Report for the Kate Farrer Foundation: Improving maternal and child health in Palestinian refugee camps in Lebanon

Achievements during the period April 2016 – March 2017

Contextual update

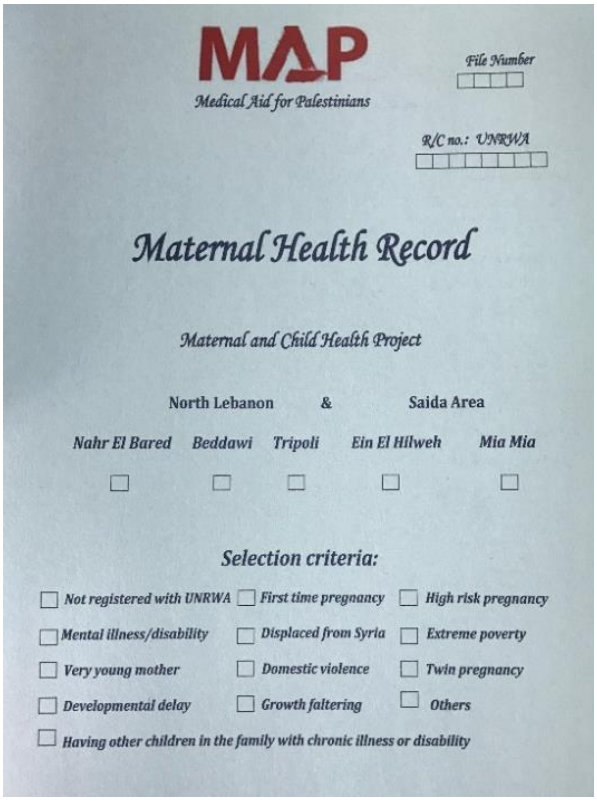
In 2016, Lebanon continued to feel the effects of the ongoing conflict in Syria, which has forced the mass departure of 4.8 million refugees into neighbouring countries (UNHCR, Jan 2017). More than a fifth of these — one million people — are now sheltering in Lebanon. In addition to the Syrians who have fled, tens of thousands of Palestinian refugees from Syria (PRS) have escaped to Lebanon, with the majority living in existing Palestinian refugee camps.

The number of refugees in Lebanon continues to put the country under incredible strain economically, and in terms of increasing sectarian tension. Clashes have continued in Palestinian refugee camps, and most violently in Lebanon's largest Palestinian camp: Ein el Helweh.

Life in Lebanon for PRS has been made more difficult by the imposition of legal restrictions on their rights to work and even remain in the country, and many have left Lebanon, often choosing to make the dangerous journey to Europe over sea. The number of PRS in Lebanon had decreased to 32,000, and the percentage in our caseload stands at 7%: a decline on previous periods.

Programme update

Against this backdrop of increasing security concerns, our team of community midwives have continued their work visiting women in the camps. Beneficiaries are chosen according to a set of selection criteria (shown on the image of the case card, right). 95% of women joining the programme meet at least one of these criteria; many meet more than one.


MAP
Medical Aid for Palestinians
File Number
R/C no.: UNRWA
Maternal Health Record
Maternal and Child Health Project
North Lebanon & Saida Area
Nahr El Bared Beddawi Tripoli Ein El Hilweh Mia Mia
Selection criteria:
Not registered with UNRWA
First time pregnancy
High risk pregnancy
Mental illness/disability
Displaced from Syria
Extreme poverty
Very young mother
Domestic violence
Twin pregnancy
Developmental delay
Growth faltering
Others
Having other children in the family with chronic illness or disability

In the antenatal period, women receive a minimum of three visits during which the midwife conducts health monitoring tests, provides nutritional and health advice, and makes referrals. During this reporting period, the midwives identified and referred 196 women with undiagnosed pregnancy complications such as pre-eclampsia that could put the life of the mother and baby in danger if left untreated. Midwives continue visiting families in the postnatal period, providing infant care, breastfeeding support, and. All families are supported until the baby is at least six months old, with highly vulnerable infants and families supported for up to one year.

During the period April – December 2016, the 13 midwives and nurses have made 4,015 antenatal, 4,375 postnatal and 4,521 infant visits to a total of 3,210 mothers and infants. During this time, 1,516 babies were born to families visited by our midwives.

The midwives also continued to conduct health education sessions (54 sessions for 1,274 participants in nine months) and to distribute baby kits and hygiene kits, received as a donation from UNICEF, to all participants.

Kate Farrer Foundation Donation

The donation we received from the Kate Farrer Foundation was used to purchase essential supplies and equipment for use by the midwives throughout the year.

This year, thanks to your support, the team purchased the supplies outlined below, without which they couldn't have carried out their work. Each year, a certain amount is also allocated in this programme's budget for the purchase of replacement medical equipment (as previously discussed). This year however, no equipment was purchased because, as our programme manager explained: 'the midwives are careful and take good care of the equipment they have, and because we buy top quality products which last for a long time'. This being the case, we are £10.20 short of your total donation amount, as you will see from the table. This remaining amount has automatically been allocated towards another programme cost within this budget section: the purchase and upkeep of medical records.

Item	Use	Amount $	Amount £
Choice line test	Urine test strips that detect a range of problems including Urinary Tract Infections.	1,370	1092.13
Sterile gauze	Used as a dressing to absorb fluid and protect wounds in danger of infection. The midwives use it when checking on a C-section wound, baby cord, etc.	405	322.86
Probe cover	These are disposable thermometer probe covers that are used on the top end of the digital thermometer used for babies and mothers.	466.50	371.88
Hand Gel	Sanitizer gel used by the midwives during the visit before and after each act as an infection control measure.	93.50	74.54
Gloves	Used to keep examinations sterile.	330	263.07
Blue pads	Disposable under-pads used to place the baby on for protection while the midwife is examining and weighing him/her.	435	346.77
Betadine swabs	Antiseptic swabs used when checking wounds, wound infections, etc.	180	143.49
Pregnancy tests	Offered to women during post-natal period if necessary.	225	179.36
Alcohol swabs	Sterile alcohol swabs used for preparing skin before examinations etc.	11	8.77
Anti-allergic tapes	paper-like tape used for sensitive skin such as baby skin or C-section wounds. This type of tape does not cause allergies that a regular adhesive tape might cause.	42	33.48
Urine cups	Used to collect samples for urine analysis using the choice line strips mentioned above.	192.50	153.46
Total		**$3750.50**	**£2,989.80***

**conversion correct on 03/4/17 (OANDA)*

Midwives' personal highlights

We measure the success of the programme against **key performance indicators**, the majority of which have been exceeded in 2016. See these in Annex 1.

However, this programme can't be summed up just by these positive results. We also asked our team of community midwives what their **personal highlights had been in 2016**. It is their relationships with the women they visit, reflected in these anecdotes, which are at the heart of the programme:

'I feel particularly happy when I am working with first time mothers. They are often scared and confused with all the traditional and sometimes unsound baby care advice they hear from their mothers, mothers-in-law, and neighbours. They look forward to our visits and to learning sound and scientific information related to baby care and feeding.'

'When we announced a health education session in Ein el Helweh, more than 160 women came to attend the session – a really big number for us. I felt that the women in the community really appreciate our work.'

A MAP midwife gives a health education class in Ein El Helweh camp, South Lebanon

'When I was visiting a mother, I noticed that her new born baby had a serious respiratory problem which the mother was not aware of. I referred the mother to the doctor who admitted her baby to the intensive care unit for 10 days. I felt that I helped save that baby's life.'

'I feel that we help our beneficiaries feel more empowered and confident as mothers as we listen to their concerns, and encourage them and praise their good practices and care for their children.'

'I notice that our work has a positive impact on the beneficiaries' psychosocial wellbeing, as well as their health.'

Thank you so much for your generous support for this work.

Annex 1: Key performance indicators

	Target:	Results:
Breastfeeding rates		
Why is this important: UNICEF has identified exclusive breastfeeding in the first month as having the greatest potential impact on child survival – breastfed infants are six times more likely to live. With 60% of families in our caseload living in dire poverty, the money saved by breastfeeding is also an important factor.		
At delivery:	70%	86.1%
At month one:	69%	85.8%
At month three:	59%	74%
Reduction in levels of Anaemia		
Why is this important: It is estimated that anaemia, or iron deficiency, which carries a higher risk of foetal death and low birth weight, is the major or sole contributor to 20-40% of deaths in childbirth worldwide – in other words it increases the likelihood of maternal death fivefold.		
Number of women who come to the programme anaemic **recording a safe haemoglobin level by the time they give birth**:	50%	47.5%
Weight gain in premature / low-birth-weight babies		
Why is this important: There are a range of health problems associated with low-birth-weight infants including breathing, neurological, and gastrointestinal problems and sudden infant death syndrome. Longer-term problems can include cerebral palsy, blindness and deafness.		
Percentage of babies born with low birth weight during this reporting period:	n/a	8.5%
Low-birth-weight babies no longer at risk of weight by the time they exit the programme:	80%	98.7%
Use of family planning		
Why is this important: Family planning is a key determinant of maternal health. Allowing young women and those at increased risk of health problems and death from early childbearing to delay or avoid pregnancy is especially important, while reducing rates of unintended pregnancies reduces the need for unsafe abortion. Family planning also reduces infant mortality by preventing closely spaced and ill-timed pregnancies.		
Mothers choosing a family planning method by six weeks post-delivery:	80%	86%
Mental health and psychosocial support		
Why is this important: Palestinian refugees in Lebanon report a higher than average rate of mental illness. This can be linked to their poor living conditions, financial and physical insecurity, lack of employment opportunity and normalised violence in the camps. Our midwives have often the exclusive opportunity to enter people's homes and gain their trust; they are very well-placed to identify mental health, domestic violence, or child protection issues, to offer support and to make referrals to specialist services. All our midwives receive training in listening support and child protection case management.		
Women affected by post-natal depression offered listening support and referrals where appropriate:	25	46
Families facing problems of domestic violence/child abuse and neglect supported and referred where appropriate:	25	28