

Albania Success Stories

in improving mother and child health



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Foreword

Mother and child health is a priority in the Albanian health system and a political and institutional commitment for the Albanian government. It is common knowledge that during the last ten years, the indicators of mother and infant death rates have fallen by half compared to those in the 1990s. This indicates that generally speaking we are on the right path, but that nevertheless these indicators still remain high in comparison to European Union countries.

In this framework, and in close cooperation with the World Health Organization (WHO) and the Spanish Agency for International Cooperation and Development, the Ministry of Health has established a three-year programme for reforming mother and child health. Through its interventions and its activities, this programme will contribute effectively to improving mother and child health and increasing the quality and accessibility of the services available in this area.

With financial support from the Spanish Agency for International Cooperation and Development and technical assistance from WHO, the project will give technical help to the maternal, newborn and child health care reform as part of Albania's commitment to attainment of the Millennium Development Goals. The most important outcome expected from this project is a contribution to improving the health status of mothers, newborns and children in Albania, especially among the poorest segments of the population.

Petrit Vasili

Minister of Health of Albania

Introduction

Improving the health of mothers, newborn babies and young children is one of the most highly desired aims of the Albanian government, which is striving to bring infant and maternal mortality rates close to the average of the WHO European Region.

In support of this effort, the Ministry of Health is carrying out a maternal, newborn and child health (MNCH) care reform project with the assistance of WHO and financing from the Spanish Agency for International Cooperation and Development.

The main objective is to improve maternal, newborn and child health care, using a health system approach to ensure quality and continuity of care. It is crucial in working with the community to reach, hear and respond to the needs of families, especially women, as this valuable information is scarce and it is not always used in the development of health policies and programmes. A special emphasis is also being put on the need to reorganize school health services.

The project is being piloted in three regions: Shkoder, Korçe and Vlore. The lessons learned in these regions will serve in scaling up best practices in the rest of the country. A major part of the work is devoted to improving the quality of care in maternity hospitals. An assessment of the maternity and paediatric services in hospitals in the pilot regions revealed the need to improve the quality of care through the development and application of evidence-based clinical guidelines and effective perinatal care principles as well as practice. It is also very important to improve the interpersonal aspects of care and women's satisfaction with the care they receive.

Following the assessment of needs and the development of standards, professionals have been trained in the implementation and use of guidelines. Follow-up activities are being implemented after training to reinforce the skills acquired by staff during the courses.

The project promotes a woman-centred approach that involves her partners and families. The Albanian Institute of Public Health is the main counterpart collaborating with the project to introduce community participation as a means of empowering women, improving their ability to take decisions and making them full partners in improving the outcome of pregnancy and birth, with the support of their families, communities and local health institutions. It is important for health providers to understand how gender inequities and social determinants of health, such as poverty, ethnicity and education, may limit women's access to antenatal and maternal health services. These activities are first being tested in one region, Shkoder (in the north). Their subsequent implementation across the country must come through effective locally tailored approaches to specific community circumstances in other regions.

Special emphasis is being given to the reorganization of school health services, with a shift in the focus from curative care to prevention and health promotion so as to improve nutrition, reduce illnesses and reduce the main risky and dangerous childhood behaviour. For the growing and changing needs of pupils to be met, school health services need special improvements and, in particular, school nurses' skills and knowledge need to be broadened. The first step is the establishment of an information system to assess the child health situation and measure how school nurses carry out their work. School nurses are unevenly distributed across the country and are not well trained, so strengthening their role and skills is a priority.

In the social context, maternal and child health is the foundation of a healthy society. This is why working to improve maternal and child health is the best investment Albania can make for its future.



Putting the user first

A training package in effective perinatal care is bringing change to Albanian maternity units.

“The women feel much better this way,” says head midwife Vjollca Sullca.

The newborn infant is sleeping serenely in the cot beside his mother, a light blue cap pulled firmly down over his forehead.

“I love the way they’ve treated us this time. It’s so different from when I gave birth here two years ago,” says 23-year-old Griselda Gjorretre about the birth of her second child.

The Frederik Shiroka Maternity in Shkoder has indeed undergone a transition in the past few months, agrees head midwife Vjollca Sullca, who has worked at the hospital for thirty years.

“The course we did in effective perinatal care has made a real difference. We truly feel we give better service to the patients now,” she says. As an example, she mentions that the staff have stopped routinely giving mothers-to-be enemas and shaving them before delivery, as they used to do. The women are encouraged to bring a companion to the delivery room, move about as much as they like, and freely choose the position they prefer for the birth. In contrast to previous practice, mothers and newborn babies are not separated after the delivery but stay together, both directly after birth and when rooming-in.

It is an established fact that the provision of basic, evidence-based and cost-effective interventions during pregnancy, childbirth and the neonatal period can substantially reduce maternal and neonatal mortality. Effective Perinatal Care is a WHO training package for the whole professional team involved with childbirth, emphasizing that all care should be family-centred and evidence-based. Training has been carried out in all three pilot sites as part of the MNCH project. Six months after the initial training, a follow-up session is conducted to identify achievements and address any remaining challenges.

“I’m a fan of this project!” beams obstetrician/gynaecologist Senad Halluni, who trained at the Shkoder maternity unit. “After Effective Perinatal Care, we don’t medicalize labour any more. We see it as a natural process.”



Giving better service to the patients: head midwife Vjollca Sulca with Griselda Gjorretre and her baby boy.

“He’s nice when he’s sober”

She is eight months pregnant and living in a shack. When her husband drinks, he beats her. Violeta is one of innumerable battered women in a country with persistent gender inequalities.

One hand resting on her bulging stomach, Violeta is sitting on the sofa in the one-room cottage she shares with her husband. She is unemployed, her husband collects garbage for a living, and they are forced to make do on very limited means. When her husband has money, he likes to drink and then often gets violent with her.

It is estimated that one in every three women in Albania has been subjected to domestic violence. The Albanian Demographic and Health Survey 2008–2009 shows that 36% of men and 30% of women agreed with at least one of the reasons justifying a husband beating up his wife.

The issue is not discussed openly.

“Although Albania has quite good gender equality laws and laws against domestic violence, the problem is that not enough is done to implement them,” says Christine Arab, Country Programme Manager at the United Nations Development Fund for Women in Tirana.

Gender roles and norms are known to influence health status, access to health services and the outcome of health programmes. In view of this, WHO has identified gender as a priority concern for the ongoing MNCH project. A capacity-building workshop for health managers on the topic of gender and health was held in March 2009, and gender training has been integrated into several of the project’s activities.



There is not much room in the cottage Violeta shares with her violent husband.

It is sorely needed, feels social worker Marjeta Cela, who has been running health promotion groups in the Shkoder region for some time.

"It is difficult to involve men in the health groups, especially in the rural areas, where the gender roles are very traditional. To engage the men we have had to avoid talking about issues like violence, gender and empowerment of women."

Back at the rundown little cottage, Violeta is preparing supper for her husband and herself – a couple of sausages and some cauliflower.

"As I say, he only beats me when he's been drinking. When he's sober he's very nice," she says reassuringly.

"If it upsets me? Well of course I get upset at times. Doesn't everybody?"



Upgrading the school nurse

School health services play an important role in securing good health and development for children and adolescents. After two decades of deteriorating services, Albania is catching up in this area.

Tucked away in a corner of the teachers' room at the Martyrs of Pristina elementary school in Shkoder, school nurse Angelina Kepi has made herself a temporary office at one of the desks. Her workspace is almost bare. The only objects to be found on her desk as she attends to a pale young girl with a headache are a first-aid kit and a stack of information brochures about AIDS.

Angelina Kepi has had no training for the job, apart from her regular nursing education, and has ended up as a school nurse more or less by chance.

"I was working as a statistical nurse at the Department of Public Health, but my section was closed down three years ago and then I was offered this job," she says, and laughs a little ruefully.

Her situation is not unique. Most Albanian school health nurses lack adequate work facilities as well as training, tools and sufficient knowledge, especially about the mental and social problems that many young people face today.

In developed countries, school health services have been reformed by shifting their focus from a medical care paradigm to a social care paradigm, so as to meet the needs of present-day children and adolescents better. In line with this development, the MNCH project has the renewal of the services as one of its components. A national working group has been set up to prepare the implementation of the scheme.



School nurse Angelina Kepi receives a girl with a headache in her temporary office.

“One of the problems is that the school services are not standardized for the whole country, so the quality they offer depends very much on the individual,” says Dr Besa Shehu from the Directorate of Public Health in Tirana, who heads the group.

“School nurses play a vital role in the health care system, so it is absolutely necessary to provide them with good training and improve the organization of their work,” she says.



Mobilizing the community

"Men are difficult to motivate for community work."

"But in extreme situations, like when there is a flood, people are very active!"

"Yes, but how do we motivate people to be active when there is no outside threat?"

Mobilizing a community to get involved in efforts to improve health care for mothers, infants and children is not an easy task. In Shkoder, one of the three pilot districts of the MNCH reform project, the process is nevertheless well under way.

"It is impossible to improve health care quality only from the side of the provider. Individuals, families and communities have to participate too," says Aigul Kuttumuratova, Medical Officer at the Child and Adolescent Health programme in the WHO Regional Office for Europe.

Aigul Kuttumuratova was one of the facilitators at an orientation and planning workshop on working with individuals, families and communities in Shkoder in June 2010. Involving these groups is essential when striving to improve the health of mothers, infants and children, but as they and the health services are often unaccustomed to working together, both sides need to develop new skills so as to function well as partners.

The workshop brought together health managers, workers and representatives of district partners working in communities from the three pilot projects. For two days, they worked to build a common understanding of how to strengthen the collaboration between the health system and the community, and to discover the potential of empowering women in improving control over their own and their families' health. Using tools developed by WHO, the participants defined and reached a consensus on the priority needs in mother and child health, and developed a plan of action for reaching these goals.



The individuals, families and communities workshop in Shkoder gave Marjeta Cela (in green) new tools for carrying out her health promotion work.

“Now I have a clearer idea of how to proceed with my work,” says Marjeta Cela, who is a social worker at the Health Promotion Unit in Shkoder. “The workshop was very practical, and we were free to share ideas and learn from the experiences of the facilitators.”



A diagnostic tool for maternal and paediatric hospitals

An effective new tool for assessing the quality of hospital care for mothers and children is being introduced in Albania. Pinpointing strengths and shortcomings with precision, it also serves to guide staff in their future work.

“We are not here to criticize your work but to help you get a clear picture of yourselves,” says team leader and obstetrician Maksim Gjoni, as the day’s work begins.

Seated around the hospital director’s office are the heads of the three departments about to be assessed – the maternity, neonatology and paediatric wards – together with the members of the assessment team. The group consists of doctors, midwives and nurses from the capital, Tirana, and an international expert from WHO.

The aim is to show how the hospital compares to international standards, explains the team leader, and by putting the result together with those from assessments done in other pilot sites, give the Ministry of Health a clear indication of which areas need improvement.

The meeting over, the team spreads out across the wards, collecting information according to a detailed manual. Selected cases are examined and discussed, equipment and medications checked, and interviews conducted with mothers and medical professionals.

“The problem is that the staff are unaware of their malpractices – they are all convinced they are doing the right thing,” comments chief neonatologist Edi Tushe from Maternity Number Two in Tirana, after checking the intensive care unit. “The assessment points out exactly where they go wrong and shows them what to do instead, which is why it is such a useful tool.”

In the afternoon, everyone returns to the director’s office where Maksim Gjoni presents the preliminary findings at a feedback meeting. Positive aspects are reported, as well as areas that need improvement. In six months’ time the assessment will be repeated to see what changes have been made.



“After that, you can take over yourselves: the technique is both inexpensive and easy to use,” says Maksim Gjoni, as the assessors leave.

Leader of the team, Maksim Gjoni, explains the aim of the new assessment tool for hospitals.

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