

Annex 1

COALITION FOR SUSTAINABLE DEMOCRACY

PRESENTS

ONE DAY HEALTH CENTRES SURVEY FINDINGS

All information about procedural details is based on the Basic Package of Primary Health Care Services and Quality Standards for the Accreditation of Institutions of Primary Health Care, approved by the Ministry of Health.

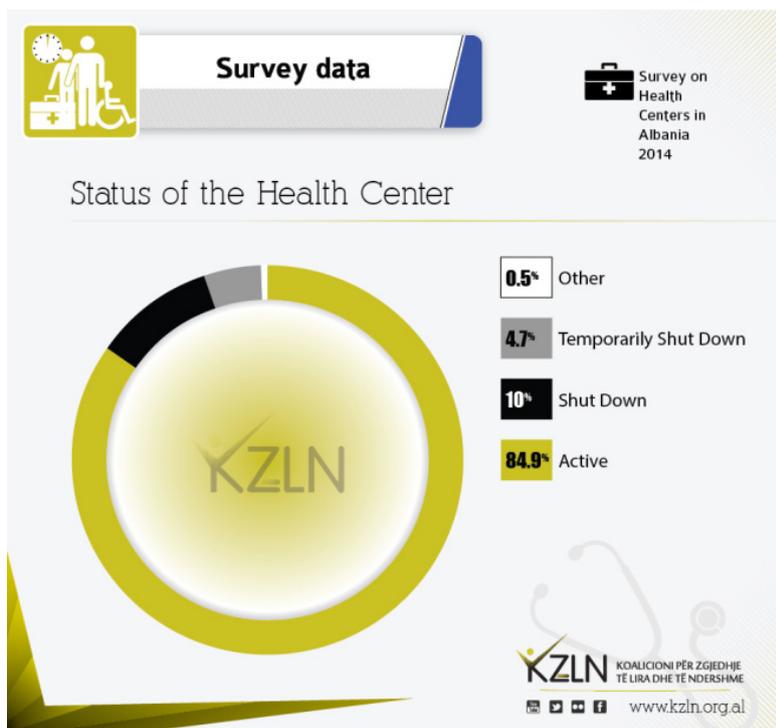
The regional directors of health and public health are in charge of implementation of certain procedures, such as necessary equipment and inventory. The information below is based on tabulations of general standards.

1. Status of the Health Center

The status of the health center in Albania, according to the Ministry of Health is: Active; temporarily shut down; shut down. So observations are based on this status.

The questionnaire asked on the operational status of the sampled health center. The tabulations based on the entire sample are shown at Graphic 1 and the cross tabulation by health center type are shown in Graphic 2.

Graphic 1_ Health centre status



Graphic 2_Health centers status according to Key and satellites



Based on CFFESD observation findings, close to 85% of health centers nationwide are in operation. 10% of all sampled health centers are closed while 5% are temporarily closed.

However, the situation is different when comparing key and satellite health centers. While with the key health centers close to 98% are operational, the situation with the satellite centers is much worse in their operations. Close to 18% of the satellite health centers were not functioning and 12% are closed and 6% are temporarily closed.

2. Health Center Setup

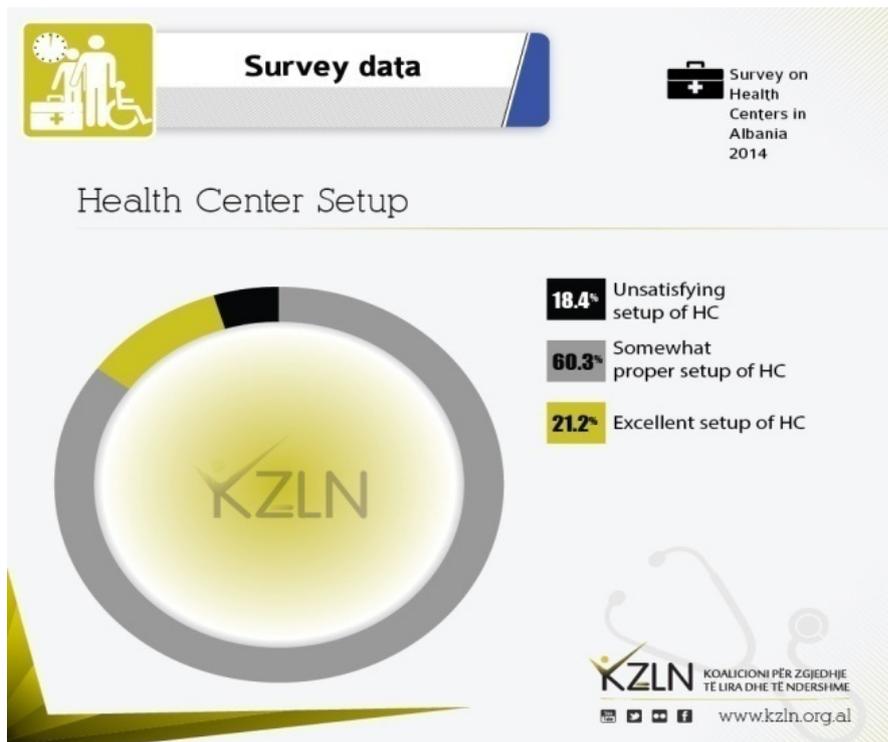
The questions for the health centre set up is based on the standards developed, observed and eligible by the National Centre for Accreditation, Security and Quality of Health Institutions in Albania, a institution under the Ministry of Health.

A new variable called *HC Setup* was created from a combination of survey questions related to the setup of the health center. All answers to these questions are “yes” or “no” with a summation of the “yes” answers creating the new variable. 1 or 2 is considered unsatisfying setup, 3 or 4 is somewhat proper setup, and 5 or 6 is an excellent setup. The questions used are listed below:

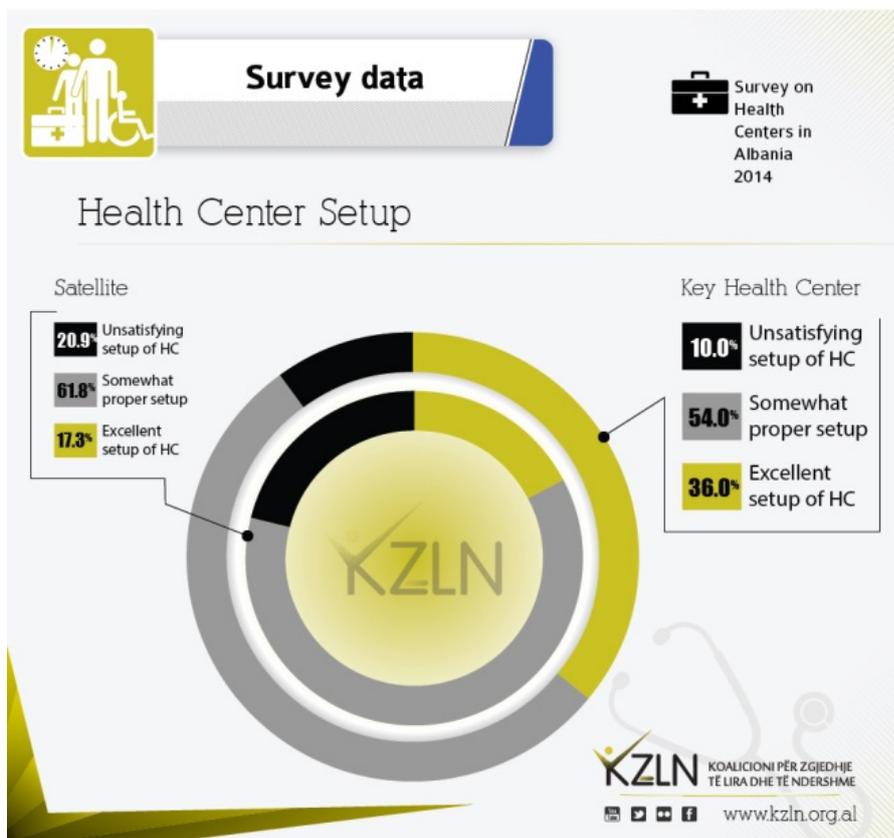
1. Is there a sign with the name of the health center at the facility’s entrance?
2. Is the timetable exposed at the health center entrance?
3. How the health center has a telephone number and its proper appliance at the reception?
4. Is the telephone number visible at the center’s entrance?
5. Are the service fees visible in the health center?

The tabulations based on the entire sample are shown in Graphic 3 and the cross tabulation by health center type are shown in Graphic 4.

Graphic 3_Health Centre set up



Graphic 4_Health centre set up according to key and satellites ones



Overall, the health centers are classified as somewhat proper in their setup at 65% nationwide. The health centers have similar percentages for the extremes of the classification with 16.5% classified as excellent set up and 18.0% considered with unsatisfying setup.

Looking to the cross tabulations by key and satellite health centers, the situation seems to be similar with the somewhat proper set up at 63.2% and 66.1%, respectively. It is seen that the key health centers have higher frequencies of excellent set up with 29.0% compared to the 13.1% of the satellite health centers. The unsatisfying classification, the satellite health centers have a much higher frequency of 20.8% compared to the 7.8% of the key health centers.

For the individual questions that comprise this scale, the largest issue seen among all health centers sampled is not having a telephone number with a functioning phone at reception. Closely running behind this, are questions related to this topic with a lack of receptionists present and whether the phone number is shown at the center entrance.

Health centers sampled tend to have the fewest issues with the sign posted and visible at the facility entrance.

3. Health Center Opening

The opening procedures of health centers monitored are based on the service timetable exposed or declared by the health centre personnel. The quality standard document clearly requires that the institution has a system for determining the exact time of visit of the patients. In the standards document the patients may contact the health center by phone and may have the opportunity to take the appropriate service according to regulations out of the office hours. Health staff makes home visits to patients physically impossible or cannot walk¹.

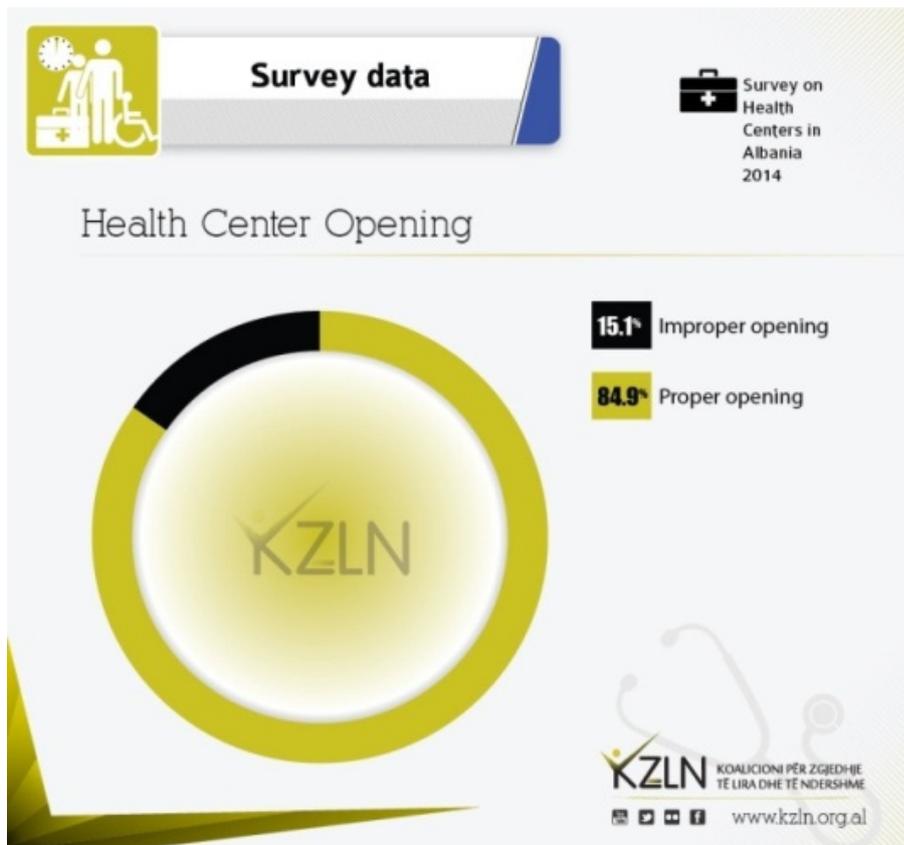
A new variable called *HC Opening* was created from a combination of survey questions related to the opening procedures of health centers. Answers to these questions are classified as “correct” or “incorrect” and the tabulations of positive answers create the variable. 1 or 2 is considered improper opening and 3 or 4 is proper opening.

1. When was the health center opened?
2. Who was present at the time of the health center opening?
3. Were patients waiting when the health center opened?
4. Were patients left to wait for an unjustified reason?

The tabulations based on the entire sample are shown in Graphic 5 and the cross tabulation by health center type are shown in Graphic 6.

¹The Basic Package of Primary Health Care Services, adopted in January 2009; Quality Standards for the Accreditation of Institutions of Primary Health Care, adopted in February 2009;

Graphic 5_Health centre Opening



Graphic 6_ Health centers Opening according to Key and satellites



Clearly health centers are overall following the proper opening procedures with 84.9% of the centers following appropriate opening rules. The key and satellite health centers show similar results with 81.3% and 85.9% for them respectively.

The individual question with the most incorrect answers is related to the people present at the time of opening. This means that at the opening of the health center, all appropriate personnel (receptionist, nurse, and doctor) were usually not present. This usually translated to the doctor not present at the opening time. The remaining questions, though, show high incidents of correct operations.

4. Health Center Accessibility for People with Disabilities

It is necessary that ramps, elevators, and other facilities are provided for people with disabilities. This is required in the standards document but it is not clearly defined².

HC Access was a new variable created from a combination of survey questions related to the accessibility of the health center to people with disabilities. Answers to these questions either “yes” or “no” and the tabulations of “yes” answers create the variable. A value of 3 is considered to be accessible to people with disabilities and any other answer is considered not a user-friendly health center.

1. Is the health center adapted for people with disabilities (ramp or elevators)?
2. Are rooms adapted for people with disabilities?
3. Are restrooms adapted for people with disabilities?

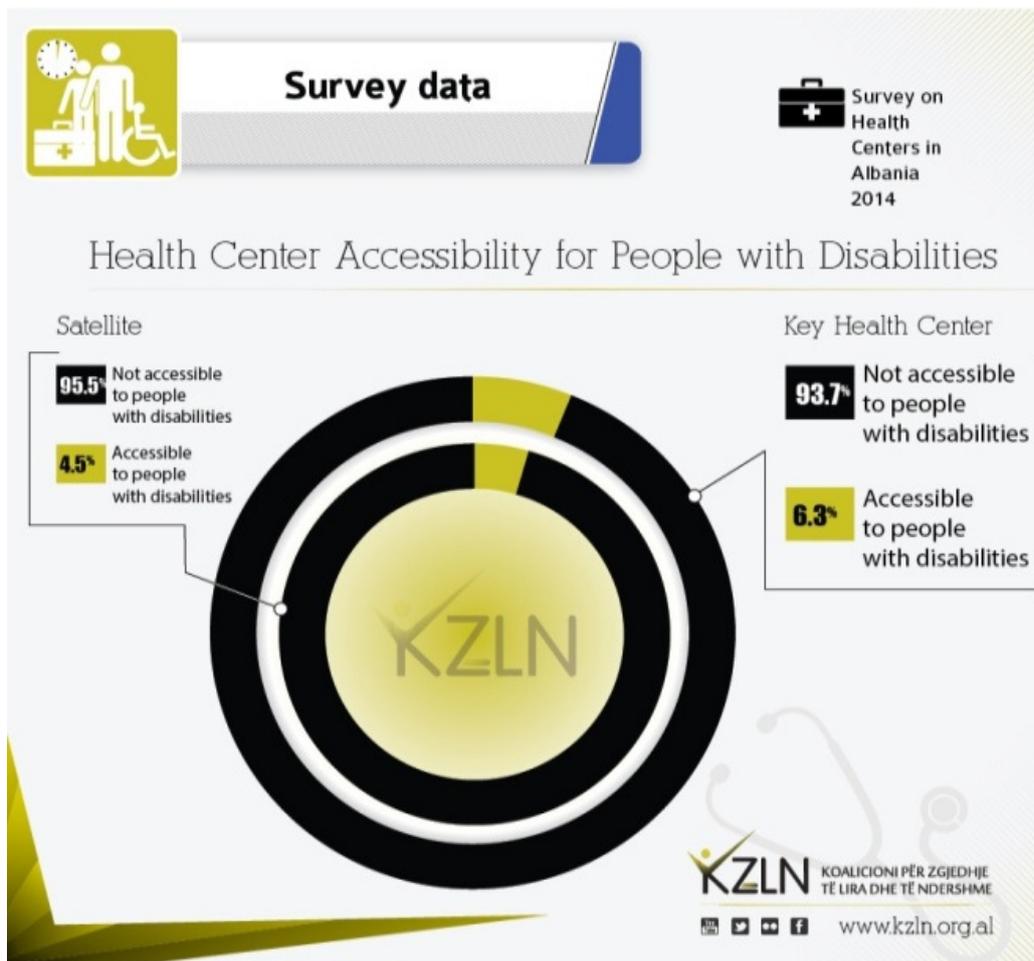
The tabulations based on the entire sample are shown in Graphic 7 and the cross tabulation by health center type are shown in Graphic 8.

Graphic 7_Health Centre Accessibility for people with disabilities



² The Basic Package of Primary Health Care Services, adopted in January 2009; Quality Standards for the Accreditation of Institutions of Primary Health Care, adopted in February 2009;

Graphic 8_Health Centre Accessibility for people with disabilities



It is quite blatant that the health centers in Albania are not equipped to serve the disabled population with 95.1% of the sampled health centers showing lack of adaptations for disabled patients. This percentage is not concentrated in key or satellite health centers as their percentages are similar to the nationwide tabulations.

All of the components of this scale have high frequencies of almost 90% and higher meaning that, in general, the health centers have neither ramps or elevators nor adapted rooms or restrooms.

5. Health Center Services

The questions for the health centre services are based on the Package of the Primary Health Care Service in Albania approved by the Ministry of Health.

The frequencies of the following survey questions help the team to determine if the health centers are providing the required services. Each of these questions has “yes” or “no” answers with the base question of “Please describe the services provided by this center:”

The tabulations based on the entire sample and the cross tabulation by health center type are shown in Graphic 9. The survey questions are shown above the tabulations.

Graphic 9_ Services: Adults, pediatric services



Overall, all services are provided at the nationwide health center level in high percentages of 95% and above. Similar trends are seen when dividing the answers by key and satellite health centers.

In addition, Key Health Centers should provide laboratory services to citizens. The tabulations for Key Health Centers only are shown in Graphic 9.1.

Graphic 9.1 _Laboratory Services



Family planning and services for pregnant women are shown in the graphs no. 9.2 for the key health Centres and 9.3 for the non key health centres.

Graphic 9.2 Family planning services



Based on these data it's easy to conclude that Key Health Centers in general provide family planning services, while only 15% of Health Centers in Albania provide laboratory services.

6. Relationship with Institute of Insurance and Health Care (IIHC)

The relationship between the key health centers and the IIHC is regulated by a General Regulation for Contracting the Health Care services. This regulation is only for key health centers in Albania.

HC Access was a new variable created from a combination of survey questions related to the administration of the health center and how it is related to the IIHC. Answers to these questions are classified as either "proper" or "improper" and the summation of all "proper" answers creates the scale. A value of 4 is considered to "proper" and any other answer is considered "improper." The questions below are used to make the scale:

1. Do you have an agreement with IIHC?
2. Does IIHC supervise your health center?
3. Do you regularly report to the IIHC?
4. Have you ever been audited?

The tabulations based on the entire sample are shown in Graphic 10.

Graphic 10. Relationship with IIHC



Based on the data collected, 83.3% of the health centers have a proper relationship with the IIHC. The lowest value found by survey question is related to whether the health center has been audited

with a value of 85.3%. All other proper values for the remaining questions have high frequencies all over 90%.

7. Investments in Health Centers

Investments in the health centers in Albania are covered by the Fund, Ministry of Health, or donors. The health centers are eligible to apply for bank loans and to fundraise from domestic donors, on a top of the Ministry of Healthcare investments. As Key Health Centers and their respective satellites are perceived as single legal entity, this regulation refers only for key health centers in Albania³.

To measure the investments made in the health centers, a scale was created called *HC Investment* created from a combination of questions. Answers of the questions listed below all have “yes” or “no” answers. The total number of “yes” answers creates the scale where 5 or 4 indicates “substantial investment,” 3 or 2 as “some investments,” and 1 or 0 as “minor or no investment.”

1. Have you ever received a bank loan?
2. Have you raised funds with foreign donors or domestic business?
3. Have you received bonuses at the end of the last year (2013)?
4. Has the Ministry of Health ever invested in your center?
5. Have you ever involved your staff in professional trainings?

The tabulations based on the entire sample are shown in Graphic 11.

Graphic 11_ Investments in Health Centres



³ The Basic Package of Primary Health Care Services, adopted in January 2009; Quality Standards for the Accreditation of Institutions of Primary Health Care, adopted in February 2009;

In general, three quarters of Key Health Center throughout Albania received some sort of investment, while only third of Albanian Key Health Centers had substantial investments. Least used or basically unused form of investing or galvanizing investments, are bank loans and contributions from the donors with 2.2% and 4.8% respectively. Three quarter of Key Health Centers received bonuses at the end of 2013, one third of the Key Health Centers had investments through the Ministry of Health Care and best investment is in professional development, as in over 90% of Key Health Centers such programs were held. It's easy to conclude that more agility of Key Health Centers in Securing funds is required either from local donors or from sustainable business plans funded through the bank loans.

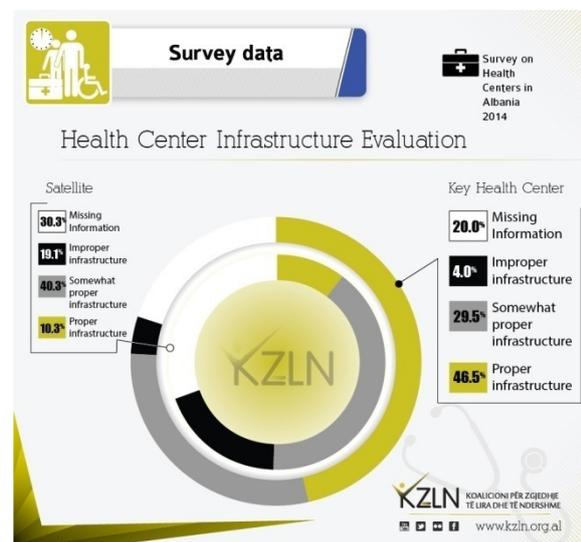
8. Health Center Infrastructure Evaluation

A new variable called *HC Infrastructure* was created from a combination of survey questions on health center infrastructure. This whole section of the questionnaire is comprised of 39 questions with the base of "Are the following provisions present?", as they are required⁴ Answers to these questions are classified as "yes" or "no" and the tabulations of "yes" create the scale. Greater than 26 indicates proper infrastructure, from 13 to 26 is considered somewhat proper infrastructure, and less than 13 is considered improper infrastructure. Details of all of these questions can be seen in the original questionnaire but examples of questions include functional electrical and water systems, the presence of examination rooms for adults and children, clean beds and sheets, etc.

The tabulations based on the entire sample are shown in Graphic 12 and the cross tabulation by health center type are shown in Graphic 13.

Graphic 12_ Infrastructure of the Health centres

Graphic 13_Infrastructure based on Key and no Key health centres



Based on the observations of CFFESD field monitors the infrastructure of health centers is classified with 17.0% as proper, 38.3% of cases somewhat proper, and 16% with improper infrastructure. Distributed by key and satellite health centers, 46.5 % of key health centers have proper infrastructure, 29.5 % somewhat proper infrastructure, and 4.0% with an improper classification. These results indicate that the key health centers are, in general, more prepared with proper

⁴ The Basic Package of Primary Health Care Services, adopted in January 2009; Quality Standards for the Accreditation of Institutions of Primary Health Care, adopted in February 2009;

infrastructure that the satellite health centers have higher frequencies of somewhat proper infrastructure.

Questions with the highest “no” responses are if the health center has an alternate electrical system during power outages, if there is functioning Internet service, and if there is a functioning printer on site. The questions with the highest frequencies of “yes” include if the health center has a set of table and chairs, if medicines are within their expiration dates, and if the center provides home care for patients that are unable to make it to the center.

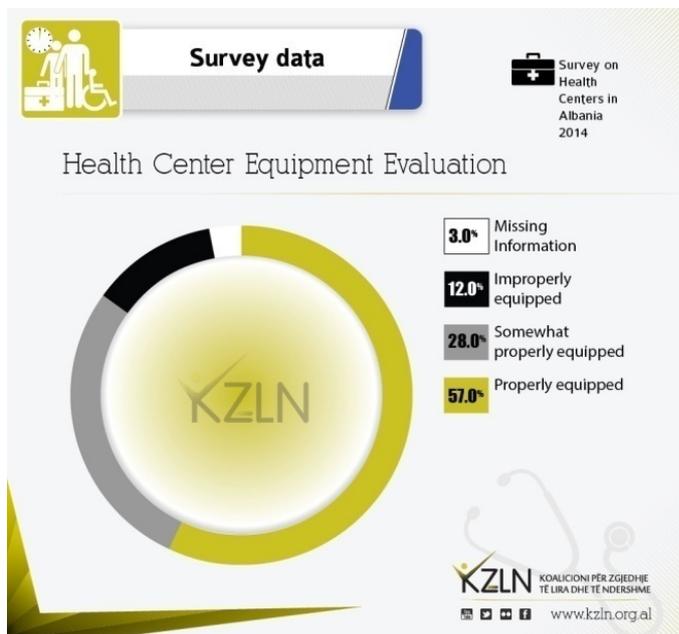
9. Health Center Equipment Evaluation

Ministry of Health defines only necessary equipment for the Key Health Centers, while defining needed equipment for Key Health Centers respective satellites are under their jurisdiction, this regulation refers only for key health centers in Albania⁵

The new variable was created to look at the evaluation of the health centers called *HC Equipment*. This scale was created from combining all the questions for the fifth section called Primary Health Center Equipment. In total, 45 questions were asked about the equipment that health centers have with “yes” or “no” as responses. The summation of all “yes” answers creates the scale where greater than 30 meaning “properly equipped,” from 15 to 30 “yes” answers as “somewhat properly equipped, and less than 15 as “improperly equipped.

The tabulations based on the entire sample are shown in Graphic 14.

Graphic 14. Evaluation of the equipments of the health centre



Based on the nationwide tabulations, more than half of the health centers are properly equipped at 57% of the sample. More than two-thirds of the health centers are either properly or somewhat properly equipped.

⁵ The Basic Package of Primary Health Care Services, adopted in January 2009; Quality Standards for the Accreditation of Institutions of Primary Health Care, adopted in February 2009;

Third and less than a third of Key Health Centers possess micro-surgery set, blood pressure monitor for children, fracture bars, Diapazone, ear syringe, oxygen container, gynecological examination table, Speculum, Pap test equipments set, EKG, Photometer, Centrifuge, Ultrasound machine, while from two fifths of almost every Health Center possess ambu mask, Otoscop, Glukometer, light source, neurologic hammer, weighing scales for adults and children, Blood pressure monitor for adults, Stethoscope, Thermometer.

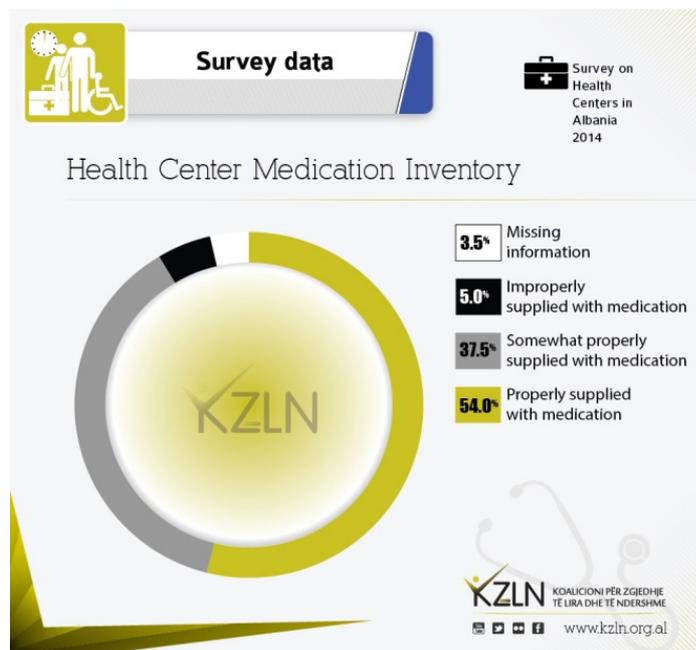
10. Health Center Medication Inventory

Ministry of Health defines only the necessary medication supplies list for the Key Health Centers, while medication supplies of satellite health centers is supplied by the key health center, as per the decision made by its director. There is no any separated List of medications that a satellite health center should have.⁶

Similar to the medical equipment scale, a variable called *HC Medicine* is created from the inventory list found in the medication inventory of section 6 of the questionnaire. A total of 61 items are questioned with “yes” and “no” answers. The total “yes” answers create the scales with greater than 40 classified as “properly supplied,” from 20 to 40 as “somewhat supplied,” and less than 20 as “improperly supplied.

The tabulations based on the entire sample are shown in Graphic 15.

Graphic 15: Medication Inventory



More than half of the health centers are properly supplied with medication at 54.0%. In general, the medication supplies are either properly or somewhat properly supplied with medications, with more than 75.0% of the sample showing this.

While almost every Key Health Center poses Water for injection, Atropine Sulhate 0.1%-(1mg/1ml), Dextrose 5% -500ml, Diazepam-10mg/2 ml, Furosemide -20mg/2 ml, Tresol (ORS) 27.9 gr,

⁶ The Basic Package of Primary Health Care Services, adopted in January 2009; Quality Standards for the Accreditation of Institutions of Primary Health Care, adopted in February 2009;

Papaverine 4%-1ml, Disposable IV perfusion system, Disposable syringe +2 needles 3, 5, 10ml, Iodine Tincture 2% -500ml, Surgical gloves, Bender, Hydrophylic cotton 100gr, considerably less than third of Key Health Centers in Albania poses Serum anti black spider, Bipenicilline 6.000.000UI, Morphine sulphate 15 mg or 30 mg, Verapamil-5 mg/2ml, Dihydroergotamine-1mg/ml, Nebuliser or volume pump, chlorpheniramine, Oxygen.

11. Health Center Documentation Evaluation

Ministry of Health defines only necessary documentation for the Key Health Centers, while needed documentation of Key Health Centers respective satellites are under their jurisdiction, this regulation refers only for key health centers in Albania⁷

In the same way as the previous two scales, section 7 of the questionnaire related to health center documentation is used to create a scale of *HC Documentation*. A summation of “yes” answers for all 47 questions created the scales. For values greater than 30, it is considered “proper documentation,” from 15 to 30 considered “somewhat proper documentation,” and less than 15 as “improper documentation.”

The tabulations based on the entire sample are shown in Graphic 16.



In general, the health centers nationwide keep proper documentation with 80.0% of the health centers having proper documentation and 15.5% of the centers holding somewhat proper documentation.

Lowest percent, (considerably less than half) of Key Health Centers possess Formularë të ndjekjes së të sëmurëve të moshuar në shtëpi sidomos për kujdes paliativ/ terminal, Kartelë e triazhimit të urgjencave, Regjistër i vizitave gjinekologjike, Regjistër i analizave të urines, Regjistër i analizave të gjakut, Regjistër i vizitave të mjekut specialis, Regjistër për leje për drejtim automjeti, Regjistër i anomalive kongenitale, A ken regjistër për rastet e dhunës në familje. Rest of the documents are in disposition at most of the Key Health Centers.

⁷ The Basic Package of Primary Health Care Services, adopted in January 2009; Quality Standards for the Accreditation of Institutions of Primary Health Care, adopted in February 2009;

12. Health Center Closing Time

Based on data from the final section of the questionnaire, a scale was created called *HC Closing*. The answers of the survey questions are classified as with “on time” or “not on time” based on the selection from the choices listed for each question that are listed below:

1. When is the closing schedule of this health center?
2. When was the health center closed (exact time)?

If the answers to the questions match then it is considered “closed on time” and if the question answers do not match then the health center is considered “not closed on time.”

The tabulations based on the entire sample are shown in Graphic 18 and the cross tabulation by health center type are shown in Graphic 19.



In general, the health centers closed on time with a frequency of 74.9%. When dividing it into key and satellite health centers, the key health centers have a higher value of closing on time compared to the satellite centers, with key centers at 88.3% and the satellite at 71.6%. It should be noted that there is more missing data associated with the satellite centers and this could account for the difference in the frequencies.

The entire information on the progress of the project as well as the results of the scientific and research work shall be found at:

Website: www.kzln.org.al

Facebook: *Koalicioni per Zgjedhje te Lira e të Ndershme*

Twitter: *KZLN_CFFE*

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