



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme document for Albania**

Proposed UNFPA assistance: \$4 million: \$2.5 million from regular resources and \$1.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2006-2010)

Cycle of assistance: Second

Category per decision 2005/13: B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.5	1.5	3.0
Population and development	0.8	-	0.8
Programme coordination and assistance	0.2	-	0.2
<b>Total</b>	<b>2.5</b>	<b>1.5</b>	<b>4.0</b>

## I. Situation analysis

1. The population of Albania, estimated at 3.1 million, is expected to reach 3.6 million in 2010. External migration and a decline in fertility contributed to a reduction in the population growth rate from 1989-2001.

2. Albania is one of the poorest countries in Europe. It had a per capita gross domestic product (GDP) of only \$1,499 in 2003, and an economic growth rate of 4.7 per cent. Almost 30 per cent of the population lives on less than \$2 per day. Of this number, nearly 15 per cent live in extreme poverty, on less than \$1 per day. Unemployment is high, at 22.7 per cent, and even higher among youth and women.

3. About 58 per cent of Albanians live in rural areas, with 42 per cent residing in urban settings. Population density varies from region to region due to internal and external migration patterns, with the least populated areas located in the north-east. Rural and mountainous regions have the lowest income and fewer social and health services. There is little reliable data on health, poverty, employment and education. Life expectancy at birth is 77 years for women and 72 for men.

4. Internal and external migration levels have been high since the late 1990s, with migrants seeking better economic opportunities. About 25 per cent of the population has migrated to neighbouring countries, including Greece and Italy. Massive migration occurred from the poorest rural areas to more developed urban centres. Tirana, the capital, absorbed nearly 50 per cent of the internal migrants, and Durres, the largest port city, absorbed another 40 per cent.

5. Migration patterns have raised concerns among policymakers, especially in relation to the proportion of inhabitants aged 15 and younger. With over 50 per cent of its population under the age of 24, Albania has the greatest proportion of young people in Europe.

6. Changes in population dynamics are the most dramatic consequences of the demographic transition, which is characterized by smaller families and a decline in household size.

7. The country inherited a traditional Soviet model of public health care. The poor quality of services in the primary health-care system places a heavy burden on the hospital system, whose quality is also poor. During the social unrest in 1997, almost 50 per cent of primary health-care facilities were either destroyed or privatized.

8. In 2004, the Government approved a long-term strategy for developing its health system. The strategy aims to decentralize the health system, build capacity in health management and improve the quality of care. A reproductive health law, approved by parliament in 2002, incorporates a reproductive rights-based approach. The Government supports the Programme of Action of the International Conference on Population and Development (ICPD), and considers reproductive health and reproductive rights as part of its development agenda, in line with regional development strategies and the Millennium Development Goals (MDGs).

9. By 2010, the Government will assume responsibility for procuring contraceptives for the public sector, as per the national strategy on contraceptive security. The national strategy for socio-economic development places a special focus on the health sector, with the goal of increasing effectiveness and efficiency in human and financial resources management. It also focuses on improving access to basic health services. Public health expenditure for 2002 accounted for 2.7 per cent of GDP and 8.5 per cent of total public expenditure. Public health expenditure will increase to 3.2 per cent of GDP in 2006.

10. The maternal mortality ratio declined from 38 deaths per 100,000 live births in the early 1990s to 17.7 per 100,000 live births in 2003. The infant mortality rate decreased from 23 deaths per 1,000 live births in the early 1990s to 15.5 per 1,000 live births in 2003. Ninety-five per cent of women have their children in hospitals and clinics. However, access to antenatal care is limited. In rural areas, only 60 per cent of pregnant women have their first antenatal visit within the first trimester of pregnancy. Maternity hospitals suffer from poor infrastructure, drug shortages and outdated equipment.

11. Because reproductive health is a relatively new concept in Albania, it is not well integrated into primary health care. Integration efforts are hindered by the conservative social and cultural context. The concept of adolescent reproductive health is not yet understood, and only limited data are available. As a result, there is little support for providing young people with access to reproductive health services. Teenage pregnancies in 2001 accounted for 16.6 per cent of all live births. There are no reliable figures on teenage abortion rates. Many abortions occur in private settings and are not reported.

12. Family planning was introduced only in the late 1990s. The modern contraceptive use rate is 11 per cent. The intrauterine device was the most popular contraceptive method in 1996; however, by 2000, oral contraceptive pills had become the most popular method. Condom use is low, accounting for 2 to 3 per cent of the contraceptive prevalence rate. Withdrawal is the most widely used family planning method, with a high failure rate. The popularity of the withdrawal method, combined with a low awareness of modern methods, has contributed to the high abortion rate - one abortion for every 2.3 births. The actual rate may be even higher.

13. By the end of 2004, there were 148 HIV/AIDS cases. The actual number of infected Albanians may be significantly higher. Most

HIV/AIDS infections are reported to have occurred abroad, a result of temporary migration to neighbouring countries. In 2004, the Government approved a national strategy to prevent and control HIV/AIDS and developed an action plan. A preliminary analysis of data on sexually transmitted infectious (STIs) indicates high infection rates. As yet, no referral centres or treatment protocols exist for diagnosing and managing reproductive tract infections.

## II. Past cooperation and lessons learned

14. UNFPA has worked with the Government since 1983, initially on a project basis. From 1983-1990, Albania received \$1.5 million in assistance. UNFPA support focused on introducing family planning and safe motherhood within the context of primary health care. In collaboration with the World Health Organization (WHO), UNFPA worked with the Ministry of Health to establish regional family planning centres in 12 regions.

15. UNFPA-supported projects trained health providers and provided contraceptives and basic equipment to improve maternal and child health care and introduce modern family planning methods at the primary health-care level and in the principal maternity hospitals in Tirana. The programme made family planning service delivery guidelines available in Albanian, and trained doctors and midwives.

16. The first cycle of UNFPA support covered the period 1991-1995 and was extended by one year. UNFPA established an office in Tirana in January 1996 and appointed a representative. The first country programme (1997-2000) was approved for \$4 million (\$2.8 million from regular resources and \$1.2 million from other resources). This programme included outreach activities for youth as well as STI and HIV/AIDS prevention. UNFPA and the Government extended the programme for one year. The programme continued to build

institutional capacity in the Ministry of Health, focusing on social marketing.

17. A bridging project initiated in 2002 included a component to provide modern contraceptives and to develop logistical systems. It also promoted the social marketing of condoms to prevent STIs and HIV/AIDS among young people. In addition, UNFPA provided support to the first knowledge, attitudes, practices and beliefs survey and the 2002 reproductive health survey. The project, which was extended through 2005, increased access to services through NGO model centres, including through a women's clinic in Vlora and a young people's centre in Shkodra.

18. Lessons learned include the need to: (a) strengthen reproductive health services and provide specialized training for service providers as well as improve access to high-quality reproductive health services at the primary health-care level; (b) continue to build national capacity in population and in policy formulation, including data collection and analysis; and (c) improve coordination and collaboration mechanisms to use limited resources.

### **III. Proposed programme**

19. The country programme will be harmonized with the programme cycles of UNDP and the United Nations Children's Fund (UNICEF). It will be based on four United Nations Development Assistance Framework (UNDAF) outcomes and the common country assessment. The programme reflects the priorities of the national strategy on social and economic development, regional MDG plans and strategies, and the ICPD Programme of Action. It was developed in collaboration with the Government and encourages partnerships with United Nations agencies and other development partners working in the areas of health, population and development.

20. The goal of the programme is to contribute to the improvement of the quality of life of the

people of Albania by supporting the following three UNDAF outcomes: (a) a transparent and accountable Government that develops and implements effective national policies aimed at achieving the MDGs and European Union integration; (b) an enabling environment in place to increase people's participation in policy formulation and the national decision-making process; and (c) increased use of high-quality public services delivered in an efficient, transparent, accountable and equitable manner.

21. The programme focuses on gender equity and equality, population and development, and reproductive health and rights. Activities under the population and development component will be implemented nationally; activities under the reproductive health component will focus on three geographical areas, within the context of the regional MDG development plans.

22. The programme seeks to reinforce the capacity of national counterparts and systems to develop, promote and implement policies that will: (a) meet the sexual and reproductive health needs of women, men and young people; and (b) promote gender equity and the empowerment of women through partnerships with civil society organizations and non-governmental organizations (NGOs). The programme also seeks to develop databases on population and health-related vital statistics.

23. The programme will consist of two components: reproductive health, and population and development. The population and development component incorporates gender-related activities.

#### *Reproductive health component*

24. The reproductive health component has two outcomes: (a) continuous implementation and monitoring of policies and strategies related to gender, population and reproductive health; and (b) increased utilization by women, men and adolescents of high-quality reproductive health services, information and counselling.

25. Output 1: Key reproductive and sexual health-, gender- and population-related policies and strategies updated and formulated. In cooperation with the Government, the programme will implement the workplan of the health promotion strategy approved by the Ministry of Health as well as the action plan of the youth strategy approved by the Ministry of Culture, Youth and Sports. The programme will train NGOs and the media on management skills and advocacy. It will also assist the Ministry of Health in re-establishing the multidisciplinary reproductive health committee, which will elaborate a health strategy linked to the health law. The programme will support the national programme to prevent STIs and HIV/AIDS in accordance with the approved HIV/AIDS strategy.

26. Output 2: Comprehensive reproductive health services and standardized and oversight mechanisms integrated into primary health care and maternity units in the public and private sectors. Assistance will include: (a) training in reproductive health for service providers, based on the revised curricula for reproductive health, maternal care and counselling, and focusing on quality of care; (b) support to the Ministry of Health to manage and sustain the vital health statistics system; (c) support for a national contraceptive logistics management and information system to ensure reproductive health commodity security; (d) support to the Government in providing reproductive health commodities; (e) the development of improved reproductive health services, information and counselling, including HIV/AIDS; (f) the development and pilot testing of a regulatory framework for reproductive health, including protocols on the diagnosis, treatment and reporting of STIs at the district level and a Ministry of Health database; and (g) the regulation and accreditation of service providers.

*Population and development component*

27. The outcome of the population and development component is increased support for gender equality, population, reproductive health and reproductive rights from a variety of groups at different national and community levels. Two outputs contribute to this outcome.

28. Output 1: Better understanding of how to use and analyse population, reproductive health and gender-related data in planning and programming across different sectors. The programme will assist in population- and gender-related data collection and dissemination and in sensitizing planners and managers on the use of such data. Plans call for a survey to assess the impact of internal migration on reproductive health, gender and population issues. The programme will also train statisticians on the use of vital statistics. In addition, the programme will provide assistance for a health information system focused on reproductive health, and will continue to support the MDG regional plans through participation in joint United Nations initiatives.

29. Output 2: Increased national and community participation in promoting gender equality and women's empowerment. The programme will contribute to the implementation of: (a) the agenda of the committee for equal opportunities; (b) the gender equality law and national efforts aimed at helping the victims of sexual and gender-based violence; (c) the recommendations of the national conference on reproductive health and gender; (d) advocacy activities to raise awareness among members of parliament, NGOs, the media and the United Nations system to promote women's equality, equity and empowerment; and (e) plans with national authorities to better integrate and mainstream gender concerns into national and regional policies and programming.

#### **IV. Programme management, monitoring and evaluation**

30. The Government, UNFPA and national NGOs, in collaboration with other United Nations agencies, will manage the programme within the context of the UNDAF. This will facilitate results-based monitoring of the goals and objectives of the ICPD Programme of Action, the MDGs and the national strategy for socio-economic development. The Ministry of Health will serve as overall coordinator of the programme. Key implementing partners include the Ministry of Education and Science; the Ministry of Culture, Youth and Sports; and the committee for equal opportunities under the Ministry of Labour and Social Affairs.

31. UNFPA and the Government will monitor the programme as well as conduct annual programme reviews and a final programme evaluation.

32. The UNFPA country office consists of an assistant representative as well as administrative and programme support staff, as per the approved country office typology. Programme funds will be earmarked for a programme associate post and a driver/logistics clerk. National project personnel will be recruited as required. The UNFPA County Technical Services Team in Bratislava, Slovakia, and international consultants will provide the technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR ALBANIA

<p><b>National priority:</b> (a) strengthen Ministry of Health capacities to develop policies, strategies and national health-sector planning; and (b) strengthen primary health-care services to improve access to and the quality of services and the effective management of available resources</p> <p><b>UNDAF outcome:</b> (a) a transparent and accountable government that develops and implements effective national policies aimed at achieving the MDGs and European Union integration; and (b) increased use of high-quality public services delivered in an efficient, transparent, accountable and equitable manner</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Continuous implementation and monitoring of policies and strategies related to gender, population and reproductive health</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of workplans of existing reproductive health, gender and population policies and strategies implemented</li> <li>• At least 60% implementation rate of existing reproductive health and population and development annual workplans</li> <li>• Percentage of sector budget used towards ICPD-related activities</li> </ul> <p><u>Baseline:</u> National strategy for socio-economic development; national health strategy; MDG progress report</p> <p><u>Outcome:</u> Increased utilization by women, men and adolescents of high-quality reproductive health services, information and counselling</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Contraceptive prevalence rate increased to 17%</li> <li>• Number of reported abortions in selected areas reduced</li> <li>• Proportion of condom usage doubled within the</li> </ul>	<p><u>Output 1:</u> Key reproductive and sexual health-, gender- and population-related policies and strategies updated and formulated</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Health promotion strategy work plan finalized</li> <li>• National youth action plan finalized in line with the ICPD Programme of Action</li> <li>• Reproductive health committee re-established and functioning</li> <li>• Reproductive health strategy prepared and finalised</li> </ul> <p><u>Output 2:</u> Comprehensive reproductive health services and standardized and oversight mechanisms integrated into primary health care and maternity units in the public and private sectors</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of centres that offer high-quality reproductive health services in selected areas increased by 75%</li> <li>• Number of clients who receive information and counselling</li> <li>• Regulatory and registration framework affecting reproductive health developed and piloted</li> <li>• At least 80% reliability of logistics management information system functioning</li> <li>• Contraceptive commodity management functioning</li> <li>• Government supplies cover 100% of public sector needs in contraceptive commodities</li> <li>• 80% replication in peer education reached</li> <li>• Number of people reached by peer education</li> <li>• Healthy lifestyle kit introduced and incorporated into high school curricula</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health; Ministry of Culture, Youth and Sports; Parliamentary Commission on Health</li> <li>• Ministry of Health and primary health-care directorates at the district level; municipal health authorities</li> <li>• NGOs</li> <li>• Ministry of Labour and Social Affairs</li> <li>• Ministry of Health; Ministry of Culture, Youth and Sports; Ministry of Education</li> <li>• Central and local health authorities responsible for primary health care</li> <li>• Various youth, health and women's NGOs</li> <li>• United States Agency for International Development</li> <li>• UNICEF; World Bank</li> <li>• Other donors</li> </ul>	\$3 million (\$1.5 million from regular resources and \$1.5 from other resources)

	<p>contraceptive prevalence rate, especially among sexually active young people</p> <p><u>Baseline:</u> Health statistics from the Ministry of Health</p>			
<p><b>National priority:</b> eradicate poverty and improve the living standard of the people of Albania by reducing absolute poverty from 25.4% in 2002 to under 10% in 2015, and extreme poverty from 4.7% in 2002 to 0% in 2015</p> <p><b>UNDAF outcome:</b> an enabling environment is in place to increase people's participation in policy formulation and the national decision-making process</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Increased support for gender equality, population, reproductive health and reproductive rights from a variety of groups at different national and community levels</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of policies that have integrated population, reproductive health and gender increased</li> <li>Increased number of actions undertaken by decision makers/leaders to implement the ICPD agenda</li> </ul> <p><u>Baseline:</u> MDG progress report; national strategy for socio-economic development</p>	<p><u>Output 1:</u> Better understanding of how to use and analyse population-, reproductive health- and gender-related data in planning and programming across different sectors</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Better use of population and gender data by decision makers and planners</li> <li>Data produced on socio-cultural factors affecting fertility regulation</li> </ul> <p><u>Output 2:</u> Increased national and community participation in promoting gender equality and women's empowerment</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>At least 70% of gender conference recommendations are being implemented</li> <li>Increased knowledge of gender equality among national and community leaders in four identified areas and in different national sectors</li> <li>Extent of presence/involvement of high-level officials at key public events</li> </ul>	<ul style="list-style-type: none"> <li>Ministry of Local Government and Decentralization</li> <li>Institute of Statistics; Department of demography, Faculty of Economics, University of Tirana; research institutions</li> <li>NGOs</li> <li>Committee for equal opportunities; Ministry of Labour and Social Affairs; Ministry of Culture, Youth and Sports</li> <li>UNDP</li> <li>NGOs</li> </ul>	<p>\$0.8 million (from regular resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.2 million from regular resources</p>