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NGA POPULLI AMERIKAN
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U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

ANNOUNCEMENT

CALL FOR PUBLIC-PRIVATE ALLIANCES RELATED TO Maternal and Child Health in Kosovo UNDER EXISTING ANNUAL PROGRAM STATEMENT No: M/OAA/GRO/EGAS – 08-108

USAID/Kosovo would like to make a special call for concept papers that relate to the health sector in Kosovo. Specifically, USAID is seeking to partner with qualified institutions willing to devote resources that will help improve the health of women and children in Kosovo.

Kosovo's infant mortality rate is one of the highest in Europe (35/1,000 live births, according to the *UNDP Human Development Report 2006*), and two to three times higher than in neighboring countries. The infant mortality rate has remained fairly constant over the past eight years, despite a significant rise in percentage of attended births (up to 95%, UNFPA) and vaccination coverage (96%, UNICEF). On the other hand, the perinatal mortality rate has been steadily decreasing over the past few years, falling from 29.1/1,000 live births in 2000 to 23.1/1,000 live births in 2007, thanks to improved capacities within neonatology units.

There is no reliable data on maternal mortality rates in Kosovo. A *Demographic Health Survey*, conducted by the Statistical Office of Kosovo and UNFPA in 2003, reported maternal mortality at 21.9/100,000 live births. While this figure is often disputed within the Kosovo medical community, most agree that maternal mortality rates in Kosovo are among the highest in Southeast Europe.

Previous USAID involvement in the health sector has been confined to a few, small activities focusing on distinct problems, such as tuberculosis control, HIV/AIDS prevention and maternal and infant health. A previous USAID-supported Maternal and Infant Health project, which ended in February 2008, introduced new interventions and improved neonatal respiratory care at the Pristina Neonatal Intensive Care Unit (NICU) and trained primary care professionals in twenty-two Family Medicine Centers (FMCs) in enhancing their antenatal and post-partum expertise through Continuing Professional Development (CPD) courses. The effort has affected a reduction in perinatal mortality at the NICU, and increased the frequency of antenatal visits in the targeted locations. These encouraging results and the strong partnership with medical professionals thus far, have motivated USAID/Kosovo to consider further support in this area.

In this context, USAID/Kosovo seeks to develop alliances that will further the quality and accessibility of women and infant health services in Kosovo through systems strengthening, in-service training, pre-service education and community outreach.

The overall **goal** envisioned for this partnership is to *reduce infant mortality and improve maternal health through enhancement of essential maternal and child health services*.

USAID considers three objectives in *primary care* central to achieving this goal:

- Improve quality of antenatal care, including birth preparedness and complication-readiness planning
- Increase the frequency of antenatal visits among pregnant women through awareness raising and community outreach
- Improve the quality of infant care in pediatric primary care

While access to health facilities and professional assistance in the area of maternal health is almost universal, the quality of care has yet to reach a desired level. The frequency of antenatal care visits varies: only 25% of pregnant women have more than three ANC visits (considered the optimal number of ANC visits during pregnancy). A concerted effort to disseminate information about the necessity of ANC visits should be undertaken in order to increase the awareness and frequency of visits among women.

USAID is also interested in further implementation of the Continued Professional Development (CPD) program in antenatal and pediatric care to all existing FMCs. Rolling-out the CPD, which is part of a mandatory in-service training program for medical professionals, will require development of a strong cadre of trainers and provision of learning tools.

USAID considers two objectives in *secondary and tertiary care* central to achieving the stated goal:

- Improved quality of postpartum care, including neonatal intensive care
- Established network for emergency referrals and transport of newborns

Improvements in the perinatal mortality are due to better management of cases in intensive care units, resulting in reduced occurrences of infections and asphyxia. However, immaturity (54%) and congenital anomalies (25%) remain major causes of newborn death. This needs to be addressed further by increasing skills of health professionals, adequate equipment and treatment, and qualitative antenatal screening.

Most complicated pregnancies and critical newborn cases are referred to the University Clinical Center of Kosovo (UCCK) in Pristina. Conditions during transport of newborn babies from the regional hospitals and, in particular, from the primary health care units to UCCK are inadequate. Warm chain is not applied routinely and correctly. Furthermore, there is a lack of collaboration and networking among maternities, as well as limited monitoring of referred cases, among health care providers during the infant's first year of life. A sustainable system for emergency transport to health facilities, as well as more established processes for follow-up and integrated care need to be introduced.

USAID/Kosovo welcomes innovative ideas and proposals for partnerships. Proponents are asked to provide a list of illustrative indicators which will be used to measure the progress of the partnership. The following are some illustrative indicators which USAID considers relevant to the goals and objectives of the partnership:

- Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs
- Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities

- Number of people trained in maternal/newborn health through USG-supported programs
- Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs
- Number of people trained in child health and nutrition through USG-supported health area programs
- Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs
- Number of newborns receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs
- Number of newborns receiving essential newborn care through USG-supported programs
- Number of host country institutions with improved management information systems as a result of USG assistance

While the majority of USAID's investments in the program are intended to address the goals and objectives stated above, USAID/Kosovo is also interested in receiving proponents' views about possible approaches to two critical women's health issues: breast and cervical cancer. In Europe, breast cancer affects 1 in 10 women and is the second leading cause of death among all women. Cervical cancer-related mortality is fourfold higher in East Europe vs. West Europe. In Kosovo, the lack of awareness about breast and cervical cancer, as well as inadequate screening and treatment options, exacerbates the situation. Furthermore, most women go to the doctor during late stages of the disease when treatment is more expensive and difficult.

Projects that address the areas outlined above may be submitted under USAID's Annual Program Statement (APS) No. M/OAA/GRO/EGAS – 08-108. Alliances for up to \$3,000,000 may be submitted for a period up to three years, subject to availability of funds.

USAID/Kosovo, Program and Project Development Office (PPO), will be responsible for the proposal review process and management of the awards. Proponents are required to submit short concept papers to USAID/Kosovo, as per the terms of the APS. Proponents will receive instructions on whether or not to proceed with a full proposal. USAID/Kosovo will conduct a review of full proposals at the end of each of the remaining quarters during FY 2008. Proposals should be submitted by June 30, 2008, and September 30, 2008 in order to be considered, recognizing that funds may be committed in the first round of consideration.

For information regarding guidelines and procedures to submit a concept paper, please refer to the 2008 Annual Program Statement posted by the USAID Global Development Alliance Secretariat. The APS can be found at the following website:
<http://www.usaid.gov/gda>.

Proposed alliances should be consistent with USAID legal and policy requirements for the proposed maternal and infant health technical interventions. All guidance concerning USAID Maternal and Infant Health funded interventions can be found on
<http://www.childsurvival.com>. Proponents should familiarize themselves with these materials.

Other reference material:

1. Pregnancy and Family Planning in Kosovo - A qualitative study
Population Research Center-University of Groningen and INDEX Kosova
<http://www.unfpakos.org/documents/PregnancyandFPinKosovo-Eng.pdf>
2. Perinatal situation in Kosovo for years 2000-2004 - UNICEF Kosovo
http://www.unicef.org/kosovo/kosovo_media_pub_survival.003.04.pdf
3. Demographic, social and reproductive health situation in Kosovo
Results of a household survey 2003, UNFPA Kosovo
<http://www.unfpakos.org/docs/DHS-2003/English.pdf>
4. Demographic, social and reproductive health situation in Kosovo
Results of a household survey 2000, IOM/UNFPA Kosovo
<http://www.unfpakos.org/documents/DHS2000.pdf>