

American International Health Alliance

Final Performance Report

Partnership to Improve the Health of
Women and Children in Kosovo



USAID CA #167-A-00-09-00101-00

July 2, 2013



Preface

This closeout report provides an overview of the programs and activities carried out by the American International Health Alliance (AIHA) between December 2008 and March 2013 through the **Partnership to Improve the Health of Women and Children in Kosovo**. This unique public-private partnership was made possible thanks to the generous support of the American people through **Cooperative Agreement 167-A-00-09-00101-00** between AIHA and the United States Agency for International Development (USAID).

The Partnership to Improve the Health of Women and Children in Kosovo began as a three-year public-private partnership project under USAID's Global Development Alliance in December 2008. It was designed to strengthen health system capacity to markedly improved both quality and accessibility of healthcare services for women and children in Kosovo following more than 20 years of political and civil unrest. In September 2011, AIHA requested a no-cost extension through calendar year 2012 and, in December 2012, USAID/Kosovo agreed to a second extension through March 2013, when all in-country project activities were concluded.

AIHA's project objectives closely supported USAID/Kosovo's strategic objectives and were designed to build on the accomplishments and strengths of past partnerships and successful initiatives by placing a strong emphasis on building sustainable institutional and human resource capacity. All project activities were also carried out in close collaboration with the Ministry of Health of Kosovo to ensure local buy-in.

This report describes the development and evolution of the project, its main programmatic components, and the key outcomes of these components. It also includes summary results and brief success stories that highlight specific activities, as well as a discussion of key challenges and lessons learned.

AIHA is a 501(c)(3) nonprofit corporation created by leading representatives of the US healthcare sector in collaboration with USAID in 1992. AIHA's mission is to advance global health through volunteer-driven partnerships and initiatives that mobilize communities to better address healthcare priorities while improving productivity and quality of care. To date, AIHA has supported more than 170 capacity-building partnerships that link American volunteers with communities, institutions, and colleagues in 34 countries in a concerted effort to improve healthcare services and delivery.

Operating with funding from USAID; the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services; the US Centers for Disease Control and Prevention (CDC); the Global Fund to Fight AIDS, Tuberculosis and Malaria; and other donors, AIHA's twinning partnerships and programs represent one of the US health sector's most coordinated responses to global public health concerns.

AIHA wishes to express its sincerest gratitude to the countless professionals in Kosovo and the United States who gave so generously of themselves to the Partnership to Improve the Health of Women and Children in Kosovo. AIHA's work has been so successful because these individuals demonstrated the courage and commitment to change; the patience, dedication, and hard work to gain new knowledge and skills; and a generous spirit of trust and collaboration. Together they made significant contributions to improving healthcare services and delivery for the people of Kosovo. AIHA also thanks USAID and the Ministry of Health of Kosovo for the opportunity and privilege of working so closely with them and for their steadfast support of this unique public-private partnership. Finally, AIHA gratefully acknowledges the contributions of our dedicated staff in Washington, DC, as well as our regional office in Kosovo, whose work assured the successful management and implementation of the Partnership to Improve the Health of Women and Children in Kosovo and preparation of this closeout report.

The contents of this report are the responsibility of AIHA and do not necessarily reflect the views of USAID, the United States Government, the Ministry of Health of Kosovo, or the Government of Kosovo.

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I. Introduction & Background

More than two decades of political unrest culminating in war in 1998-1999 have left Kosovo's healthcare infrastructure in severe crisis. The country is home to around 2 million people, half of whom are under the age of 25. Some 350,000 Kosovar women are in their reproductive years and the continuing poor health status of women and children in the country represents a critical barrier to socio-economic development.

Currently, Kosovo's infant and maternal mortality rates are among the highest in Europe, and its healthcare system is characterized by a lack of coordination among care providers in both the public and private sector. Other key challenges include the inability to collect accurate maternal and child health data, quantify problems, and affect systematic solutions; a lack of necessary medical equipment and supplies; significant clinical training and education gaps in pediatrics and women's health; a lack of regularly implemented hospital-based continuous education programs in neonatal resuscitation, pediatric emergency medicine, and other child health issues; and a lack of community-based outreach programs focused on health promotion and disease prevention.



Kosovo's healthcare system faces multiple challenges, including lack of funds and a dearth of specialized technical and human resource capacity.

AIHA's USAID-supported Partnership to Improve the Health of Women and Children in Kosovo worked to strengthen health system capacity to provide quality maternal and child health services in response to the country's persistently high newborn and infant mortality rates and poor health status of women.

Against this backdrop, USAID and AIHA launched the Partnership to Improve the Health of Women and Children in Kosovo in December 2008. Through this unique public-private partnership, AIHA effectively leveraged \$2,909,697 in USAID funding by bringing in cost share contributions totaling \$4,837,882. These private sector donations from US partner institutions, as well as stakeholders in Kosovo, included equipment, in-kind professional time contributed by US experts, and funds allocated by the Ministry of Health to renovate the Pediatric Emergency Department at the University Clinical Center of Kosovo (UCCCK) in Pristina.

The project was largely based on AIHA's volunteer-driven institutional twinning methodology, a

AIHA's Partnership to Improve the Health of Women and Children in Kosovo effectively leveraged \$2.910 million in USAID funding by bringing in \$4.838 million in private sector cost sharing and in-kind contributions.

development model that uses institution-to-institution partnerships and peer-to-peer relationships to benefit both sides. Under this model, technical assistance is provided through highly targeted professional exchanges and mentoring sessions to train health and allied professionals and more effectively transfer evidence-based knowledge, skills, and best practices. As illustrated by the impressive private sector contributions leveraged through the project, AIHA's twinning model taps into the voluntary contributions of both expertise and materials. It also helps develop inherently sustainable health system capacity because it encourages local ownership and synergy with host country goals and strategies for health system strengthening.

Throughout the project, AIHA worked closely with USAID and Kosovo's Ministry of Health to prioritize maternal and child health issues, actively participating in the planning process for national strategies for reducing infant and maternal mortality and morbidity. AIHA also collaborated with various other health system stakeholders in Kosovo — including municipal authorities, healthcare facilities, and maternity houses, as well as key international players such as WHO, UNICEF, and UNFPA — to assure our initiatives conformed to and were supportive of the goals and objectives of Kosovo's Steering Committee on maternal and child health.

The cumulative effect of the comprehensive and holistic approach used by AIHA to implement the USAID-supported Partnership to Improve the Health of Women and Children in Kosovo has included marked improvements in the country's maternal and child health infrastructures, policies, practices, and human resource capacity at the primary, secondary, and tertiary levels.

Together with key national and local stakeholders in Kosovo, AIHA and its partners worked to build the prerequisite institutional and human resource capacity needed to improve:

- ◆ the quality, scope, and frequency of prenatal care;
- ◆ the quality of primary and tertiary level care for infants and children;
- ◆ perinatal and post-partum care for women and newborns;
- ◆ the quality of care for high-risk mothers and infants, as well as emergency cases;
- ◆ public awareness about the importance of prenatal care through targeted patient education and community outreach;
- ◆ women's gynecological services, adding screening and early detection services for breast and cervical cancer; and
- ◆ health professions education opportunities, including continuing education.

Because the Partnership to Improve the Health of Women and Children in Kosovo was designed to be national in scope and had a broad and diverse range of maternal and child health objectives, AIHA decided that a consortium of US and international technical experts would be needed to meet this complex series of objectives. AIHA's goal was to ensure the project had an impact well beyond individual pilot sites, ultimately achieving positive results at the community, regional, and national levels. A list of the US-based technical experts and resource partners AIHA engaged in this project is detailed in Figure 1 on page 5.

Figure 1: Key US Partners Involved in the Partnership to Improve the Health of Women and Children in Kosovo

US Partner Institutions	Locations
ValleyCare Health Systems	California
Women and Infants Hospital of Rhode Island	Rhode Island
Emory Pediatric Emergency Center	Georgia
Assist International	California
Project CURE	Colorado
Livermore Rotary Club	California

At the beginning of the project, Kosovo and its historical and cultural issues were largely unknown to the US partners. While they knew about the war and were aware of the conflicts that broke up the former Yugoslavia, working so closely with their counterparts over the course of the four-year project and seeing the effects of the war first-hand gave the US healthcare providers a much deeper understanding of the region and its troubled history. They saw the challenges their Kosovar counterparts face on a daily basis, which resulted in a greater appreciation of why Kosovo is still struggling.

The professional and personal interactions that took place have been critical to the project's success because they have engendered strong and lasting bonds between individuals and across institutions — the relationships established through the Partnership to Improve the Health of Women and Children in Kosovo stand as clear testimony to the positive impact that development has on diplomacy. And, while the cost match leveraged through the project are impressive in both scope and scale, the relationships forged and the mutual respect and understanding established among partners in Kosovo and the United States may very well be the most valuable aspect of the project.

It is important to underscore the considerable effort AIHA made to engage Kosovar stakeholders from not only the healthcare sector, but also the public, private, and civil society sectors. Throughout the course of the project, we worked in close concert with our local partners to build consensus and bridge existing gaps in Kosovo's fragmented systems.

The strong and lasting bonds between individuals and across institutions forged through AIHA's Partnership to Improve the Health of Women and Children in Kosovo stand as clear testimony to the positive impact development has on diplomacy.

Recognizing that the traditional hierarchical structure of the past is still in place in most of the clinics and hospitals, AIHA made every effort to bring together groups that included midwives, nurses, and doctors — three professional cadres who rarely interact with one another outside the clinical setting. This multi-disciplinary collaboration was new for many of the Kosovars and will hopefully support the gradual shift toward more democratic processes of consensus

building that is slowly being introduced as younger medical professionals enter the healthcare workforce.

Two examples of public-private support from within Kosovo were demonstrated by the Ministry of Health and the Rotary Clubs of Pristina and Ferezai. The Government of Kosovo's strong commitment to improving healthcare services for children in the country took the form of the Ministry of Health's contribution of 129,000 Euros to the reconstruction of the Pediatric Emergency Department at UCCK. In keeping with the Rotary International model that requires local clubs to contribute to important services in their communities in order to receive matching funds, the Rotary Clubs of Pristina and Ferezai made monetary donations for the renovations done through the project at the UCCK Pediatric Intensive Care Unit (PICU) and Pediatric Emergency Department.



"The commitment to good health for mothers and children represents a top priority for the Ministry of Health ... but this vision faces an extremely challenging reality."

Prof. Dr. Ferid Agani, Minister of Health of Kosovo, speaking in July 2011 at the launch of Kosovo's Maternal and Child Health Strategy.

AIHA's targeted engagement of stakeholders from all sectors contributed to the success of the Partnership to Improve the Health of Women and Children in Kosovo and has laid a strong foundation for continued in country support of the positive changes made to maternal and child healthcare systems and services in Kosovo.

Some of these improvements achieved over the term of this USAID-supported project are highlighted on page 7 of this report.

Snapshot of Key Accomplishments Achieved through the Partnership to Improve the Health of Women and Children in Kosovo December 2008 - March 2013

- ◆ Conducted a joint symposium with the TaskMed Falcon team on obstetrics and neonatal health titled “A Healthy Start in Life,” at Camp Bondsteel, bringing together nearly 200 Kosovar and Serbian physicians, midwives, and other healthcare providers.
- ◆ Distributed kits of essential items procured by the US military to each maternity unit in Kosovo and trained staff on equipment use.
- ◆ Installed computers in all the ob/gyn and neonatal units of regional hospitals and UCCK to help ensure better communication on high-risk pregnancies and neonatal emergencies and transfers.
- ◆ Developed an independent colposcopy service at UCCK and supported international collaboration, which resulted in the establishment of the Kosovo Colposcopy and Cervical Pathology Society, which is now recognized as a member of the European Federation of Colposcopy.
- ◆ Secured the donation of two ambulances and fully equipped them for neonatal transport; trained a core team of physicians and nurses and appointed lead staff, who traveled to the United States for advanced training on neonatal transport services.
- ◆ Opened a Pediatric Emergency Department at the UCCK and supported targeted training for relevant healthcare workers on topics such as basic pediatric emergency assessment, resuscitation and stabilization (PEARS), pediatric advanced life support (PALS), and in pediatric trauma management.
- ◆ Supported the consolidation and merger of UCCK’s two Neonatal Intensive Care Units (NICUs), including training staff to better organize and manage the combined units.
- ◆ Worked closely with local stakeholders to conduct comprehensive assessments of tertiary, secondary, and selected primary maternal and child health facilities and secured donation of four shipping containers of needed medical equipment and supplies to UCCK and six regional hospitals.
- ◆ Led efforts to regionalize perinatal care, including training staff at four regional hospitals and 17 maternities on neonatal resuscitation and obstetric emergency care.

II. Maternal Health & Women's Wellness

Maternal health in Kosovo remains one of the healthcare sector's key challenges. When the USAID-supported Partnership to Improve the Health of Women and Children in Kosovo was launched in late 2008, there had been 12 maternal deaths reported that year and the annual maternal mortality rate reached nearly 50 per 100,000.

Data collection and tracking practices were insufficient, with unknown rates of abortion; the proportion of Cesarean Sections to vaginal births was on the rise; the quality of obstetrics and gynecology services was extremely poor and characterized by outdated clinical practices and a lack of evidence-based clinical practice guidelines; healthcare providers had very limited access to continuous medical education programs; and preventive services for the early detection of breast and cervical cancer were limited or non-existent.

To meet these serious challenges, AIHA developed a set of systemic objectives and targeted activities designed to improve maternal health and specifically improve the quality of obstetric and gynecologic care at all levels of the healthcare delivery system. In particular, the provision of maternal healthcare services at the secondary and tertiary levels and improving the country's capacity in prevention and early detection of breast and cervical cancer emerged as key priorities in this discipline.

AIHA's main objectives were to improve the quality of perinatal and postpartum care at the secondary level by targeting regional hospitals and maternity wards at Family Medicine Centers; tertiary level maternal care in high-risk pregnancies at UCCK in Pristina; and general gynecology and women's healthcare services, including routine breast and cervical cancer screening for detection.

To meet these objectives, AIHA focused on activities designed to strengthen human resource capacity among Kosovo's ob/gyn specialists, midwives, and nursing staff involved in the provision of maternal and women's health services. AIHA and the US partners used modular training courses, lectures, and in-service training and mentoring activities carried out during professional exchanges to strengthen existing services and introduce new models of care at healthcare institutions where needed.

In addition to these clinical trainings, AIHA also supported the establishment of new professional associations, conducted a series of health promotion activities, and supported similar education and outreach programs being implemented by local and international NGOs.

From a policy perspective, AIHA provided technical support to the Ministry of Health's efforts to develop a national maternal and child health strategy and action plan, including a set of clinical guidelines and protocols on maternal health and women's wellness.

Finally, the successful achievement of AIHA's objectives in maternal health and women's wellness was supported by our efforts to secure essential equipment and disposable medical

Maternal health and women's wellness services represent a critical challenge for Kosovo's health sector. In 2008 when AIHA launched the Partnership to Improve the Health of Women and Children in Kosovo the quality and accessibility of health services for women was extremely low.

materials for the UCCK Obstetrics and Gynecology Clinic, five regional hospitals, and two city hospitals through donations brought to Kosovo from the United States.

Partners from the United States and the United Kingdom supported this component of the Partnership to Improve the Health of Women and Children in Kosovo. These institutions are listed in Figure 2 below.

Figure 2: Key Partners Involved in Health System Strengthening in the Field of Maternal Health and Women’s Wellness

Partner Institutions	Locations
ValleyCare Health Systems	California
Women and Infants Hospital of Rhode Island	Rhode Island
The Royal College of Obstetrics and Gynecology	United Kingdom
The British Society of Colposcopy and Cervical Pathology	United Kingdom
Project CURE	Colorado

Because maternal health and women’s wellness services in Kosovo were in such a poor state, AIHA and its partners adopted a complex multidimensional approach to achieve the project outcomes. Largely, our activities fell into the following interconnected topical areas and were designed to work in synergy with one another to help ensure access to a comprehensive continuum of care:

- ◆ Health system strengthening, including training human resources for health and expanding services, to improve maternal health and women’s wellness services;
- ◆ Establishing and equipping women’s screening and counseling centers; and
- ◆ Introducing quality disease prevention and health promotion activities, including screening for cervical and breast cancers and improved patient education and outreach.

Health System Strengthening to Improve Maternal Health

Our initial activities in this component addressed acute needs, including various clinical conditions that were resulting in the country’s high maternal mortality rate. In other words, our focus was on saving the lives of pregnant women.

Working closely with US experts from Women and Infants Hospital of Rhode Island (WIHRI) and ValleyCare Health Systems, AIHA focused on strengthening capacity in Kosovo through professional peer-to-peer exchanges that allowed for hands-on clinical training and mentoring at local partner institutions. US partners demonstrated the latest evidence-based practices and standards of providing maternal health and women’s wellness services.

In total, experts from ValleyCare traveled to Kosovo twice to conduct trainings to support this component of the project and expert teams from WIHRI conducted seven exchanges, as well as hosting a delegation of healthcare providers from Kosovo in Providence.

Once training programs were established, AIHA and its partners worked to effectively disseminate the information to targeted institutions throughout Kosovo, often through distance learning and tele-consultation modalities in collaboration with local strategic partners including the Telemedicine Center of Kosovo and the Center for Continuous Nursing Education and Faculty of Nursery and Midwifery, which also benefited from the project by learning advanced teaching and adult learning methodologies.

Raising public awareness and increasing patient education and outreach, as well as providing substantial material support in the form of donated equipment and disposable medical materials, also played a critical role in our efforts to improve the quality and scope of maternal health and women's wellness services available in Kosovo.

During the early phase of project implementation, AIHA and its partners conducted assessments to better guide our activities. Analysis of the main causes of reported maternal deaths were assessed and determined to be the result of mostly preventable causes, including certain obstetric emergencies and the H1N1 Influenza epidemic.

Armed with this information, AIHA and its US partners organized a series of capacity building activities to increase the knowledge and skills of healthcare workers at the secondary and tertiary levels where more than 90 percent of all deliveries occur. Some of the first trainings organized focused on the management of obstetric emergencies using a scenario-based teaching methodology. These training sessions — which were attended by staff from the UCKK Obstetrics and Gynecology Clinic and selected regional hospitals — were followed by hands-on training in a clinical setting, participation in clinical briefings and grand rounds, and peer mentoring to ensure optimal knowledge transfer.

During the initial phase of implementation, AIHA and the partners selected training topics were based on the acute need to save the lives of pregnant women. These included medical complications during pregnancy; management of post-partum hemorrhage; identification and management of prolapsed umbilical cord; management of prolonged labor and delivery; and management of H1N1 during pregnancy and Cesarean Section.

As the project progressed, other training topics covered included episiotomy procedures; preventing perineal trauma; performing Cesarean sections; TORCH (testing in pregnancy); multiparity; vaccines and pregnancy; and a series of operational and managerial courses such

All activities to improve maternal health conducted through AIHA's USAID-supported

Partnership to Improve the Health of Women and Children in Kosovo were done in close collaboration with the Ministry of Health, local healthcare institutions, KOGA, WHO, UNFPA, UNICEF, and other stakeholders.

A key accomplishment in this arena was the tremendous decrease in maternal deaths seen over the course of the project, with only two deaths reported each year in 2010, 2011, and 2012 — down from 12 maternal deaths in 2008 when the project commenced.

During the initial phase of implementation, AIHA and the partners selected training topics were based on the acute need to save the lives of pregnant women. These included:

- **Medical complications during pregnancy;**
- **Management of post-partum hemorrhage;**
- **Identification and management of prolapsed umbilical cord;**
- **Management of prolonged labor and delivery; and**
- **Management of H1N1 during pregnancy and Cesarean Section.**

as Midwifery in the United States; The Role of Midwives in Maternal Care; and Improving Relationships between Ob/Gyn Specialists and Midwives.

Through these training activities, AIHA reached more than 500 ob/gyns, doctors, midwives, and nursing staff throughout Kosovo, exposing them to modern, evidence-based maternal health practices and providing the equipment and medical supplies necessary to make these services available to women in their communities. Countless other healthcare practitioners participated in conferences and seminars organized during the course of the project.

One professional development activity of particular note was a March 2011 exchange that brought five Kosovar midwives to ValleyCare Health Systems in California. This team of midwives took part in an interactive training program, attended lectures and simulation drills on safe delivery practices, and gained critical skills in neonatal resuscitation and effective management of high-risk deliveries.

Upon their return to Kosovo, the midwives shared their experiences through a series of presentations at a seminar organized by the Faculty of Medicine of Pristina on International Midwives Day with AIHA's support. The event was attended by more than 100 nurses and midwife trainers who work at training centers all over Kosovo. The team of midwives also shared the training modules provided by ValleyCare, along with the experience they gained in the United States, during a review of training materials for a continuing medical education program for nurses.

In addition to training and the provision of equipment and medical supplies, other activities that supported this component include:

- ◆ The translation and distribution of important training materials, textbooks, and other evidence-based resources for use at local partner institutions;
- ◆ The review, translation, and introduction of a set of three obstetric clinical protocols developed by the American College of Obstetricians and Gynecologists and a clinical protocol for the management of premature labor and preterm rupture of membranes; and
- ◆ Assistance with a successful grant application for an institutional subscription to the highly acclaimed www.UpToDate.com, an online resource covering 16 clinical specialties, including obstetrics and gynecology and pediatric emergency medicine.

AIHA also provided support for a group of 18 distinguished members of the UK Royal College of Obstetricians and Gynecologists and other representatives of prestigious European medical organizations to participate in an international reproductive health conference, “Together for the Health of Women and Children in Kosovo,” which was co-hosted by RCOG and KOGA in May 2011. This successful event was attended by some 350 participants and was followed by an AIHA-sponsored 2-day colposcopy workshop for 40 participants.

Finally, AIHA provided continuous technical support to the Ministry of Health for drafting, finalization, and printing of several strategic and planning documents, as well as the Kosovo Maternal, Infant, Child and Adolescent and Reproductive Health Strategy and Action Plan 2011-2015, which was completed in July 2011 and endorsed by the Government of Kosovo in September of that same year.

Health System Strengthening to Improve Women’s Wellness

Improving primary, secondary, and tertiary care capacity to improve women’s wellness services was a core objective of AIHA’s USAID-supported Partnership to Improve the Health of Women and Children in Kosovo.

Improving primary, secondary, and tertiary care capacity to improve women’s wellness services was a core objective of this component of the USAID-supported Partnership to Improve the Health of Women and Children in Kosovo.

When this public-private partnership was launched in late 2008, Kosovo was experiencing an upward shift in morbidity and mortality from malignant diseases. A later NIPH Report from 2011 provided hard proof of this, noting that there were 1,045 reported cases of cancer in 2008 with that number jumping to more than 2,000 cases in 2010 — bringing a new sense of urgency to prevention and early detection. Although there are no accurate data on the specific incidence and prevalence of breast and

cervical cancers in Kosovo, it can be presumed that incidence and prevalence of these types of malignant diseases is also increasing.

AIHA’s initial focus on strengthening early detection of cervical cancer was clear in our efforts to establish a national network of colposcopy services to ensure women had access to diagnostics, including PAP smear testing, at all levels of care.

As AIHA and its partners launched project activities designed to strengthen colposcopy service in early 2009, we discovered that most primary and secondary care facilities did not offer colposcopy and, even in areas where the service existed, it was not properly utilized because of poor equipment maintenance and lack of spare parts and disposable materials. Therefore, establishing a network of new colposcopy services that would be readily accessible to all women in Kosovo became a key priority.

In addition to the US partners involved in the public-private partnership, AIHA engaged the Royal College of Obstetricians and Gynecologists and the British Society of Colposcopy and Cervical Pathology, both from the United Kingdom, in efforts to build both institutional and human resource capacity related to colposcopy services, with the goal of creating a national network led by the UCCK Obstetrics and Gynecology Clinic.

AIHA, in cooperation with an expert nurse from the United Kingdom, conducted a needs assessment that included direct observation of clinical practices. Based on this assessment, AIHA helped establish the necessary coordinating mechanisms with local stakeholders and UN organizations active in maternal and child health projects in Kosovo.

Our next step was to create the network of colposcopy services at six health centers across the country and begin equipping these facilities and training staff. To this end, AIHA organized a scientific seminar titled, “Cervical Screening: Cervical Cytology and Colposcopy,” which was followed by a series of targeted training activities on basic colposcopy theory and clinical lectures at both the local level and at the national level through the Telemedicine Center of Kosovo. AIHA staff and international experts served as faculty for these training activities, which targeted ob/gyn specialists and medical staff from the UCCK Obstetrics and Gynecology Clinic, regional hospitals, and primary care facilities.

Equipping colposcopy services proved to be a challenge, but close coordination with UNFPA resulted in joint activities directed toward the establishment of colposcopy cabinets fully equipped with colposcopes and other essential equipment. Three centers — the UCCK Obstetrics and Gynecology Clinic, the Pristina Women’s Wellness Center, and Peja Regional Hospital — were supplied with new colposcopes through a collaboration with UNFPA, while AIHA supplied essential medical equipment and instruments for all six targeted centers, along with the necessary training and mentoring support.

Through AIHA’s USAID-supported project, the three centers listed above, the Gjilan Women’s Wellness Center, and the regional hospitals in Gjakova and Prizren all established functional colposcopy services fully equipped with colposcopes, essential equipment and instruments, and disposable items and staffed by trained medical professionals. AIHA also provided clinical reference materials and resource literature, and developed patient education materials describing the PAP test and why colposcopy screening should be a routine part of women’s wellness services.

With the goal of ensuring sustainability of the colposcopy service, AIHA supported local ob/gyn specialists in their successful efforts to establish and register the Kosovo Colposcopy Society. This professional association is the first of its kind in Kosovo and is a forum for health experts in this field. Key objectives of the association are to sustain and expand the network of colposcopy services and cancer prevention programs and to support data collection and a reporting system for cervical pre-cancer and reproductive malignancy and to interact with associations at the regional and European level. The Kosovo Colposcopy Society has since been accepted as a member of the European Federation for Colposcopy.

In addition to cervical cancer screening, AIHA also worked to improve early detection of breast cancer in Kosovo, including providing mammography screening



Training local staff in clinical breast examination techniques was part of AIHA’s efforts to increase rates of early detection through screening.

for high-risk women. This, too, proved to be a challenging intervention.

In the early stages of project implementation, AIHA began collaborating with Dr. Elvis Ahmeti, Head of the Kosovo Cancer Board, and the US-based organization “Radiology Mammography International.” AIHA also joined the Balkan Breast Cancer Initiative (BBCI), a group that was established through the efforts the Director of Public Affairs at the US Embassy in Kosovo. BBCI’s main objective is to raise awareness of the importance of early detection and optimum management of breast cancer.

An initial assessment revealed that procuring donated mammography machines for Kosovo was unnecessary because the availability of mammography services was already quite good. During 2008 and 2009, for example, eight new mammography machines were procured by the Ministry of Health for the UCCK Radiology Clinic and six regional hospitals. The RMI also donated a mammography unit to the UCCK Oncology Clinic, there were at least five mammography machines available at private clinics, and the Pristina MFMC had recently procured a digital mammography machine.

An initial assessment of breast health services in Kosovo revealed adequate access to working mammography machines, so AIHA focused its breast health activities on education and outreach targeting healthcare workers and the general public.

Because of this, AIHA focused its activities toward supporting health promotion and awareness raising efforts targeting both healthcare workers at all levels of the system and the general public.

Breast cancer awareness and training activities for health workers included ensuring the topic of breast cancer prevention was broadly included as a training topic at key events. Breast models, together with supporting literature on early detection techniques, were donated to every regional training center of the Center for Continuous Nursing Education and to all women’s health consultancy centers at regional hospitals and MFMCs.

Capacity building of thoracic surgeons was another activity that was facilitated by AIHA in this arena thanks to a well-established collaboration between AIHA and the

US-KFOR medical team in Kosovo. A breast surgeon from Camp Bondsteel was introduced to her counterparts at UCCK’s Department of Thoracic Surgery and provided technical assistance and mentoring.

With regard to public education and outreach, AIHA was actively engaged in preparations for a two-week community event on breast health and related women’s health issues that was implemented by Radiology Mammography International. Other health promotion activities for the prevention and early detection of breast cancer included our annual support for the advocacy and awareness raising initiative of the coalition of local women’s NGOs known as the “Walk to Raise Breast Cancer Awareness in Kosovo.” AIHA staff also gave several interviews and talks on the subject, which were featured on a national television network and local radio and TV centers.

III. Antenatal Care

Inadequate antenatal care (ANC) and the inability to identify high-risk pregnancies can result in poor birth outcomes requiring neonatal interventions. The poor quality of ANC in Kosovo has contributed to poor outcomes for maternal health, for newborns and to the high perinatal mortality rate. In particular, poor ANC is directly correlated with the high still-birth rate and the high rate of maternal mortality.

The establishment of sustainable ANC services at the primary care level is very challenging in the Kosovar context. Deeply rooted cultural beliefs, the organization of the primary care institutions, current clinical practices, and the perceptions and health seeking behaviors of pregnant women have all undermined attempts to improve ANC.

Follow-up studies have shown that nearly all ANC check-ups are provided by private ob/gyn specialists. Very few pregnant women receive ANC care delivered by family physicians in the free public Family Medicine Centers (PHC Centers). Over 70 percent of ANC visits are delivered by private clinics, mainly situated in large urban areas. The majority of women who frequent the private practitioners say they believe that they offer higher quality care.

Some of the main reasons contributing to this situation are:

- ◆ The number of ob/gyns has tripled since 1999;
- ◆ The expansion of the private health sector, the opening of hundreds of small consultancy clinics and the aggressive marketing of private practices;
- ◆ Ob/gyns work in both sectors simultaneously, many times directing or referring patients from the public sector to their private practices;
- ◆ Poor public funding for the health sector and low staff salaries in the public sector;
- ◆ An unregulated private health sector with varying levels of quality, long waiting times and a pattern of referrals from public to private clinics which increases the financial burden on patients;
- ◆ A change in women's health seeking behavior and a public perception that private care is more specialized and of better quality;
- ◆ Ob/gyns undermine every attempt to promote the delivery of ANC care by family physicians in the public sector because this jeopardizes their market share as the exclusive providers of ob/gyn services; and finally
- ◆ Family physicians also do not see many incentives to deliver ANC care in the public sector and often refer pregnant women to private ob/gyns.

As a result, ANC services delivered through primary care centers that do not employ ob/gyns and do not have a specialized ob/gyn service or active maternity ward are not sustainable in the current healthcare service delivery structure.

Maternal and Perinatal Data

Annual Perinatal Reports compiled by the Ministry of Health have been published regularly since 2000. These reports constitute the main source of data and information to monitor newborn and maternal indicators in Kosovo. The Perinatal Reports include an analysis of facility-based data and trends for key newborn and maternal indicators and show that the number of deliveries in Kosovo has decreased significantly, from nearly 40,000 in 2000 to

28,595 deliveries in 2012. The reports also show a consistently decreasing trend in the perinatal mortality rate, which decreased from 29.1 per 1,000 in 2000 to 19.7 in 2009, to 17.3 per 1,000 in 2012 as indicated in the Ministry of Health tables below.

Chart 1: Perinatal Mortality Rate 2000 - 2012

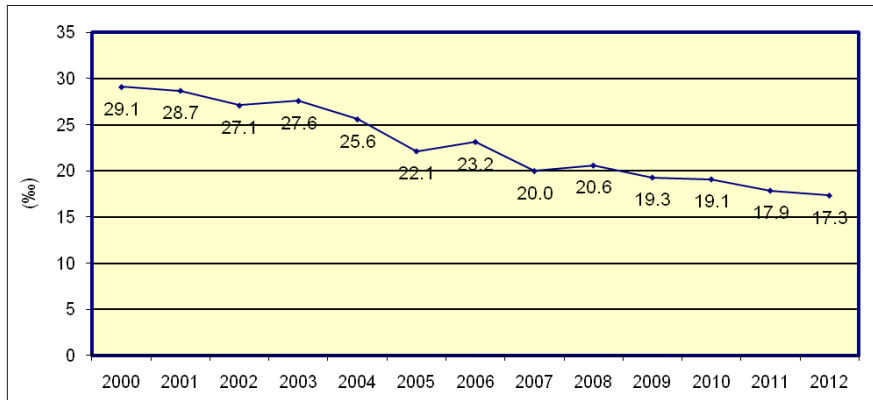


Chart 2: Early Neonatal Mortality Rate 2000 - 2012

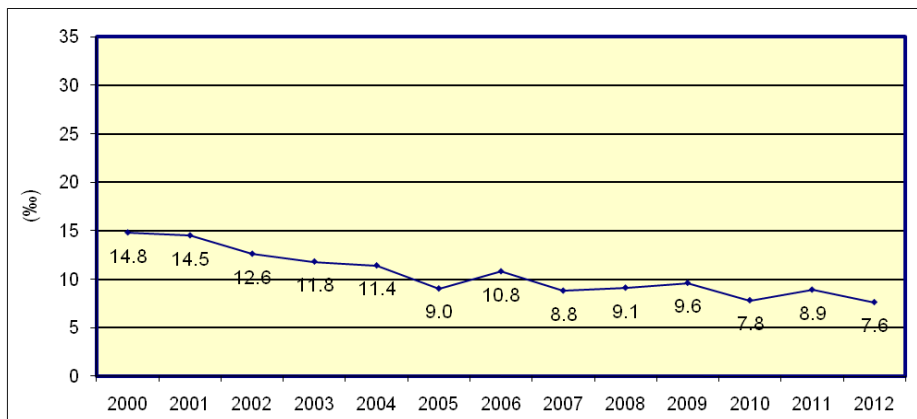
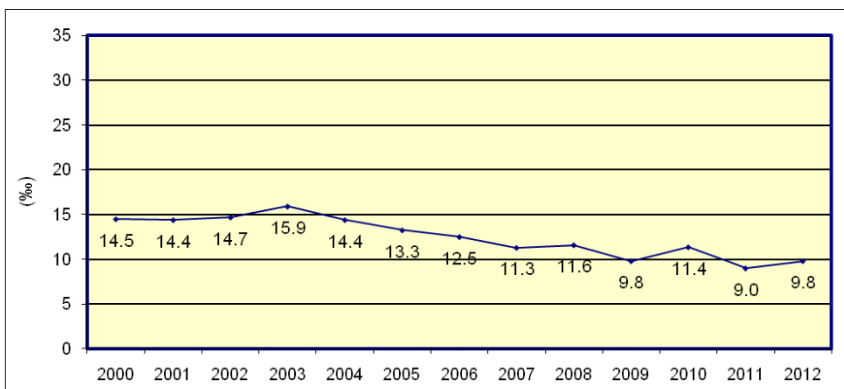


Chart 3: Still-birth Rate 2000 - 2012



Another indicator that correlates with ANC care is the Maternal Mortality Ratio (MMR). Between 2000 and 2012, 65 women were reported to die during pregnancy and birth. The highest number of maternal deaths and the consequent MMR in Kosovo were reported in the early post-conflict years and in 2008 and 2009 with eight maternal deaths (MMR 28.4/100,000) in 2008 and 12 maternal deaths (MMR 43.31/100.000) in 2009. High MMRs also reflect the lack of access to quality ANC and birth preparedness.

Figure 3: Reported Deliveries, Maternal Deaths, and MMR in Kosovo: 2000-2012

Year	Reported Deliveries	Reported Maternal Deaths	MMR (per 100,000)
2000	39,091	9	23
2001	39,578	5	12.6
2002	35,391	7	20,0
2003	31,932	7	22
2004	30,925	3	9.7
2005	29,056	2	6.88
2006	28,404	2	7.0
2007	27,856	3	10.8
2008	28,178	8	<u>28.4</u>
2009	27,718	12	<u>43.31</u>
2010	27,517	2	7.2
2011	27,548	2	7.2
2012	28,525	3	10.5
Total	401,719	65	16.2 per 100,000

In 2003 and 2009, UNICEF conducted two ANC studies. Both studies demonstrated that access to ANC services is almost universal, especially given the small size of the country and the extensive spread of the network of health services whether public or private at all levels of care throughout Kosovo. However, studies have repeatedly shown that regardless of the fact that ANC services are accessible and that the average frequency of ANC visits per woman is high, the poor quality of ANC care and the lack of health education among women continues to be a major concern.

In order to address these issues, AIHA focused on the improvement of the quality of ANC, birth preparedness and increased frequency of ANC as priority objectives for the project.

Activities addressing these objectives were grouped around the following approaches:

- ◆ At the primary care level, a comprehensive and standardized ANC curriculum and guidelines were introduced. AIHA's approach included training, coaching and mentoring of staff of targeted primary health care facilities.
- ◆ At the community level, AIHA launched ANC promotion initiatives with pregnant women, women of childbearing age and the community at large, promoting ANC and birth prepar-

edness through antenatal classes working directly with women. This included information on comprehensive antenatal care, early identification of risk factors, monitoring of fetal development, and awareness of the onset of labor to avoid delays which could risk the mother's or the baby's life and health.

- ◆ AIHA also worked with the Ministry of Health to develop evidence-based policies and advocated for ANC services to be included and highlighted as specific objectives of national policies and strategies and essential services in the basic health care package provided to every citizen by the state.
- ◆ In addition to the above-mentioned activities, in September, 2009, AIHA conducted a health symposium focused on obstetrical and neonatal issues titled, "A Healthy Start in Life" at Camp Bondsteel, which brought together nearly 200 Kosovar and Serbian physicians, midwives, and allied professionals. Following the symposium, held in collaboration with the TaskMed Falcon team, kits of essential items for maternity units were procured by the US military and AIHA helped distribute and train the staff on the equipment at each maternity unit in Kosovo.

Quality and Access to ANC Services

The implementation of activities contributing to the improvement of ANC and birth preparedness were built on previous AIHA projects funded by USAID. Established best practices at some of the FMCs were rolled out and expanded throughout Kosovo. In addition, AIHA initiated the establishment of quality standards for ANC at all levels of healthcare and improved cooperation and coordination between ob/gyn specialists, midwives, family physicians and nurses working at the PHC level with ob/gyns and midwives working at the public hospitals and clinics. These providers working in the hospitals also provide over 80 percent of ANC services through the private healthcare sector. Together with the AIHA staff in the Kosovo office, the US partners from ValleyCare Hospital in California, Women and Infants Hospital in Rhode Island, and Dartmouth Medical School in New Hampshire all contributed their expertise to this component of the project.

Thirteen municipalities and more than 100 medical professionals, including midwives, family medicine nurses, family medicine doctors and gynecologists throughout Kosovo were initially targeted. At the onset of the project in 2009, the AIHA team visited and established contact with the management and staff of the 13 selected MFMCs located in mostly the small rural municipalities of Skenderaj, Obiliq, Vushtri, Malisheve, Podujeve, Rahovec, Viti, Dragash, Lipjan, Suhareke, Istog, Kacanik and Hani i Elezit. These municipalities were not covered in the previous USAID-funded AIHA partnership project with Dartmouth College.

AIHA staff visited all the targeted MFMCs to gauge interest in participating and to discuss the importance of providing quality ANC. The discussions emphasized the role of trained midwives and nurses in supporting women and their families during the reproductive years and during pregnancy. Following the initial meetings,

Antenatal Care Consultancy Rooms represented a new concept of women's health service in Kosovo.

Established on the principle of creating a welcoming and client-centered environment, they are outfitted with all the equipment and resources necessary to provide quality antenatal care.

AIHA organized a series of trainings for MFMC staff. The primary objective of the trainings was to build the knowledge and the skills of midwives so they could provide comprehensive and quality ANC based on WHO standards and international best practices. In addition, AIHA staff advocated for the establishment of ANC Consultancy rooms and ANC classes for pregnant women. Each targeted MFMC agreed to allocate space to establish a new service — ANC Consultancy Rooms.

ANC Consultancy Rooms are a new concept and service, established on the principle of creating a women-friendly environment, outfitted with essential equipment in order to provide quality ANC. Each ANC Consultancy Room was equipped with scales, baby scales, measuring tapes, sphygmomanometers, stethoscopes, thermometers, urine test strips, public health educational materials such as posters and flyers, and videotapes and CDs in locations where TV sets were available. The ANC consultancy rooms were planned as the point of first contact and triage for pregnant women and women of childbearing age seeking healthcare services. These rooms were also designed to be places where women can receive guidance and consultancy services before and after attending a clinical checkup by an ob/gyn s or a family physician. In addition, these rooms can be used as a venue for ANC classes for pregnant women.

AIHA and its expert partners conducted trainings on antenatal care topics such as “The Provision of ANC through Family Medicine” and “The Role and Competencies of Midwives” to improve the quality and scope of care available to women in Kosovo.

The allocation of physical space in the MFMCs for ANC services went hand in hand with training and mentoring activities provided by the US partners. Trained local doctors and midwives were also engaged as facilitators and external expert consultants.

ANC training activities were initially held at the Center for the Development of Family Medicine (CDFM) following a country-wide ANC strategy meeting. Training activities at the central level were followed by training at the municipal level. First, working with the CDFM, AIHA organized a nation-wide ANC Strategy Meeting attended by 56 participants from 22 municipalities. In addition AIHA organized an ANC seminar which introduced the key concepts of ANC for midwives, family physicians and nurses with 31 participants, a workshop, “Provision of ANC Through Family Medicine” attended by 96 participants from 22 municipalities, and a series of lectures titled, “The Role and Competencies of Midwives”

with 54 participants. Following this series of trainings at the national level, the AIHA team and the US partners organized a series of outreach lectures and trainings at the targeted MFMCs.

Over the course of the project, AIHA conducted capacity building trainings in ANC for a variety of providers including midwives, ob/gyns, family physicians and nurses. The trainings, refresher courses, lectures, mentoring and on the job trainings focused on the provision of quality ANC care and birth preparedness and were based on the WHO standards and best international practices. Internationally recognized approaches such as trainings in “Centering Pregnancy” and lectures on “The Role and Competencies of Midwives” were organized at the national level through the CDFM and at the local level in all the targeted MFMCs.

AIHA also contributed to the development of local training capacities through ANC training of trainers (TOTs) which was organized for six ANC Coordinators certified as ANC trainers in

2007, through the Dartmouth project.

In March 2011, six Kosovar midwives traveled to California on an exchange trip where they continued to learn about ANC and birth preparedness. The group was made up of midwives and family medicine nurses who had all showed initiative and energy to improve the quality of antenatal care services for women in their facilities. The team learned about the Californian health care system, continuous medical education in the US, the role of nurses and midwives in team work, newborn resuscitation and the STABLE program (a program to stabilize vulnerable newborns called Sugar and Safe Care, Temperature, Airway, Blood Pressure, Lab Work, and Emotional Support), and the health services provided to improve the health of women and children. The team visited several institutions in addition to ValleyCare Health System, including Marin General Hospital, Richmond Public Health Clinic, and the College of Nursing branch in Livermore. Each institution was very welcoming and worked closely with the Kosovar team to share their knowledge and experience.

Upon their return to Kosovo, the team shared their newfound knowledge and experience on several occasions with their Kosovar colleagues from the hospitals and MFMCs. The midwives and nurses that participated in the exchange visit gave several lectures during the events marking International Midwifery Day and at various stakeholders meetings organized by AIHA over the next two years.

Promotion of ANC and Birth Preparedness

Two approaches were used to promote ANC and birth preparedness. The first approach was through the provision of direct information, education and communication activities with pregnant women and women of childbearing age individually or with groups of women, through the introduction and establishment of antenatal classes and through home visits. As described above, antenatal classes were organized and carried out by trained midwives in the targeted primary health care facilities following a series of trainings and mentoring sessions provided by AIHA professional staff and local and US partners.

AIHA conducted an assessment of women's attitudes to antenatal care services at the beginning of the project to gauge interest in antenatal classes. The rapid assessment gathered women's opinions about ANC and the establishment of antenatal classes, what they expect from ANC services and suggestions for topics to be covered in antenatal classes. AIHA then established and supported an expert Working Group to develop a curriculum for the antenatal classes which took the findings of the Rapid Assessment into consideration.

Piloting of the antenatal classes took place at the Women's Wellness Center (WWC) in Pristina on June 22, 2009. The Pristina WWC was able to establish four antenatal classes during the first year of implementation. Experience from the WWC was rolled out in other targeted municipalities and all the municipalities were able to establish at least one antenatal class very quickly. Although the Pristina WWC organized three classes in 2010 and 2011, only one antenatal class was established in 2012. Currently, all ANC consultancies are provided through individual counseling sessions. Unfortunately, the efforts of the midwives and nurses did not receive enough local support and many pregnant women continue to turn to the private sector for their ANC services.

The second approach to promote ANC was through the development of general information, education and communication (IEC) campaigns organized by the Ministry of Health (MOH), the

National Institute of Public Health (NIPH), the UN agencies and other NGOs active in public health in Kosovo. AIHA provided technical assistance as a member of a few working groups focused on MCH issues and helped design a series of printed brochures which were distributed through the network of health facilities and local NGOs. A set of IEC materials titled the “The Better Parenting Package” developed by the Dartmouth-Kosovo Alliance through a joint initiative with the Ministry of Health and other international organizations also included leaflets on ANC, safe motherhood, nutrition during pregnancy and breastfeeding. The package was utilized for health promotion activities and distributed to all the targeted primary care facilities through AIHA’s regular field visits and continuous field presence. AIHA designed and printed a specific ANC leaflet which became a part of the wider information, communication, and education package specifically for women attending ANC classes.

Results of the ANC Project Component

A follow-up assessment of ANC services showed that all 13 targeted MFMCs have functional ANC consultancy rooms equipped with the sets of essential medical equipment which were donated through the partnership with the US Armed Forces. An added value of establishing the ANC consultancy rooms is that they are utilized not only for ANC, but also as triage and consultancy rooms for all women who come to the MFMC. An example that is illustrative of the impact of AIHA’s intervention is the ANC consultancy room at the Obiliq MFMC, which serves as the entry point for all women seeking healthcare services at this MFMC. The number of women registered in the registry book of the ANC consultancy room of this small municipality exceeds an average of 300 consultations per month.

The ANC services in the municipalities where AIHA has worked differ from one municipality to another. The best results were registered in the WWC in Pristina. The promotion efforts of AIHA with the Main Family Centers in Pristina are starting to have an impact and more and more women are referred from the peripheral MFMCs to the WWC in Pristina. However, despite the efforts of AIHA and other projects, the number of deliveries in the maternity wards in the MFMCs is decreasing significantly. For example, only nine babies were born in Lipjan Maternity Ward between June and September of 2011.

While it is difficult to measure the impact of the AIHA/USAID project interventions related to improvement of the quality of ANC and birth preparedness and the increasing frequency of ANC visits, indications derived from the Annual Perinatal Report produced by the MOH and data and information derived from the ANC survey conducted by AIHA show progress in these areas. All vital indicators presented by the Perinatal Report show decreasing trends. Premature births decreased from 9.1 in 2008 to 7.6 in 2012 while the still birth rate decreased from 11.6 in 2008 to 9.8 in 2012. The perinatal mortality rate, which includes both of the indicators listed above decreased from 20.6 in 2008 to 17.3 in 2012.

It is encouraging to see that the number of preterm babies has dropped from 14 percent to less than 9.8 percent. The number of maternal deaths and consequently the maternal mortality ratio also decreased significantly. In 2008 there were 8 maternal deaths and in 2009 there were 12 maternal deaths (MMR = 28.4/100,000 in 2008 and 43.3/100,000 in 2009) while in 2012 there were only three maternal deaths reported. None of the maternal deaths reported were from municipalities targeted by the AIHA project.

In November and December of 2012, AIHA and a local research company, DI Consulting, conducted an Antenatal Care (ANC) Study. The objective of the ANC Study was to assess the

availability and quality of antenatal care at the PHC level and to evaluate the impact of the AIHA program which aimed to establish and strengthen ANC services at the level of the Main Family Medicine Centers in selected municipalities of Kosovo. The study methodology involved a comparison of service provision in five municipalities supported by the AIHA project and five non-AIHA intervention sites. The study employed a quantitative methodology. The target population was Kosovar women who have had at least one birth/pregnancy in the past three years. The sample size was 400 respondents divided into two groups, disaggregated by municipality. Municipalities were selected based on the population size (2011 Census data) and number of expected pregnancies/per year derived from the Perinatal Report (2010 – 2011). The first group of 200 women was selected from five municipalities supported by the AIHA Project which were called the “Intervention Municipalities.” The second group of 200 women was selected from five municipalities where AIHA did not intervene. These were called the “Non Intervention Municipalities.”

Results of the ANC study show that access to ANC services in all the targeted municipalities has slightly improved in comparison with the ANC Study conducted by UNICEF in 2008. Over 70 percent of women continue to have their ANC visits in the private sector similar to the baseline study conducted in 2008. In AIHA-supported municipalities, the study found that there was an improvement in the perceived quality of ANC care, i.e. physical conditions and hygiene of waiting and checkup areas was perceived to be of very good quality. In addition, the consultation component of ANC visits and privacy were perceived to be of better quality in the AIHA supported municipalities than in non-supported municipalities. Pregnant women stated that they were heard and consulted much more in AIHA supported municipalities than in non-supported ones.

Results of an antenatal care study conducted by AIHA and DI Consulting in late 2012, pregnant women surveyed indicated that they received better quality of care, their privacy was better respected, and they received more extensive patient education at AIHA-supported ANC facilities.

Maternal and Child Health Passport

One component that contributes to the quality of ANC services is the Maternal Passport, which is produced by the Ministry of Health. Since the Ministry lacked sufficient resources, initially the printing of the Maternal Passport was done with the support of international organizations. Initially the passports were distributed to the ob/gyn departments of the UCCK and the regional hospitals. The primary care facilities and the private sector were not involved in the distribution or use of the passports. As a result, the utilization of the Maternal Passports for pregnant women was never adequate.

In 2012, upon a written request of the Ministry of Health, AIHA with USAID funds, supported the review and printing of the Maternal and Child Passports. In total, 30,000 Maternal Passports and 30,000 Child Health Passports were printed. This quantity of passports covered the annual needs for all pregnant women and newborns in 2012. Distribution of the Child Passports was done through maternity wards (both public and private). Secondary and tertiary care facilities distributed Maternal Passports to pregnant women at checkup and consultancy rooms, primary health care facilities did the same at the ANC and ob/gyn consultancy rooms at the MFMCs and WWCs in Pristina, Prizren and Gjilan. Private ob/gyn clinics and hospitals

received Maternal Passports at the ob/gyn clinic of the UCCK.

ANC in the Policymaking Process

Throughout the project, AIHA actively provided technical support to the Ministry of Health Maternal/Child Health Office and the Center for the Development of Family Medicine. During the initial implementation phase in 2009, AIHA organized a series of activities with the CDFM and nominated staff from the MFMCs. The CDFM, AIHA and the UN agencies established an ANC core group and organized a strategic meeting with directors of 22 MFMCs to promote ANC as a key service. The directors were reminded that according to Kosovo's primary healthcare legislation, ANC is a priority service. The strategy meeting was attended by 56 participants from 22 municipalities.

A two-day training activity on ANC covering key aspects of antenatal care provision was organized as a follow up to the strategy meeting. Interest in the training was evident — 96 participants including primary care providers, gynecologists, family medicine specialists, family medicine nurses, and midwives from 22 municipalities attended the event.

As a result of the training activities and the exchange visit to ValleyCare in California, the training coordinator of the Center for Continuing Nursing Education initiated a review of ANC topics of the MCH training module for Family Medicine Nurses. This module is integrated into the curriculum of the Faculty of Nursing of the University of Pristina.

The AIHA Country Director became a member of several working groups and supported the drafting of the national Maternal/Child and Reproductive Health Strategy and Action Plan 2011-2014.

Despite all these efforts to move ANC to the primary care level, well over 95 percent of women prefer to engage hospital-based or private obstetricians on an ad-hoc basis during the final months of their pregnancies. There is little evidence that women and their families currently understand the importance of good antenatal care, the key components of that care, and the need to seek it out. There is also evidence that the FMC's continue to struggle with overcoming their resource challenges and lack of concerted commitment preventing them from effectively marketing and delivering such services to women.

Despite significant efforts to shift antenatal care to the primary care level, more than 95 percent of the women surveyed prefer to receive these services from private ob/gyns or at a hospital.

While a continued and expanded commitment to rolling out ANC programs in the FMC's is essential to insuring that Kosovo's most vulnerable populations have adequate maternal and child health, it is equally clear that strategies focused on those secondary providers in the public and private sectors to whom women are turning for care during their pregnancy must also be implemented if Kosovo is to effectively address its maternal and child health problems. The effort to date to improve antenatal services in the primary care setting has not sufficiently emphasized coordinated care and strengthened linkages with obstetricians.

Obstetricians, whether in the public or private sectors have not been adequately engaged in the effort to improve ANC even though the vast majority of women utilize their services. Few MFMC/FMC's have ob/gyns on staff and little emphasis is placed on coordination between

FMCs and secondary care providers. Poor data and communications systems, an inadequate health financing mechanism, significant basic resource challenges and a failure to adequately regulate rapidly expanding private sector activity by ob/gyns, pediatricians and other specialists has resulted in diminished confidence in the public hospital sector and created further disincentives for effective, evidence-based approaches to good maternal and child health practice. Another result is the costly overburdening of Kosovo's only tertiary ob/gyn facility in Pristina as women from around the country are either referred by maternities or self-refer, in many instances inappropriately.

National consensus on how to change the regulatory system for antenatal care and obstetrics must be reached to overcome the challenges that stand in the way of effectively shifting these services to the primary care level.

While AIHA's efforts and the efforts of the UN agencies and other international donors have all made small inroads in this area, until there is national consensus on how to change the regulatory system for ANC and obstetrics, the problems will remain intractable. The parallel private system, the lack of incentives to improve the public system and the myriad of other challenges outlined above will only be resolved once the MOH and the key stakeholders within the health care system reach agreement on a broad reform that will address these conflicts in the present system.

IV. Neonatal Care

At the onset of AIHA's USAID-supported public-private Partnership to Improve the Health of Women and Children in Kosovo, the new nation was challenged with persistently high newborn and infant mortality rates. In 2008, the perinatal mortality rate was 20.6 per 1,000 live births. In absolute figures this meant that 566 babies born in public health facilities of Kosovo died in utero, during birth, or immediately after birth that year — 257 of these infants were born alive, but died during their first week of life.

Underlying systemic problems such as poor health financing; a fragile, fragmented healthcare system; and lack of stewardship and political will greatly hinder efforts to reduce Kosovo's very high newborn and infant mortality rates.

Kosovo's high newborn and infant mortality rates are a consequence of multiple interlinked health and socio-economic factors. From a public health perspective, the key contributing factors largely fall into two categories: systemic and service delivery-related.

Underlying systemic problems — such as poor health financing; a fragile, fragmented healthcare system; and lack of stewardship and political will for this particular segment of the healthcare system — set the stage for sub-standard care. These problems are further compounded by significant challenges that are directly linked to service provision.

Kosovo's health system is hampered by a chronically insufficient supply of essential drugs, disposable materials, and equipment. Commonly used clinical practices are outdated and not in accordance with evidence-based

standards. Healthcare workers often lack training and continuing education, particularly in modern protocols. They are also very poorly paid, which has resulted in a lack of motivation. Moreover, service delivery systems faced with multiple problems as described above cannot be responsive to the needs and expectations of healthcare providers or end-users. The end result is system-wide failures, access inequalities, poor quality of services, and dissatisfaction for all those involved.

No indicator so clearly illustrates these failures and reflects the true status of Kosovo's healthcare system — and the overall development of the country — as the persistently high newborn and infant mortality rates. And, while Kosovo's perinatal mortality rate has shown a decreasing trend during the post-conflict years, it still remains the highest in the region and in all of Europe. Because of this, the Ministry of Health declared reducing neonatal and infant mortality rates one of the highest priorities for the country.

In response, AIHA's USAID-supported Partnership to Improve the Health of Women and Children in Kosovo was designed to help improve maternal and child healthcare services available in the country by strengthening the underlying systems. A priority objective for this project included making marked improvements to newborn care in an effort to decrease neonatal mortality.

With USAID support, AIHA worked in close collaboration with US and Kosovar institutions to help Kosovo address both the systemic and the service delivery-related challenges hindering the provision of high quality perinatal and postpartum care for newborns and high risk infants.

AIHA focused its neonatology activities on designing and implementing systemic interventions that improved perinatal, newborn, and infant healthcare service delivery. Key elements of our strategy included working to integrate neonatal services within the greater healthcare system, improve communication across all care facilities, and prevent any further fragmentation of service delivery for mothers and newborns.

Spearheading the development of an electronic communication system that links all UCCK Clinics and regional hospital neonatology wards was an important first step in achieving this integration. The computer-based system vastly improved the referral process by introducing the perinatal regionalization concept, which includes a neonatal transport system and a unique tertiary-level neonatology referral center at UCCK in Pristina.

Electronic Communication System Links Regional Hospitals to UCCK Experts, Improves Quality of Care for Newborns

The electronic communications system established through AIHA's USAID-supported Partnership to Improve the Health of Women and Children in Kosovo marked the first time neonatology wards in each of Kosovo's five regional hospitals, the UCCK Ob/Gyn Clinic's neonatology department, and UCCK's Center for Preterm Babies were able to communicate effectively.

Each participating facility was equipped with all necessary computer apparatus and software to participate in the communication network and key staff were trained and mentored by an external consultant on how to utilize the information and communications equipment, including Skype, which allows for real-time audio-visual consultations among care providers from various sites across the country.

Neonatology staff are now able to exchange information, inform colleagues about high-risk pregnant women of infants who are being referred for care, and get crucial feedback to improve diagnostics, case management, and quality of care.

This aspect of the project was implemented in parallel with the Ministry of Health's launch of its Health Information System Strategy, which seeks to establish a common, comprehensive Health Information System (HIS) for Kosovo's entire healthcare system.

In 2011, the Ministry initiated a pilot HIS project in the Pristina and Prizren regions. AIHA engaged in this process and provided technical assistance for the design of the Terms of Reference for the child health service and referral pathways software module, both of which are part of the HIS introduction project. Experience gained during our implementation of the electronic communication system for neonatology wards was shared during the HIS planning process and the Ministry has currently established WAN and LAN systems and is installing the required hardware. It is expected that during 2013, the AIHA-supported neonatology communication system will be integrated into Kosovo's overall HIS.

Reports from participating neonatal services indicate that the electronic communication system is still up and running, but some staff have voiced concerns that poor internet access and lack of resources for routine maintenance and upgrades of computers and software will inhibit the long-term sustainability of this critical tool.

Perinatal Regionalization and Neonatal Transport

As mentioned above, one of AIHA's top priorities was to introduce the concept of perinatal regionalization as a model that would help bridge gaps and disruptions in the referral system, while at the same time decreasing the overwhelming burden on UCCK's OB/GYN Clinic and neonatology services by redistributing cases to the primary care level as appropriate.

With this in mind, AIHA convened a team of US experts from partner institutions in Rhode Island and California at the onset of the project in May 2009. This team visited Kosovo to conduct a situational assessment that was used to guide future activities in this arena. AIHA then organized a National Consensus Meeting on Regionalization of Perinatal Care, which was attended by representatives of UCCK's neonatology, OB/GYN, and pediatrics departments; four regional hospitals; and the Kosovo Association of Ob/Gyns (KOGA).

Initial consensus to introduce the perinatal regionalization concept was reached at this time and AIHA committed to provide technical support, including sensitization and advocacy, professional exchanges, and ongoing training and mentoring. The Kosovar partners agreed to promote the concept with local decision-makers and to lobby the Ministry of Health to include the regionalization concept in national strategies and policies.

At this time, AIHA and its team of US experts organized a series advocacy activities designed to promote the model. The target audience included management and professional staff at all secondary and tertiary maternity units in Kosovo. The perinatal regionalization model was also presented as a main theme at the national conference titled, "Kosovo Days of Reproductive Health," held in May 2009; during perinatal conferences in 2010 and 2011; and during regular meetings of the MCH coordination mechanisms in the country. Additional sensitization and advocacy activities were carried out through ongoing meetings with various decision-makers at the Ministry of Health.

In addition to specialists providing neonatal care, AIHA also worked to ensure primary and secondary-level healthcare providers were familiar with the perinatal regionalization model, neonatal transport system, and neonatal resuscitation concepts. US experts provided a 1-day neonatal resuscitation course for midwives and nurses working in 18 maternity wards across Kosovo.

At the same time, AIHA's US-based partners conducted a series of trainings and simulation activities to introduce standardized approaches and techniques for newborn resuscitation and stabilization, which are core components of the perinatal regionalization model, to relevant medical staff at UCCK and the regional hospitals. Neonatal transport procedures and proficiencies were also covered during these training and mentoring sessions.



AIHA secured the donation of two ambulances and outfitted them for safe neonatal transport as part of its Perinatal Regionalization and Neonatal Transport Initiative.

AIHA and its partners trained more than 300 physicians, nurses and midwives from UCCK and regional hospital neonatology wards, and MFMC maternity wards, in neonatal resuscitation techniques. US experts were joined in this effort by local neonatologists who were trained and certified as NRP trainers in Detroit, Michigan, in 2006 through a previous USAID-funded AIHA project. AIHA also distributed 500 copies of the Academy of American Pediatricians manual on Neonatal Resuscitation Practice in Albanian for use all over Kosovo.

AIHA provided technical support and staff training for the establishment of the Neonatology Center of Kosovo in Pristina, which opened in May 2011. US experts trained four neonatologist-neonatal nurse teams — a total of eight medical staff — in standardized procedures for transfer of neonates from regional hospitals to the Center's NICU. These care teams were provided with essential equipment and disposable materials needed to carry out these functions.

Furthermore, in collaboration with the NGO "Kosova Support from North Ireland," AIHA secured the donation, import, and local registration of two ambulances outfitted for safe neonatal transport, which were donated to the Center. AIHA also adapted and translated standardized neonatal transport documentation and made this available for the neonatal transport teams. In conjunction with this aspect of the project, the US partners provided training at all the regional hospitals on how to stabilize and prepare neonates for transfer. Scenario-based training was used to strengthen the neonatal resuscitation skills of nurses and midwives using S.T.A.B.L.E. training modules that teach primary medical procedures required to stabilize the health status of infants admitted to the facility, as well as those who have been referred through the neonatal transport system.

To further enhance local capacities for neonatal transport, four Kosovar experts (two neonatologists and two neonatal nurses) were selected to participate in advanced training at Women and Infants Hospital in Rhode Island and nearby Dartmouth Hitchcock Medical Center. When they completed this training, the Kosovars organized two rounds of presentations and in-service training sessions to share their newly acquired knowledge and skills with their colleagues in country.

Establishment of the Neonatology Clinic

During the latter part of 2012, AIHA's Country Director in Kosovo was appointed a member of the Working Group in charge of revising UCCK's statutes. His input was instrumental to the merger of what were then two separate facilities — the Pediatric Clinic's Center for Preterm Babies and the OB/GYN Clinic's Department of Neonatology — into one integrated institution, the Neonatology Clinic. This new entity shares the building with the OB/GYN Clinic, which further enhances the integration of maternal and child health services in Kosovo.

The creation of the Neonatology Clinic at UCCK introduced many new opportunities for the provision of high quality neonatal care in Kosovo. The new facility provides integrated tertiary neonatal care services for all babies born at or referred to UCCK. It also provides an increased concentration of state-of-the-art equipment and well-trained human resources for health, both

UCCK Neonatology Clinic — The National Leader in Newborn Care

Since its opening in September 2012, the UCCK Neonatology Clinic has provided high quality, patient-centered healthcare services for nearly 11,000 infants born at the UCCK OB/GYN Clinic, as well as for 660 newborns referred from regional hospitals and district maternity wards throughout Kosovo. This represents more than one-third of all infants born in the country each year.

Following the opening of the Neonatology Clinic in September 2012, an additional five neonatologists and 20 nurses were hired, bringing the total number of neonatology physicians to 25 and increasing the nursing staff to more than 100.

Through the Partnership Program, the highly experienced head nurse from Women and Infants Hospital in Rhode Island visited the Neonatology Clinic to assess its operations and provide technical assistance to improve policies, procedures, and standards of care. As a result, Clinic management established a new five-department organizational structure and is currently in the process of developing job descriptions, clinical protocols, and other guidelines and standard operating procedures.

In terms of material support to strengthen the capacity of the new Neonatology Clinic, AIHA provided a massive amount of essential equipment and disposable materials, including the donation of more than \$1 million worth of transport incubators, regular incubators, neonatal resuscitation kits, infusion pumps, patient monitoring systems, patient beds, baby cots, and other items for the neonatology, pediatrics, and ob/gyn clinics organized in partnership with Project CURE. In addition, the UCCK NICU was supplied with three new synchronized biphasic positive air pressure machines (SiPAPs) and state-of-the-art respiratory aid machines for premature and low birth weight babies. These donations also included training and a 1-year supply of specific disposable materials for the machines.

of which have led to diversification of newborn services and more efficient resource utilization.

Finally, AIHA supported the establishment of the Association of Neonatologists of Kosovo (ANK), a civil society professional organization that gathers neonatology specialists, doctors, and other medical staff who work with newborns. ANK's statute was drafted and it was officially registered as an NGO in Kosovo in December 2012. Its objective is to promote neonatology services and professionalism, as well as to support improvement of health service delivery — and, consequently, the health status of — all newborns in Kosovo.

Advocacy and Policymaking Efforts

Throughout this USAID-supported public-private partnership project, AIHA was actively engaged in advocacy with decision-makers and provided ongoing support and technical assistance to facilitate related policy-making processes in Kosovo. AIHA was represented in several coordinating mechanisms and technical and policy making working groups.

For example, AIHA's advocacy efforts resulted in the regionalization of perinatal and neonatal care becoming a policy objective of the Ministry of Health's Strategy for Mother, Child, Adolescents and Reproductive Health 2011-2015. AIHA was also instrumental in efforts to

establish the UCCK Neonatology Clinic by merging two previously separate centers and co-locating the new facility in the same building as the ob/gyn Clinic to improve integration of maternal and newborn services in keeping with international best practices. Elevating the new facility to clinic level ensures that it now enjoys direct representation in UCCK's management structures thereby ensuring greater sustainability.

"AIHA is the best friend of the newly established Neonatology Clinic and of Kosovo's babies. We thank them, and the American people, from the bottom of our hearts."

*Prof. Dr. Muje Shala,
Neonatology Clinic Director.*

AIHA also supported two study tours for high-level Ministry of Health officials to help strengthen the Ministry's capacity to plan, develop, and implement effective maternal and child health policies, standards, and procedures.

At the invitation of USAID, Minister of Health Agani visited Washington, DC, in June 2012 to attend two USAID-sponsored global health forums: the Frontiers in Development Forum and the Child Survival Call to Action Forum, which was co-sponsored by UNICEF. The objectives of the Minister's visit to the United States were twofold — first, the visit enabled him to directly participate and represent Kosovo at these two international events; second, he was able to gain invaluable exposure to the global aid environment, while at the same time learning about progress and challenges in the area of maternal and child health, as well as international best practices in the field. During the visit, Mr. Agani signed the Global Pledge titled, "Committing to Child Survival: A Promise Renewed."

In October 2012, AIHA supported Minister Agani's visit to Ostergotland County in Sweden, where he gained an in-depth view of the local maternal and child health services model. Ostergotland County has the lowest maternal and infant morbidity and mortality indicators in the world, so the Minister's exposure to their integrated organization and financing of maternal and child healthcare services proved invaluable and, upon his return, Minister Agani took steps to assess the feasibility of introducing the Ostergotland model in Kosovo as part of the Ministry's reform process.

AIHA's support of the Ministry of Health and close working relationship with officials from the Minister on down resulted in tangible results to our advocacy and policy support efforts. For example, by the end of 2012, the Minister of Health had established the Board of Professional Service for Maternal and Child Health, which is charged with preparing for the establishment of a horizontal organizational and management structure that will integrate all maternal and child health services, first at UCCK and the regional hospitals and later at primary level maternity and pediatric units. This action is directly attributable to the Ministerial study tour AIHA organized to Ostergotland, Sweden.

AIHA also advocated for national distribution of Child Health Booklets designed to track health progress from birth. In 2012, we supported the printing of 30,000 of these booklets, which have since been distributed to every child born in health facilities across Kosovo.

V. Pediatric Emergency Medicine

Following the 1999 conflict, Kosovo inherited a system of numerous large, poorly maintained health facilities and a healthcare system that was disrupted, fragmented, and inefficient. As the only tertiary level referral hospital in the country, UCCK was organized as a compound of 22 clinics and institutes that provided specialized care for patients throughout the country. UCCK's physical set up, as well as the way care was provided, was not user-friendly because patients often were required to visit several clinics in different locations on the campus to receive the treatment they needed.

UCCK sought to overcome this problem and, in 2001, established an Emergency Center to ensure one common entry point and access to emergency care services for all referred patients, including children. Unfortunately, this initiative did not produce the expected results largely because the traditional and outdated referral patterns continued. In addition, internal communication between clinics in various locations on the UCCK campus did not exist, which further hindered optimal service delivery.

Under these circumstances, children who required treatment and care were particularly disadvantaged. Urgent care services for children at UCCK were of poor quality due in part to an inadequate infrastructure and use of equipment designed for adult rather than pediatric patients. In fact, the facilities were not at all child-friendly; staff were not trained to provide high quality, integrated pediatric urgent care, and pediatric emergency medicine guidelines and protocols were not established.

Consequently, children in need received fragmented, low quality services. They were integrated with adult patients and frequently exposed to the traumatic sights and sounds of severely ill or injured people being treated nearby in the overcrowded facility.

Furthermore, the young patients were, in many cases, referred internally from one clinic to another without ever receiving the kind of compassionate and comprehensive care and attention they needed, which further risked their physical and emotional wellbeing.

Introducing the Pediatric Emergency Care Concept

While all local stakeholders acknowledged the absence of integrated, child friendly pediatric emergency services at UCCK at the outset of the project, the post-conflict Kosovo healthcare system also faced multiple challenges, including lack of funds and a dearth of specialized technical and human resource capacity. Consequently, the country had no comprehensive approach designed to address the issue of pediatric emergency care and few activities had been undertaken in this field.

It was against this backdrop that AIHA's USAID-supported public-private Partnership to Improve the Health of Women and Children in Kosovo was launched. Under the framework of the partnership, one of the main objectives was to improve the quality of delivery of high risk

Under the old system of emergency medical care in Kosovo, children who required urgent care were particularly disadvantaged. UCCK's pediatric services were of poor quality, the facility was not at all child-friendly, and ER staff were not trained to provide urgent care for children.

maternal, infant and emergency pediatric care in tertiary hospitals. This objective was attained by introducing the new concept of pediatric emergency care that ensures the provision of integrated, child-centered urgent care and treatment at UCCK.

AIHA — along with its team of US and local stakeholders — initiated a series of advocacy and in-service training activities to address this need and ensure buy-in and ownership by in-country organizations at all levels, from the Ministry of Health and UCCK down to local healthcare institutions throughout Kosovo.

AIHA began by conducting a series of coordinated activities and interventions designed to introduce the pediatric emergency medicine concept. These activities also focused on creating a strong sense of solidarity and unity among the partnership team and local organizations, establishing effective coordination mechanisms with key stakeholders; initiating the pediatric emergency medicine needs assessment; and building institutional and human resource capacity in the field of pediatric emergency medicine. The final step was establishing a Pediatric Emergency Department at UCCK, which necessitated extensive reconstruction and outfitting of a wing of the existing Pediatric Clinic.

AIHA's advocacy and lobbying activities related to the establishment of a Pediatric Emergency Department at UCCK resulted in the creation of a Pediatric Emergency Steering Committee (PESC), whose members were nominated by the Ministry of Health and drawn from all key project stakeholders, including USAID/ Kosovo personnel.

The PESC was tasked with reviewing the existing situation related to pediatric emergency medical services and providing recommendations to the Ministry of Health and UCCK management. These recommendations were to cover best practice models for the delivery of urgent care to children, plans to set up the physical site where the new Pediatric Emergency Department would be situated, and strategies to coordinate and support capacity building and the provision of technical assistance to support other activities related to the creation of UCCK's new Department.

Based on the obvious need, one of the most important recommendations of the Pediatric Emergency Steering Committee was to establish a highly specialized unit at UCCK that would provide high quality, integrated, child-friendly emergency medical care to children in need.

Based on the obvious need, one of the most important recommendations made by the PESC was the establishment of a highly specialized unit that would provide high quality, integrated, child-friendly emergency medical services for all children seeking urgent care at UCCK. The Committee also recommended that the Pediatric Emergency Department should be set up in the existing Pediatric Clinic, which is situated in close proximity to the existing Pediatric Intensive Care Unit (PICU).

In close consultation with UCCK management and international experts, the PESC determined that the new Pediatric Emergency Department should be built to encompass approximately two-thirds of the ground floor of the UCCK Pediatric Clinic, which would ensure optimal accessibility for emergent patients.

AIHA spearheaded activities to initiate development of the Pediatric Emergency Department,

providing technical support for logistical matters including the drawing of architectural plans for the facility and drafting of equipment and staffing lists (see more on this below). The Ministry of Health and UCCK invested in the reconstruction of the facility, allocated necessary human resources, and provided additional logistical support for the project, while AIHA led efforts to train Kosovar staff in the provision of quality pediatric emergency care.

In tandem with the extensive ongoing facility renovations, AIHA engaged and mobilized a team of US experts specializing in pediatric emergency medicine from Children's Hospital at Emory University in Atlanta, Georgia. The Emory experts traveled to Kosovo for the first time in February 2010 to provide technical training and support for this critical initiative.

Over time, the pediatric emergency initiative expanded to include other partners both in Kosovo and the United States. For example, AIHA organized several presentations for Rotary Clubs in Kosovo and California to share with them the new pediatric emergency medical care concept and to request their support in equipping and furnishing the new UCCK Pediatric Emergency Department.

AIHA also engaged Project CURE — the largest provider of donated medical supplies and equipment to developing countries around the world — and worked with the Colorado-based organization to conduct a needs assessment of UCCK clinics, as well as various maternal and child healthcare departments at Regional Hospitals throughout Kosovo.



US and Kosovar officials celebrate the official opening of UCCK's new Pediatric Emergency Department on March 19, 2013.

As a result of these expanded strategic collaborations, AIHA was able to tap into the commitment and expertise of many local institutions. Through these efforts, AIHA secured the donation of new state-of-the-art equipment such as two assisted ventilation machines for the Pediatric Emergency Department and a centralized patient monitoring system for the Intensive Care Unit of the Pediatric Clinic and Emergency Department provided by Rotary Clubs and Assist International.

Pediatric Emergency Medicine Needs Assessment

With the goal of obtaining the up-to-date evidence needed to accurately plan the structure and policies for more effective provision of pediatric emergency care services at the new Pediatric Emergency Department, AIHA and its partners conducted a retrospective analysis to ascertain actual demand for pediatric emergency services and current trends for patients under 15 years of age who utilized emergency care services at UCCK.

AIHA oversaw the collection of service data from the UCCK Emergency Center registry books to obtain information on all patients, particularly those aged 0-18 years, who used the Center's services between January and June of 2011. The results of the study indicated that more than 21,000 patients received urgent care during the six months reviewed, with a total of 3,494 (16.36 percent) children under the age of 18. This translated to 22 children visiting the

Emergency Center for treatment each day, with the majority seeking care for conditions stemming from injuries, trauma, or poisoning.

In addition, the study revealed that nearly 30 percent of all patients admitted to the Pediatric Clinic were related to acute diseases and conditions that should be managed by a pediatric emergency service. If we add to this the number of pediatric emergency cases that were directly referred to other UCCK services — such as the infectious diseases, ENT, ophthalmology, neurology, or surgery clinics, for example — it becomes evident that integrated pediatric emergency medical services is a critical need in Kosovo.

Strengthening Human Resources for Health

As noted above, the main partner for building the human resource capacity needed to effectively staff the new Pediatric Emergency Department was Emory University and its affiliated Children’s Hospital in Atlanta, Georgia. AIHA coordinated the efforts of this US-based partner and all relevant stakeholders in Kosovo to develop a specialized in-service training program that was comprised of targeted training modules on various aspects of pediatric emergency medical care, along with associated lectures and training materials.



AIHA and its technical experts provided emergency medicine training for healthcare providers, including standardized PALS and PEARS courses for pediatric urgent care.

Training sessions and lectures also involved health staff from emergency care services at primary care facilities, so the concept of pediatric urgent care was introduced to all levels of the country’s healthcare system.

Bedside mentoring sessions played an important role in training to ensure optimal acquisition of hands-on clinical skills, as well as crucial communication and support skills that are critical when treating pediatric patients.

In February 2010, a team of eight pediatric emergency medicine experts from Emory traveled to Kosovo to initiate six rounds of Pediatric Advanced Life Support (PALS) and Pediatric Emergency Assessment, Resuscitation, and Stabilization (PEARS) training courses. The Ministry of Health nominated medical staff from UCCK and the Regional Hospitals to attend these courses, which were conducted throughout the country. In addition, lectures were organized at the Telemedicine Center of Kosovo and were broadcast to Regional Hospitals and, on one occasion, to Regional Hospitals in Albania. More than 49 physicians and nurses were trained at this time.

Between November 2012 and March 2013, the Emory experts conducted 10 rounds of mentoring visits, working side by side with selected Kosovar healthcare teams. One important goal of these sessions was to identify local staff to train as trainers. A total of eight Kosovar healthcare professionals participated in PALS instructor training courses and were subsequently certified as PALS Instructors, thus contributing to sustainable local health system capacity.

AIHA and the local stakeholders identified the Center for Urgent Care Medicine in Pristina as the local institution that will conduct continuous medical education training activities in pediatric emergency medicine. In coordination with local authorities and WHO, this center was equipped with appropriate training materials, including mannequins and other demonstration tools. Training activities will be supported by the eight Kosovar PALS instructors trained and certified through this USAID-supported public-private partnership.

A series of lectures facilitated by US experts from Emory University were attended by more than 300 medical staff from UCCK and Regional Hospitals. Some 50 medical professionals from hospitals in Albania also participated remotely thanks to cooperation with the Telemedicine Center of Kosovo. Themes covered during these lectures were preselected in coordination with local health experts and included topics such as airway management, drowning and submersion, hypothermia, child abuse, vomiting and GI syndrome, aspiration of foreign bodies, burns, distortion and fractures, dealing with difficult parents, pediatric C-spine, and intraosseous infusions. In addition, more than 60 Pediatric Clinic management staff and department heads participated in lectures that dealt with important management and organizational development issues related to the effective delivery of pediatric urgent care.

Finally, between January and March 2013, the Emory team conducted an additional series of mentoring activities with selected UCCK staff from the Pediatric Emergency Department and the PICU to provide technical assistance and support related to care issues faced by the Kosovar medical professionals in their daily practice.

Reconstruction of the Pediatric Emergency Department at UCCK

In response to a request from the PESC, AIHA engaged an architect from Emory University in April 2011, who traveled to Kosovo to assess the Pediatric Clinic facilities and develop a draft architectural plan to guide the Ministry of Health and UCCK in their efforts to renovate the space allocated to the Pediatric Emergency Department.

The architect worked closely with key UCCK and AIHA staff, developing a building plan that was presented to the PESC. Once the plan was endorsed by the Committee, UCCK's management agreed to renovate the space in accordance with the proposed documentation. Reconstruction was initially delayed due to funding constraints and changes in UCCK leadership, as well as changes in the governance structures at the Ministry of Health. Collectively, these challenges and delays necessitated some changes in the approach AIHA and partners adopted for reconstruction of the Pediatric Emergency Department .

In December 2011, AIHA and the Ministry of Health signed a Memorandum of Understanding for the establishment of the Pediatric Emergency Department. This document reaffirmed the commitment of both the Ministry and UCCK to establish the new Department and outlined the roles and responsibilities of all partners. The Ministry of Health allocated and transferred 59,000 Euros to cover reconstruction costs and, in cooperation with UCCK, selected healthcare providers to staff the Pediatric Emergency Department.

For its part, USAID and AIHA agreed to support the development of detailed architectural specifications; administer the bidding process; supervise reconstruction; supply essential equipment and disposable medical materials needed for the Department; and continue provision of training and mentoring for staff of the Pediatric Emergency Department and PICU.



Before and after photos tell the story of the creation of Kosovo's first Pediatric Emergency Department. Since its official opening on March 19, 2013, the facility has seen approximately 50 young patients each day with that number showing signs of an upward trend.



By March 2012, the blueprint and building plans were finalized, presented, and endorsed by the PESC. These fulfilled all criteria established by the US technical experts, as well as the European standards for health facilities. In addition, the building plans were designed to support the provision of integrated, child friendly healthcare services. The physical space was comprised of two examination rooms, a fully equipped intervention room, an intensive care room, a laboratory, an X-Ray room, three patient rooms with a total bed capacity of six, and supporting facilities for both staff and patients. Physical access to facilities was ensured for all users, including a ramp and other access support for persons with disabilities.

AIHA, in close collaboration with local partners and experts from Emory University, prepared a list of essential medical furniture and equipment required for optimal functioning of the new Pediatric Emergency Department. Based on the blueprint, reconstruction of the Department would exceed the funding previously allocated by the Ministry of Health, so the PESC petitioned for an increase, which the Ministry granted. AIHA prepared an annex to the Memorandum of Understanding to that effect and it was signed by all parties in June 2012. Following a budget review conducted by the Ministry, an additional 70,000 Euro was transferred in September 2012. The reconstruction, which was overseen by an external expert and AIHA staff, was completed on December 27, 2012.

Bringing the Pieces Together: The Official Opening of Kosovo's First Pediatric Emergency Department

Once the reconstruction of the Pediatric Emergency Department was finalized near the end of December 2012, AIHA and the Emory University partners worked hand in hand with UCCK bioengineers to install and test all the essential medical products and equipment. This period was also used to conduct a thorough inspection of the new premises and test equipment before official sign-off for the contractor in charge of the reconstruction.

UCCK management moved forward with staff selection, identifying a team of four doctors and 16 nurses; they also advertised for additional four additional doctors who will work in the PED. March 19, 2013 marked the conclusion of all construction and other preparations and the official opening of the new Pediatric Emergency Department at UCCK. A gala opening ceremony was held that day with a ribbon cutting presided over by Kosovo's Minister of Health Prof. Dr. Ferid Agani; acting Director of USAID/Kosovo, Mr. Christopher Edwards; Executive Director of UCCK, Dr. Nijazi Gashi; and Executive Director of AIHA, Mr. James P. Smith. More than 200 guests, including representatives of USAID, Rotary Clubs of Kosovo, UN agencies, professional associations, health professionals, and national media attended the opening ceremony.

The Pediatric Emergency Department started to provide services for children in need on March 25, 2013 and is open 24 hours a day, seven days a week. Initial patient counts were around 54 children per day, with visits showing an upward trend as indicated by Figure 4 below.

Figure 4: Services Provided at the UCCK Pediatric Emergency Department: March 26 - May 31, 2013

Service Provided	Mar 26 - Apr 30	May 01 - May 31	Total
Specialist Check-ups	1660	1490	3150
Number of children receiving daily treatments	578	447	1025
Consultations from other specialties	134	100	234
Treatment IM injections	70	112	182
Treatment with IV fluids	578	447	1025
Inhalations	80	105	185
Lab tests			
SE	200	180	380
Haemogram	0	320	320
Glicemia	0	90	90
EKG	0	30	30
SAB Acido basic status test (entire Ped. Clinic)	420	400	
Number of children with Assisted Ventilation	0	0	
Average Number of Patients per Day	47 / day	48 / day	
Average Number of Inpatients Treated	16 / day	14 / day	

VI. Biomedical Engineering & Equipment Repair

The biomedical engineering activities carried out by AIHA through its USAID-supported Partnership to Improve the Health of Women and Children in Kosovo transcended all components of the project because the need for advanced biomedical equipment was relevant across the board.

The US biomedical engineers who assessed, installed, repaired, and donated equipment throughout the life of the project recommend the following key steps:

- ◆ Equipment standardization;
- ◆ Inclusion of training and maintenance manuals; and
- ◆ Adequate budgeting for replacement parts and accessories.

The initial assessments conducted by the US biomedical engineers showed that public hospitals in Kosovo have been the recipients of a large amount of donated equipment since the war and that this equipment comes from many different countries and different producers. Unfortunately, many pieces came without service manuals and maintenance training.

The US team found that a significant amount of the equipment was not being utilized because it was missing a small part or needed a small repair. The Kosovo health facilities rely heavily on equipment donated or procured through the centralized procurement system managed by the Ministry of Health. Sometimes donated equipment arrives and doesn't function at all or breaks down quickly; other times donated equipment lacks the required accessories and supplies to operate. Another issue is that equipment may not be converted to the proper voltage or it operates in a foreign language, so clinical staff are unsure how to properly and safely operate it for patient use. Newly purchased equipment is not without problems as it is often of low quality and durability and breaks down quickly, which is a further drain on valuable resources.

There are very few biomedical engineers in the healthcare system and they are not able to cope with their current responsibilities either due to lack of training, because the technologies are so diverse, or they do not have access to spare parts. Biomedical staff at each operating facility work independently with no direction, support, or accountability to the management structure. They also have little to no influence in making procurement plans for new equipment or routine maintenance. Medical technology is developing very quickly and the biomedical engineering staff lack opportunities to be trained or exposed to new knowledge and skills.

US biomedical engineering experts discovered that a significant amount of equipment in Kosovo's public hospitals was not being used because it was missing a small part or needed a small repair.

The US biomedical engineers conducted a series of five assessments and working visits with partners from Assist International, the American Medical Resources Foundation, and South-eastern Biomedical Associates of North Carolina. The expert team assessed the capacities of the hospitals and clinics by conducting thorough inspections of medical equipment. They also provided on the job training of the biomedical teams of UCCK and the regional hospitals, supplied spare parts, provided guidelines and advice on the spot and through internet

communication when they returned to the US. In facilities where biomedical engineers were not available, the US experts repaired essential equipment and trained the staff on how to use and maintain medical equipment and advised on disposal procedures for irreparable equipment.

During the visits of the US biomedical engineering experts, they also advised the Ministry of Health on how to create a rationalized medical equipment procurement system and a rationalized maintenance system for all public health facilities in Kosovo. The experts shared their assessment reports and findings with Ministry of Health officials and the management of the health facilities visited.

A key recommendation from the US bioengineers was that both the Ministry of Health and hospital management should involve the biomedical staff in the new equipment procurement process and donation procurement processes. Furthermore, the team suggested that particular attention be given to the following during the procurement process:

- ◆ Equipment standardization based on well-established technical specifications (dimension, weight, electrical installation, environmental requirements, compatibility, and networking capacity);
- ◆ Installation criteria;
- ◆ Successful operability and warranty;
- ◆ User training;
- ◆ Service training and servicing sustainability; and
- ◆ Adequate budgeting for replacement parts and accessories.

The team of US biomedical engineering experts stressed the importance of involving their local counterparts in the Ministry of Health and facility level equipment procurement processes.

Through this component of the USAID-supported project, Kosovo decision-makers at the Ministry of Health and health facilities were provided with the expert teams Biomedical Engineering Assessment Reports, which can serve as a guideline for proper procurement and maintenance of medical equipment. They also received periodic assessments and ongoing monitoring of the status of equipment throughout the entire project implementation period.

The US experts often donated spare parts and performed on-the-spot repairs to medical equipment during their site visits. This resulted in more than 50 medical equipment repairs and support to the Kosovar biomedical engineering teams to repair and maintain many other pieces of equipment. In addition, some 20 local engineers at UCCK, the regional hospitals, and eight larger MFMCs had access to on-the-job training during the professional exchanges.

The US experts also provided technical guidelines and access to maintenance guidelines for local biomedical staff and installed biomedical equipment and oxygen supplies for the two ambulances donated for neonatal transport. In addition, they advised the Ministry of Health through the submission of the Biomedical Engineering Assessment Report. They also helped draw up the technical specifications for essential medical equipment procured and donated by AIHA for the Pediatric Emergency Department, PICU, and NICU; installed the PICU's Centralized Patient Monitoring System and trained local medical and bioengineering staff. At the team's recommendation, the Ministry of Health initiated a process of strengthening hospital biomedical engineering teams by employing additional staff and allocating funding for maintenance of medical equipment, as well as a policy of outsourcing routine servicing and maintenance to a local company.

VII. Evaluation, Monitoring & Reporting Results

Throughout the project, AIHA has worked to provide quality monitoring and evaluation tools in order to satisfy both the reporting requirements of USAID/Kosovo and the strategic needs of the partners it has supported in country. AIHA routinely reported its progress to USAID/Kosovo on both a quarterly and an annual basis, including quarterly reports that described accomplishments; identified challenges and potential solutions; and articulated next steps for the project.

Initially, AIHA and USAID/Kosovo jointly developed a set of “ideal” indicators for the project, assuming the presence of detailed facility-level statistics, protocol-driven procedural reporting, and routine administrative reporting processes. Unfortunately, many of these systems have been either inconsistent or missing from health facilities due to resource constraints, staffing shortages, personnel turnover, and unclear reporting responsibilities at the facility level.

Furthermore, even when systems were found to be in place, there were severe longitudinal continuity constraints that limited the usefulness of existing or available data. In light of these challenges, AIHA has taken on an advocacy role in pressing departments forward on collecting more detailed data around patient treatments and outcomes.

As an example, AIHA has worked with UCCK to ensure that routine, high quality service statistics will be reported on a monthly basis at the newly established Pediatric Emergency Department. In addition, the project has also supported new data collection initiatives and retrospective analyses of health facilities to better understand issues such as child trauma incidents and ANC service quality throughout Kosovo.

Many of the facility level systems for tracking and reporting data have been either inconsistent or missing due to resource or staffing constraints, among other things.

One of the most important strategic components of the project has been the ongoing commitment from the US partners to provide professional training and mentorship activities to in-country healthcare professionals throughout Kosovo. These in-service trainings spanned a range of health topics, including antenatal care, perinatal and post-partum care, pediatric services, emergency medicine, and women’s health issues.

In order to track the scope and scale of these accomplishments, AIHA developed and maintained a cumulative professional training tracking tool that lists all trainings, lectures, and supportive mentorship activities completed as a result of the project. Figures 5 and 6 on page 41 and 42 are summary tables that disaggregate the project’s total trainings by thematic area and by cadres reached. In addition, AIHA has provided a detailed breakdown of all training activities by fiscal year, which can be found in Appendix 1.

In total, more than 2,800 healthcare and allied health professionals were engaged and trained on an array of maternal and child health topics and competencies, reaching more than 1,400 doctors and 1,300 nurses across Kosovo. These trainings, representing all dimensions of the project, played a direct role in bolstering the skills of healthcare providers and increasing primary and tertiary care services throughout the country.

Given the resources and timeframe of the project, measuring directly attributable impact on

Figure 5: Kosovo In-service Training Summary by Theme and Year

Theme	Indicator	Unit of Measure	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	Cumulative Totals
ANC: Antenatal Care	Number of providers trained in maternal/newborn health at PHC level through USG-supported programs	Number of trained providers		416	346			762
PEDS: Pediatric Care	Number of providers successfully completing in-service training and education programs in pediatrics	Number of trained providers		412	155	20	118	705
PERI: Perinatal & Postpartum Care	Number of providers trained in perinatal and postpartum care services	Number of trained providers	386	77	4			467
NICU: Neonatal Intensive Care	Number of providers trained in neonatal resuscitation, stabilization, and neonatal intensive care skills	Number of trained providers		168	12			180
GYN: Women's Health	Number of appropriate providers trained in women's health competencies such as Pap smear collection and breast examinations	Number of trained providers	22	420	53	161	29	685
FACULTY: Faculty Development	Number of health professions education faculty trained using quality, evidence-based curricula	Number of trained faculty		26				26
Total Trained:			408	1519	570	181	147	2825

health outcomes based on project activities is a challenge, especially within the context of Kosovo. Ministerial- and facility-level leadership changes, data gaps, priority shifts, and political sensitivities have produced an environment that favors meaningful but incremental change.

Still, AIHA believes that the project, in conjunction with other development partners, has made contributions to the long-term improvements in maternal, child, and women's health outcomes, even if short-term gains have not yet been measured through national health information systems or surveys.

Examining sentinel indicators for maternal, newborn, and children's health, Kosovo released findings for its 2009 Demographic, Social, and Reproductive Health Survey in early 2012. Although the report was originally drafted in February of 2011, the document was only recently available for broader circulation, demonstrating the feedback lag in reporting critical indicators such as estimated national maternal, infant, and child mortality rates. AIHA is eager to see a new DHS to be conducted in 2014 (following the traditional 5-year DHS cycle) as a means to track changes and measure potential improvements in maternal and child health outcomes based on the work completed by the project.

Figure 6: Kosovo In-service Training Summary by Professional Cadre

Category	Cadre	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	Cumulative Totals
Doctors	OBGYNs	193	405	28	1	6	633
	Pediatricians	54	252	87	1	84	478
	Emergency Physicians		67	64	20	21	172
	Family Physicians		113	34	17	8	172
	Internal Medicine				1		1
	Dentists				9		9
Nurses	Mid-Level Nurses	76	445	125	49	28	723
	Midwives	85	219	232	83	0	619
Other	Bioengineers		16				16
	Drivers		2				2
Total Trained:		408	1519	570	181	147	2825

VIII. Conclusions, Challenges & Lessons Learned

During the implementation of the four-year USAID-supported Partnership to Improve the Health of Women and Children in Kosovo, AIHA faced multiple challenges and learned lessons that can be of great importance while planning and implementing future projects in the area of maternal and child health and the health sector in general.

Like any successful project, the nature of the program and the sustainability of its results required full participation and buy-in of the Kosovo partners and key health institutions in the country. Over the last four years, the project was challenged by lack of consensus, multiple delays in critical path decisions, unstable governance, changes in personnel of key stakeholders, chronic lack of health system funding to meet promised commitments, and rapid and unpredictable systemic change within the health sector.

These factors resulted not only in project delays, but a need to rethink many of the fundamental assumptions made at the beginning of the project, which later proved to be inaccurate. The delayed integration of UCCK's two neonatology departments, slow progress of renovations to the Pediatric Emergency Department, and the extent of the need for donated equipment and supplies are all examples of obstacles or mistaken assumptions.

Poor governance structures at the policy and decision-making level characterized with high turnover of political leaders and cumbersome management structures presented another System-level challenge. During the course of the project there were three Ministers of Health, five General Secretaries (in fact the title was changed from Permanent Secretary to General Secretary after the third change), and four General Directors of UCCK. The unstable and ever-changing leadership resulted in delays or changes in emphasis for the project.

Due to this difficult context, despite our best efforts, some activities that were dependent on local partner actions did not occur and/or required significant reformulation. Some of the most significant changes only started to occur in 2011 as the project was nearing the end of its third year. The 18-month no-cost extension granted by USAID allowed AIHA to complete the Pediatric Emergency Department at UCCK and to train the healthcare professionals who staff it. It also provided enough time to bring in the equipment donations to the regional hospitals and to successfully complete the Rotary Club donations.

To compensate for the unstable environment, AIHA took on a strong leadership role and invested in partnership building with local stakeholders by supporting the Kosovo health institutions and helping to build coordination mechanisms and nurture ownership.

Examples of AIHA's role include the organization of the consensus meetings to develop the regionalization of perinatal care, the development of the colposcopy service, the Pediatric Emergency Department Council at the Ministerial level, and several other large meetings that AIHA convened to bring stakeholders together to reach consensus on controversial issues.

AIHA supported gatherings of health professionals and the establishment of professional associations to advocate in specific fields and to influence policies and decision-making. During the course of the project, AIHA directly supported the establishment and registration of two professional associations, the Colposcopy Association of Kosovo and the Neonatology Association of Kosovo, both of which actively gather health professionals and advocate and

defend specific professional interests of their membership.

On the policy level, AIHA was invited to participate in an advisory role with the Ministry of Health Evaluation Commission and provided technical support during the development and endorsement process. In total, 21 clinical practice guidelines (CPGs) and protocols were processed and endorsed, becoming sublegal acts known as Administrative Instructions. Out of the 21 CPGs, 11 are related to maternal and child health, including clinical management of preterm babies, acute diseases of the upper respiratory system, pneumonia, diarrhea, cancer screening procedures, and a set of Integrated Management of Child Illness (IMCI) protocols.

Systemic Challenges

Kosovo has some of the worst health outcomes in South Eastern Europe and ranks below neighboring countries in terms of life expectancy, infant and under-five mortality, and maternal mortality. Kosovars live eight fewer years than their European fellows. Life expectancy at birth for Kosovars is 70 years (68 for males and 72 for females) compared to the EU average of 78 years (76 for males and 82 females). The main contributor to this is still the high perinatal mortality and infant mortality rates, which, regardless of improvements, remain highest in the region.

Addressing these systemic challenges requires a multi-sectoral approach and medium-to-long term engagement. These issues cannot be overcome in a short period of time. Despite the challenges enumerated above, the Kosovo health system has made positive progress when compared to the 1990s and early post-conflict period and the current systemic challenges are more like problems faced by all the countries in transition in the Balkan region.

The AIHA partnership project was able to achieve considerable results, not only in the successful implementation of the activities proposed from the outset, but the project also challenged the structure of the health system by provoking it to be more responsive to the changing environment and to adapt new models and approaches at the policy and service delivery level.

AIHA's USAID-supported Partnership to Improve the Health of Women and Children in Kosovo showed that through the facilitation of communication and enhanced coordination within the fragmented system, changes and improvements can occur.

Poor health funding remains the core challenge for the healthcare sector in Kosovo. Current government expenditures for health are only 45 Euro per capita per year or less than 7 percent of total government expenditures allocated for health. Compared with the EU average of 217 Euro per capita per year, Kosovo invests less than 3 percent of the GDP in health, according to World Bank reports. Consequently, the level of out-of-pocket expenditures remains high — it is estimated that more than 40 percent (WB 2008) is spent for drugs, medical supplies, and diagnostic services in the private sector, abroad, and in the form of informal payments.

Poor funding for health feeds health inequalities, which negatively influence the health and wellbeing of the most vulnerable populations, such as the poor, women, children, the elderly, and people living with chronic diseases or disabilities. But not only vulnerable groups are susceptible to health inequalities. Due to the lack of risk-pooling mechanisms, the vast majority of Kosovars are vulnerable to catastrophic health expenditures in the case of an acute or chronic health condition that requires high cost procedures and treatments.

In addition to poor funding, the public health sector is characterized by inefficient spending of the available funds. For example, 45 percent of the Ministry of Health's budget covers salaries in the over-staffed public sector, leaving little room for investment for the promotion of higher quality in healthcare or to improve the supply of drugs, disposable materials, new equipment, or maintenance of the existing equipment.

Another systemic challenge is that even though the Ministry of Health has developed and endorsed very good policies and strategies in maternal and child care, the implementation has lagged behind. In addition, there is no system in place to evaluate the outcomes of the policy implementation that has taken place.

The public sector continues to suffer from a chronic lack of drugs from the essential drug list, disposable medical supplies and essential equipment. In many cases there is equipment on the premises, but it is old, outdated, and often out of order due to poor maintenance. Public health institutions continue to lack basic essential resources such as liquid soap, paper towels, detergents, and disinfectants, not to mention essential drugs, medical equipment, and other sanitary materials.

Donations of disposable medical materials and essential equipment are still needed and without these external contributions, the public health institutions cannot deliver quality care. Based on the needs assessments and requests from the Kosovar partners, AIHA and the US partners strengthened their efforts to donate disposable materials and essential equipment worth nearly \$3,000,000 to UCCK and the five regional hospitals.

Lack of reliable data and a comprehensive health information systems also remain concerns. Available official data are not complete or reliable and cannot support solid evidence in order to implement evidence-based policies. Due to the lacunae of data, AIHA faced many difficulties assessing and gathering baseline data and in monitoring and evaluating the project results. On several occasions AIHA had to develop project-specific assessment and evaluation mechanisms because there were no data available through the Institute for Public Health, the Ministry of Health institution tasked with gathering health information or other sources.

The private health sector continues to grow. During the project implementation period, the number of private general hospitals, specialized gynecologic hospitals, and small private polyclinics providing maternal care increased substantially. In 2009, there were only two licensed private hospitals delivering maternal care, but by 2012 there were eight. The number of ob/gyn specialists has also tripled in the last five years. Private ob/gyn hospitals and clinics are mainly focused on the provision of high-cost services such as In Vitro Fertilization and C-Sections on demand. The demand for these services continues to grow.

The widespread private provision of ANC services by ob/gyns who utilize high-tech ultrasound technology had a direct impact on the ANC component of the AIHA project and will continue to have a negative impact on the sustainability of ANC provision at the primary care level in the public sector.

On a positive note, the Ministry of Health has initiated a reform process that aims to introduce systemic changes by reforming the existing legal framework for health. These reforms are beginning to show initial results with the adoption of the new health law in December 2012. The law requires structural changes at the policy and service delivery levels and changes in the health financing system in order to introduce a mixed model of health financing. The new

model adds a resource pooling system that, in addition to the existing tax-based system, adds a health insurance structure in order to pool all available funding sources and to ensure more money for the entire health system. This reform process will require time for implementation and to fully realize the benefits of the restructured financing mechanisms.

In the area of service delivery, a horizontal coordination networking system for specific health services known as “line services” is being introduced. A maternal and child health line service is one of the pilot projects of the Ministry of Health and the first coordination and networking mechanisms have already been installed. The AIHA partnership project supported this reform initiative and funded a study tour to Ostergotland, Sweden to observe and learn how line services are organized, financed, and managed in Sweden, where these innovative management reforms first started. The Ministry of Health leadership, including the Minister of Health, hospital managers, and other key stakeholders all participated in the study tour and are now tasked with implementing the reforms in Kosovo.

IX. Appendix I

AIHA Kosovo In-Service Training & Activities: Fiscal Year 2009

Month	Training Topic	Facilitator(s)	Date	Category	Female	Male	Venue	Doctors		Nurses		Total
								OBGYN	Peds	Midwives	Nurses	
May	1) Perinatal Regionalization / 2) Menopause	1) David Gagnon/ 2) Mike Ranahan	29.05.2009	PERI	28	4	Gjilani Regional Hospital	10	3	9	10	32
			28.05.2009	PERI	19	4	Peja Regional Hospital	6	3	7	7	23
			27.05.2009	PERI	34	3	Gjakova Regional Hospital	8	1	21	7	37
			26.05.2009	PERI	45	11	Prizreni Regional Hospital	15	3	18	20	56
			25.05.2009	PERI	12	5	AIHA Office	12	5			17
June	Tocolitics for the preterm births / Premature Ruptures of the membranes/ Antenatal Corticosteroids for the prevention of the Respiratory Distress Syndrome	Jennifer Hosmer, Donna La Fontaine and Mary Packer	24.06.2009	PERI	17	7	OBGYN Clinic - Prishtina	18	6			24
			25.06.2009	PERI	13	3	OBGYN Clinic - Prishtina	13	3			16
July	PAP smear and Colposcopy Seminary	Mary Packer and Denise Appleby	30.06.2009	GYN	16	6	OBGYN Clinic - Prishtina	22				22
September	Health Care Symposium	Mike Ranahan/Fay Homan/ Mary Packer/ Christiane Mayer/ Sadie Lialoshi/ Kadrie Berisha	16.09.2009	PERI	120	52	Bondsteel Camp Hospital	80	30	30	32	172

TOTALS: 306 102 193 54 85 76 408

AIHA Kosovo In-Service Training & Activities: Fiscal Year 2010

	Training Topic	Facilitator(s)	Date	Cat	Fe- male	Male	Venue	Doctors				Nurses		Others		Total
								Emergency Center Doctors	Family Doctors	OB/ GYN	Peds	Mid- wives	Nurses	Bio eng.	Drivers	
October	STABLE Module 1,2,3	Dr. Jesse Bender and Karen Kennally	14.10.2009	NICU	24	2	CDFM - Prishtinë				12		14			26
			15.10.2009													
	Neonatal Transport Training		13.10.2009	PERI	5	2	AIHA office				5		2			7
	Management of H1N1 flu during pregnancy	Jennifer Hosmer	04.11.2009	ANC	12	18	OB/GYN			30						30
November	Biomedical Equipment Training	Greg Johnson/ Raymond Shmidt/ Clay Buttenere	02.11- 06.11.2009	FACULT Y	0	16	Regional Hospitals: Gjakova, Prizren, Peja, Gjilan							16		16
	OB/GYN Training	Dr. Bujar Tabaku	19.11.2009	GYN	13	10	OB/GYN			23						23
December	Journal Club Initiation Training	Mary Packer, Julie Baker	04.12.2009	FACULT Y	9	1	CDFM - Prishtinë			10						10
	Domestic Violence Awareness Training	Sadjje Lialloshi and Sabrije Ramabaja	02.12.2009	ANC	30	0	Economy High School					28	2			30
			03.12.2009	ANC	31	0					27	4			31	
January	ANC Primary Care, First Level	Mary Packer	25.01.2010	ANC	4	1	AIHA office		2	2		1				5

Training Topic	Facilitator(s)	Date	Cat	Female	Male	Venue	Doctors				Nurses			Others		Total
							Emergency Center Doctors	Family Doctors	OB/GYN	Peds	Mid-wives	Nurses	Bio eng.	Drivers		
February	ANC Strategy Workshop/Training	10.02.2010	ANC	21	33	CDFM - Prishtinë	43					11				54
	PEARS	22.02.2010	PEDS	37	11	Public Health Institute of Kosova				14		34				48
	PEARS	23.02.2010	PEDS	5	8	CDFM - Prishtinë	8					5				13
	PEARS	24.02.2010	PEDS	43	10	Public Health Institute of Kosova				21		32				53
	PEARS	25.02.2010	PEDS	9	3	CDFM - Prishtinë	5					7				12
	PEARS	26.02.2010	PEDS	48	10	Telemedicine Center of Kosova - UCCK	10			10		38				58
March	Cervical Circilage - Lectures	26.02.2010	GYN	11	0	OB/GYN			11							11
	Risk Management for Pregnant Women	25.02.2010	ANC	28	6	Telemedicine Center of Kosova - UCCK			18			16				34
	ANC Refresher Training	18.03.2010	ANC	26	7	CDFM - Prishtinë	21					12				33
	Peri/Neonatal Transport Training through Simulation	29.03.2010	PERI	14	5	Regional Hospitals Pejë, Gjakovë, Prizren, Gjiilan				8		9		2		19
	Lectures STABLE Module 4, 5, 6	01.04.2010	NICU	27	3	"Lindja" Hospital				14		16				30
	Perinatal / Neonatal Transport Simulation Assessment	02.04.2010	PERI	6	2	Telemedicine and Regional Hospitals				6		2				8

	Training Topic	Facilitator(s)	Date	Cat	Fe- male	Male	Venue	Doctors					Nurses			Others		Total
								Emergency Center Doctors	Family Doctors	OB/ GYN	Peds	Mid- wives	Nurses	Bio eng.	Driver s			
March	Perinatal/ Neonatal Transport Simulation Assessment	Dr. Jesse Bender and Karen Kennally	02.04.201 0	PERI	8	3	AIHA office		1	3	5		2				11	
			30.03.201 0	ANC														
	Role and competences of Midwives	Sadjje Lialloshi and Besa Haliti	31.03.201 0	ANC	29	0	OB/GYN					29					29	
			01.04.201 0	ANC														
Role and competences of Midwives	Sadjje Lialloshi and Kadrije Berisha	11.03.201 0	ANC	10	0	MFMC- Skenderaj					10					10		
		25.03.201 0	ANC	23	0	MFMC- Skenderaj					23					23		
April	ANC Training	Dr. Fay Homan, Dr. Mehmet Uka, Dr. Mary Packer	14- 15.04.201 0	ANC	78	22	CDFM - Prishtinë		46	5		24	25			100		
	Basic Training for Colposcopy	Dr. M. Packer, Dr. G. Kostadinov, Dr. J. Hosmer	28- 29.04.201 0	GYN	16	7	OB/GYN			23						23		
May	Annual Conference of KOGA and Second Conference of RCOG - Eurovision - Certificate CME Trainings	KOGA and RCOG	13.05.201 0	GYN	285	78	Grand Hotel Prishtina			280			83			363		
			14.05.201 0															
			15.05.201 0															
June	Trainings in Selected Pediatric Topics	Lisa Rubin and Adina Joseph	21.06.201 0	PEDS	3	4	Reg. Hospital Pejë			5			2			7		
			21.06.201 0	PEDS	3	3	Reg. Hospital Mitrovicë			3				3		6		
			21.06.201 0	PEDS	40	9	Telemedicine Center- Prishtinë			36				13		49		

Month	Training Topic	Facilitator(s)	Date	Cat	Fe- male	Male	Venue	Doctors				Nurses			Others		Total	
								Emergency Center Doctors	Family Doctors	OB/ GYN	Peds	Mid- wives	Nurses	Bio eng.	Drivers			
June	Trainings in Selected Pediatric Topics	Lisa Rubin and Adina Joseph	15.06.201 0	PEDS	20	9	Reg. Hospital Gjilan				19		10				29	
			16.06.201 0	PEDS	16	1	MFMC- Lipjan				6		11					17
			16.06.201 0	PEDS	12	2	MFMC - Ferizaj				2		12					14
			17.06.201 0	PEDS	41	8	MFMC- Prizren				24		25					49
			18.06.201 0	PEDS	8	2	MFMC - Deçan				3		7					10
			18.06.201 0	PEDS	1	2	MFMC - Pejë				3							3
			28.06.201 0	NICU	5	1	AIHA office				6							6
July	NRP Training	Shelley Barnhil and Jessica Jordan	29.06.201 0	NICU	24	1	MFMC - Rahovec				5	20					25	
			01.07.201 0	NICU	22	2	CDFM - Prishtinë				6	18					24	
			19- 20.07.201 0	PEDS	3	5	City Emergency Center - Prishtine	8									8	
			21- 22.07.201 0	PEDS	1	8		9									9	
			23.07.201 0	PEDS	11	16	Telemedicine Center of Kosova - UCCCK	27									27	
August	Role and competences of Midwives	Sadie Llaloshi and Kadrie Berisha	31.08.201 0	ANC	11	0	MFMC - Lipjan					5	6			11		

Training Topic	Facilitator(s)	Date	Cat	Fe- male	Male	Venue	Doctors				Nurses			Others		Total
							Emergency Center Doctors	Family Doctors	OB/ GYN	Peds	Mid- wives	Nurses	Bio eng.	Drivers		
Neonatal Transport Training (telemedicine)	Dr. Jesse Bender, Karen Kennally, Dan Gingras, Carol Opiequn	02.09.2010	PERI	14	3	Telemedicine Center of Kosova - UCKK				8		9				17
Neonatal Transport Team Training	Neonatal Transport Team	07.09.2010	PERI	5	2	AIHA office				4		3				7
NRP Refresher Training	Dr. Mynevere Hoxha	14.09.2010	NICU	16	5	Pediatric Clinic				10		11				21
STABLE Refreher Training	Dr. F. Krasniqi, Dr. I. Morina, Dr. L. Sutaj, Dr. S. Halili	15.09.2010	NICU	22	4	Pediatric Clinic				13		13				26
Neonatal Transport Training	Dr. Faton Krasniqi, Dr. Ilmije Morina	16.09.2010	PERI	3	1	NICU				2		2				4
Role and competencies of Midwives	Sadije Llaloshi and Kadrije Berisha	17.09.2010	PERI	3	1	NICU				2		2				4
		13.09.2010	ANC	13	0	MFMC-Viti						13				13
		27.09.2010	ANC	9	0	MFMC - Suharekë						7	2			9
Infant's Resuscitation Monitoring	Sadije Llaloshi and Kadrije Berisha	28.09.2010	ANC	4	0	MFMC - Drenas						4				4
		28.09.2010	NICU	4	0	MFMC - Skenderaj						4				4
		30.09.2010	NICU	2	0	MFMC - Suharekë						2				2
		30.09.2010	NICU	4	0	MFMC - Dragash						4				4
September																
TOTALS: 1172 347 67 113 405 252 219 445 16 2 1519																

AIHA Kosovo In-Service Training & Activities: Fiscal Year 2011

Training Topic	Facilitator	Date	Cat	Female	Male	Venue	Doctors				Nurses		Others		Total
							Emergency Center Doctors	Family Doctors	OB/ GYN	Peds	Midwives	Nurses	Bio eng.	Drivers	
ANC Training	Dr. Mary Packer	06.10.2010	ANC	15	6	WWC - Prishtinë		12				9			21
		07.10.2010	ANC	11	0	MFMC - Lipjan					11				11
			ANC	7	0	MFMC - Ferizaj					7				7
		12.10.2010	ANC	2	0	MFMC - Klinë					2				2
			ANC	4	0	MFMC- Istog					4				4
		15.10.2010	ANC	5	0	MFMC - Malishevë					5				5
			ANC	5	0	MFMC - Rahovec					5				5
		19.10.2010	ANC	5	0	MCMF - Deqan					5				5
		21.10.2010	ANC	6	0	MFMC- Kamenicë					6				6
		27.10.2010	ANC	6	0	MFMC - Kaqanik					6				6
PEARS		01.11.2010	PEDS	14	12	Pediatry Lecture Room	9								26
		02.11.2010	PEDS	11	9		6								20
PALS	Dr. David Goo and Dr. Carlos Delgado	03.11.2010	PEDS	1	8	AIHA - office	5			4					9
PEARS		04.11.2010	PEDS	12	8	Pediatry Lecture Room	7			13					20
PEARS		05.11.2010	PEDS	28	11	Telemedicine Center of UCCK - Prishtine	3			30		6			39
Role and Competencies of Midwives	Sadje Lialloshi and Kadrije Berisha	19.11.2010	ANC	25	0	MFMC - Kamenicë						25			25
		22.11.2010	ANC	16	6	MFMC - Dragash		1	1			20			22

October

November

Month	Training Topic	Facilitator	Date	Cat	Female	Male	Venue	Doctors				Nurses			Others		Total	
								Emergency Center Doctors	Family Doctors	OB/GYN	Peds	Midwives	Nurses	Bio eng.	Drivers			
December	ANC Training	Mary Packer	02.12.2010	ANC	15	0	WWC - Prishtinë		5				10				15	
	Role and Competencies of Midwives	Sadje Lialloshi and Kadrije Berisha	06.12.2010	ANC	20	8	MFMC - Malishevë		2			2	22				28	
			08.12.2010	ANC	6	0	MFMC - Podujevë				6						6	
	Training in Prizren	Dr. Jennifer Hosmer and Dr. Mary. Packer	14.12.2010	ANC	33	8	Regional Hospital - Prizren			16			22	3			41	
January	ANC Training	Sadje Lialloshi and Kadrije Berisha	14.01.2011	ANC	5	0	MFMC - Vushtri					5					5	
	ANC in Kaçanik	Mary Packer	20.01.2011	ANC	17	3	MFMC - Kaçanik		6			7	7				20	
	ANC Training	Sadje Lialloshi and Kadrije Berisha	26.01.2011	ANC	7	0	Vushtri					7					7	
			27.01.2011	ANC	17	3	MFMC - Kaçanik		6			7	7				20	
February	NRP Follow-up Training	Sadie Lialloshi	21.02.2011	NICU	7	0	MFMC - Viti		1			6					7	
			19-26.03.2011	NICU	5	0	"ValleyCare Health System"					5					5	
March	Midwives Training from Fushë Kosova, Istogu, Prishtina	"Valley Care" California	04.04.2011	PEDS														
			05.04.2012	PEDS	2	6	AIHA Office										8	
			06.04.2013	PEDS														
			07.04.2014	PEDS														
April	Pediatric Emergency Training Sessions	Pediatric Emergency Brian Costello, Ricardo Jimenez	08.04.2011	PEDS	11	9	Telemedicine Center of UCCK - Prishtine								7		20	
			04-15.04.2011	GYN	2	0	Obiliq							2			2	
			26/04/2011															
			06/05/2011	GYN	2	0	Fushë Kosovë							2				2

Training Topic	Facilitator	Date	Cat	Female	Male	Venue	Doctors					Nurses			Others		Total
							Emergency Center Doctors	Family Doctors	OB/ GYN	Peds	Mid-wives	Nurses	Bio eng.	Drivers			
May	Neonatal Transport Training	30.04.- 08.05.2011	PERI	3	1	Rhode Island				2				2			4
	ANC and Post-Partum Trainings	11.05.2011	ANC	83	0	UCCK					24	59					83
	ANC Training	16/05/2011 - 27/05/2011	ANC	2	0	Lipjan					2						2
June	"PEARS" - Pediatric Emergency Assessment, Recognition and Stabilization	14- 17.06.2011	PEDS	2	11	AIHA - office	13										13
	Sexually Transmitted Infections	20.09.2011	GYN	19	2	WWC - Prishtina		1	4		16						21
September	Breast Cancer Screening and Clinical Breast Cancer Exam	21.09.2011	GYN	23	0	CDFM - Prishtina					23						23
	Preterm Birth and PostPartum Hemorrhage	22.09.2011	GYN	1	4	Mitrovica RH			5								5
TOTALS:							64	34	28	87	232	125	125	570			

AIHA Kosovo In-Service Training & Activities: Fiscal Year 2012

Training Topic	Facilitator	Date	Cat	Fe- male	Male	Venue	Doctors						Nurses		Other		Total		
							Dentists	Internal Medicine Doctors	Emergency Center Doctors	Family Doctors	OB/ GYN	Peds	Mid- wives	Nurses	Bioeng.	Drivers			
October	Pediatric Emergency Training	04.10.2011 and 06.10.2011	PEDS	3	2	AIHA - office			5									5	
	Pediatric Emergency Training	07.10.2011	PEDS	9	6	Tele- medicine Center Prishtina			15									15	
April	OB/GYN					Tele- medicine Center Prishtina												35	
	Preventive Screening for Women		GYN	34	1				1								34		
	Episiotomy/ Preventing Perineal Trauma																		
	Breast Cancer Screening/ Abortion																		
	Medical Complication during Pregnancy		GYN	55	27	MFMC - Prizren	9	1		16	1	1				5	49	82	
	Menopause: Clinical Manifestations and Treatment																		
	Abortion: Dg, Treatment and Complications		GYN	21	0											21		21	
	Medical Complication during Pregnancy																		
	Episiotomy/ Preventing Perineal Trauma																		
	Midwifery in America		GYN	23	0	CCNE - UCCK, Prishtinë											23	23	
Cesarean Sections																			
TOTALS:							9	1	20	17	1	1	1	83	49	1	181		

AIHA Kosovo In-Service Training & Activities: Fiscal Year 2013

	Training Topic	Facilitator	Date	Category	Female	Male	Venue	Doctors				Nurses		Other		Total							
								Emergency Center Doctors	Family Doctors	OBGYN	Peds	Mid-wives	Nurses	Bioeng.	Drivers								
January	Pediatric Emergency Triage	Dr. Carlos Delgado	22.1.2013	PEDS	10	8	Pristina Pediatric Clinic				18					18							
	Foreign Body Ingestion & Pediatric Airways	Dr. Carlos Delgado	23.1.2013	PEDS	15	10	Pristina Pediatric Clinic				25					25							
	Concussions & Patient/Family Management	Dr. Carlos Delgado	24.1.2013	PEDS	24	6	Pristina Pediatric Clinic				30					30							
February	Pediatric Emergency Training	Dr. David Goo, Nurse Sarah Kabatt	20.2.2013	PEDS	8	1	Pristina Pediatric Clinic				4				5	9							
	Pediatric Emergency Training	Dr. David Goo, Nurse Sarah Kabatt	21.2.2013	PEDS	9	0	Pristina Pediatric Clinic				4				5	9							
	Pediatric Emergency Training	Dr. David Goo, Nurse Sarah Kabatt	22.2.2013	PEDS	6	0	Pristina Pediatric Clinic				3				3	6							
	ACLS	Billy Kunkle	18-23.2.2013	PEDS	5	16	Urgency Center of Prishtina	21								21							
March	Vaccines in Pregnancy; Postpartum Hemorrhage	Dr. Donna LaFontaine and Dr. Jennifer Hosmer	22.3.2013	GYN	7	7	Gjilan RH		4	3				7		14							
	Vaccines in Pregnancy; Postpartum Hemorrhage	Dr. Donna LaFontaine and Dr. Jennifer Hosmer	23.3.2013	GYN	8	7	Prizren RH		4	3				8		15							
TOTALS:																92	55	21	8	6	84	28	147

X. Appendix II

Working to Achieve “A Healthy Start in Life” for the Children of Kosovo

Kosovo is home to 2 million people, half of whom are under the age of 25. More than two decades of political unrest culminating in war in 1998-1999 has left Kosovo’s healthcare infrastructure in severe crisis. Currently, the country’s infant and maternal mortality rates are among the highest in Europe and — with some 350,000 women in their reproductive years — the continuing poor health status of women and children represents a critical barrier to this emerging democracy’s socio-economic development.

A health symposium conducted at Camp Bondsteel, the US army base in eastern Kosovo, on September 16 represented an important step toward improving the health of Kosovar women and children, according to Dr. Mary Packer, a British obstetrician and gynecologist who has been working in Kosovo for nearly a decade. As Chief of Party for the American International Health Alliance (AIHA) in Pristina, Packer directs the “Partnership to Improve the Health of Women and Children in Kosovo,” a project supported by the American people through the US Agency for International Development (USAID).

“The symposium’s theme was ‘A Healthy Start in Life,’ which reflects one of the highest priorities for Kosovo,” Packer says, noting that the current healthcare system is characterized by a lack of coordination among care providers, whether public or private, at all levels of care. “Other key challenges include a lack of necessary equipment and supplies and significant clinical training and education gaps in women’s and children’s health provision,” she explains.

Co-sponsored by KFOR, USAID, and AIHA, the event brought together nearly 200 Kosovar and Serbian physicians, midwives, and allied professionals working in healthcare facilities throughout the country. Experts from Europe and the United States presented on a wide range of topics, including pre-natal care, newborn assessment and primary care, and the role midwives play during pregnancy, birth, and beyond. The Multi-National Task Force East (MNTF-E) hosted the event at Camp Bondsteel’s theater.



Event organizers from KFOR and AIHA, clinical experts, and selected participants take time to pose for a photo during the one-day “Healthy Start in Life” symposium held September 16, 2009 at Camp Bondsteel.



Conference participants await the start of the symposium. Nearly 200 midwives, physicians, and other health system stakeholders from across Kosovo attended the one-day event.

“The infant and maternal mortality rates [here] are among the highest in Europe. Those are important indicators of health capabilities, and we’d like to see them improve,” says Colonel Sharon Navratil, Commander of Task Force Med Falcon. “Our goal was to promote health information and to improve prenatal and perinatal care throughout the region.”

Technical and logistical planning for the symposium required a great deal of collaboration, according to Lieutenant Colonel Scott Simmons, who works in MNTF-E Civil Military Operations, assigned to Task Force Med Falcon. “This was a team effort; a lot of planning and resources went into this,” Simmons says. “With an event like this, the little issues can become big issues. We planned well, and everybody executed well.”

Navratil explains that KFOR troops were also instrumental in bringing Kosovo Serb participants to the event. “We coordinated with Irish KFOR in Brezovica to encourage Serbs from Strpce to attend,” she says, stressing the importance of involving all segments of the population in efforts to improve maternal and child health in Kosovo.

Dr. Sasha Cvetkovic, Director Gynecology and Obstetrics in Gračanica, and a Serbian, attended the conference with one of his colleagues.

“KFOR is making good efforts to bring us all together to discuss these important issues,” Cvetkovic said at the symposium. “Networking with other healthcare providers in our field is a big benefit.”

Calling the event a positive experience for both KFOR and Kosovo, Colonel Navratil says, “It helps our mission by building capacity for medical care in Kosovo. The focus here is health, and the success of this symposium improves the chances of Kosovo becoming successful. Every step like this will help them get on the right track.”

Packer agrees, concluding, “I’m thrilled with the turnout — it exceeded expectations. It was an excellent event.”

Background on the Partnership to Improve the Health of Women and Children in Kosovo

With support from the American people through USAID/Kosovo, AIHA launched its three-year partnership project to improve the health of women and children in Kosovo in 2009. The partnership links US health and civic organizations with counterpart institutions throughout Kosovo to strengthen maternal and child healthcare capacity at the primary, secondary, and tertiary levels.

US partners contributing their knowledge and expertise include the Providence-based Women and Infants Hospital of Rhode Island and National Perinatal Information Center, California-based ValleyCare Health Systems and Livermore Rotary Club, and the American Medical Resources Foundation and Assist International.

Key objectives of the project are building the prerequisite institutional and human resource capacity needed to:

- improve quality, scope, and frequency of prenatal care;
- improve quality of primary level care for infants and children;
- improve perinatal and post-partum care for women and newborns;
- improve quality of care for high-risk mothers and infants, as well as emergency cases; and
- raise awareness of the importance of prenatal care through targeted patient education and community outreach.

To date, working closely with the Ministry of Health and local administrations, AIHA and its partners have completed a comprehensive assessment of tertiary, main secondary, and selected primary maternal and child health institutions spanning Kosovo. They have also conducted a maternal and child health roundtable and case management discussion with key local and international stakeholders, supported in-country activities related to the International Day of the Midwife, participated in the US Embassy's Balkan Breast Cancer Initiative activities, initiated colposcopy services at the University Clinical Center of Kosovo in Pristina, and secured the donation of two ambulances, which will soon be equipped for neonatal transport and given to the Center. Other activities include participation in the National Maternal and Child Health Conference held in Pristina in May 2009, conducting a consensus meeting on the regionalization of perinatal care, and conducting trainings on neonatal resuscitation and obstetric emergency care at four regional hospitals.

Project activities over the coming months will focus on practitioner education, training, and networking; implementing a system of regionalization of neonatal care using the ambulances to transfer the most at-risk newborns to the tertiary care hospital; public education and outreach campaigns and targeted media messaging; and assessment, revision, and/or development of obstetric and neonatal protocols.

For more information about AIHA, please visit www.aiha.com.

For more information about USAID projects in Kosovo, please visit www.usaid.gov/kosovo/.

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