



# **FINAL REPORT**

## **OVERSIGHT VISIT ON THE FRAMEWORK OF OVERSIGHT COMMITTEE ACTIVITIES**

**PREPARED FROM THE OVERSIGHT COMMITTEE**

**CCM ALBANIA**

**SEPTEMBER, 2017**

# Report

## Oversight Visit

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## INTRODUCTION

Oversight Committee created on the framework of CCM Albania has a mandate in terms of Albania Country Coordinating mechanism (CCM)

Oversight Manual and Plan Endorsed at the CCM Meeting held on 23rd of December 2014.

To conduct oversight by holding accountable are various activities which Oversight Committee should undertake through during the course of a CCM financial year. The Oversight Committee uses Oversight visits to held accountable to all country stakeholders as one of the instruments to execute its mandate, to conduct oversight over Global Fund implementation Project.

### Purpose of the Oversight Visits

The purpose of the oversight Visits are to:

- ✓ Oversight the VCT; MMT Centers and Regional DPH over theirs reported progress on deliverables in the Oversight Committee Annual Report;
- ✓ Assess the support provided by Global Fund with regards to the programmes offered;
- ✓ Interact and deliberate with CCM Albania and stakeholders on the overall functioning of the Centers visited;
- ✓ Allow the CCM Albania a platform to report back to the memberships on a range of services delivery concerns raised, through the oversight visits conducted, during 2016-2017 financial CCM Budget year.

Oversight Committee is a core responsibility of the Albania Country Coordinating Mechanism (CCM). As stated in the Global Fund's Guidance Paper on CCM Oversight, "the core principle of oversight is to ensure that resources - financial and human - are being used efficiently and effectively for the benefit of the country".

According to the Global Fund recommendations, as part of an annual oversight work plan prepared, approved and budgeted, periodical visits to service sites should be undertaken to obtain first-hand information on program activities and quality of the services.

These visits often also providing the opportunity to meet with people living with or affected by the diseases and to obtain feedback from them on the quality and impact of programs funded previously under Global Fund grants.

To best ensure site visits fulfill an effective role, detailed the Guidelines on Oversight Manual and Plan have been prepared for oversight site visits, as well as template briefing note and summary report formats.

During annual work of the CCM Albania from 1<sup>st</sup> October 2016 to 30<sup>th</sup> of September 2017, according to developed Oversight Work plans which include a schedule of oversight visits are conducted 12 visits including VCT Centers, MMT Centers and Regional DPH.

At the end of oversight visits Oversight Committee is taking in considerations options and develops recommendations to the CCM Albania, on action to be taken to resolve the problems, challenges and gaps identify during annual activities conducted on framework of Oversight Visit Plan.

## ACRONYMS / ABBREVIATIONS USED IN THIS DOCUMENT

**AIDS** - Acquired Immune Deficiency Syndrome

**CCM** - Country Coordinating Mechanism

**DPH** - Directory of Public Health

**HIV** - Human Immune-Deficiency Virus

**IPH** - Institute of Public Health

**GFATM**- Global Fund to Fight AIDS, Tuberculosis and Malaria

**LGBT**- Lesbian Gay Bisexual Transgender

**MMT**- Methadone Maintenance Therapy Centers

**MoH**- Ministry of Health

**MSM**- Men who have sex with men

**NGO**- Non-governmental Organization

**NSP**- National Strategic Plan

**PITC**- Provider-initiated testing and counselling

**PLWHA**- People Living with HIV/AIDS

**PMTCT**- Prevention from Mother to Child Transmission

**STI**- Sexually Transmitted Infections

**TGC**- Trans Gender Community

**UNDP**-United Nation Development Fund

**VCT**- Voluntary Counseling and Testing

## OVERSIGHT COMMITTEE

### Definition and Rationale

Oversight is a key function of the CCM. Therefore oversight requires the carrying out of a coordinated set of activities to support and ensure that grant activities are implemented as planned, and that issues and bottlenecks in grant implementation are identified and resolved.

Oversight is a core responsibility of the Albania Country Coordinating Mechanism (CCM). As a result, all CCM Members have a responsibility for participating in and supporting oversight activities. However, to facilitate effective performance of this role, the CCM has established a standing Oversight Committee “to deliberate and make recommendations on all oversight issues in accordance with (its) Terms of Reference and its work plan, or on any matter referred to it by the CCM Albania.”<sup>1</sup>

Oversight results in providing strategic direction by the CCM to the Principal Recipients, as well as consistent follow-through to ensure that implementing agencies comply with oversight recommendations and requested corrective actions.

### Principles of CCM Oversight

The Global Fund in accordance with principles and mission has identifies several core principles with respect to the requirement of CCM’s conducting oversight:

- ✓ “CCMs oversee the performance of PRs to ensure that they will achieve the agreed targets of the programs they are implementing.

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<sup>1</sup>CCM Albania Governance Manual, Annex 2 Terms of Reference of Oversight Committee

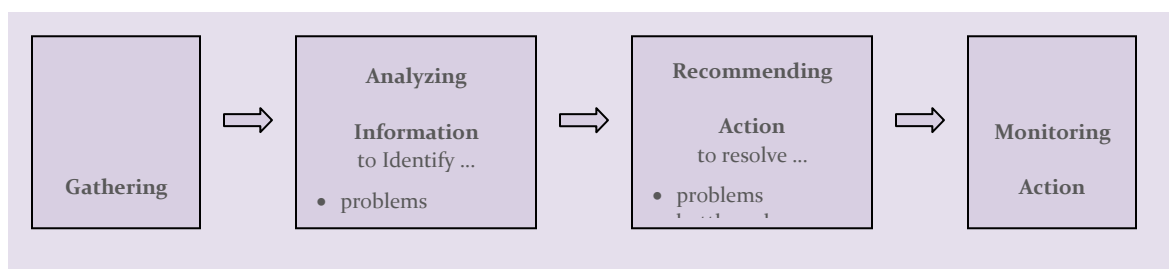
- ✓ The oversight role of the CCM is important to mitigate risk and implementation bottlenecks.
- ✓ Through CCM oversight, PRs are held accountable to all country stakeholders.”<sup>2</sup>

The framework for this Oversight Plan is based on the above core principles and linked guidelines indicated below:

Oversight is a national responsibility. As stated in the Global Fund’s Guidance Paper on CCM Oversight, “the core principle of oversight is to ensure that resources - financial and human - are being used efficiently and effectively for the benefit of the country”. CCM Albania bears the responsibility for the overall coordination of Global Fund grants within the country.

### Oversight Activities

The principal activities of the Oversight Committee are organized into four major areas:



Site visits, to provide the Committee with a notional understanding of program implementation, strengths and challenges.

<sup>2</sup>Guidance Note: CCM Requirements, Global Fund, June 2011

## Oversight Site Visits:

- ✓ Periodic reviewing of grants where information on the contribution of Global Fund programs to the overall national strategies for the specific diseases may be assessed in order to determine the need for change in program activities, implementation arrangements, and capacity building requirements.
- ✓ Analyzing information. Information that has been gathered will be analyzed to identify problems and bottlenecks requiring CCM attention. The Oversight Committee has chosen to bring in external expertise to advise in the analysis functional way.
- ✓ Recommending action. Once problems, issues, or bottlenecks are identified and their probable causes determined, the Oversight Committee will recommend to the full CCM actions to address the identified issues.

Oversight Committee present dashboard reports to CCM highlighting successes and challenges, explaining problems or bottlenecks that may have been identified and which require CCM attention, and recommendations for action.

Documents, report and Action Plan prepared which include problems identify, recommended actions, decisions and action feedback taken, with respect to oversight of grants are available uploaded according the Global Fund requirements.



## Preparation of the Oversight Visit Plan

Oversight Committee is responsible for contributing to effective oversight of all programs funded by the Global Fund and similar processes in Albania, according to the functions delegated to it by CCM of Albania to the Global Fund, as defined in the Manual s ruling CCM and the Terms of Reference.

## Objectives of the CCM Oversight Committee Site Visit

The main objective of this oversight committee visit is get an overall sense of HIV and TB programs achievement and challenges in Albania so that the CCM can provide better guidance to the Ministry of Health to strengthen GF grants implementation in the country. During the visit, the oversight committee members will focus on issues raised observation by a structure prepared dealing with: Kits and reagents; Equipment issues and Information and Educational materials; Involvement and partnerships; as well as identified problems during observation and dialogue process.

Specific Objectives:

- ✓ To get a field-based oversight perspective on how the GF grant is sustainable
- ✓ To investigate issues and gaps regarding the situation at the sites visit to enable the CCM to make appropriate intervention, decisions and recommendations.
- ✓ To provide general orientation to the new PR and PMU team on the next Global Fund grant management, to improve program performance and interventions.

## Method of work

The oversight committee is composed of the following members;

1. Liliana Dango; Oversight Committee Chair
2. Adriana Hala; Vice/Chair; Oversight Committee Member(CAD)
3. Merita Jazexhiu; Oversight Committee Member(Ex-TB-PG)
4. Skender Fifo; Oversight Committee Member (MSM Comm.)
5. Klevis Hoxhaj; Oversight Committee Member(PLWD)
6. Marjeta Dervishi; Oversight Committee Member (Expert Gr.)

On the beginning of October, within the activities of CCM Albania, the meeting between the members of the CCM Oversight Committee's and representatives of the Executive Committee has been hold.

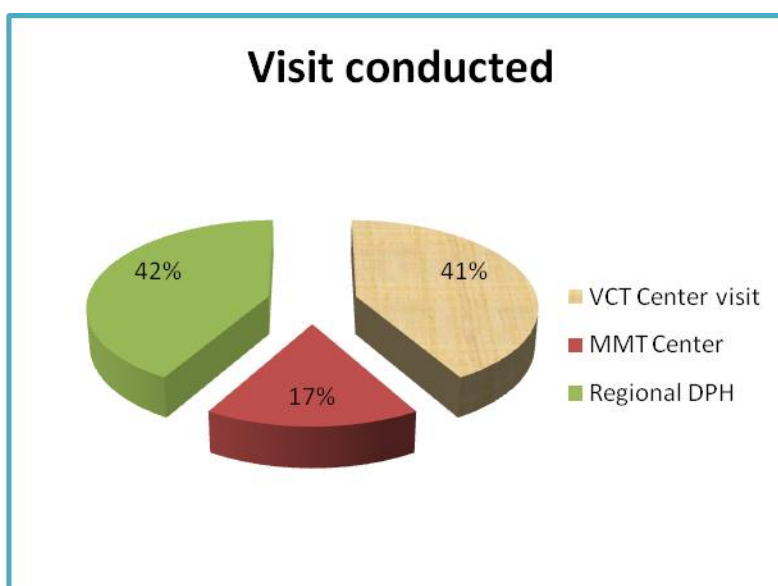
After the approval of the Oversight Activity plan from the Oversight Committee, a schedule about the site visits and the purpose thereof has been developed. Oversight Committee is responsible for contributing to effective oversight of all programs funded by the Global Fund and similar processes in Albania, according to the functions delegated to it by CCM of Albania, from the Global Fund, as defined in the Manual s ruling CCM and the Terms of Reference.

Committee helps CCM in fulfillment of its responsibilities, to keep Principal Recipient responsive to input sources for the country: "The Committee is required to put in place and maintain a transparent, documented to oversee the implementation of the program."

On completion of oversight visits planned within the CCM s assessment of the work of Volunteer Counseling and Testing sites and centers of

Methadone Maintenance Therapy, in some districts in Albania. According to the groups raised, based on the Plan of oversight visits during the during the financial Annual of CCM a total of 12 visits should be conducted 5 visit at VCT centers, 2 visits at MMT centers, and 5 visit at the Regional Directory of Public Health.

**Figure: Visit conducted during annual period from OC**



For visits conduct a plan of action with groups of three persons has been developed, with members of the Oversight Committee and the Executive CCM's Committee.

At the end of visit, reports, from the groups responsible for planning and reporting visits will developed, becoming a brief description of the findings on the current situation of the centers visited, and briefly surveys and observed the issues on the ground.

For each visit will be designed a brief report in Albanian and in English language, that reflect issues raised observation by a structure prepared dealing with: Kits and reagents; Equipment issues and Information and

Educational materials; Involvement and partnerships; as well as identified problems.

### Table of Oversight Activities Plan developed from OC;

## Oversight Activities Plan 1<sup>st</sup> Of October 2016 - 30<sup>th</sup> of September 2017

Type of Activity	Scope	Date/Month	Oversight member Responsible for planning	Oversight and CCM members Participating
Consultation with Grant Beneficiaries - MMT clients Korçë	Consultation	14-Oct-16	Skender Fifo	Marjeta Dervishi Skender Fifo Klevis Hoxhaj
Site Visit - VCT at Gjirokaster' City	HIV Test Services capacity of the service hub Mon.	18-Nov-16	Skender Fifo	Skender Fifo Marjeta Dervishi Klevis Hoxhaj
Site Visit - Department of Health Elbasan' City	HIV Test Services capacity of the service hub Mon.	9-Dec-16	Merita Jazexhiu	Merita Jazexhiu Skender Fifo Klevis Hoxhaj
Site Visit - Department of Health Shkoder' City	Consultation .	23-Feb-17	Klevis Hoxhaj	<b>Skender Fifo</b> <b>Klevis Hoxhaj</b> <b>Marjeta Dervishi</b> Merita Jazexhiu
Site Visit - Department of Health Durrës' City	Consultation	10-Mar-17	Merita Jazexhiu	Skender Fifo Klevis Hoxhaj
Consultation with Grant Beneficiaries - VCT- Elbasan	Consultation	10-Mar-17	Skender Fifo	<b>Skender Fifo</b>
Site Visit - Department of Health Vlore' City	Consultation	12-May-17	Skender Fifo	Marjeta Dervishi Olimbi Hoxhaj

Consultation with Grant Beneficiaries - MMT clients Durres	Consultation	10-Mar-17	Merita Jazexhiu	Merita Jazexhiu Skender Fifo Marjeta Dervishi Liliana Dango
Site Visit – Tirana stationary service points (SSP),	HIV Test Services capacity of the service hub Mon.	9-Jun-17	Liliana Dango	Adriana Hala Merita Jazexhiu
Site Visit - Department of Health Tirana' City	HIV Test Services capacity of the service hub Mon.	14-Jul-17	Merita Jazexhiu	Merita Jazexhiu Adriana Hala Liliana Dango
Site Visit - VCT at Korca'City	HIV Test Services capacity of the service hub Mon.	23-Jun.-17	Skender Fifo	Skender Fifo Marjeta Dervishi Klevis Hoxhaj
Site Visit - VCT at Shkoder' City	HIV Test Services capacity of the service hub Mon.	17-Mar-17	Marjeta Dervishi	Skender Fifo Marjeta Dervishi Klevis Hoxhaj

## Visit conducted

The Oversight visit was conducted using a pre-prepared checklist (annexed) and the following methods were used for this routine oversight committee group's visit; Discussions with staff of the Centers visited about situation, gaps and problematic;

- ✓ Health Facility site observations and documents review
- ✓ Interviews with Health Care Providers
- ✓ Interviews and discussions with beneficiaries (if are present and agree to participate)

Based on the visit plan and the timing of their performance, the members of the Oversight Committee were oriented on how the visits would take place. Below are a check-list described with some of the structured questions that will orient the committee members in their discussion with the responsible persons and the staff in the centers that will be monitored, At the table below are prescript the most common questions for oversight visits' group.

No.	QUESTION FOR OVERSIGHT COMMITTEE SITE VISITS	RESPONSE
<b>I</b>	<b>For VCT Centers</b>	
	<b>Fund resources</b>	
1	Is the VCT receiving any funds support for HIV, TB from donors?	
2	If yes, which grant? Why?	
3	Did you make any co-fundraising for awareness activities with local NGO-s or institutions (e.g. university, high schools,) from local private sector?	
	<b>Programmatic management</b>	
1	Are the expected targets being met? e.g. for <ul style="list-style-type: none"> <li>• PMTCT enrolment or for counseling/testing?</li> <li>• TB case detection, treatment rate? If not why?</li> </ul>	
2	Have you developed some planning actions activities to meet those target-groups?	

3	Are the necessary referral mechanisms working as they should? i.e <ul style="list-style-type: none"> <li>• From counseling/testing to Out-Patient Clinic?</li> <li>• from VCT or DPH to health centers for presumptive TB cases referral</li> <li>• For MDR-TB diagnosis?</li> </ul>
4	Are there any gaps in referral cases to service delivery or areas of improvement identified?
<b>Procurement/supply management</b>	
1	Are there sufficient HIV Rapid tests or other medical supplies?
2	Have there been any stock-outs supplies in the last 6 months? Are any expired supplies being used?
3	Are there sufficient Hep. B, C and Syphilis kits or other medical supplies (e.g. lab supplies)?
4	Have there been any stock-outs of kits or supplies in the last 6 months? Are any expired kits or supplies being used?
5	When did you receive your last delivery of drugs or supplies?
<b>III For Regional DPH</b>	
1	May you brief us the available laboratory services in your DPH?
2	Is there functional laboratory for the diagnosis of HIV, TB and Hep?
3	Are there adequate trained staffs for each lab in your DPH?
4	Is the lab. Receiving sufficient support for laboratory services?
<b>IV For MMT Centers</b>	
1	Would you brief us the HIV, Hepatitis and syphilis prevention and testing services being provided in this MMT center?
2	Are you achieving the expected results from IDU-s target-group?
3	From where does the MMT center receive HIV, Hepatitis and syphilis kits and other supplies?
4	Do you face any stock-outs for Methadone during last 6 months? If yes how you have deal with it and resolved?

The check-list above should be taken in consideration during the visit, in order to be structures and prepared for the visit report which should be developed at the end of every site visit, from the responsible persons' according to the schedule approved.

## **ISSUES from VCT Centers**

### **1.Kits and reagents;**

VCT centers established in 12 districts of Albania with Global Fund support provide counseling and voluntary delivery of HIV / AIDS and other STI-s analyzes and is streamlined by public health directorates. The VCT centers are now part of the PHD with the staff paid by the state budget. Also kits and reagents as well as activities and maintenance have been fully funded for the first time by the state budget, though the allocations are not fully sufficient to cover all voluntary testing activities.

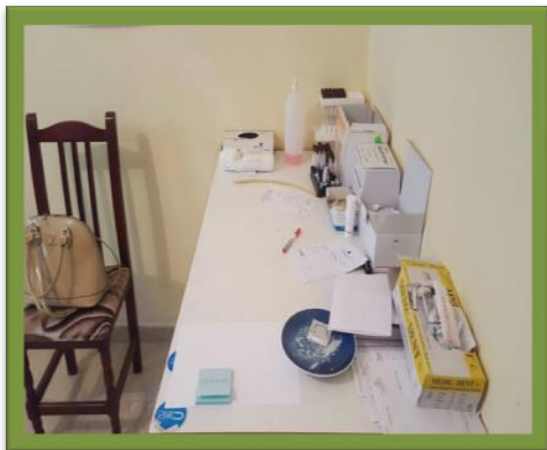
The VCT Centers visited was good located and comfortable offering hospitality to citizens who turn to services. Each device was in its place, and well disciplined structure.

At the VCT from reports prepared for each oversight visit, are provided the tests for HIV, Hepatitis and Syphilis. As for HIV testing in pregnant women, there were large numbers of this target group oriented to HIV testing at Shkodra and Elbasan VCT"s. On the framework of the support provided by a UNDP project focusing on awareness raising, provision and testing of pregnant women, a great deal of work was done in this regard by providing testing for all pregnant women headed to the VCT Center. For Roma community was reported few contacts, and more were part of awareness activities in the community, but not the delivery of tests.

The VCT centers also provide tests documentation for the Embassy, and were equipped with a licensed form which was recognized as an official



document. The reports shows also that are offered testing for new recruits of the Armed Forces and the VCT Centers had the right of documentation for HIV the test results.



**Shkodra City, VCT Center**



**Korça City, VCT Center**

Providing kits has been done by the Public Health Directorate in respective cities' and is part of the Budget of Microbiology Laboratory, which plans a number of tests to meet the needs of rapid tests for this VCT Center for HIV, syphilis and hepatitis.

### **Issues Identified**

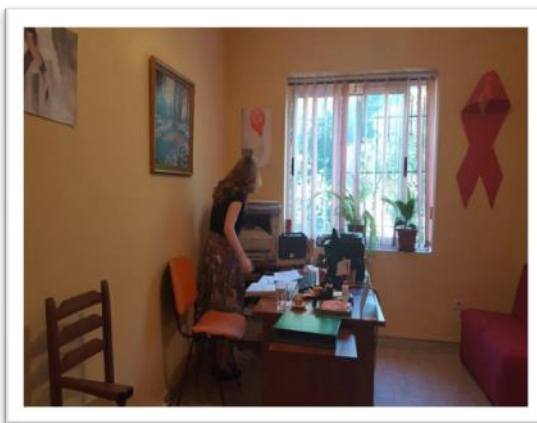
1. Serious resources lacking including lack of supplies, kits and reagents and inadequate infrastructure in some VCT Centers;
2. Lacking or very limited funding, infrastructure, and human resources for awareness campaign outside of their settings; provider of testing on KAP areas;
3. Difficulties on rapid tests procurement;
4. Needs expressed on provide testing to healthcare staff at least once a year for this category;
5. Limited or lack coverage of rural area, or other districts of within areas of geographical region;

## II. Equipment and materials I & E issues:

What it is noted in this observation are raise awareness and promotion in particular in city high schools, Universities, health centers round's communities, as well as testing for pregnant women, as a result of awareness campaigns part of their planned prepared on HIV voluntary testing. All activities of the VCT centers were very well documented. Procurement procedure kits for rapid HIV testing are the same with all other medical equipment of Microbiology Laboratory. The VCT Centers visited were well equipped and maintained equipment provided from previous Global Fund implemented support.



**Lezha City, VCT Center**



**Shkoder City VCT Center**

From observed situation on the ground from VCT's Centers staff, is reported to have visibility in promoting their work as well as awareness and information in the local media, including local radios and television. Also Vlora and Shkodra VCT Centers reported to had contacts with the community of HIV positive people from this city and worked individually with them mainly in the part of providing psychological support. The

problem remained their involvement in activities due to high level of stigma and discrimination faced.

From VCT Shkoder's staff center, has been reported, that during the summer period there is a group of people from network of MSMs that go to the border crossing point of Montenegro, Ulqin area for prostitution exercise mainly in hotels in the coastal tourist area. VCT Center had information and contacts with members of this group. Most of them belonged to the categories of poor people with limited financial resources.

At the Durres VCT Center from some observations are identify an increasing threat to the sexual health of residents population, and persons abroad but as yet little attention has been paid to developing interventions that might reduce sexual risk taking among people holidaying and visiting Durres area during summer period.

Having sex, having unprotected sex, and having sex with more than one person during summer holidays were all positively associated with having higher numbers of partners. Thus, those most likely have possibility and risk exposes to contract HIV and other STIs, due to multiple sexual partners and therefore, potentially best placed to transmit and spread HIV and STIs.

This relation between sex of local population and persons abroad emphasizes the importance of initiatives to promote safe sex on holidays and ensure that I&E materials, condoms and contraceptives should be easily provided and available throughout border, resorts and coast line.

#### Issues identify:

1. Lack of alignment of responsible, informative and testing activities in other areas of the cities, where VCT are located. Their work was limited to the city located, and the need to perform info sessions, awareness and testing with youth, girl, pregnant women and health providers in surrounding rural areas are a necessary.
2. Totally lack of information and education materials reported since 2012, ending of previous Global Fund financing Programme;
3. Reported needs for capacity building and training on introduction of routine provider-initiated testing and counseling (PITC);
4. Low quality of counseling and the preparedness of the counselors. As our experience has shown, the implementation of counseling services and the quality of counseling, leaves much to be desired;
5. Lack of cooperation reported between Regional DPH and the VCT Centers;
6. Noted the lack of support and understanding and promote testing among key populations. While promotional activities in schools, universities, health centers and other public institutions show a willingness to work and collaborate.
7. Their work was limited to the city settings, and performing info sessions with youth and health providers in surrounding rural areas is needed.
8. There is a lack of support and understanding of field work and promotion of testing among key populations. While promotional activities in high schools, universities, health centers and other public entities are

well received, there is a lack of good will to support work within vulnerable communities (outside the VCT Center).

9. Lack of intervention plan during the summer holidays with migrant population and high levels of sexual activity. From some observations are identified levels of homosexual sex and sexual interactions between residents and individuals from other countries, especially unprotected sex with people they meet. Action to protect the sexual health of local population is urgently needed and requires investment from local health services, policy development at regional and national levels, and collaborative working with travel agencies.

### Issues from MMT Centers

Currently the centers of MMT visited are offering services to Vlora and Korça cities and continue to work the same staff as last year; with two people working part-time. It is worth mentioning that was a staff of systematic, disciplined in work schedules, as well as the correct set for the provision of methadone in this center to its customers.

The number of clients being served at the center is 96 in Vlore, which is supported by GFATM with an average dose of 48mg/person. The number of clients providing services in Korça MMT center is 45, supported by FGATM 20 from who are treated with Methadone tablet, and 25 customers with liquefied methadone.

Other requirements to enter therapy with Methadone holder refer to Tirana, or treated for a short time, about two weeks are not defined as a patient so young (under an agreement with GF external consultants).

Near center are offered clients from neighboring districts where needs for Methadone Maintenance therapy are increased.

At the centers are implemented a registration system on providing therapy daily reporting and monthly inflows and outflows, stocks of finished goods and methadone consumption by a well-defined procedure by MMT center of Tirana.

Methadone supply is provided by the MMT center in Tirana, which also makes and periodic center monitoring. Training and knowledge updates are provided from the center of Tirana. It was also offered rapid tests, condoms, brochures and urine tests for heroin.

During this year, was reported the lack of Methadone in tablet formulation and in its place was offered liquid Methadone, provided by agreements drafted with the Kosovo Ministry of Health. At the time of the visit, the supply center with Methadone 20mg is provided with “Aksion Plus” Association funds expected in the center.



**MMT Center. Shkodra City**



**MMT Center, Korça City**

Methadone is stored and placed in good storage conditions and is always within the expiration date. Center clients receive the appropriate doses, determined in collaboration with the doctor in accordance with their individual needs. There was no rapid testing for HIV and SST due to the lack of kits.

#### **Funding issue;**

Staff payments are received on time and they are carried out through bank transfers to their personal accounts. An increased concern remains low staff payments, which influenced on lack of motivation to expand the program of their activities. Lack of funds justifies the lack of activities that the center could conducted and be more active especially in the field of awareness and promotion.

Work and efforts to contact foreign donors for center support and fundraising have been intensified.

#### **Collaborations:**

The MMT Centers in Korça and Vlora had very good cooperation and support from local, health, probation service, state police, local media and TV, as well as local government.

The visit reports a very good co-operation and referral system with local structures as well as to Tirana with other specialized centers such as IPH, Department of Toxicology-Adictology Service, VCT Centers and Psychological Services.

#### **Target population and work with them;**

In general, staff was prepared to provide the required services, despite the increased inflow and increasing demands for methadone support therapy. It should be borne in mind that the target with which work comes from the most marginalized groups and the poorest parts of the population in problematic, difficult economic and social situation, unemployed and often violent.

For each client, a personal file was created, with data obtained during meetings and interviews with a volunteer doctor and psychologist. The client, together with the physician and a close family member, signs a form of consent and acceptance for the terms and conditions of the Methadone maintenance therapy. It also provides information and cases where there are complaints to the service, which with the appropriate information are referring to the center of Tirana or to other adequate institutions.

### **Recommendations for the Oversight Committee as well as CCM Albania:**

Given the current needs for funding and services coverage and the shortcomings in providing drug-reducing services to drug users, it is seen the opportunity to draft long-term plans and programs to cover these services with sustainable funding and why not by the state institutions. This requires a detailed lobbying and Albania's CCM can play a key role in both compiling the relevant documentation and the expertise it can provide.

Despite support and funding from the GFATM project, permanent staff is needed, especially the psychologist service and nursing service, as well as more favorable infrastructure conditions to cope with the flow of



clients and improve the quality of services. In addition to the need for staff, especially the psycho-social, a computer is needed for the electronic register of clients, funds for the Internet, and other daily expenses.

### Issues from Regional DPH

DPH are functioning as a tool to help search for local health departments in settings area during this annual plan of the Oversight visits are conducted visits on DPH Durrës, Elbasan, Vlorë, Tirana and Shkodra city settings.

The conditions and facilities were good and comfortable offering hospitality to citizens who were headed for services raised by the PHD visited. In co-operation with the Methadone Maintenance Therapy Centers ( where located settings were), as well as other local Centers, a special field focused on trafficked girls and women was carried out joint activities in the field of awareness information and rapid HIV testing. Also there were people who conducted documentary testing for the Embassy, as well as documented testing for the new recruits of the Armed Forces was reported. There were a large number of private clinics offering HIV counseling and testing services in this city. It was reported that the city's polyclinics had no information on the existence and functioning of VCT in this city. While, was reported that they were satisfied with the number of tests offered compared to the previous year.

In addition to the provision of rapid tests for HIV, were informed that there no shortages in kites and they were a special item in the budget of the Directorate which also provided their purchase in the right

quantities. Regarding tuberculosis testing, there were regular follow-ups and documentation. New cases with Tuberculosis have been reported.



**Durrës, Regional DPH**



**Vlora, Regional DPH**

According to the information received, are not reported problems regarding the communication with the HIV VCT Centers in respective cities, (excluded Shkodra Regional DPH; lack of communication reported in this prefecture), as the communication between them was very good and there was a common working spirit.

From Shkodra Regional DPH representative, expressed that the staff providing services in this VCT center has not been selected according to the required criteria and there is a lack of professionalism. There are subjective choices and their recruitment with a political background, affecting their image and damage it. It was suggested that the staff of the VCT Center in Shkoder be reclassified before starting to rely on funds and projects. For providing HIV testing for pregnant women, were informed that they had information about a large number of this target

group targeting HIV testing at the VCT center within the support provided by a UNDP project focusing on awareness. A great job was made on providing information and providing testing for all pregnant women directed at the VCT Center in Shkoder. Although from the Regional Directorate of Public Health in Shkoder had been requested by the project donors to be their implementers or even as a co-worker in implementation, but their request was not taken in consideration.

On offering tuberculosis testing, there were regular follow-up and documentation. There have been reported 1-3 new cases per month with Tuberculosis. Also in 2016, from the district of Shkoder, 10 new cases of HIV diagnosed as HIV positive and 2 new cases reported in 2017 referred to the Public Health Institute of the Reference Laboratory for final HIV Diagnosis.

#### **Equipment Issues, I & E Materials:**

PHD staffs in cities visited had wide-ranging activities in the field of promotion and awareness. What is noticed in this survey is awareness raising and promotion in particular for city schools, health centers in the surrounding communes, as well as in testing of pregnant women as a result of awareness campaigns, while some of them had planned Volunteering for HIV testing.

Since 2012, no information and education material has been made available to PHD. On the part of the IPH with the completion of the implementation of the Global Fund Project and its financial support no information or promotional material was delivered to DPH's even though the requests were ongoing

The procurement procedure for the rapid HIV testing kit is the same with all other medical equipment of the Microbiology Laboratory.

### **Inclusion and partnerships**

Shkoder VCT staff, according to the information provided, was very well involved in the activities between the Directorate of Public Health, and local Universities and high schools creating a very good relations, communication and cooperation with these institutions.

The DPH's also had contacts with the community of HIV positive people from respective city and worked individually with them mainly in the provision of psychological support. The problem remained their involvement in activities due to stigma and discrimination.

Also from Vlora DPH is reported a problematic cases due to the disclosure of HIV positive status in a child case and that of a family from the Egyptian community in a rural area of this district.

In co-operation with the local government structures and responsible institutions they coordinated efforts to provide optimal solutions to the problems related to the attendance of educational institutions as well as problems of stigma and discrimination in their community settings.

They had very good cooperation in areas of awareness, information and visibility in promoting their work in local media, including local radio and television.

There was no cooperation with the Military Departments, while they reported a very good cooperation in information and awareness with Fason business enterprises on the respective DPH districts.

## Problems Identified and issues for discussion

- ✓ Lack of cooperation and collaboration with the VCT Centers,
- ✓ Lack of information and education materials;
- ✓ Legislation revision proposal on reducing the initiate age of voluntary testing for young people aged 18 to 16, as referral from contacts with high school psychologists, as age is a huge barrier for young people to be offered for testing.

According to Albanian legislation, young people under the age of 18 should be accompanied by parents or legal guardians in order to benefit from voluntary counseling and counseling services for HIV and other STIs.

- ✓ Looking opportunities for access to their interventions and activities in the pretrial detention facility, because this service is provided by NGOs contracted from the General Directorate of Prisons, and not by respective PHD.
- ✓ NGOs have obtained exclusivity and DPH staffs are not allowed to provide voluntary counseling and testing services for this category.
- ✓ Provide testing for healthcare staff at least one per year as the rapid tests for this category are lacking.
- ✓ Situation with volunteer testing remains problematic due to lack of funding.

## CONCLUSIONS AND RECOMANDATIONS

Generally, the VCT and MMT Centers, activities are progressing well in all regions visited though intermittent shortage of rapid tests, reagents, supply management, and environment needs to be improved.

Observations of the VCT Centers physical environment were made during the Oversight visit and took place during all long daily work. In order to determine the type and nature of the information to be collected, an observation guide in the form of a check-list was developed based on the previous experiences of this kind of visit. Data concerned the description of infrastructures and equipment, supplies and storage, and the conduct of the workday.

The information collected was recorded in the notes from the Oversight Committee members of visit' s group. Albanian government has made HIV testing and counseling a priority in its HIV/AIDS National Strategic Plan. The NSP considers HIV / AIDS prevention and control and treatment and related care as a multidimensional problem related to health, social, cultural and economic issues. Prevention and control of HIV / AIDS will pursue a cross-cutting approach that will require partnership co-operation at all levels in the public, private and non-government sectors. This approach should be followed in accordance with national and international strategies and will take into account the needs of individuals, communities and society.

Structure; The structure of VCT and MMT Centers services was analyzed based on infrastructures, work environment, privacy and confidentiality during the counseling session, equipment, and training of the staff and service providers. The findings are presented below;

Infrastructures, work environment; All the VCT Centers visits are located within the district DPH and are an integral component of the district

management units. All of them have two rooms for each staff members to insure privacy and confidentiality during counseling sessions.

Lack of equipment and materials;

All the centers visited reported to have adequate equipment to perform rapid tests as recommended by the manual of VCT Centers functioning. Almost in all of these centers, staffs experience a shortage in rapid test kits as mentioned by them.

Training and qualification of staff members; Regarding human resources are educated and come from professional fields and are generally trained by local DPH. for develop training for all health personnel; improves performance and knowledge; communicate effectively with individuals, communities, colleagues and policy-makers; also on identifying ways in which VCT's, MMT Centers and Regional DPH performance can be strengthened and made more sustainable.

The findings of this Report highlight some issues that hinder the quality of VCTC and MMT services and should challenge the Regional Health authorities on the need to reorganize VCTC services and the needs of common collaboration to create a local programme of interventions and improve the quality of their services. These improvements imply to provide adequate infrastructure and financial support as well necessary quantity of kits and reagents to ensure that all measures makes the work of services providers to the VCT Centers less stressful. Concerning the VCT Centers staff, having a national training curriculum, financial support and recognition should make them more confident and efficient in their work.

## Recommendations:

- ✓ Coordination and communication among VCT and DPH centers should be strengthened in facilitating and fast tracking the counseling and testing offer.
- ✓ From MMT Centers is recommended to seen possibilities of plans and long-term programs to cover these services with stable funds and why not from state institutions. This requires a detailed lobbying and CCM Albania could play a key role and can also provide expertise as the drafting of the relevant documentation.
- ✓ Legislation revision proposal on reducing the initiate age of voluntary testing for young people aged 18 to 16, as referral coming from contacts with high school psychologists, as age is a huge barrier for young people to be offered for testing.
- ✓ CCM should intensify advocacy role on increase the support and financial support for Regional Director of Public Health as the first line of defense in maintaining and improving the public's health status, based on the differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions that exist among specific population groups in different regions, especially on HIV and STI-s issues.
- ✓ Also DPH can increase and intensify their role on HIV testing for pregnant women awareness campaign, on PMTC transmission of HIV using all the local communication channels and intersectorial approach. The DPH staff should be at the forefront of the response to these new interventions, working in partnership with a wide



range of governmental and nongovernmental local institutions and across involvement of local private sectors.

- ✓ Needs identified for building capacity, asking for develop training for all health personnel; improves performance and knowledge; communicate effectively with individuals, communities, colleagues and policy-makers; also on identifying ways in which VCT's, MMT Centers and Regional DPH performance can be strengthened and made more sustainable.
- ✓ Training strengthens on district health management and strong local leadership is necessary for capacity-building initiatives within Regional DPH on skills, current functions and performance; the appropriate roles and how they can be strengthened to support new approaches on HIV preventions (PITC).
- ✓ Needs for increase and strengthening collaboration between VCT's, MMT Centers, and Regional DPH on developing a framework and new approaches methods for assisting rural areas to overlap additional barriers including geographic gaps in assistance for HIV prevention services and activities.
- ✓ A well-structured activities plan and programmatic support needed, which plays a crucial role in responding to local HIV issues in communities across settings frequently discussed perceived barrier to prevention responses.
- ✓ Increase the collaboration is needed to enhance overall relationships between regional DPH, local NGO-s and students'

groups' organization will result in an increased ability to mount organized, collaborative prevention on HIV responses.

- ✓ Actually not enough was being done to reduce individual- and community-level stigma and that interventions were desperately needed at the local level.
- ✓ Based on the Oversight Committee Report and Action Plan prepared, CCM - memberships and Oversight Committee members needs to initiate discussions with the PR and next PMU country team in findings, challenges, and problems observed reported from the oversight visit in all settings. The findings of this study highlighted some issues such as lack of adequate space and equipment for HIV testing and counseling that hinder the quality of VCTC services and should challenge the Regional health authorities on the need to reorganize and better support of their role and services.
- ✓ Regular CCM oversight visits by all teams as per the plan are essential to support the implementation of the GFTAM Project in Albania.



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Oversight report of the oversight CCM Albania Committee held at VCT; MMT  
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