Summary of the American University of Beirut (AUB) Evaluation of MAP's Maternal & Child Health project in refugee camps in Lebanon

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Background

MAP began a community outreach Maternal and Child Health (MCH) programme in Lebanon in 2008 to complement the UNRWA's clinic-based services and enhance the care offered to pregnant and postpartum women and their infants. The aim of the programme is to reduce preventable causes of poor maternal and child health and contribute in improving health outcomes. It is implemented in five Palestinian refugee camps in north and south Lebanon and consists of trained midwives/community nurses visiting homes of Palestinian women to provide antenatal and postnatal services including physical assessment and counselling.

Previous internal and external evaluations of the MCH project have consistently confirmed the benefits in terms of significantly increased exclusive breastfeeding rates, significantly reduced rates of anaemia in women at delivery, increased use of contraception post-delivery and reduced rates of late identification of high-risk deliveries.

However, these evaluations have never assessed the added benefit of our MCH project over and above the standard ante/post-natal care provided by UNRWA primary health care (PHC) centres. This has been needed to evaluate the true cost effectiveness of the project, and was the key objective of the AUB evaluation.

Methodology

1. *Quantitative:* Review of key indicators of MCH care within UNRWA and MAP patient records.
2. *Qualitative:* Individual interviews and focus group discussions with UNRWA-only and UNRWA-MAP beneficiaries and MAP midwives.

Results

Quantitative

Despite there being a much higher proportion of high risk pregnancies within the group of UNRWA-MAP beneficiaries (35.5%) compared to the UNRWA-only beneficiaries (13.4%), the following benefits were reported (all strongly statistically significant):

- Rate of maternal anaemia at last ante-natal visit:
  - UNRWA-only – 41.9%
  - UNRWA-MAP – 19.8%

- Caesarean section rate:
    - UNRWA-only – 40.8%
    - UNRWA-MAP – 33.6%
- Pre-term (premature) birth rate:
    - UNRWA-only – 21.5%
    - UNRWA-MAP – 15.8%
- Rate of contraception use:
    - UNRWA-only – 88.4%
    - UNRWA-MAP – 94.1%
- Exclusive breastfeeding rate:
    - UNRWA-only – 67.1%
    - UNRWA-MAP – 94.1%

Qualitative

- MAP midwives are perceived as having a number of positive characteristics that make them extremely efficient in their healthcare delivery: compassionate, supportive, knowledgeable, patient, helpful and trusted.
- Educational sessions provided by MAP midwives increase women's knowledge and empower them to make better decisions.

Conclusion

The MAP MCH project has been extremely effective in improving the quality of care within the target population.