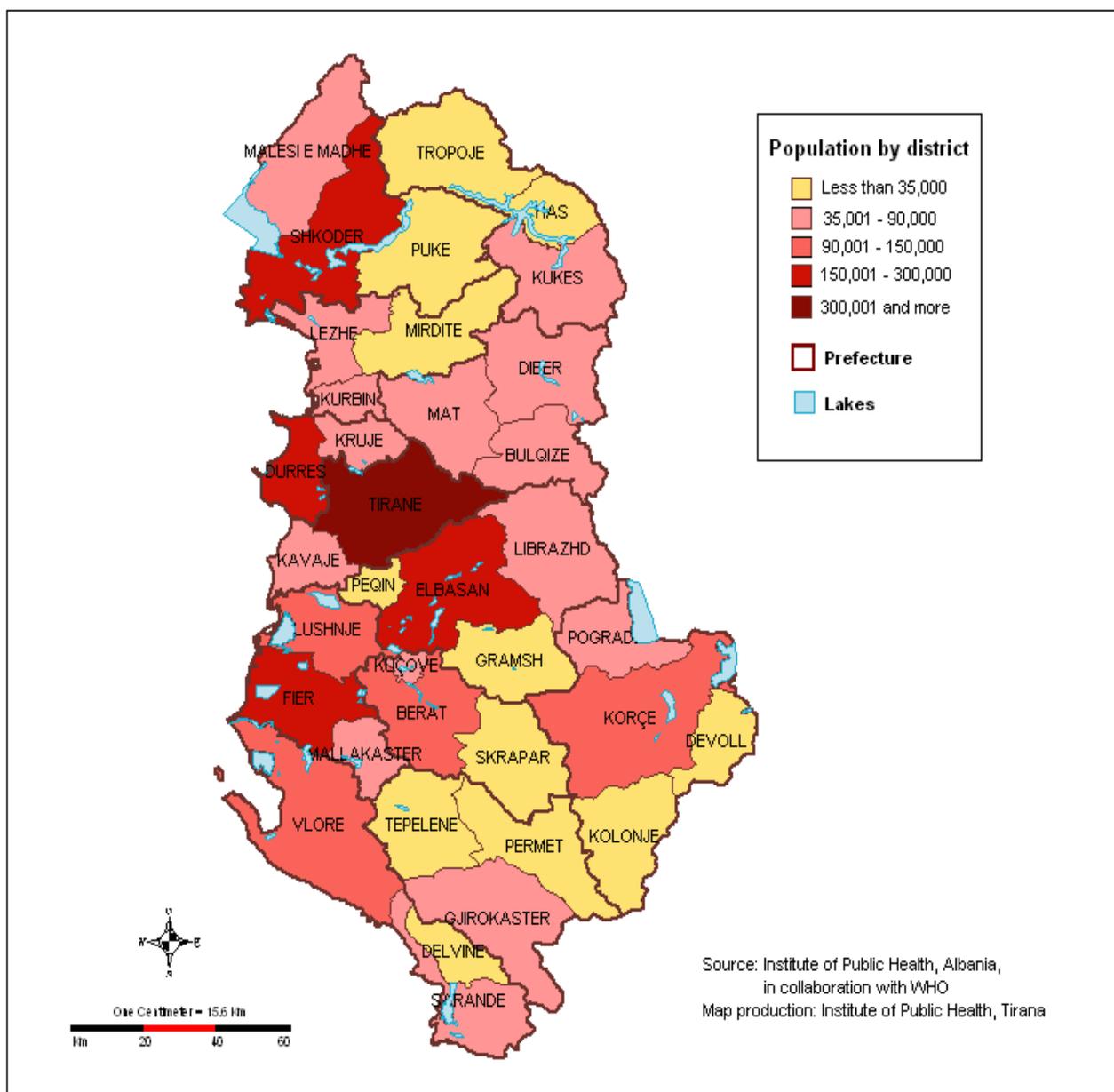
The population distribution between districts is quite different; there are districts with less than 10,000 inhabitants and some others with as many as 200,000 inhabitants. Seven cities with more than 50,000 inhabitants represent 62 % of the total urban population. The average number of persons per square kilometer reflects this diversity. There are districts with as low as 21 persons per km², while there are a number of districts with more than 400 persons per km² (INSTAT, 2001).

Table 1: Population by district and population density (inhabitants per km²) for 2004
(source of information - INSTAT)

No.	Name	Population	Density	No.	Name	Population	Density
1	BERAT	123346	134	19	LEZHE	72737	153
2	BULQIZE	35341	79	20	LIBRAZHD	68063	68
3	DELVINE	11732	34	21	LUSHNJE	143936	205
4	DEVOLL	34533	82	22	MALESI E MADHE	36748	67
5	DIBER	75262	72	23	MALLAKASTER	37152	97
6	DURRES	215390	497	24	MAT	55764	56
7	ELBASAN	224377	166	25	MIRDITE	32368	39
8	FIER	199649	258	26	PEQIN	32117	301
9	GJIROKASTER	56036	50	27	PERMET	22721	25
10	GRAMSH	29267	45	28	POGRADEC	70837	99
11	HAS	18864	49	29	PUKE	30990	32
12	KAVAJE	80831	197	30	SARANDE	41702	55
13	KOLONJE	15853	20	31	SHKODER	182613	94
14	KORCE	142363	83	32	SKRAPAR	23403	31
15	KRUJE	65606	200	33	TEPELENE	28658	36
16	KUCOVE	35152	423	34	TIRANE	597040	460
17	KUKES	60398	66	35	TROPOJE	22774	23
18	KURBIN	54777	204	36	VLORE	148861	94

Given a total population of 3.07 million (2001 census); and under the assumptions of no emigration and moderate decrease of natality rate, the population is projected to grow at a rate of 10% until year 2010.

Map 1: Population of Albania by district, 2004



2.2 Service Availability Mapping

SAM is a decision-making tool that quantifies, estimates, and maps those services and resources determined to be priorities for the country.

The SAM tool has two questionnaires (for districts and facilities) and a Geographical Information System (GIS) software package known as HealthMapper. Together, they collect and present information on the presence of key health resources and interventions; and provide estimates of coverage for selected interventions. Information is collected on both the public and private sectors at district and facility levels using key informant survey methods. This information is linked to the GIS database containing the geographic coordinates of each health facility. This allows the production of maps demonstrating the distribution of specific interventions at the district level, by providing national and district planners with the skills and tools required to map, monitor service and resource availability on a regular basis, and help them in the management of health resources.

The services and resources quantified, either through estimations of coverage or distribution at the district level, have to be well defined for easy quantification and must be of public health importance. In Albania the type of information collected by SAM already exists but in these settings the tool can be used to fill in any information gaps and presents the data in a user-friendly manner using maps in order to highlight the gaps in providing health services and interventions.

A key goal of health programmes is to make essential health services equally accessible to all individuals and communities. Access has a range of dimensions, but the very first step is availability: only if services are available, issues related to access, coverage and utilization could be addressed. Furthermore, the rapid scale up of interventions against AIDS (and other diseases such as TB and malaria) will have to be monitored closely. This will include monitoring of the inputs and outputs of the programmes, but as a primary goal availability of services will need to be monitored. Several health measurement tools provide information on access, use and quality of services. These include household surveys, clinic-based statistics and facility surveys, but none is low cost rapid method.

This report presents the results of a simple rapid assessment on the availability of health services at district level and commune level, using the SAM tool.

2.3 Objectives

SAM is an application of public health mapping that aims to rapidly assess and monitor the availability and coverage of health services availability at district and health facility level.

The SAM Albania 2005 was applied in all 36 districts, but the analysis focuses on the national level. For in-depth facility work, were selected 12 districts, which were the main districts of the 12 prefectures.

The objectives were to:

- Provide national planners and decision-makers with up-to-date information on the distribution of services within the country with a focus on the district level.
- Provide a snapshot of service availability for key interventions such as HIV/AIDS Counseling & Testing, Maternal & Child Health, TB and other services.
- Provide information on the availability of services at private facilities, although it is likely that these facilities are under reported.
- Take SAM to the facility level, so that the district can be enabled to plan and monitor service availability through mapping of facilities and services on a regular basis during routine supervisory visits.

3. Methodology

The SAM tool consists of a rapid assessment tool administered through health management teams in the district. The tool generates information on the availability of specific health services in each district. Data were also collected on the presence of health personnel and on the estimated coverage of selected interventions. The questionnaire was programmed in a PDA (Palm Pilot).

The district questionnaire was applied in 36 districts. The teams applied the facility questionnaire in all the facilities of the 12 districts (commune level), which were selected based on the 12 prefectures (counties) of Albania.

The district questionnaire had three core sections:

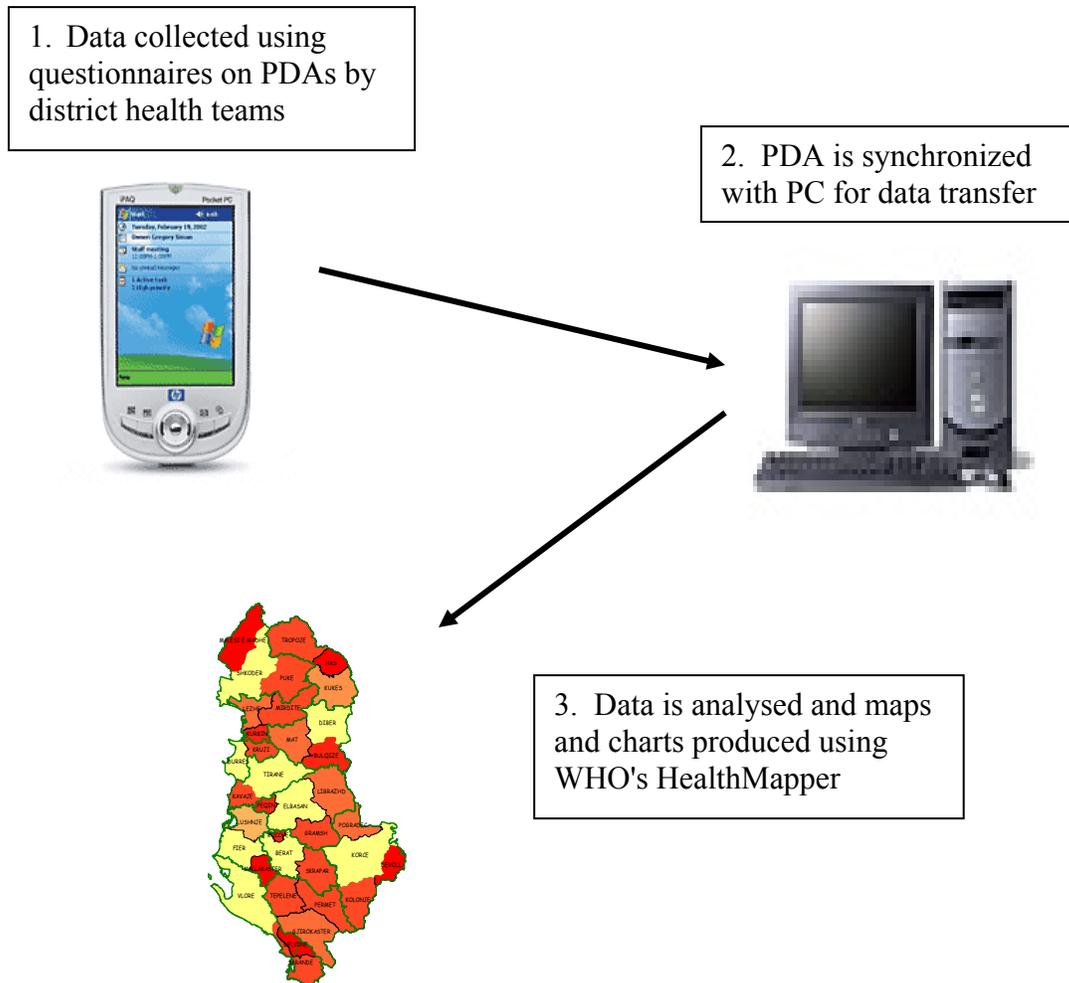
- Section 1: Availability of services and service providers, by district
- Section 2: Estimated coverage of specific interventions, by district
- Section 3: Availability of services, by facility

The facility questionnaire had these sections:

- Section 1: General characteristics, including infrastructure
- Section 2: General purpose equipment
- Section 3: Injection and sterilization equipment
- Section 4: Human resources
- Section 5: Trained staff
- Section 6: Drugs and commodities
- Section 7: Lab tests
- Section 8: Information on interventions available in the facility

The teams collected data for all communes and facilities in the main city for these 12 districts. The HealthMapper Geographical Information System (GIS) has been used to upload the data and link them to a GPS database containing the geographic coordinates of each health facility. The HealthMapper has been used to produce maps showing the distribution of key health services by district and, for selected services, the distribution of these services in the district. Final maps were produced based on these data (see Figure 1).

Figure 1. Data processing procedure



Overall data collection: 11 teams did the data collection in 11 districts (Berat, Diber, Durres, Elbasan, Shkoder, Korçe, Gjirokastrer, Fier, Lezhe, Kukes and Vlore) from October 3 until November 5, 2005. The teams were composed of three persons: one person from IPH, one person from the district (epidemiologist) and the driver. Tirana was covered by three teams, because of the greater number of both public and private health facilities, and data collection took place during the period 14 - 27 November 2005. Prior to the fieldwork, people from IPH and district epidemiologists were trained on the data collection instruments and the protocol of the work. A field test took place in 3 health facilities located in Tirana district.

4. Findings from the district questionnaire

SAM district questionnaire has been applied in all the 36 districts of Albania where district health officers have been asked about the availability of services in the entire district.

4.1 Health infrastructure

The questionnaire covered different health infrastructure topics such as number and type of health facilities and beds and availability of core resources such as water, electricity and communication equipment. This section of the questionnaire also asked about laboratory capacity and injection practices always at the district level.

SAM registered 47 public hospitals in the country. District Kolonja has the highest number of hospitals per 100 000 inhabitants (12.6) and Malesi e Madhe the lowest (0.0). Overall, 593 health facilities were reported in the public sector (i.e. hospitals, health centres in commune level, health centers in the cities), which corresponds to 19 facilities per 100,000 inhabitants (Table 2). The lowest density of health facilities per 100,000 inhabitants (8.2) has been reported in Tirana district (capital), whereas the highest density (69.4) has been reported in Kolonje district.

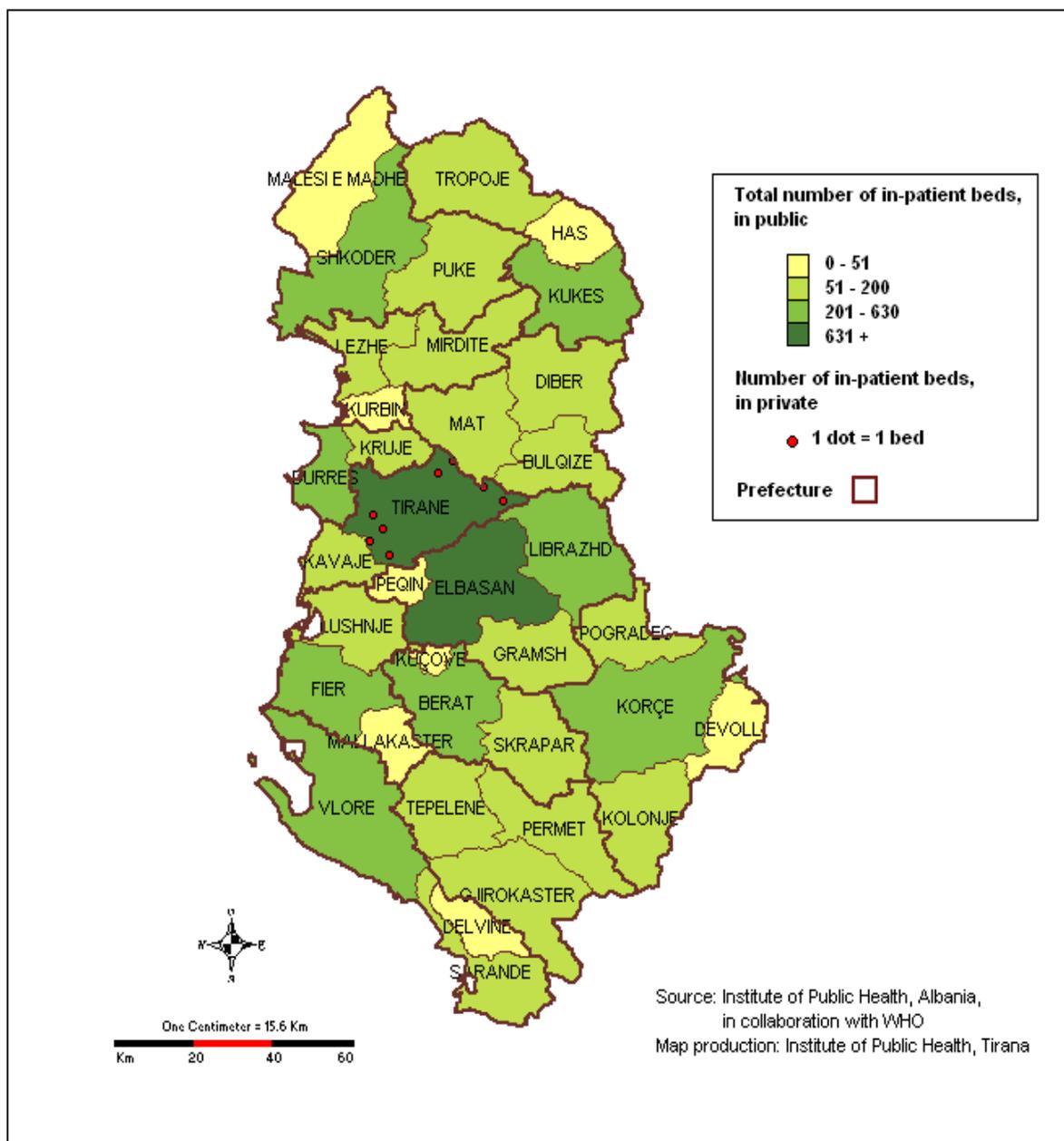
A total number of 148 health facilities were recorded in the private sector; **8.8 %** of these private facilities are private not for profit facilities and **91.2 %** are private for profit facilities. Tirana district reported 88 private health facilities and 49 public health facilities.

Across the country, approximately 248 hospital beds are available per 100,000 inhabitants. This includes inpatient beds, but excludes cots and maternity beds. The prefecture of Fier has the lowest hospital bed density (174.4), while the prefecture of Vlore has the highest (384.6).

Table 2: Number of public hospitals, public health facilities and hospital beds, by district.

Name	District Population	Number of Public Hospitals	Hospitals/100,000 inhabitants	Public HF	Public HF/100,000	Hospital Beds public	Hospital Beds/100,000 inhabitants
BERAT	123346	1	0.8	22	17.8	220	178.4
BULQIZE	35341	1	2.8	10	28.3	65	183.9
DELVINE	11732	1	8.5	8	68.2	27	230.1
DEVOLL	34533	1	2.9	6	17.4	39	112.9
DIBER	75262	1	1.3	22	29.2	160	212.6
DURRES	215390	2	0.9	20	9.3	420	195.0
ELBASAN	224377	2	0.9	33	14.7	755	336.5
FIER	199649	1	0.5	21	10.5	484	242.4
GJIROKASTER	56036	1	1.8	21	37.5	135	240.9
GRAMSH	29267	1	3.4	18	61.5	72	246.0
HAS	18864	1	5.3	4	21.2	27	143.1
KAVAJE	80831	1	1.2	11	13.6	52	64.3
KOLONJE	15853	2	12.6	11	69.4	68	428.9
KORCE	142363	1	0.7	23	16.2	361	253.6
KRUJE	65606	1	1.5	7	10.7	120	182.9
KUCOVE	35152	1	2.8	10	28.4	45	128.0
KUKES	60398	1	1.7	21	34.8	211	349.3
KURBIN	54777	1	1.8	11	20.1	50	91.3
LEZHE	72737	1	1.4	17	23.4	162	222.7
LIBRAZHD	68063	2	2.9	12	17.6	217	318.8
LUSHNJE	143936	1	0.7	21	14.6	150	104.2
MALESI E MADHE	36748	0	0.0	15	40.8	0	0.0
MALLAKASTER	37152	1	2.7	10	26.9	30	80.7
MAT	55764	1	1.8	17	30.5	88	157.8
MIRDITE	32368	1	3.1	15	46.3	100	308.9
PEQIN	32117	1	3.1	9	28.0	12	37.4
PERMET	22721	1	4.4	15	66.0	59	259.7
POGRADEC	70837	1	1.4	14	19.8	105	148.2
PUKE	30990	1	3.2	17	54.9	95	306.6
SARANDE	41702	2	4.8	20	48.0	131	314.1
SHKODER	182613	1	0.5	27	14.8	568	311.0
SKRAPAR	23403	2	8.5	12	51.3	126	538.4
TEPELENE	28658	2	7.0	9	31.4	78	272.2
TIRANE	597040	5	0.8	49	8.2	1852	310.2
TROPOJE	22774	1	4.4	10	43.9	63	276.6
VLORE	148861	2	1.3	29	19.5	620	416.5
Total Albania	3127261	47	1.5	597	19.1	7767	248.4
WHO European region			4.17		19.1		691.29
WHO Eur A			3.31		19.1		590.09
WHO Eur B+C			4.46		19.1		711.03

Map 2: Total number of in-patients beds in the entire district (public and private sector)



Map 2 illustrates the total number of inpatient beds available by district.

4.1.1 Access to safe water

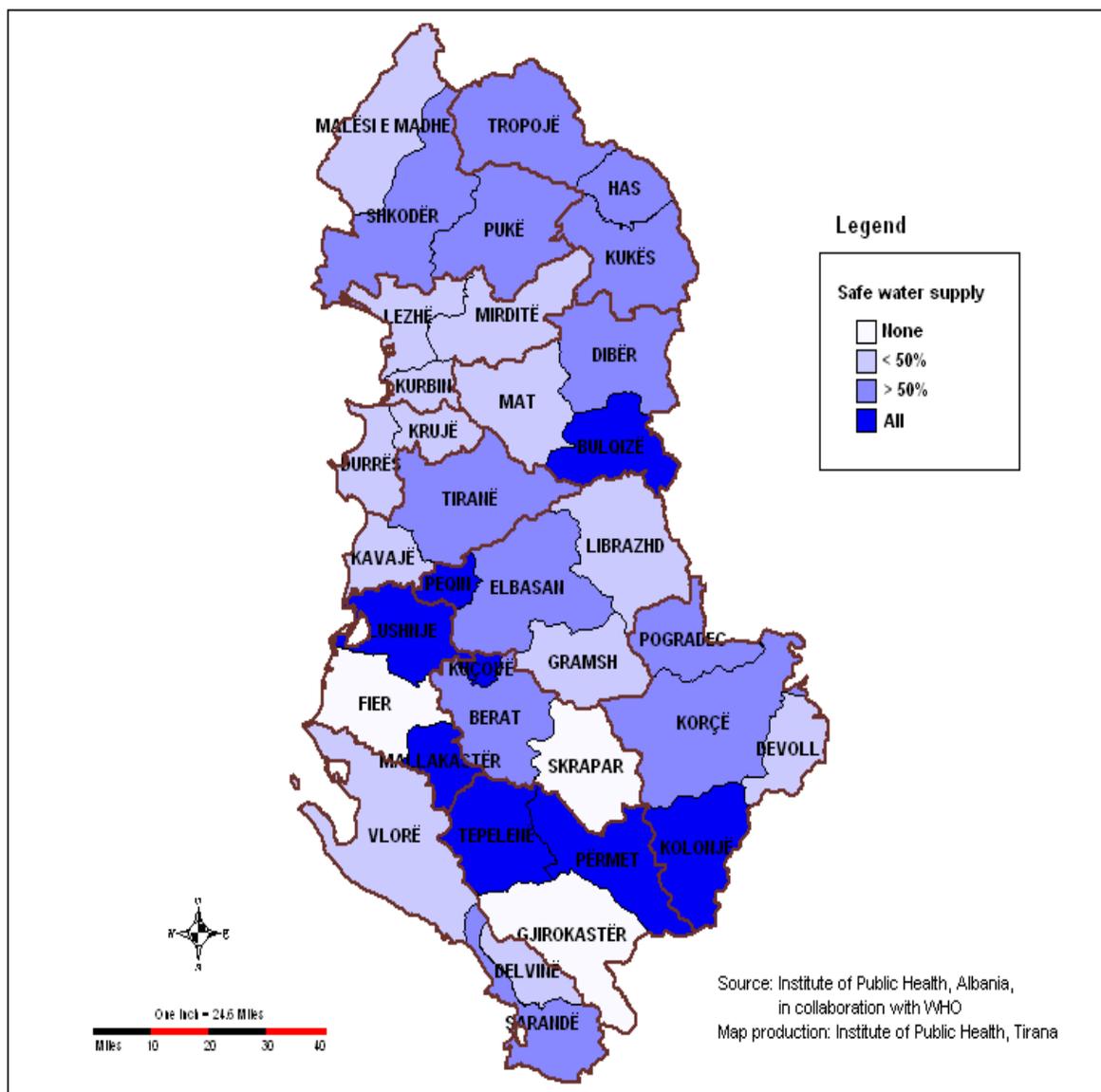
District directors of health services were asked to estimate the coverage of piped water in the district. Table 3 and Map 3 summarize the results.

Table 3: Percentage distribution of safe water supply

Districts		Percentage of facilities that have access to safe water supply (estimation)
1	BERAT	> 50 %
2	BULQIZE	All of them
3	DELVINE	< 50 %
4	DEVOLL	< 50 %
5	DIBER	> 50 %
6	DURRES	< 50 %
7	ELBASAN	> 50 %
8	FIER	None of them
9	GJIROKASTER	None of them
10	GRAMSH	< 50 %
11	HAS	> 50 %
12	KAVAJE	< 50 %
13	KOLONJE	All of them
14	KORCE	> 50 %
15	KRUJE	< 50 %
16	KUCOVE	All of them
17	KUKES	> 50 %
18	KURBIN	< 50 %
19	LEZHE	< 50 %
20	LIBRAZHD	< 50 %
21	LUSHNJE	All of them
22	MALESI E MADHE	< 50 %
23	MALLAKASTER	All of them
24	MAT	< 50 %
25	MIRDITE	< 50 %
26	PEQIN	All of them
27	PERMET	All of them
28	POGRADEC	> 50 %
29	PUKE	> 50 %
30	SARANDE	> 50 %
31	SHKODER	> 50 %
32	SKRAPAR	None of them
33	TEPELENE	All of them
34	TIRANE	> 50 %
35	TROPOJE	> 50 %
36	VLORE	< 50 %

Based on this estimation, in 22.3% of the districts (8 districts) all the facilities have access to safe piped water, while 8.3% of the districts (3 districts) do not have any facility with access to safe water.

Map 3: Percentage of facilities in the districts with access to safe water supply



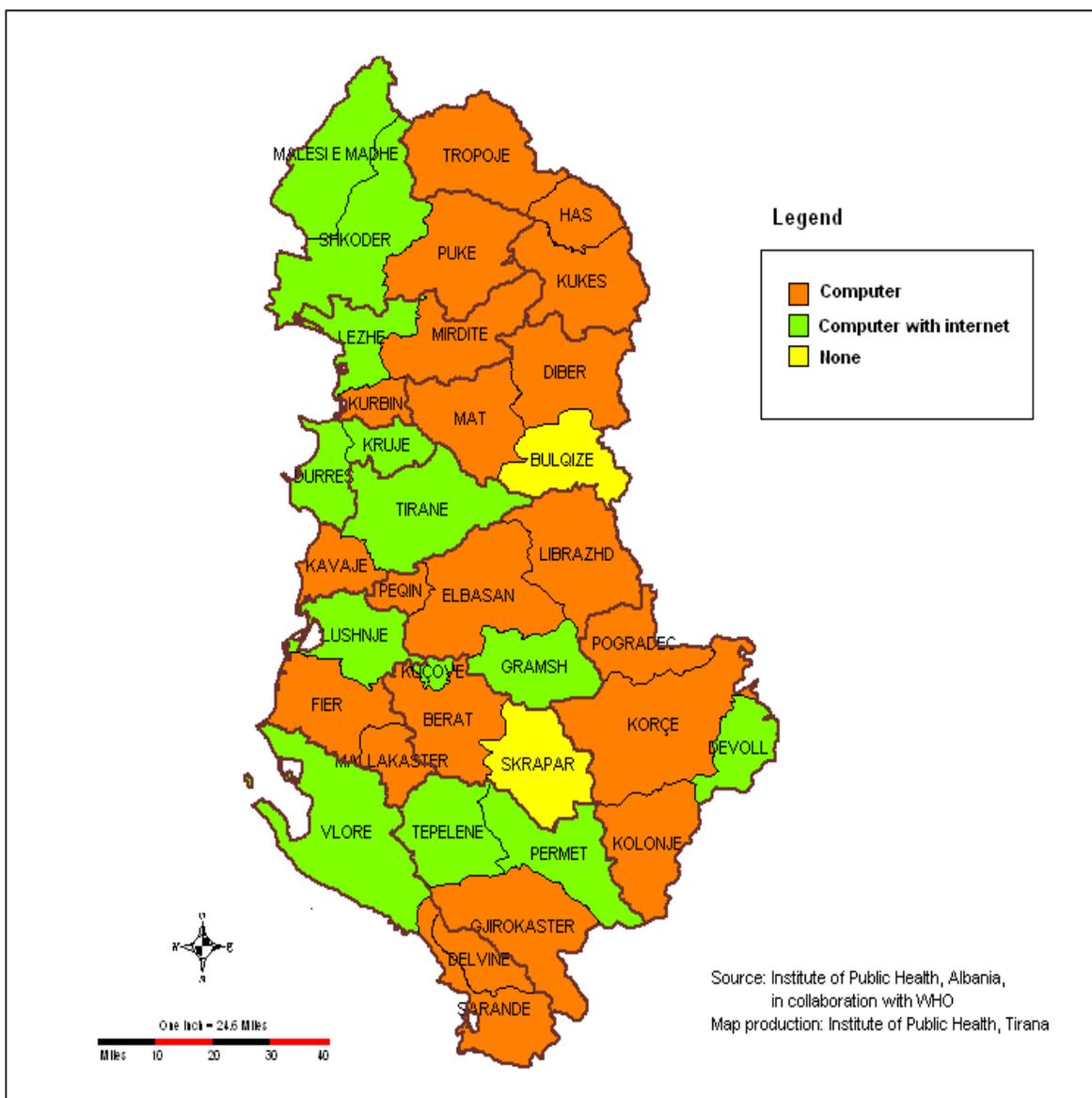
Map 3 showing proportion of health facilities by district with functioning piped water supply.

4.1.2 Communication equipment

District directors of health services were asked about the availability of communication equipments in the district.

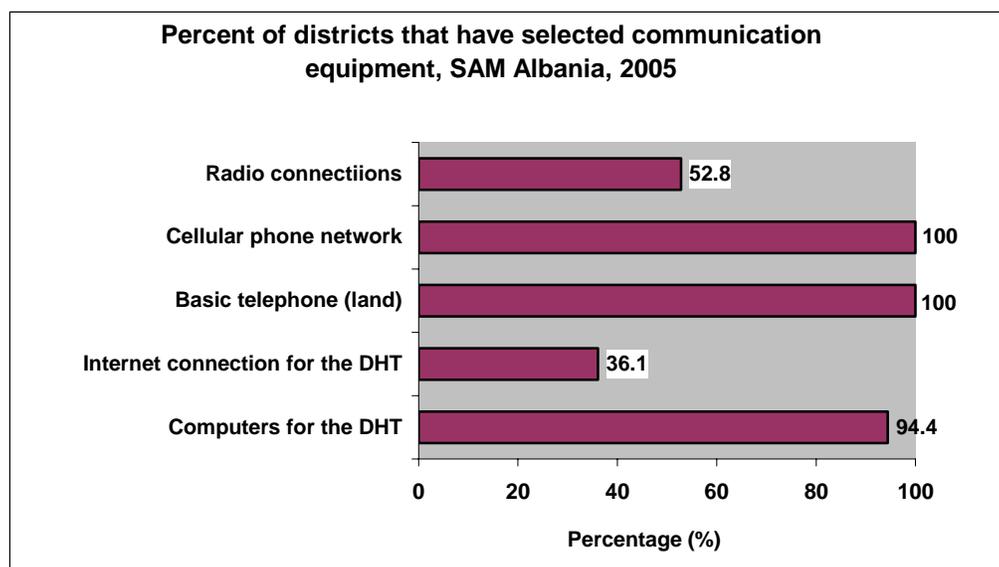
The majority of districts (94.4 %) reported the availability of computers for use by district health teams. Internet connection is available only in 13 districts (36.1 %).

Map 4: Districts with computer and internet connection



The most common communication equipment available in the districts are basic (land) telephones and cellular phones.

Graph 2



4.1.3 Other equipment

The district health officers have been asked if there were facilities in the district where X ray machine, oxygen or power generator were available.

Health facilities in the majority of the districts can provide these 3 services.

X-ray machines are installed in 91.7% of the districts (33 districts out of 36). 94.4% of the districts (34 districts out of 36) can provide oxygen and 86.1% of them (31 districts) have at least one power generator.

Table 4: Availability of X-machines, power generator and provision of oxygen in the facilities of the district

	Percentage of districts in which facilities have access to the following equipment
Have X Ray machine	91.7
Can provide oxygen	94.4
Have Power Generator	86.1

Table 5: Availability of X-machines, power generator and provision of oxygen in the facilities, by district.

District	Are there facilities in the district where X ray can be taken	Availability of power generators for the health facilities in the district	Are there facilities in the district where oxygene can be given to a patient
BERAT	YES	YES	YES
BULQIZE	NO	YES	YES
DELVINE	YES	NO	YES
DEVOLL	YES	YES	YES
DIBER	YES	NO	YES
DURRES	YES	NO	YES
ELBASAN	YES	YES	YES
FIER	YES	YES	YES
GJIROKASTER	YES	YES	YES
GRAMSH	YES	YES	YES
HAS	YES	YES	YES
KAVAJE	YES	YES	YES
KOLONJE	YES	YES	YES
KORCE	YES	YES	YES
KRUJE	YES	NO	YES
KUCOVE	YES	YES	YES
KUKES	YES	YES	YES
KURBIN	YES	YES	YES
LEZHE	YES	YES	YES
LIBRAZHD	YES	NO	YES
LUSHNJE	YES	YES	YES
MALESI E MADHE	NO	YES	NO
MALLAKASTER	YES	YES	YES
MAT	YES	YES	YES
MIRDITE	YES	YES	YES
PEQIN	YES	YES	NO
PERMET	YES	YES	YES
POGRADEC	YES	YES	YES
PUKE	YES	YES	YES
SARANDE	YES	YES	YES
SHKODER	YES	YES	YES
SKRAPAR	YES	YES	YES
TEPELENE	YES	YES	YES
TIRANE	YES	YES	YES
TROPOJE	NO	YES	YES
VLORE	YES	YES	YES

4.1.4 Laboratory services

District health officers have been asked if specific laboratory tests could be carried out in at least one facility of the district, regardless of the type of facility that provide them.

Most districts have at least one laboratory where specific tests can be carried out.

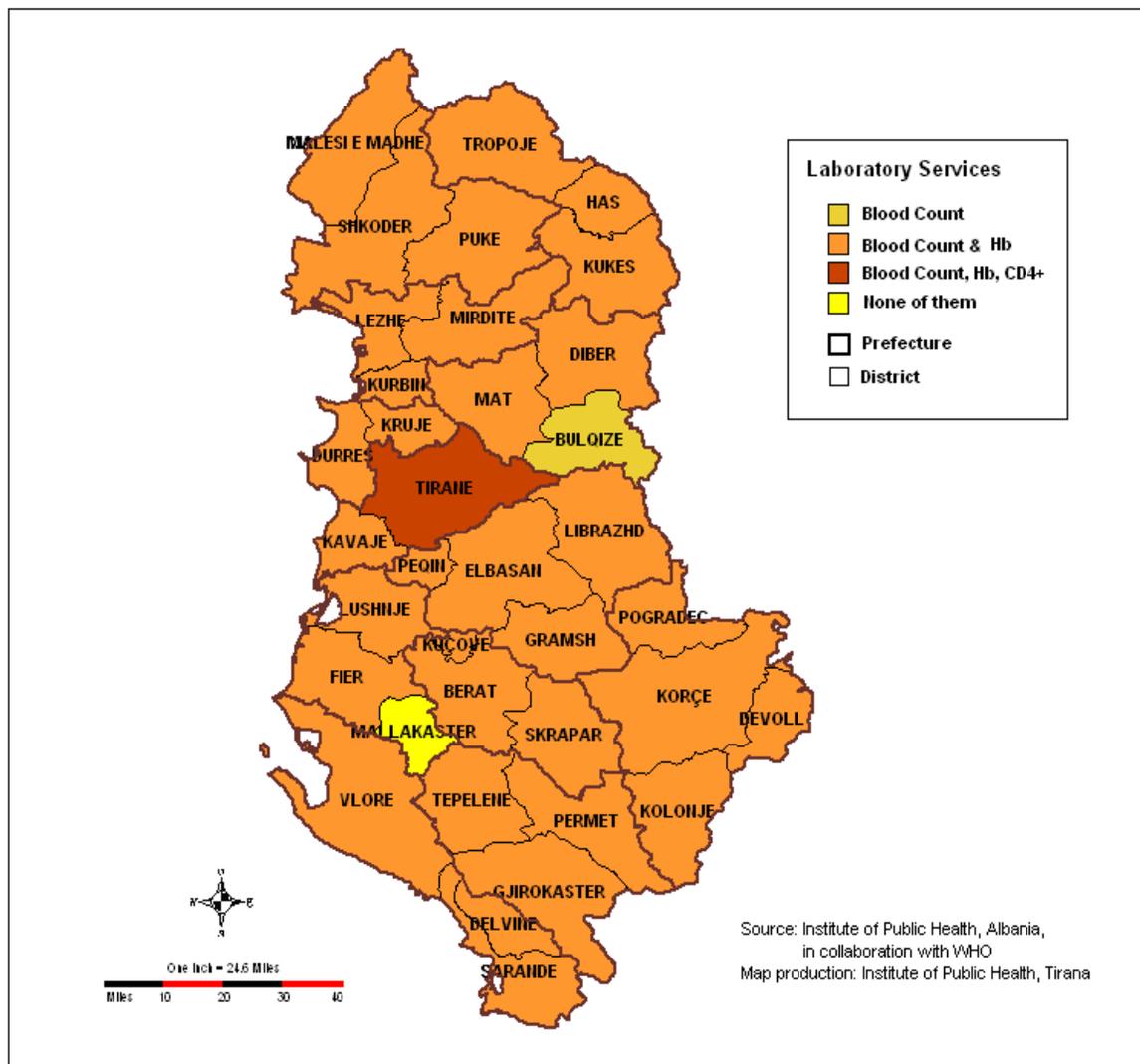
All the districts have laboratory capacity to carry out urine analyses.

Blood count test can be carried out in all the districts, except one of them (Mallakaster).

In most of the districts, Haemoglobin (in 34 districts) and liver enzyme tests (in 29 districts) can be carried out. CD4 cell counts can be done only in one district (Tirana, capital) (Map 5).

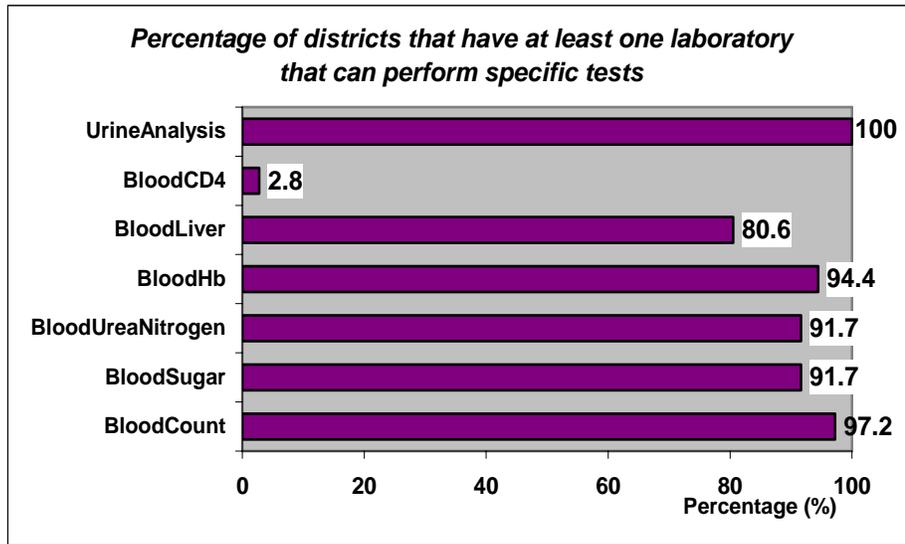
Nevertheless, it is important to notice, that some of the districts have laboratory capacity to make other analysis, like lipidogramme, electolits, LDH.

Map 5: Availability of laboratory services

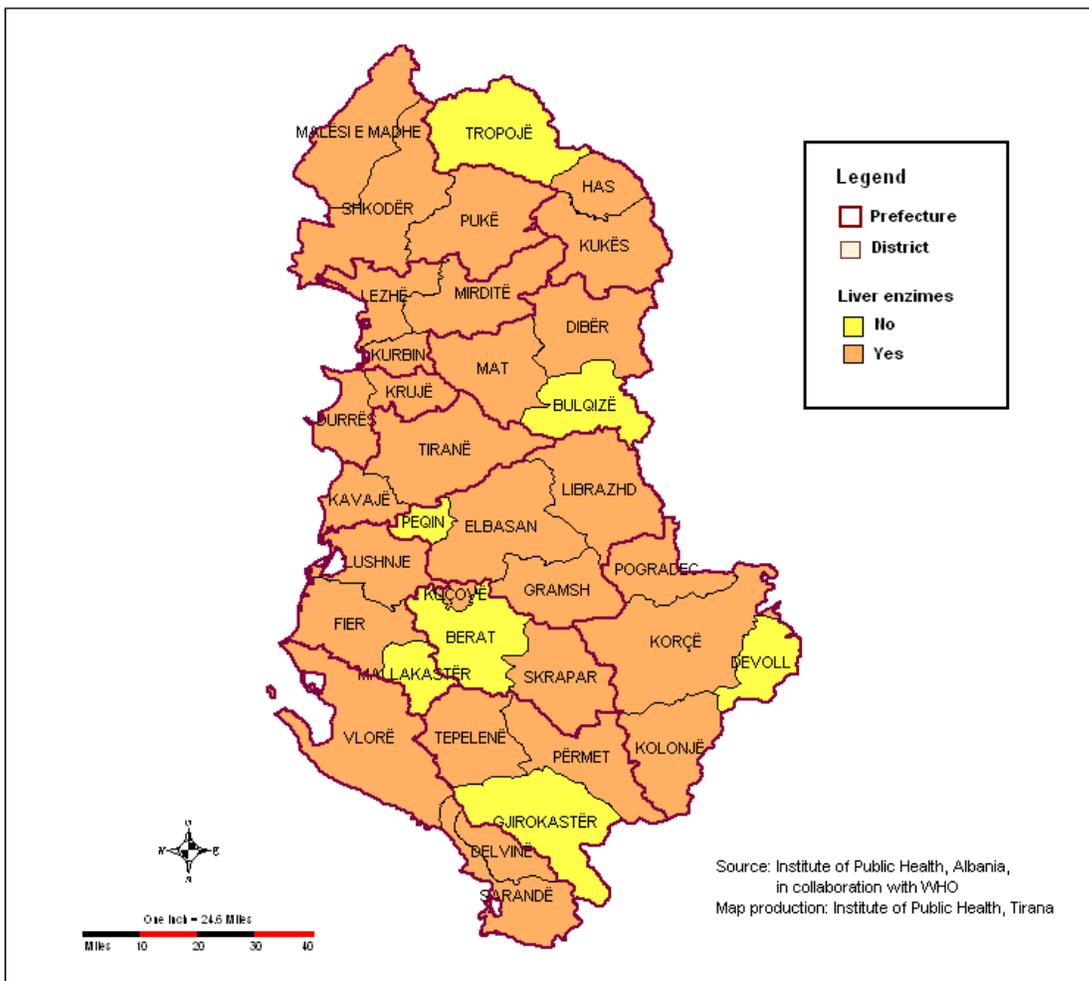


Map 5 shows the distribution of facilities that provide laboratory services.

Graph 3



Map 6: Laboratory services – Liver enzymes



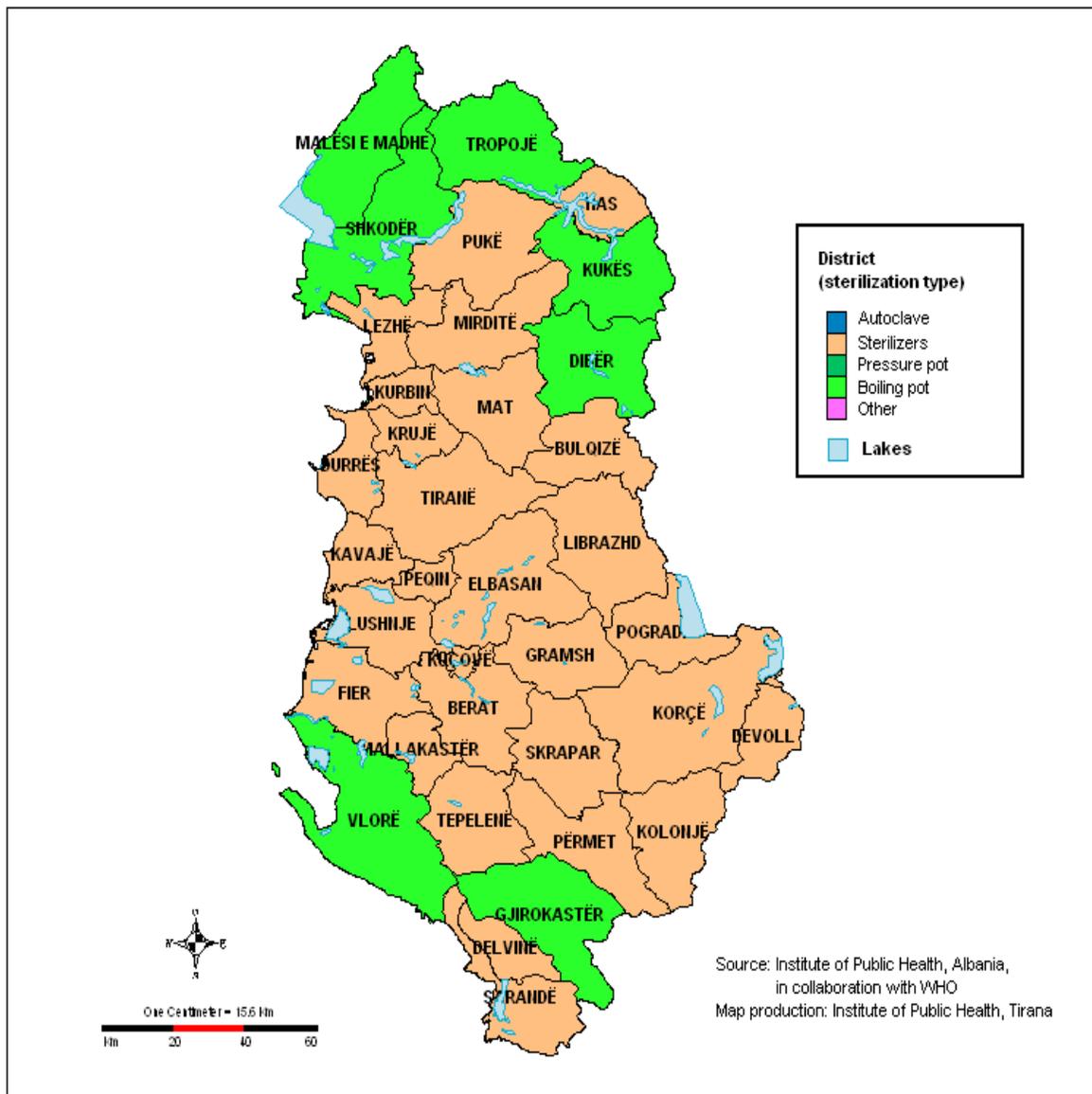
Map 6 shows the distribution of facilities that provide laboratory services - liver enzymes

4.1.5 Injection and sterilization equipment

Hundred per cent of districts (36) reported disposable needles and syringes as the most commonly type of needles used for general health services (including routine immunization).

The most common method of sterilization used in all the hospitals is autoclave, but the common method of sterilization for general health services in the districts, is sterilizers in 29 districts (80.6 %), followed by boiling pots in 7 districts (19.4 %).

Map 7: Most commonly used method of sterilisation for health services, by district



Map 7 shows the distribution of the commonly used method of sterilisation for health services.

4.2 Human resources

The data collected with SAM help to make an assessment of human resources leveling the country: physicians (public and private sector), midwives (certified/registered), nurses (certified/registered), nursing assistants, laboratory technicians, pharmacists and dispensers, HIMS personnel and service managers.

Countrywide, there are 100 physicians per 100,000 inhabitants. There are 213 nurses per 100,000 inhabitants and 148 midwives per 100,000 inhabitants.

Table 6: Current level of health resources in Albania (public sector)

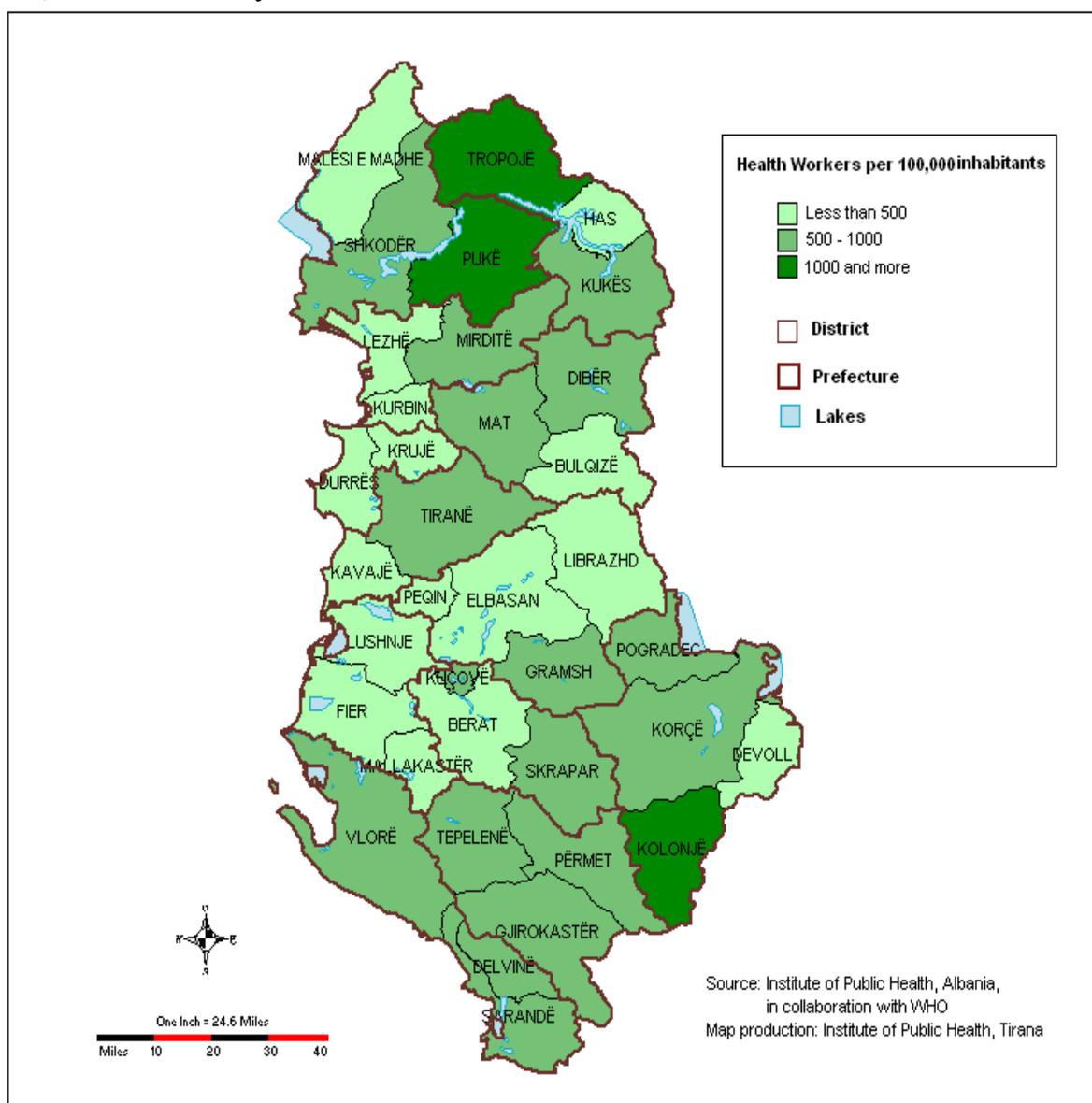
Health resources	Number of human resources	Number of resources per 100,000 inhabitants	Number of resources per 100,000 inhabitants in Tirana
Physicians	3127	100.0	123.3
Midwives	4638	148.3	67.8
Nurses	6651	212.7	313.7
Nursing assistants	1254	40.1	5.9
Laboratory technicians	930	29.7	55.3
Pharmacists and dispensers	214	6.8	6.9
HIMS personnel	110	3.5	5.4
Service managers	188	6.0	3.5

Table 7: Distribution of human resources per 100,000 inhabitants, by district:

Name of District	Doctors per 100,000	Midwives per 100,000	Nurses per 100,000	N/Assist per 100,000	Lab/Tech per 100,000	Farmac/Disp. per 100,000	HIMS per 100,000	Manag. per 100,000
BERAT	131.3	81.9	11.3	83.5	35.7	0.0	6.5	12.2
BULQIZE	59.4	285.8	18.4	45.3	22.6	2.8	0.0	2.8
DELVINE	85.2	42.6	370.5	289.8	8.5	8.5	8.5	0.0
DEVOLL	72.4	133.2	45.3	17.4	8.7	0.0	2.9	2.9
DIBER	70.4	344.1	20.7	87.7	38.5	1.3	0.0	0.0
DURRES	65.0	125.8	8.3	83.6	17.2	0.9	0.9	4.2
ELBASAN	88.2	107.0	4.8	21.4	18.7	1.8	3.6	4.5
FIER	100.2	93.2	7.5	24.0	26.0	0.0	3.0	4.0
GJIROKASTER	162.4	108.9	40.4	44.6	37.5	5.4	10.7	17.8
GRAMSH	95.7	543.3	16.3	164.0	37.6	6.8	6.8	13.7
HAS	90.1	164.3	56.2	31.8	10.6	5.3	5.3	5.3
KAVAJE	136.1	247.4	5.4	0.0	11.1	1.2	1.2	4.9
KOLONJE	151.4	94.6	521.3	69.4	63.1	12.6	6.3	6.3
KORCE	130.7	133.5	15.6	15.5	21.8	4.9	4.9	2.1
KRUJE	42.7	141.8	28.8	6.1	22.9	3.0	0.0	0.0
KUCOVE	93.9	275.9	78.5	14.2	11.4	2.8	2.8	14.2
KUKES	96.0	62.9	57.8	72.9	16.6	6.6	1.7	1.7
KURBIN	74.8	138.7	17.0	7.3	0.0	1.8	0.0	0.0
LEZHE	105.9	24.7	45.2	13.7	22.0	5.5	2.7	24.7
LIBRAZHD	36.7	289.4	12.1	42.6	25.0	2.9	2.9	8.8
LUSHNJE	36.1	92.4	11.5	11.8	17.4	18.1	2.1	2.1
MALESI E MADHE	62.6	187.8	20.0	32.7	2.7	8.2	0.0	0.0
MALLAKASTER	53.8	134.6	18.8	26.9	2.7	2.7	2.7	2.7
MAT	91.5	188.3	24.1	145.3	19.7	26.9	3.6	0.0
MIRDITE	111.2	738.4	3.8	0.0	37.1	3.1	6.2	6.2
PEQIN	49.8	155.7	17.5	15.6	15.6	3.1	3.1	9.3
PERMET	158.4	277.3	187.9	83.6	48.4	8.8	8.8	26.4
POGRADEC	112.9	381.2	4.4	16.9	32.5	4.2	4.2	1.4
PUKE	96.8	1003.5	38.5	129.1	41.9	3.2	3.2	9.7
SARANDE	148.7	191.8	39.7	36.0	31.2	38.4	2.4	7.2
SHKODER	93.6	34.5	18.1	46.0	35.0	26.8	3.8	15.3
SKRAPAR	72.6	64.1	102.2	294.8	68.4	8.5	0.0	17.1
TEPELENE	122.1	516.4	36.5	198.9	0.0	7.0	3.5	24.4
TIRANE	123.3	67.8	5.3	5.9	55.3	6.9	5.4	3.5
TROPOJE	96.6	680.6	287.3	202.0	65.9	26.3	4.4	4.4
VLORE	143.1	65.8	25.5	28.9	18.8	4.0	2.0	5.4
TOTAL	100.0	148.3	0.7	40.1	29.7	6.8	3.5	6.0

	Physicians per 100,000	Graduated Midwives per 100,000	Graduated Nurses per 100,000
WHO European region	352.37	3.37	31.34
WHO Eur A	359.6	1.38	27.5
WHO Eur B+C	307.26	2.98	30.11

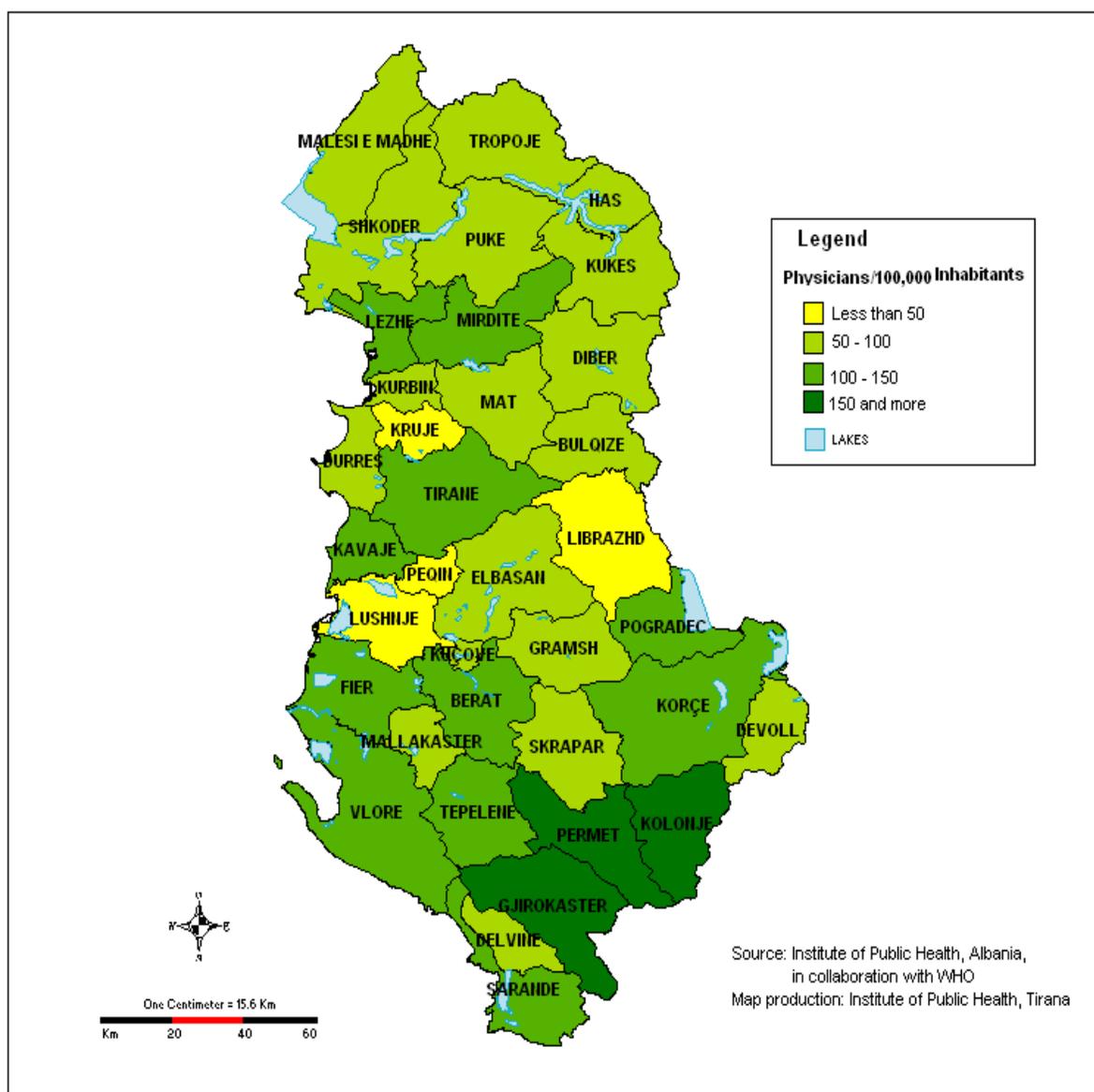
Map 8: Number of health workers (physicians, midwives, nurses and nursing assistants), per 100,000 inhabitants by district



Map 8 showing the density of health workers (physicians, midwives, nurses and nursing assistants) per 100,000 inhabitants, by district.

Overall, there are 501 health workers per 100,000 inhabitants (physicians, midwives, nurses and nursing assistants). Peqin is the district with the lowest number of health workers per 100,000 inhabitants (277.1) and Tropoje is the district that has the highest number: 1633.4 health workers per 100,000 inhabitants.

Map 9: Density of physicians per 100,000 inhabitants, by district

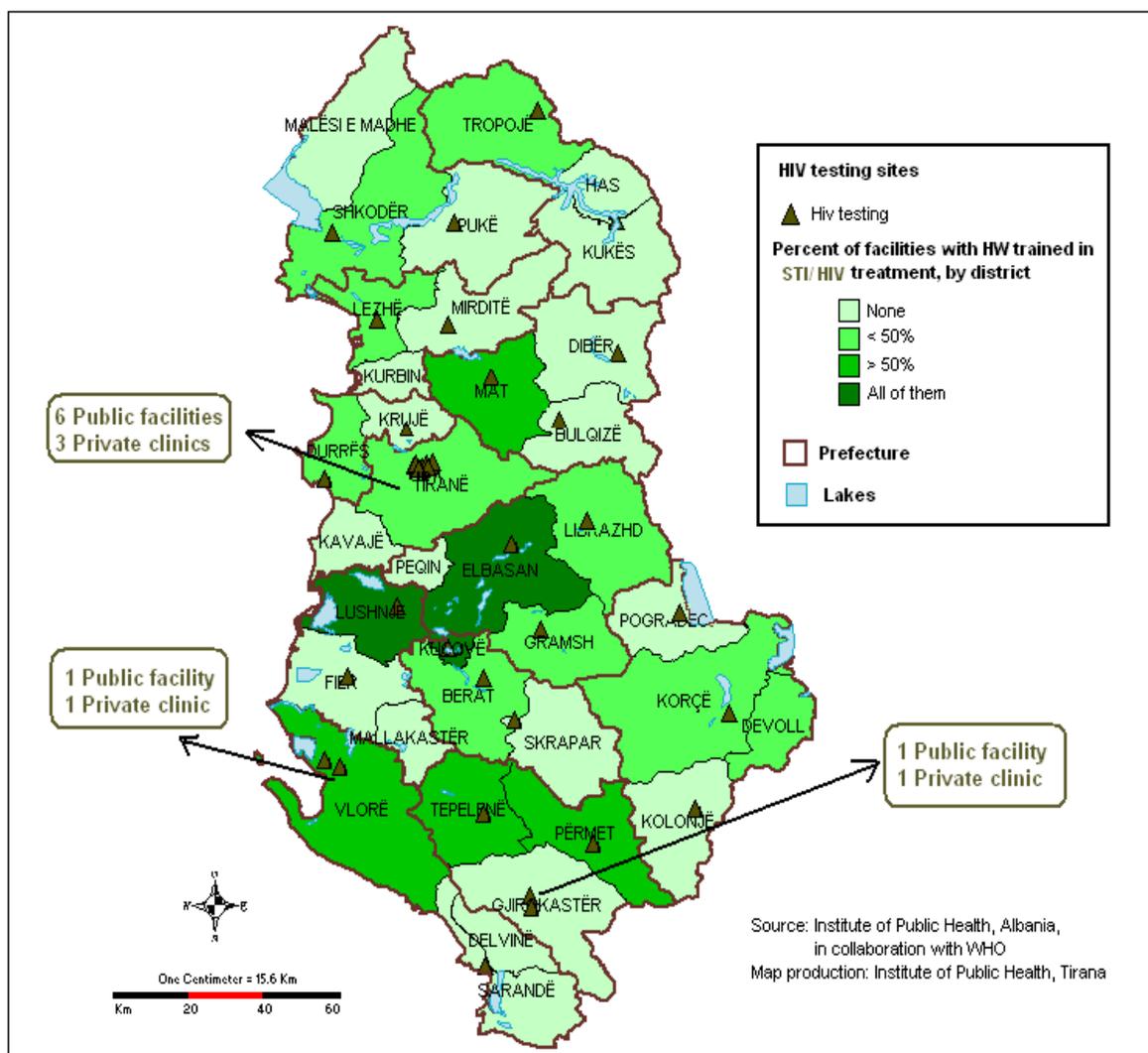


Map 9 shows the density of physicians per 100,000 inhabitants, by district

4.2.1 HIV/AIDS

SAM collected data about selected HIV/AIDS-related services. At the district level, data were collected about HIV testing and counseling, as well as the percentage of the facilities with health workers trained for HIV Counseling and STI /HIV Treatment. The results displayed in this paper pertain to public and private facilities.

Map 10: Health workers trained in STI/HIV treatment by district and HIV testing sites



Map 10 shows the distribution and location of HIV testing sites

Overall, there are 31 public health facilities and 5 private clinics, offering HIV testing in Albania (See Map10).

Twenty-six districts have blood bank, generally established near the district hospital, and these banks are the facilities that offer HIV testing. In capital (Tirana), there are 6 public health facilities providing HIV testing (Institute of Public Health, 2 Maternities, Military Hospital, Mother Theresa Hospital and Blood Bank) and 3 private clinics (Glob Clinic, Neo Style Clinic and At Luigji Monti Policlinic).

In Albania, 72.2% (26 districts) have at least one facility for testing HIV, as opposed to 27.8% (10 districts) that have none.

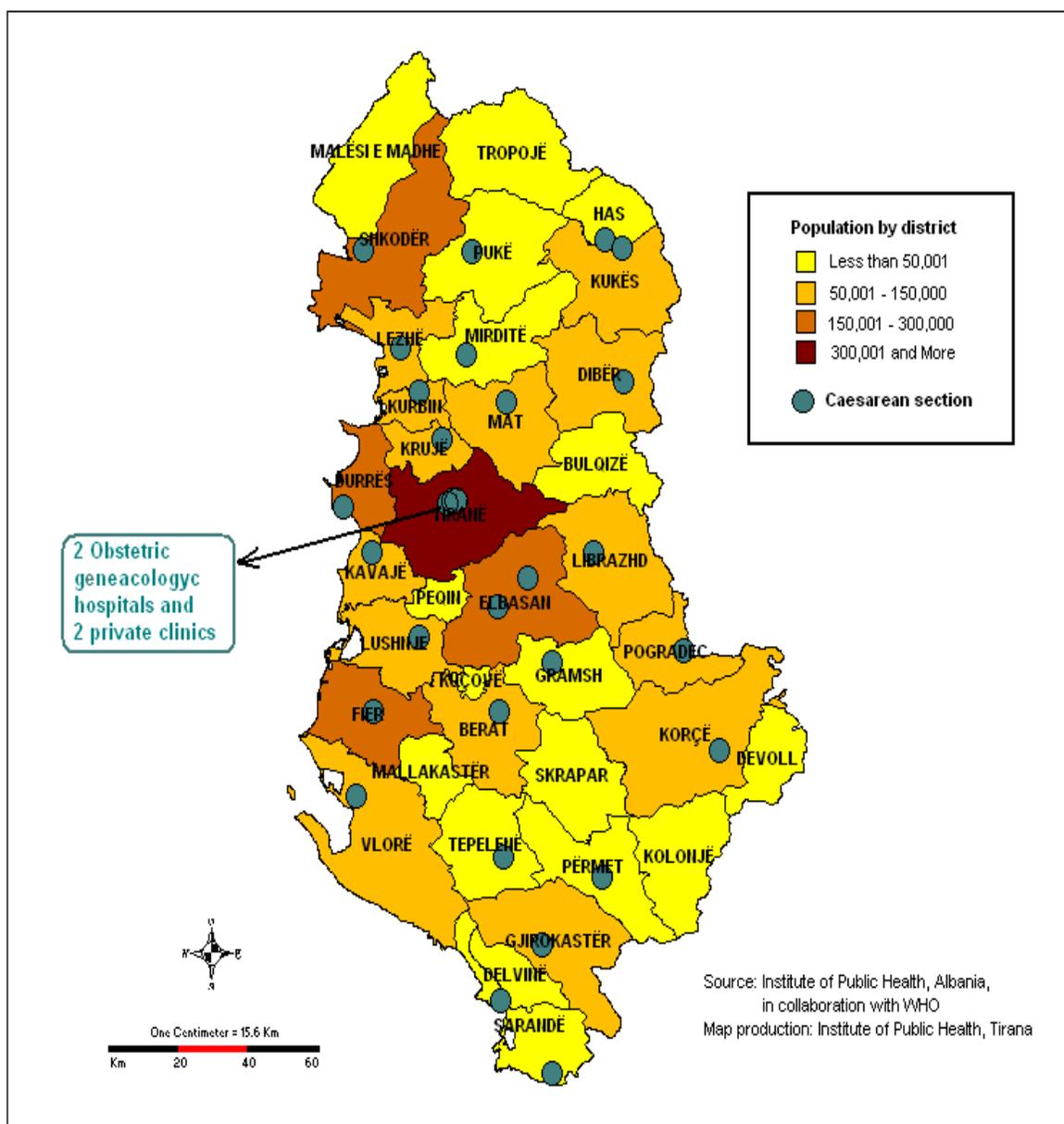
Table 8: Percentage of facility by district where at least one HW has been trained in STI/HIV

District	Facility with HW trained in STI/ HIV Treatment	Facility with HW trained in HIV Counseling
Berat	< 50	> 50%
Bulqize	None	None
Delvine	None	None
Devoll	< 50	< 50
Diber	None	None
Durres	< 50	> 50
Elbasan	All	All
Fier	None	None
Gjirokaster	None	None
Gramsh	< 50	< 50
Has	None	< 50
Kavaje	None	< 50
Kolonje	None	< 50
Korce	< 50	< 50
Kruje	None	< 50
Kucove	All	All
Kukes	None	None
Kurbin	None	< 50
Lezhe	< 50	< 50
Librazhd	< 50	< 50
Lushnje	All	All
Malesi e Madhe	None	None
Mallakaster	None	None
Mat	> 50	> 50
Mirdite	None	None
Peqin	None	None
Permet	> 50	< 50
Pogradec	None	None
Puke	None	None
Sarande	None	None
Shkoder	< 50	> 50
Skrapar	None	None
Tepelene	> 50	> 50
Tirane	< 50	< 50
Tropoje	< 50	> 50
Vlore	>50	> 50

4.2.2 Maternal and child health

Maternal and child health questions included those on the availability of essential services such as caesarean sections and emergency blood transfusions. In addition, the public health directors of the district were asked about the number of delivery, maternal and pediatric beds, and about the availability of trained staff in Integrated Management of Childhood Illness (IMCI), safe motherhood, reproductive health and adolescent health.

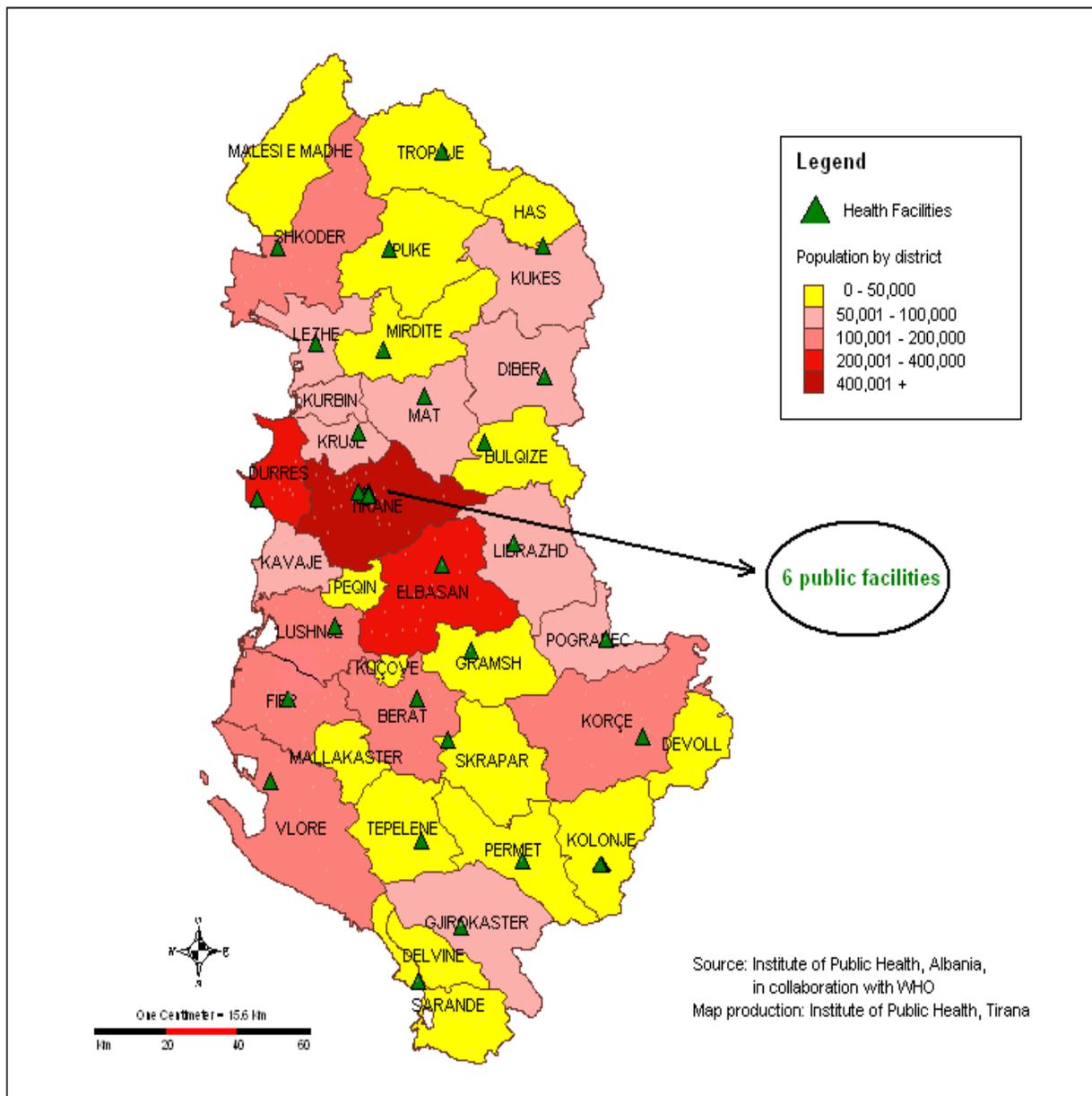
Map 11: Location of facilities providing caesarean section



Map 11 shows the distribution and the location of facilities that provide caesarean section.

Over one-fourth (27.8%) of all districts (10 of them) have no facility that can provide a caesarean section; 26 districts (72.2%) have one facility (the hospital) and Tirana has four facilities (2 public hospitals and 2 private clinics);(see Map 11).

Map 12: Location of facilities providing emergency blood transfusion



Nine districts (25%) have no facility that can provide emergency blood transfusion; 26 districts have one facility (the hospital) and Tirana has 6 health facilities: 5 public hospitals (Mother Theresa Hospital, Military Hospital, Pneumo-Ftiziathry Hospital, two Obstetric Geneacologyc hospitals) and the Blood Bank; (see Map 12).

During the last 3 months, only 4 (14.8%) of the 27 districts that provide emergency blood transfusion, had interruptions in blood availability. The major type of blood donor is the paid one.

Table 9: Delivery, maternal and pediatric beds per 100,000 inhabitants, by district

“Delivery beds” indicate the beds where a woman is in labor.

“Maternity beds” indicate the beds where woman recover after labor or wait just prior to going into labor.

Name of District	Delivery Beds per 100,000	Maternity Beds per 100,000	Pediatric Beds per 100,000
BERAT	8.1	75.4	60.8
BULQIZE	5.7	42.4	42.4
DELVINE	25.6	25.6	59.7
DEVOLL	17.4	17.4	29.0
DIBER	2.7	126.2	53.1
DURRES	1.9	30.2	32.5
ELBASAN	2.2	51.3	28.1
FIER	6.5	32.1	47.6
GJIROKASTER	5.4	44.6	35.7
GRAMSH	23.9	54.7	85.4
HAS	10.6	63.6	42.4
KAVAJE	11.1	37.1	24.7
KOLONJE	37.8	151.4	113.5
KORCE	13.3	69.5	63.2
KRUJE	3.0	18.3	30.5
KUCOVE	2.8	42.7	42.7
KUKES	6.6	74.5	91.1
KURBIN	3.7	45.6	36.5
LEZHE	4.1	13.7	37.1
LIBRAZHD	4.4	66.1	44.1
LUSHNJE	13.2	62.5	26.4
MALESI E MADHE	10.9	27.2	0.0
MALLAKASTER	5.4	26.9	10.8
MAT	19.7	71.7	57.4
MIRDITE	15.4	77.2	77.2
PEQIN	18.7	24.9	37.4
PERMET	26.4	101.2	70.4
POGRADEC	7.1	49.4	35.3
PUKE	12.9	116.2	64.5
SARANDE	4.8	59.9	48.0
SHKODER	4.9	11.0	41.1
SKRAPAR	17.1	170.9	106.8
TEPELENE	10.5	69.8	69.8
TIRANE	3.5	38.4	69.7
TROPOJE	17.6	127.3	131.7
VLORE	7.4	54.4	110.8
Total	7.1	49.1	52.6

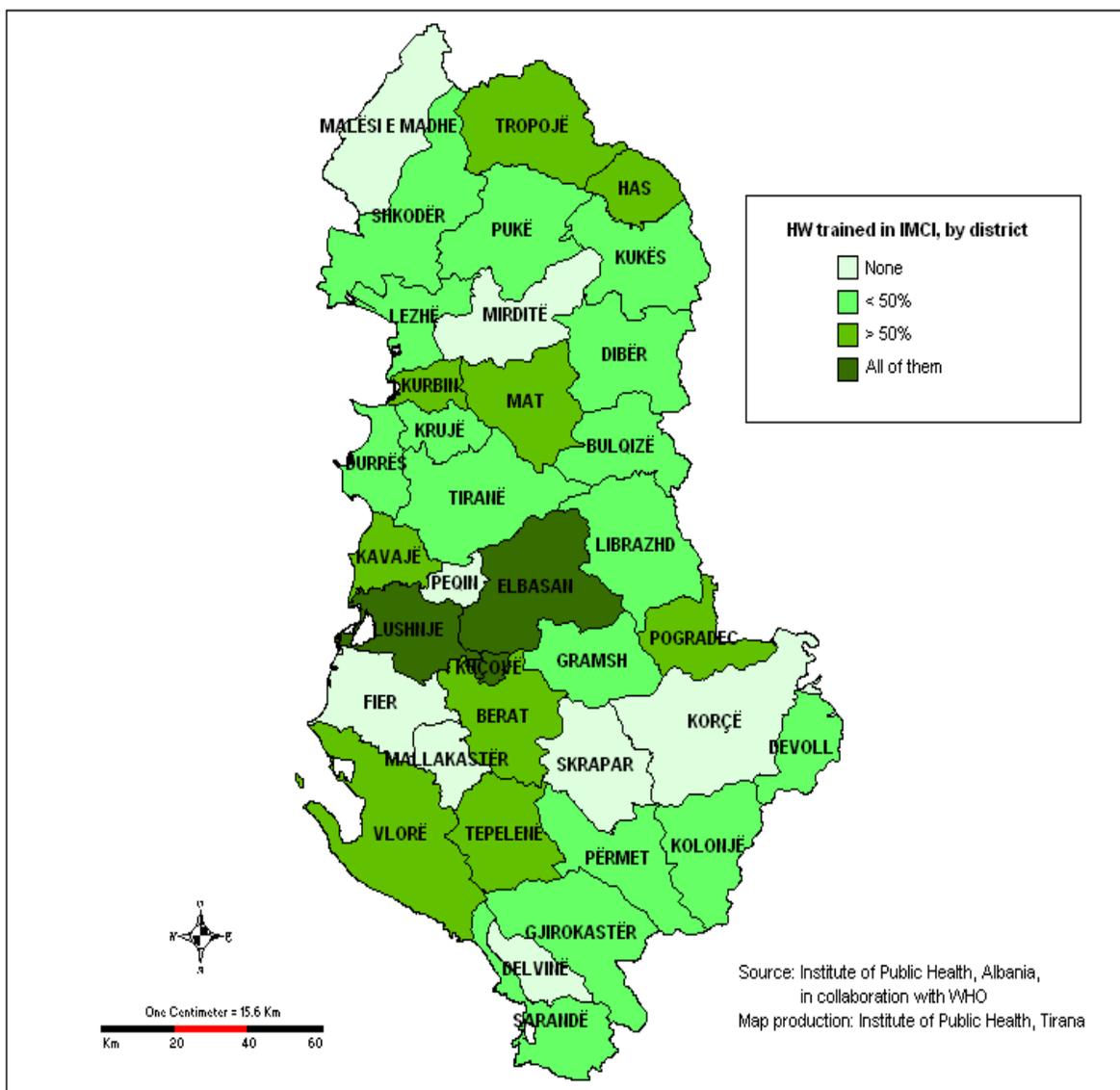
Table 10: Proportion of facilities with trained health workers in IMCI, Safe motherhood, Reproductive Health and Adolescent Health, by district

Name	IMCI	neonatal care	Reproductive Health	Adolescent Health
BERAT	>50%	>50%	>50%	>50%
BULQIZE	<50%	<50%	All	None
DELVINE	None	None	<50%	None
DEVOLL	<50%	<50%	<50%	<50%
DIBER	<50%	None	<50%	None
DURRES	<50%	<50%	<50%	None
ELBASAN	All	<50%	All	None
FIER	None	None	All	None
GJIROKASTER	<50%	<50%	<50%	None
GRAMSH	<50%	None	<50%	None
HAS	>50%	None	>50%	None
KAVAJE	>50%	None	>50%	None
KOLONJE	<50%	<50%	<50%	<50%
KORCE	None	None	>50%	<50%
KRUJE	<50%	<50%	<50%	None
KUCOVE	All	All	All	All
KUKES	<50%	None	<50%	None
KURBIN	>50%	>50%	>50%	<50%
LEZHE	<50%	None	All	None
LIBRAZHD	<50%	<50%	<50%	None
LUSHNJE	All	<50%	All	<50%
MALESI E MADHE	None	None	<50%	<50%
MALLAKASTER	None	None	None	None
MAT	>50%	None	>50%	None
MIRDITE	None	<50%	<50%	None
PEQIN	None	None	None	None
PERMET	<50%	>50%	<50%	<50%
POGRADEC	>50%	None	>50%	None
PUKE	<50%	<50%	<50%	>50%
SARANDE	<50%	None	<50%	None
SHKODER	<50%	<50%	>50%	None
SKRAPAR	None	None	None	None
TEPELENE	>50%	>50%	>50%	None
TIRANE	<50%	<50%	>50%	<50%
TROPOJE	>50%	<50%	<50%	>50%
VLORE	>50%	>50%	>50%	<50%

Proportion of district having facilities with trained health workers in IMCI, Safe motherhood, Reproductive health and Adolescent health

HW trained in	Districts without HW trained (%)	Districts having HW trained (%)
IMCI	22.2	77.8
Safe motherhood	44.4	55.6
Reproductive health	8.3	91.7
Adolescent health	63.9	36.1

Map 13: Percentage of facilities with health workers trained in IMCI by district



Map 13 shows the proportion of health workers trained in IMCI, by district

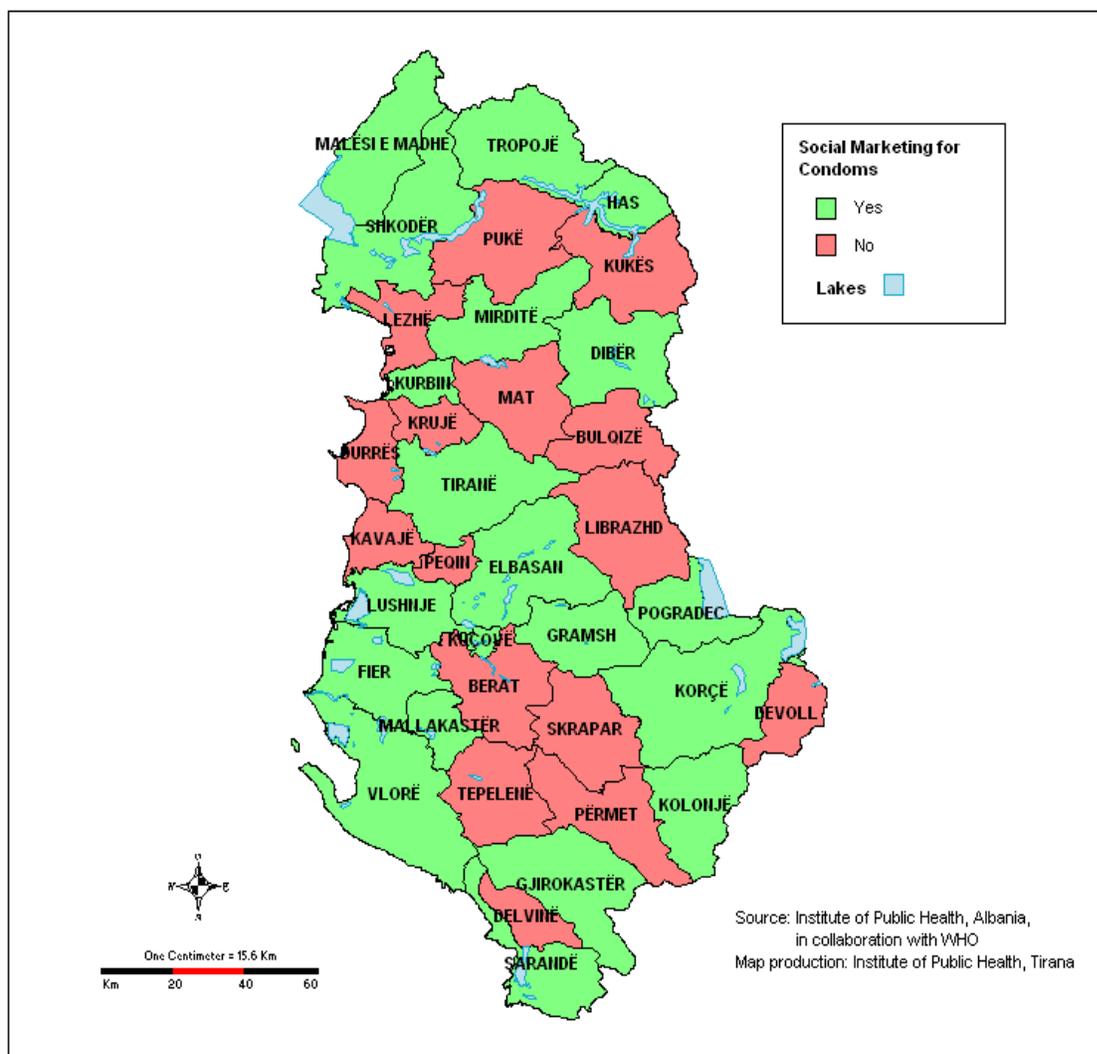
4.2.3 Social marketing programmes

SAM assessed also the presence of social marketing programmes in the district. Programmes promoting condoms are present in 20 districts, those for contraceptives in 22 districts. Table 11, Map 14 and 15 summarize the proportion and location of districts where these social marketing programmes exist.

Table 11. Percentage coverage of marketing programmes for condoms and contraceptive

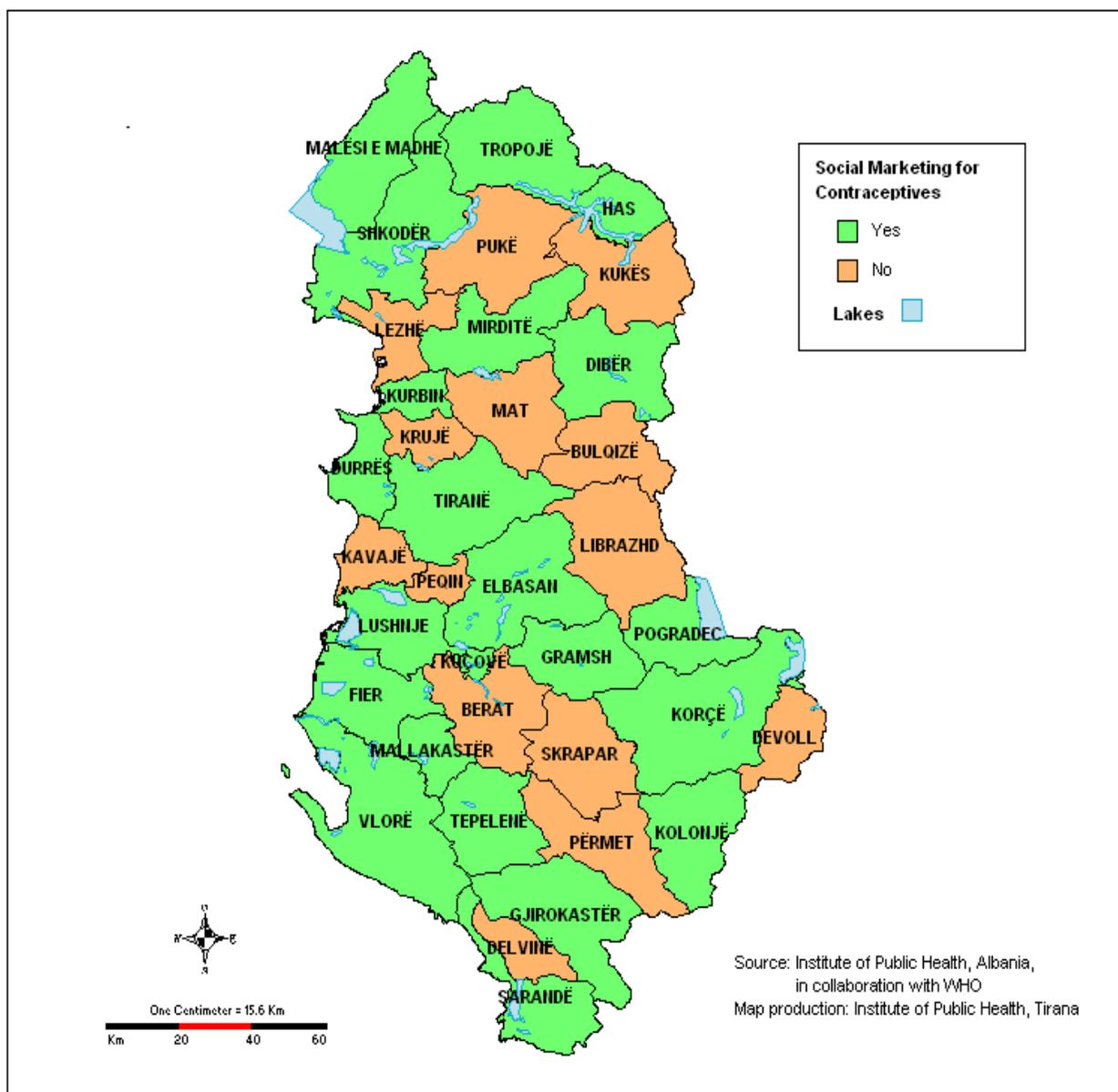
Social marketing programme	Districts with existing programme (%)
Condom	55.6
Contraceptive	61.1

Map 14: Presence of social marketing for condoms by district



Map 14 shows the distribution of social marketing for condoms in Albania.

Map 15: Presence of social marketing for contraceptives

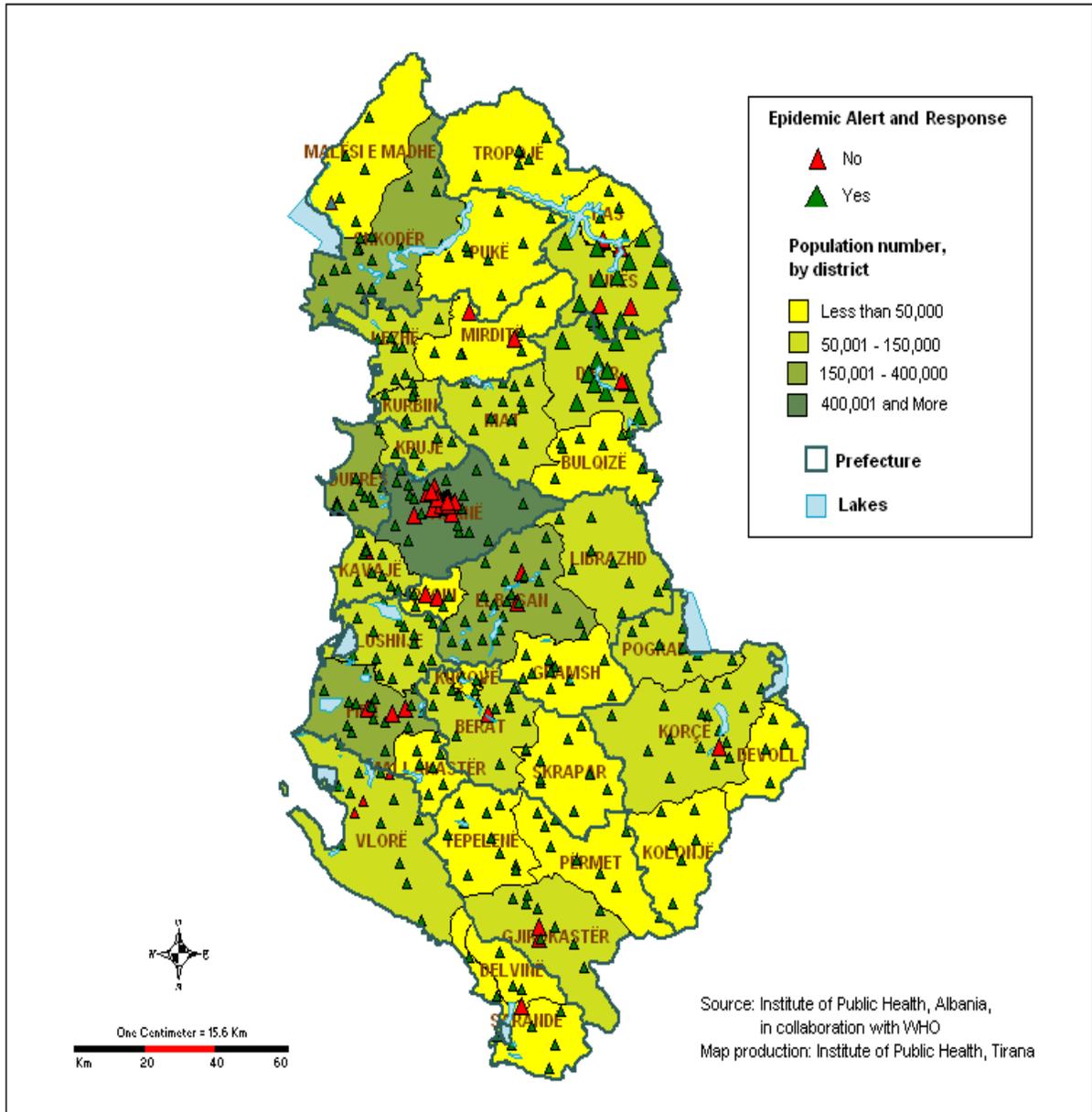


Map 15 shows the distribution of social marketing for contraceptives in Albania.

4.3 Availability of ALERT System Reporting

Alert system is a weekly reporting system that helps on early detection on eventual outbreaks. Most of the health facilities report on a regular basis, but there are still around 21 health facilities and 10 public hospitals that do not report. In the private sector, none of the private clinics report.

Map 16: Reporting of Alert system, by health facility



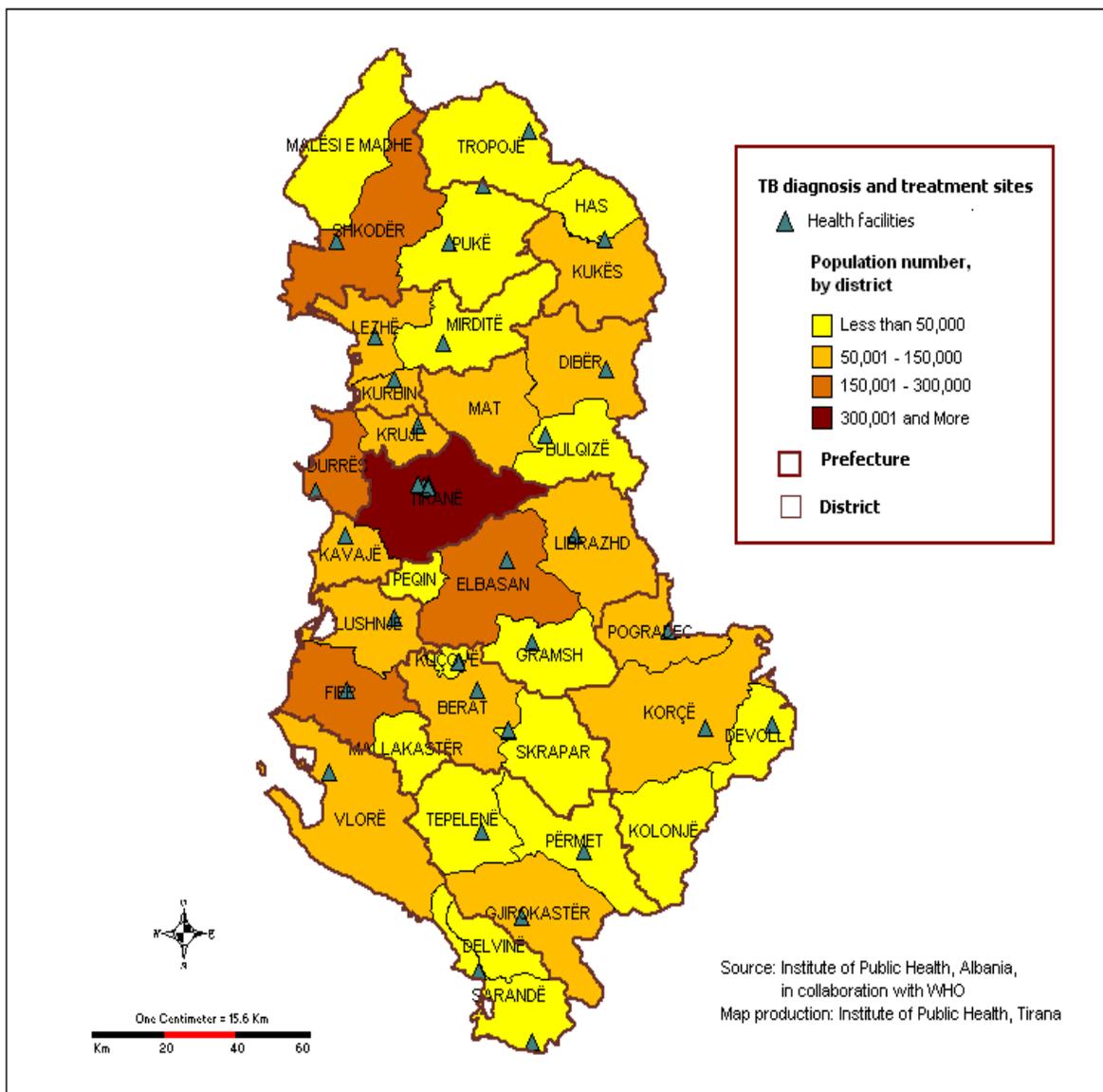
4.4 Tuberculosis

The district directors of health and their teams were asked about the availability of basic TB services in the district. These services include the availability of TB treatment in facilities, the availability of laboratory facilities to diagnose TB, and the availability of medical professionals at facilities able to diagnose and treat TB.

Overall 80.6% of the districts (29 of them) reported having at least one facility for TB diagnosis and treatment.

The availability and distribution of TB diagnostic laboratory facilities is shown in Map 17.

Map 17: Distribution and location of TB diagnostic laboratory facilities



5. Results from the facility questionnaires

The facility questionnaire was applied in 12 selected districts, the main district of each prefecture. In the selected districts, all health centers (commune level) and all facilities (public and private) in the city (health centers, hospitals, etc.) were visited. Table 11 shows the number of health facilities visited in 12 selected districts.

For each facility data on human resources, health infrastructure, equipment and commodities, drug supply, service availability and trainings of the staff were collected.

The commune represents an administrative territorial unit and unity of inhabitants, as a rule in the rural areas and in certain cases in urban areas as well.

The town represents a populated center, based on an approved plan for the perspective urban development. The proclamation of the town is done by law within the jurisdiction of a municipality or commune.

Table 12: Number of health facilities visited, by selected districts.

Name of district	Nbe of public health facilities		Private health facilities	Total
	Town	Commune		
BERAT	12	11	-	23
DIBER	7	14	-	21
DURRES	10	9	5	24
ELBASAN	11	22	2	35
FIER	5	16	1	22
GJIROKASTER	10	11	3	24
KORÇE	7	15	4	26
KUKES	6	15	-	21
LEZHE	8	9	-	17
SHKODER	9	17	1	27
TIRANE	25	19	48	92
VLORE	17	12	2	31

5.1 Health infrastructure

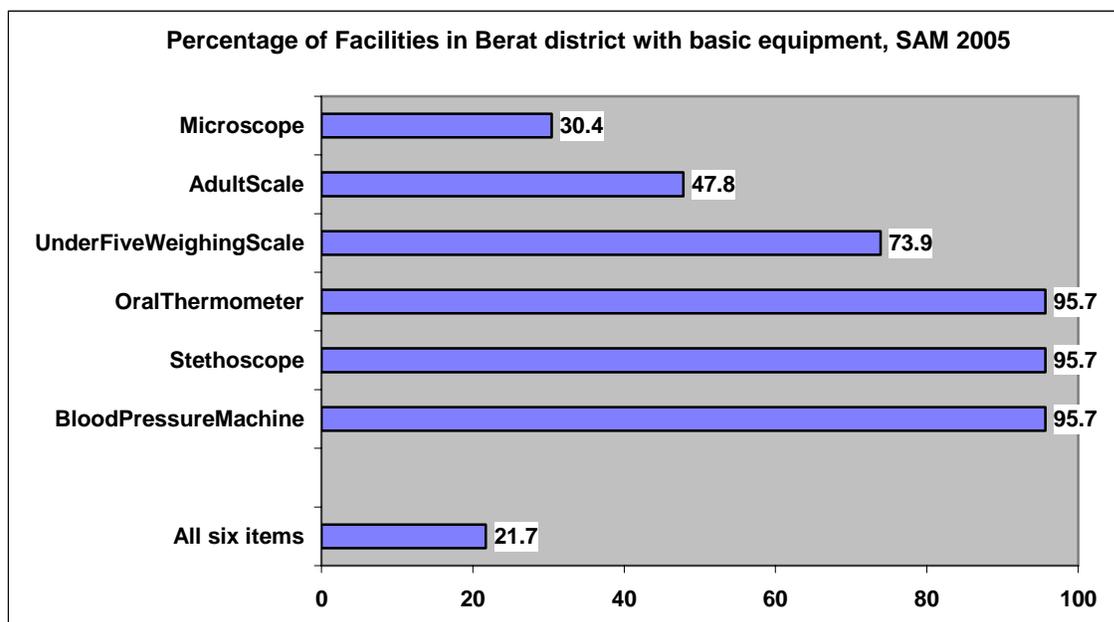
5.1.1 Basic medical equipment

Basic equipment includes the presence of a blood pressure (BP) machine, stethoscope, weighing scale for those under age five, adult weighing scale, oral thermometer and microscope. This equipment was selected as core elements required to provide basic health services. Table 12 shows the percentage of facilities in the 12 selected districts with this basic equipment.

Table 13: Proportion of facilities with basic medical equipment, by selected districts

Name of district	Blood Pressure Machine	Stethoscope	Oral thermometer	Under five weighing scale	Adult scale	Microscope	All six items
BERAT	95.7	95.7	95.7	73.9	47.8	30.4	21.7
DIBER	100.0	100.0	100.0	28.6	28.6	9.5	9.5
DURRES	100.0	100.	100.0	75.0	58.3	25.0	12.5
ELBASAN	97.1	97.1	94.3	80.0	31.4	14.3	11.4
FIER	100.0	100.0	100.0	81.8	81.8	36.4	31.8
GJIROKASTER	100.0	100.0	95.8	83.3	75.0	33.3	29.2
KORÇE	96.2	96.2	96.2	88.5	92.3	30.8	26.9
KUKES	100.0	100.0	100.0	33.3	14.3	9.5	9.5
LEZHE	88.2	100.0	100.0	52.9	41.2	58.8	29.4
SHKODER	100.0	100.0	100.0	74.1	37.0	25.9	11.1
TIRANE	93.5	93.5	94.6	69.6	78.3	64.1	45.7
VLORE	100.0	100.0	100.0	80.6	29.0	29.0	16.1

Graph 4:



5.1.2 Drugs and health commodities

For producing indicators of overall drug availability, data were collected on a number of drugs and commodities, which are part of the essential drug list. The selected list of drugs includes 13 items: injectable antibiotics, oral antibiotics, contraceptive pills, condoms, iron tablets, Vitamin A or D capsules, EPI vaccine, emergency kit, antihypertensive drugs, magnesium sulphate for eclampsia treatment, ergometrine postpartum hemorrhage and oral rehydration salts (ORS).

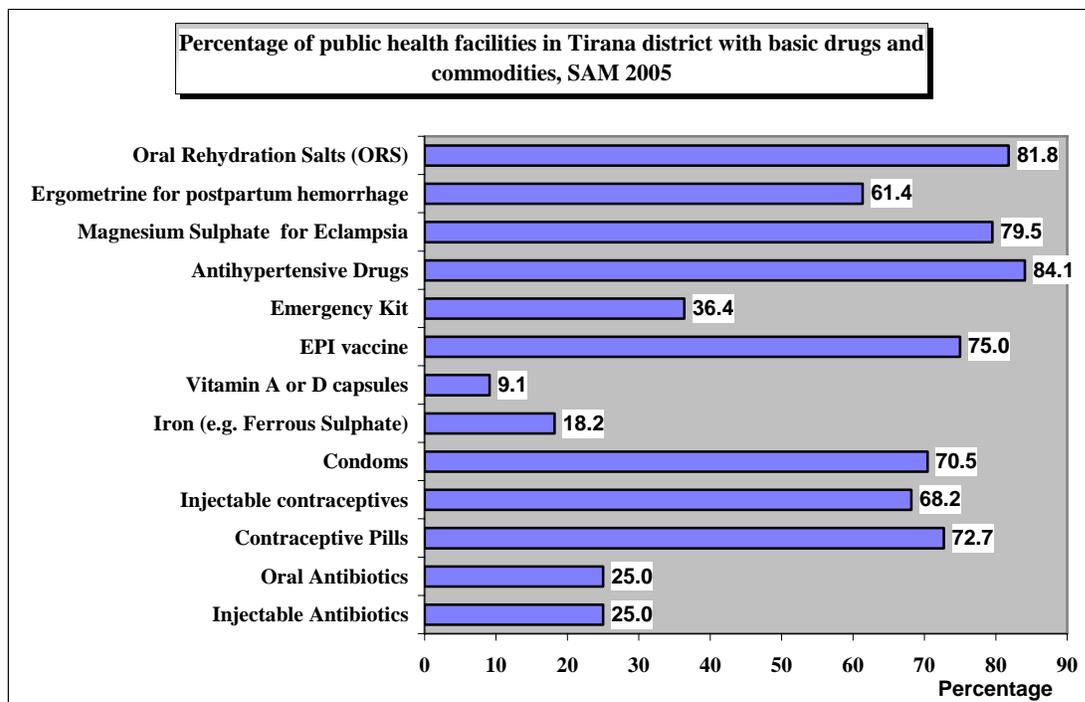
Table 13 shows the percentage of facilities in 12 selected districts with available drugs and commodities.

Table 14: Percentage of facilities in 12 selected districts with available drugs and commodities (Public and private sector)

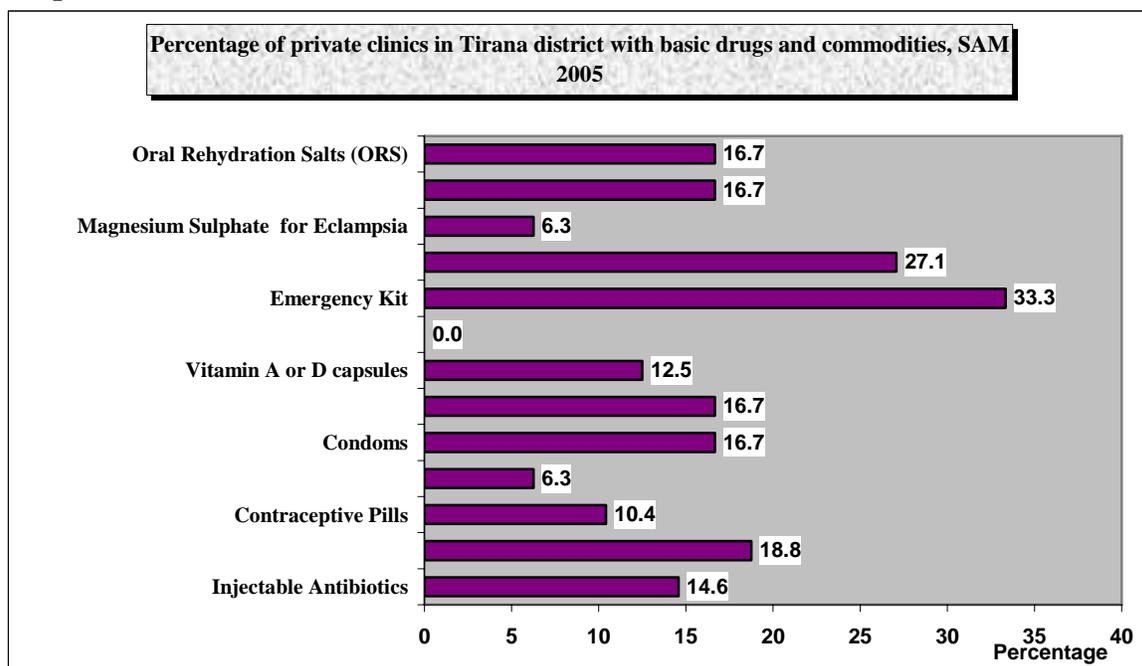
Drugs and commodities	Berat	Diber	Durres	Elbasan	Fier	Gjirokastr	Korçe	Kukes	Lezhe	Shkoder	Tirane	Vlore
Injectable antibiotics	4.3	61.9	12.5	11.4	4.5	8.3	15.4	42.9	33.3	33.3	19.6	16.1
Oral antibiotics	4.3	33.3	12.5	5.7	4.5	4.2	15.4	33.3	18.5	18.5	21.7	16.1
Contraceptive pills	52.2	52.4	41.7	88.6	90.9	45.8	76.9	9.5	66.7	66.7	40.2	48.4
Injectable contraceptives	52.2	33.3	41.7	88.6	86.4	45.8	73.1	4.8	55.6	55.6	35.9	45.2
Condoms	56.5	38.1	33.3	88.6	90.9	50.0	73.1	4.8	59.3	59.3	42.4	71.0
Iron tablets	65.2	4.8	12.5	2.9	4.5	12.5	19.2	4.8	11.1	11.1	17.4	19.4
Vitamin A or D capsules	43.5	4.8	12.5	5.7	0.0	4.2	15.4	19.0	25.9	25.9	10.9	6.5
EPI vaccine	87.0	76.2	70.8	91.4	90.9	70.8	80.8	81.0	88.9	88.9	35.9	87.1
Emergency kit	87.0	85.7	87.5	94.3	90.9	91.7	19.2	100.0	96.3	96.3	34.8	16.1
Antihypertensive drugs	82.6	71.4	79.2	94.3	95.5	87.5	42.3	85.7	96.3	96.3	54.3	71.0
Magnesium sulphate	34.8	4.8	58.3	51.4	40.9	66.7	73.1	28.6	81.5	81.5	41.3	74.2
Ergometrine postpartum hemorrhage	26.1	66.7	29.2	45.7	31.8	16.7	50.0	52.4	40.7	40.7	38.0	22.6
Oral rehydration salts	56.5	57.1	41.7	91.4	68.2	83.3	30.8	57.1	96.3	96.3	47.8	29.0

Due to the high number of private clinics (48) in the district of Tirana, data on the availability of drugs and commodities are represented separately for the public and private sector. See below Graph 5 (public sector) and Graph 6 (private sector).

Graph 5:



Graph 6 :



5.2 Human Resources

During SAM, data were collected in 12 selected districts on human resources. The collected information includes data on the number of doctors, midwives, nurses, nursing/assistants, laboratory technicians, pharmacists and dispensers, HIMS personnel and health service managers (HSM). Complete data on human resources (per 100,000 inhabitants) are displayed in the table 14.

Table 15. Number of health workers per 100,000 inhabitants, in 12 selected districts.

Name of district	Doctors /100,000 inhabit.	Midwives /100,000 inhabit.	Nurses and Nurses/Assist/ 100,000 inhabit.	Lab. Technic/ 100,000 inhabit.	Pharm. Dispens /100,000 inhabit.	HIMS personnel /100,000 inhabit.	HSM per 100,000 inhabit.
BERAT	111.1	60.0	309.7	39.7	2.4	20.3	29.2
DIBER	75.7	344.1	233.8	39.9	1.3	1.3	2.7
DURRES	69.2	57.1	86.4	1.4	0.0	1.4	0.0
ELBASAN	87.4	111.9	176.5	16.0	1.8	2.2	15.6
FIER	112.2	88.2	183.3	33.1	0.0	4.0	12.0
GJIROKASTER	157.0	228.4	169.5	50.0	5.4	7.1	23.2
KORÇE	141.9	174.2	453.8	42.1	5.6	3.5	19.7
KUKES	99.3	225.2	246.7	21.5	6.6	5.0	1.7
LEZHE	105.9	332.7	198.0	23.4	11.0	2.7	27.5
SHKODER	109.5	89.3	303.4	48.7	6.0	1.6	15.3
TIRANE	214.6	67.8	319.6	55.3	6.9	5.4	3.2
VLORE	215.0	156.5	558.2	22.8	4.0	4.0	3.4

Distribution and rates of human resources make use of data collected in the public sector. Most medical personnel hired in the private sector are also employed in the public sector, thus confounding the distribution of human resources.

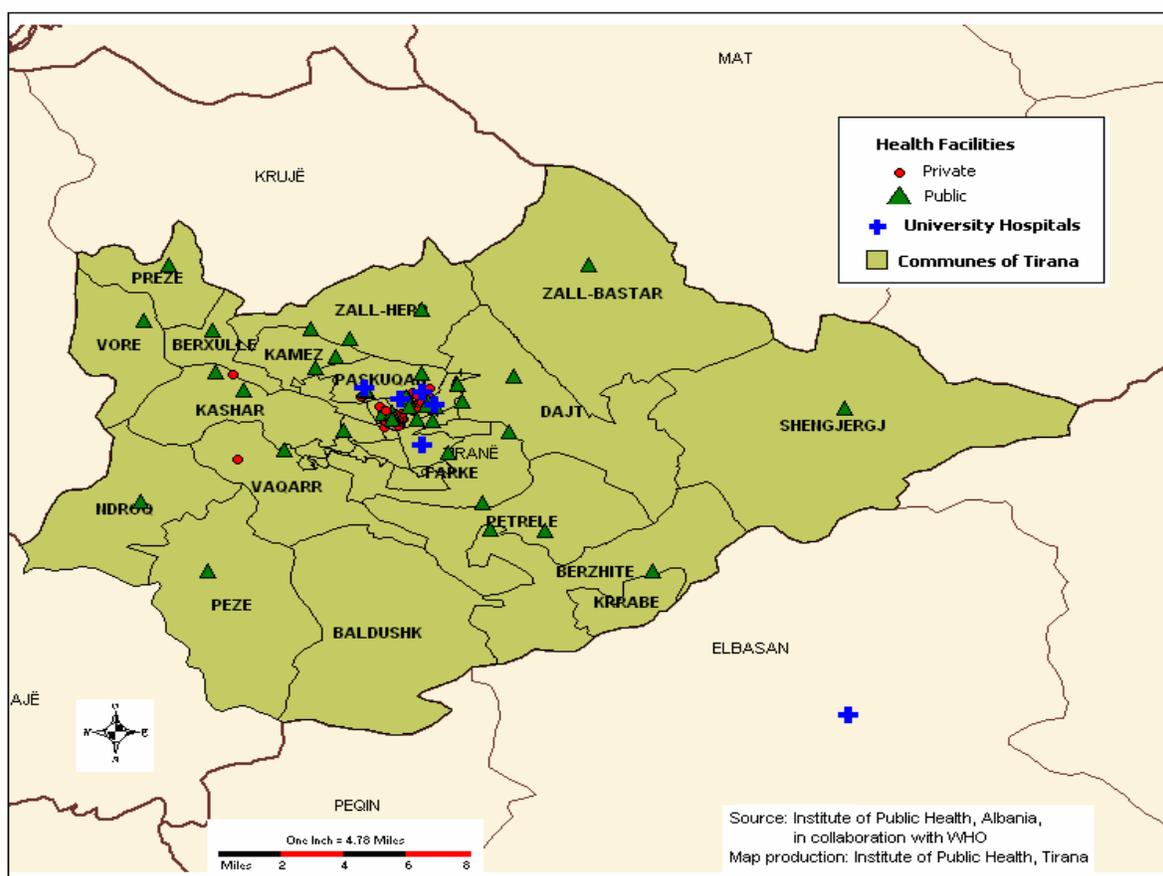
Information on human resources in the private sector of Tirana District is displayed in the following table.

Name of district	Doctors /100,000 inhabit.	Midwives /100,000 inhabit.	Nurses and Nurses/Assist/ 100,000 inhabit.	Lab. Technic/ 100,000 inhabit.	Pharm. Dispens /100,000 inhabit.	HIMS personnel /100,000 inhabit.	HSM per 100,000 inhabit.
Tirana	46.4	2.0	11.9	9.7	1.0	4.9	5.0

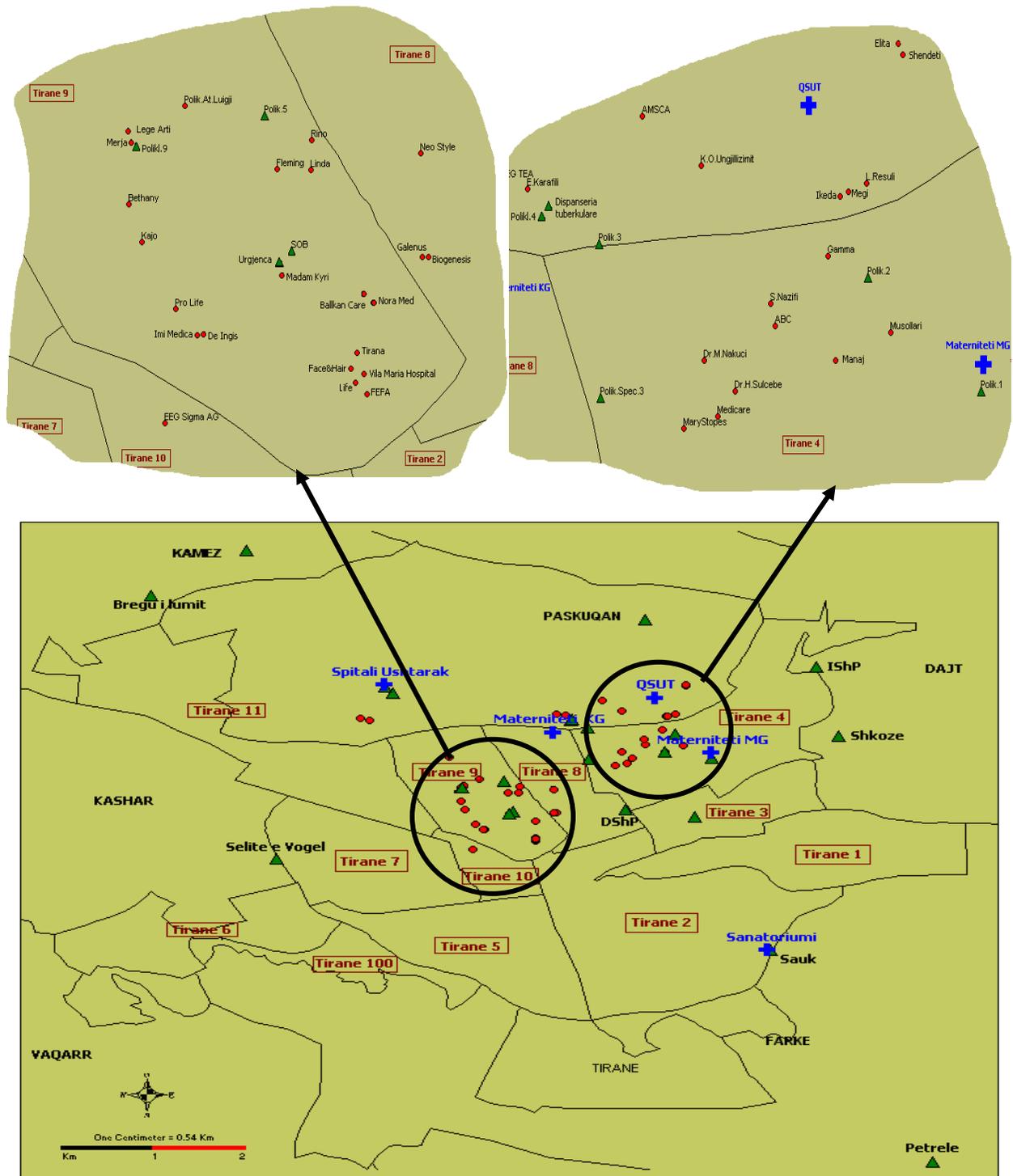
	Physicians per 100,000	Graduated Midwives per 100,000	Graduated Nurses per 100,000
WHO European region	352.37	3.37	31.34
WHO Eur A	359.6	1.38	27.5
WHO Eur B+C	307.26	2.98	30.11

5.3 Additional Maps

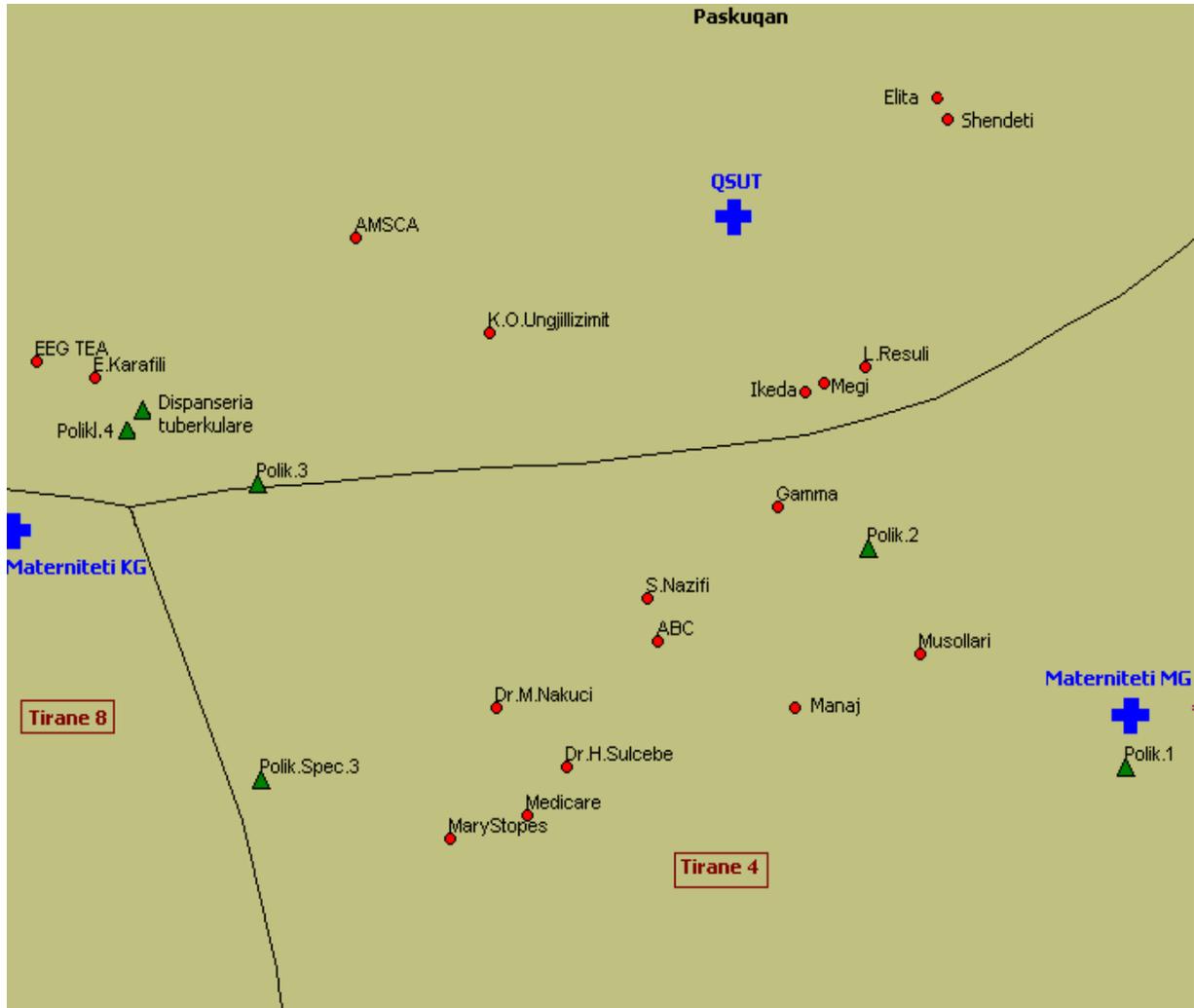
Map 18: Distribution and location of health facilities in the district of Tirana, SAM 2005, Albania



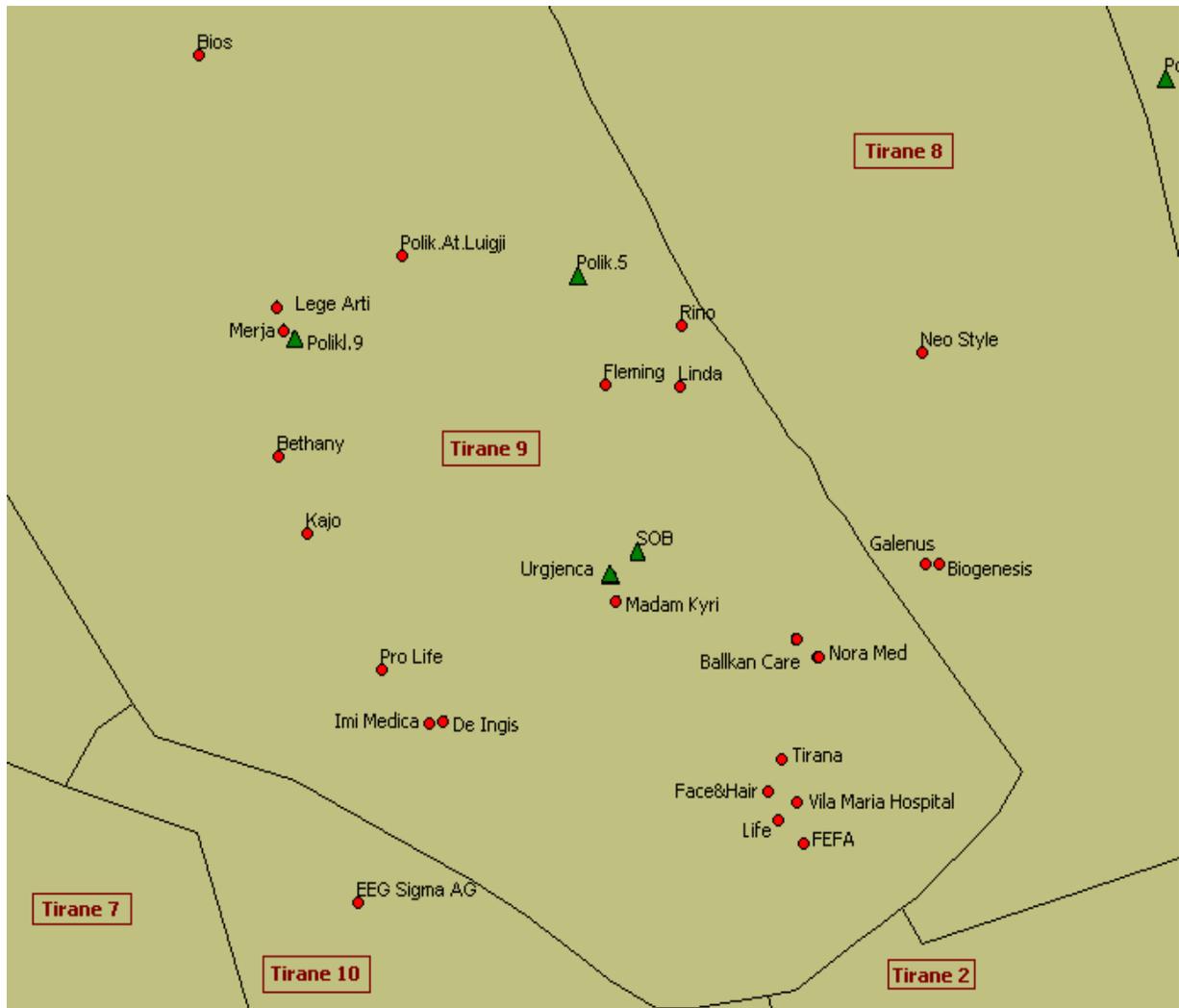
Map 19: Distribution and location of health facilities in the city of Tirana



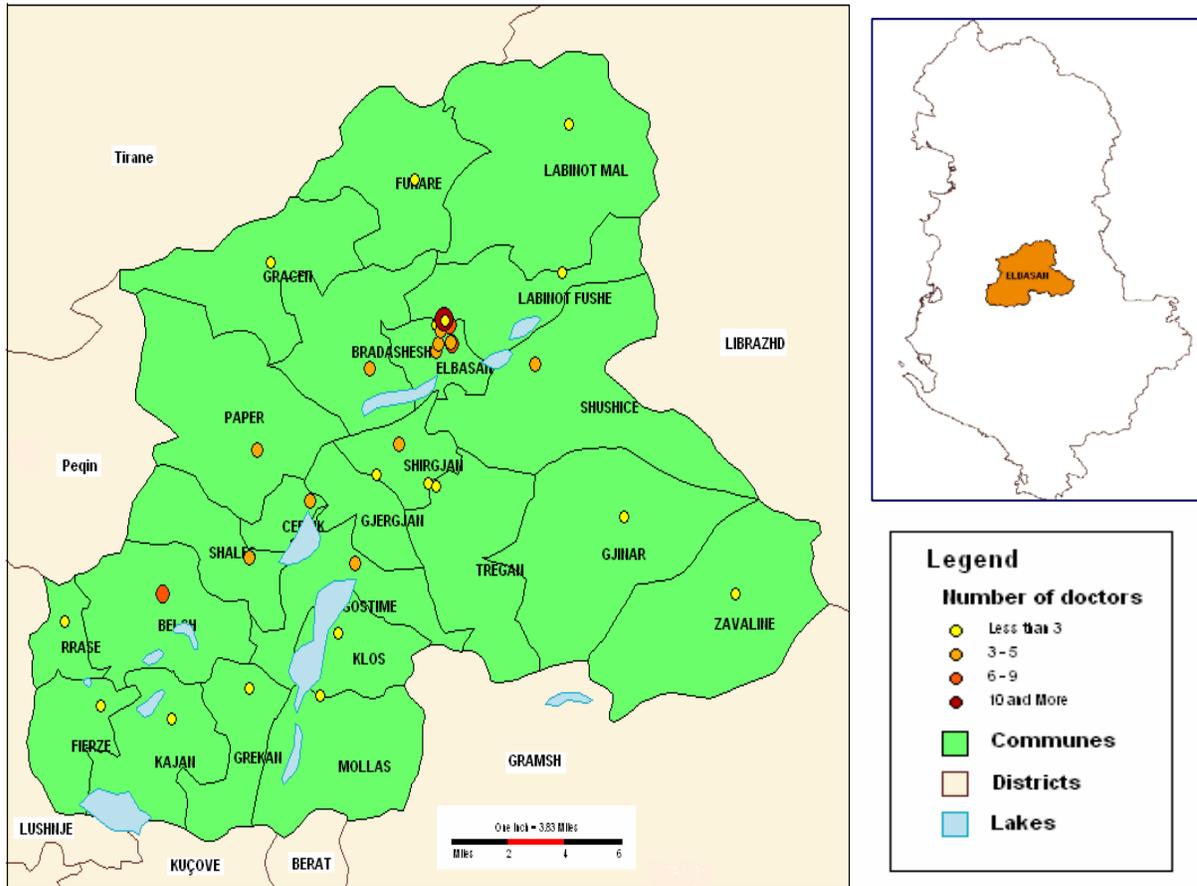
**Map 20: Distribution and location of health facilities in the city of Tirana
(Triangle QSUT – Materniteti MG – Materniteti KG)**



Map 21: Distribution and location of health facilities in the city of Tirana (Tirana 9)



Map 22: Distribution of physicians in the district of Elbasan, SAM 2005, Albania



Data Source: Institute of Public Health in collaboration with WHO
 Map production: Institute of Public Health, Tirana

6. Conclusions

- 6.1 Overall Albania, 593 health facilities were reported in the public sector (i.e. hospitals, health centers in commune level, health centers in the cities), which corresponds to 19 facilities per 100,000 inhabitants. A total number of 148 health facilities were recorded in the private sector; **8.8 %** of these private facilities are private not for profit facilities and **91.2 %** are private for profit facilities. Tirana district reported 88 private health facilities and 49 public health facilities.
- 6.2 Across the country, approximately 248 hospital beds are available per 100,000 inhabitants.
- 6.3 In 22.3% of the districts (8 districts) all the facilities have access to safe piped water, while 8.3% of the districts (3 districts) do not have any facility with access to safe water.
- 6.4 The majority of districts (94.4 %) reported the availability of computers for use by district health teams. Internet connection is available only in 13 districts (36.1 %).
- 6.5 X-ray machines are installed in 91.7% of the districts (33 districts out of 36). 94.4% of the districts (34 districts out of 36) can provide oxygen and 86.1% of them (31 districts) have at least one power generator.
- 6.6 All the districts have laboratory capacity to carry out urine analyses. Blood count test can be carried out in all the districts, except one of them. In most of the districts, Haemoglobin (in 34 districts) and liver enzyme tests (in 29 districts) can be carried out. CD4 cell counts can be done only in one district (Tirana).
- 6.7 The most common method of sterilization used in all the hospitals is autoclave, but the common method of sterilization for general health services in the districts, is sterilizers in 29 districts (80.6 %), followed by boiling pots in 7 districts (19.4 %).
- 6.8 Countrywide, there are 100 physicians per 100,000 inhabitants, 213 nurses per 100,000 inhabitants and 148 midwives per 100,000 inhabitants. Overall, there are 501 health workers per 100,000 inhabitants (physicians, midwives, nurses and nursing assistants).
- 6.9 Overall, there are 31 public health facilities and 5 private clinics, offering HIV testing in Albania. 72.2% (26 districts) have at least one facility for testing HIV, as opposed to 27.8% (10 districts) that have none.

- 6.10 Over one-fourth (27.8%) of all districts (10 of them) have no facility that can provide a caesarean section; 26 districts (72.2%) have one facility (the hospital) and Tirana has four facilities (2 public hospitals and 2 private clinics).
- 6.11 Nine districts (25%) have no facility that can provide emergency blood transfusion; 26 districts have one facility (the hospital) and Tirana has 6 public health facilities.
- 6.12 Programmes promoting condoms are present in 20 districts (55,6 % of the districts), those for contraceptives in 22 (61,1 %) districts.
- 6.13 Overall 80.6% of the districts (29 of them) reported having at least one facility for TB diagnosis and treatment.

7. Dissemination of SAM results for decision-making and data use

Other than the dissemination meeting, it is necessary that the right people responsible for the health services at district level receive these SAM results, to facilitate effective decision-making.

Additionally, in-country partners that are not necessary involved in decision-making, but who may provide technical or financial support will be invited to the dissemination meetings.

The Institute of Public Health has responsibility to ensure widespread dissemination of SAM results to all the districts and other sectors, external development partners, NGOs and other stakeholders.

8. Way forward

- 8.1 The report will be submitted to Ministry of Health for clearance, and subsequently submitted to World Health Organization by end of August 2006.
- 8.2 To validate the results, the information of SAM survey will be compared with information from other data sources (MoH, INSTAT).
- 8.3 Each district will receive a copy of the report.
- 8.4 Public Health Directorates of the 12 selected districts will receive additional processed information at health facility level.
- 8.5 Funding for the subsequent SAM activities is necessary in order to complete the service availability mapping at the health facility level, in the 24 remaining districts.
- 8.6 It is expected that the available information will help Public Health Directorates in planning and budgeting.

Glossary

Technical notes

Averages and Data sources

The source of data for average comparison is the January 2005 version of the European health for all database of the WHO Regional Office for Europe

For the convenience of users, averages for most indicators are pre-calculated for some country groups and use the following terms:

·**European Region:** the 52 countries in the WHO European Region;

·**Eur-B+C:** 25 countries in the WHO European Region with higher levels of mortality (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Poland, Republic of Moldova, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Tajikistan, TFYR Macedonia, Turkey, Turkmenistan, Ukraine) (See The world health report 2004. Changing history (Geneva, World Health Organization, 2004 (<http://www.who.int/whr/2004/en/>)) for methods and criteria.).

These averages are population-weighted averages.