

A safe woman's space



CARE SUPPORT EMPOWERMENT

FOR PREGNANCY & INFANCY



Kelvin Murray

AMURTEL GREECE
Annual Report 2018





Pregnancy and infancy are two of the most vulnerable periods in life.

Refugees and migrants are disproportionately at high risk.

AMURTEL believes that all new mothers and infants deserve the best possible care. We aim to provide that care in a safe all-woman's space.



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Introduction

A mother's unending care for her family, even in times of disaster, ripples out unseen and unnoticed, striving towards stability within chaos. A mother with a lack of support during the particularly vulnerable times of pregnancy and infancy may fall prey to the chaos. A mother supported by people she trusts is more likely to persevere with a strength and stamina that invisibly upholds herself and those around her.

Some of the mothers passing through AMURTEL's doors in 2018 were newly arrived in Greece while some had been here for up to three years. An increasing feeling of settling while still being ultimately unsettled pervades the atmosphere at AMURTEL. Despite this, or perhaps because of it, mothers talk, laugh and trade tales of life as all mothers do everywhere.

AMURTEL strives to let their stories be heard and joins them in their process of becoming the best possible mothers they can be, even in challenging situations.



"We are not 'refugees'. We are human beings whose lives have been turned upside down. All we want is for our families to be safe and to be productive members of the community. The same as anyone, anywhere."

Shaista, Afghanistan
AMURTEL Cultural Mediator/Farsi interpreter



From emergency "giving" to empowerment, inclusion & integration

2018 reflected a shift away from emergency care as many asylum seekers found themselves in Greece for two or more years. Women we knew from their first pregnancies in Greece started coming to us with their second pregnancies. We needed to adjust our services.

In March, we initiated **three strategic changes**.

The first: a cut back on the quantity of distribution. We had become overly focused on procuring and distributing mother-infant items while our primary services were being obscured.

The second: an increase in educational support groups. Beginning with breastfeeding and infant

nutrition as well as pregnancy and birth related topics, the groups gradually evolved according to the needs of the mothers to include many areas of infant care, reproductive health and discussions on integration.

The third: starting a breast-feeding peer counseling training.

The aim of this program was skills training for refugee and migrant women, enhancement of culturally appropriate support for mothers by peers, and inclusion of P2P counselors in the AMURTEL staff.

THE YEAR AT A GLANCE

2018

ANTENATAL & POSTNATAL CARE by midwives

Added group sessions on reproductive health and contraception; continued individual appointments

BREASTFEEDING & INFANT NUTRITION with lactation consultants

Increased group sessions; continued individual consultations as needed

EDUCATIONAL SUPPORT GROUPS

Increased in both quantity and diversity

PEER COUNSELING TRAINING

Initiated in March, trained 8 women

OUTREACH TO CAMPS & URBAN SETTINGS

Significantly scaled up from September

HOSPITAL ACCOMPANIMENT

A six month program from October 2017 to March 2018

DISTRIBUTION OF MOTHER-INFANT ITEMS

Maintained but decreased

A woman with voluminous curly brown hair is smiling gently at the camera. She is wearing a light pink turtleneck sweater. In her arms, she holds a baby with dark skin and curly hair. The baby is wearing a pink headband with a black pattern and a pink long-sleeved sweater. The baby is looking down at a small red object in their hands. The background is a soft-focus indoor setting with a yellow curtain on the right.

**When I come here, I get
many good ideas about
taking care of my baby.
It helps so much.**

Queen, Nigeria



2018 Highlights

What's new and better



#1 Mothers Groups

Knowledge
Empowerment
Community

Reproductive Health & Contraception

Most of the women coming to AMURTEL are from countries where it's taboo and embarrassing to discuss personal issues like reproductive health and contraception. The initial hesitancy shown by most, however, quickly gives way to an eagerness for knowledge. These sessions are some of the most well received and asked for, not only in our center but also in our outreach program to refugee camps and other community venues.

Infant Care, Infant Nutrition & Breastfeeding

Of crucial importance is support for mothers to breastfeed when at all possible. Too many mothers opt for formula feeding or supplementing with formula when breastfeeding is one of the most crucial elements in infant care and protection in times of crisis. Woman-to-woman support is a key factor in the improvement in breastfeeding for many of the mothers coming to AMURTEL.

The groups are opened up to mothers for questions and a wide spectrum of concerns pour forth, from infant sleep patterns to first aid for children, infant nutrition, massage, hygiene, safety, sibling rivalry and a host of other topics.

The aim is informed choice for mothers so as to integrate the valuable age-old customs they have brought with them with current evidence based ideas of care.

**"In the groups, I
have made friends.
I don't feel so alone."**

Bibimaryam , Afghanistan





Maryam, a 38 year old Afghan with five children and one grandchild, came with her three month old daughter. We asked her if she was planning on having more children, She laughed and rolled her eyes as did many of the women in the room. If it was up to her, she replied, she would have already stopped but her husband wanted a son. This comment prompted a lively conversation about women's choices in their lives, or lack thereof, interspersed with questions about European women's way of life. Understanding of the cultural similarities and differences is a key need for integration into a new environment.

#2 Culturally appropriate peer support

Breastfeeding P2P Training

With women coming to us from diverse cultural and linguistic backgrounds, the need for care to be offered by mothers who themselves came to Greece as refugees and migrants loomed strong and clear.

Thus began a peer-to-peer breastfeeding course based on a WHO/UNICEF curriculum. By year's end, eight women had taken part in the course and three were ready to co-facilitate groups with the lactation consultant.

The women were not only able to assist mothers in breastfeeding but also became valuable role models for others.





**The smiling faces of the
breast-feeding mothers and
their healthy looking babies
gives me great joy."**

**Glory, Nigeria
P2P trainee**

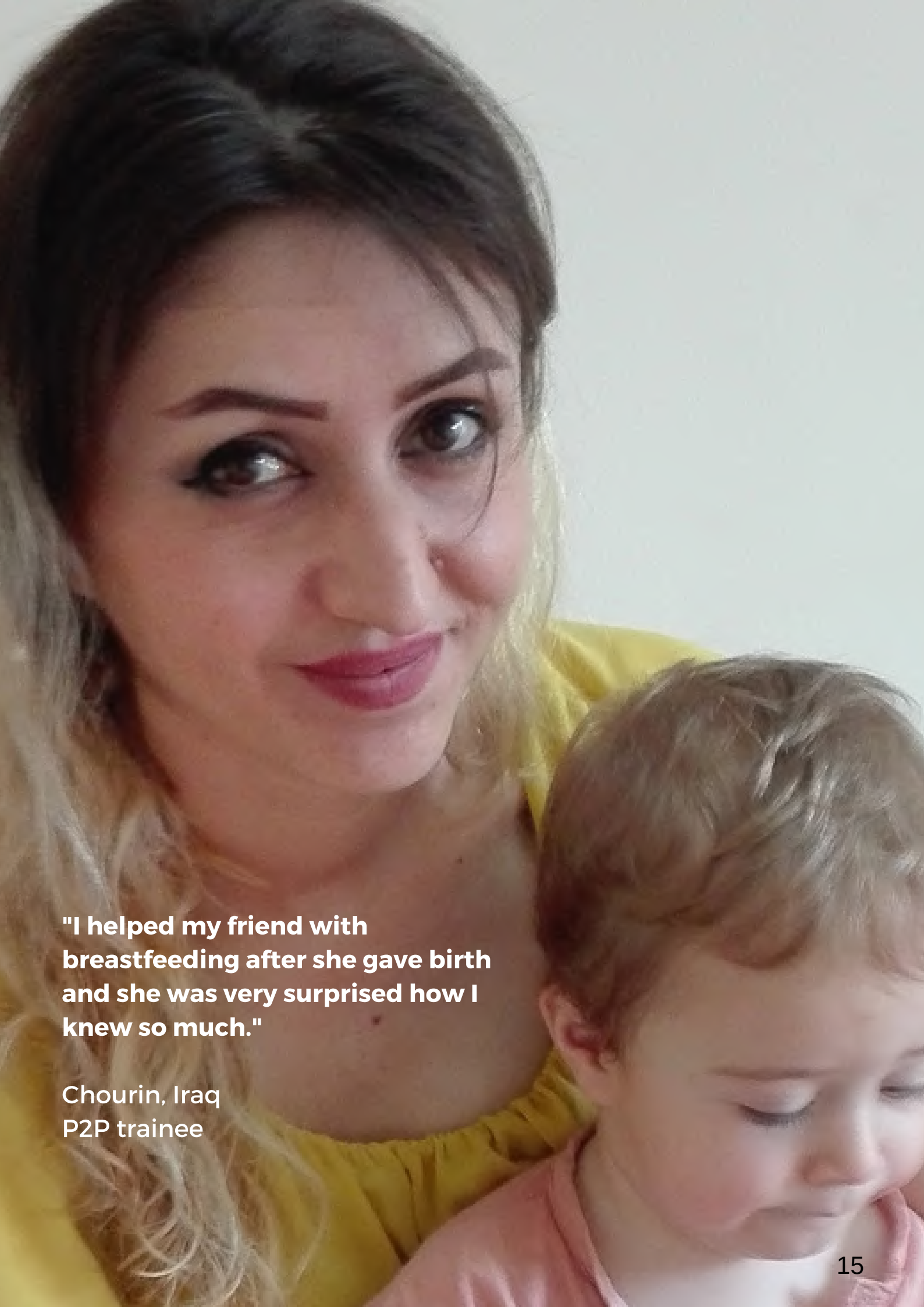
Glory's message

I am one of the women trained by AMURTEL on peer breastfeeding support. It's been a great pleasure and an amazing experience. I've had the privilege of meeting so many women from different countries. Most importantly, I've been able to support mothers through their difficulties with breastfeeding, especially women who initially thought they could never breastfeed or had the plan to wean their babies under the age of one. I've made new friends who are like sisters in the group and who look forward to our weekly "family like" breastfeeding gathering.

I have been motivated in what I do by the breastfeeding mothers who tell me how much they've gained from the groups and that increases my self-esteem and confidence. In fact, I'm thinking of taking a further step and becoming a professional lactation consultant in the future.

I received a lot of encouragement and learning support at AMURTEL and as a result, have been able to discover my abilities.





**"I helped my friend with
breastfeeding after she gave birth
and she was very surprised how I
knew so much."**

Chourin, Iraq
P2P trainee



#3 Reaching more mothers and infants

Outreach to refugee camps and urban settings

In 2018, AMURTEL was the only NGO in the greater Athens area offering breastfeeding, infant feeding, midwifery and reproductive health care in an all women's milieu. Thus, the need was apparent for extending our services to those in camps and reaching more women in urban accommodation.

Our outreach program became solidified from September onwards and has continued to increase since then. By the end of the year, our team, in collaboration with MAMBrella, a Swiss midwives NGO, was present in two refugee camps and three NGO venues offering women's activities.

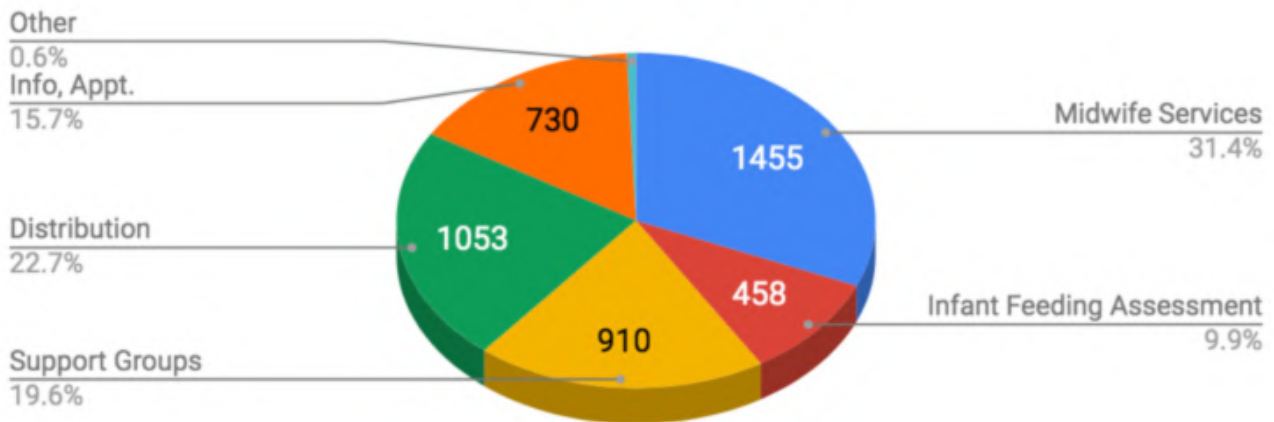




"The women in the camps thrive in the women's space, build trust with each other and feel seen and cared for as mothers."

Laura & Eli
Swiss Midwives MAMbrella

Our Services

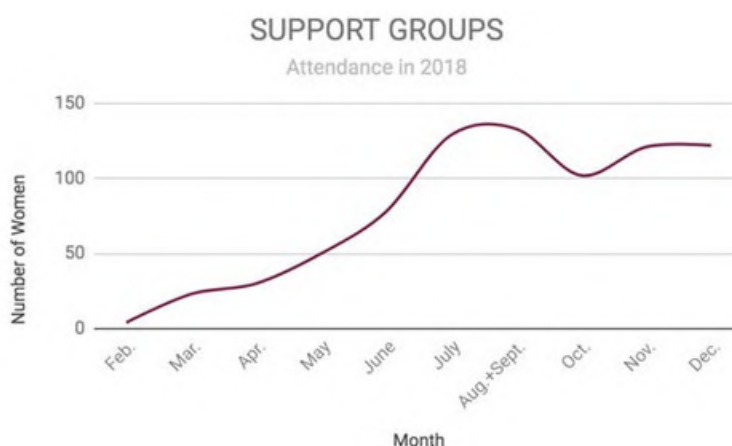


In 2018, AMURTEL received 4606 visits by mothers and infants from 33 different countries

Over 60% of services were direct care, both individually and in groups for pregnancy, postpartum, reproductive health literacy, family planning, breastfeeding, infant nutrition and infant care from birth to 18 months.

15.7% of services were information related including referrals to other facilities and resources in the greater Athens area as well as information and assistance in navigating the public health care system.

22.7% of services were distribution of mother-infant items including baby kits in the last month of pregnancy, diapers/nappies, supplemental vitamins and folic acid as needed during pregnancy, women's underwear and baby carriers.



Contraception

Only 20% of women we see have used any form of contraception before coming to Greece. A small number of Syrians and Iraqis are familiar with injectable hormones to prevent ovulation while some Africans are apt to have used the birth control pill or IUD. Most Afghan women have not used any form of birth control. While Greek midwives may not legally provide contraception, the safe all-woman's space at AMURTEL allows mothers to be informed about their choices and referred onward to an appropriate health care facility.

Breastfeeding

43% of mothers in our programs both breastfeed and give supplemental formula to their infants in the first six months of life while 28% exclusively breastfeed and 36% exclusively formula feed. Though in countries like Afghanistan the norm is to breastfeed, many when coming to Greece supplement primarily for two reasons: because they believe they don't have enough milk or they have been told to give additional formula by a health professional. We attempt to provide evidence-based information while supporting them in their choice of infant feeding. Approximately half the mothers in our programs improve breastfeeding and decrease supplementing with formula.



Antenatal care

Many mothers have not been used to receiving regular exams during pregnancy in their native countries. According to WHO, only 20.9% of pregnant women in Afghanistan (2018) and 64% in Syria (2009) have at least four antenatal (ANC) contacts with health care professionals.

AMURTEL midwives explain and encourage women to undergo examinations and lab tests throughout pregnancy with the target being at least four but ideally, according to the most recent WHO recommendations, eight ANC contacts.

The outcome is that 74.5% of pregnant women seen at AMURTEL have received at least four antenatal contacts, as well as medical tests and exams at public hospitals that AMURTEL does not provide.

It is not uncommon for women to question and resist the need for this many visits and the number of women with more than 5 ANC contacts is below 10%.

**Over 60% of our mothers
and infants come from
Afghanistan and Syria**

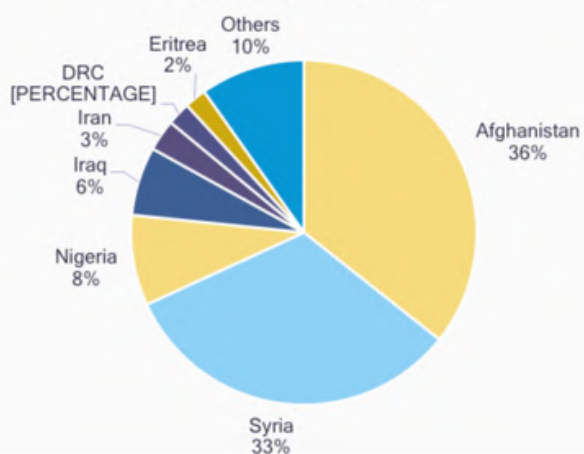
- * 36% Afghanistan
- * 33% Syria
- * 8% Nigeria
- * 6% Iraq
- * 3% Iran
- * 4% Eritrea and DR Congo

The remaining 10% are primarily from
a wide range of African countries.

OUR MOTHERS

WHAT COUNTRIES DO OUR MOTHERS COME FROM?

Nationality Breakdown



Ages of mothers

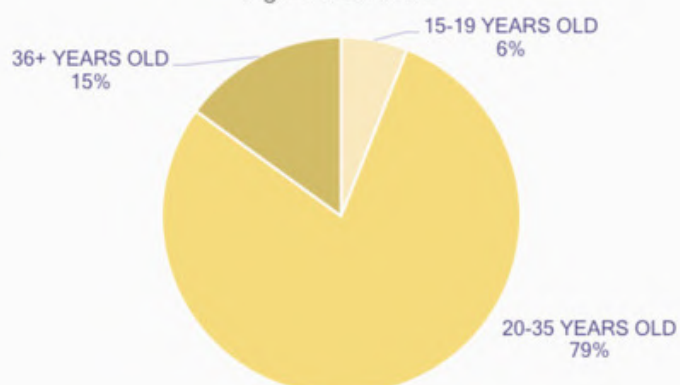
79% are 20-35

15% are 36+

6% are 15-19

HOW OLD ARE THE MOTHERS?

Age Breakdown



2018

Financial Report

Statement of Revenue and Expenses

Revenues

<i>Donations/Contributions</i>	Amount (Euro)	Percent
<i>From Individuals</i>	75,816.31	57.70%
<i>From organizations</i>	55,511.09	42.30%
Revenue	131,327.40	
Balance 2017	26,916.83	
Net Value: €158,244.23		

Expenses

	Amount (Euro)	Percent
<i>Project Services</i>	126,451.44	82.53%
<i>Administrative</i>	26,755.54	17.54%
Total Expenses: €153,206.98		

Financial Summary

<i>Amount</i>	<i>Gain (€)</i>	<i>Loss (€)</i>
<i>Balance 2017</i>	26,916.83	
<i>Revenue</i>	131,327.40	
<i>Expenses</i>		153,206.98
Balance 2018	€ 5,037.25	

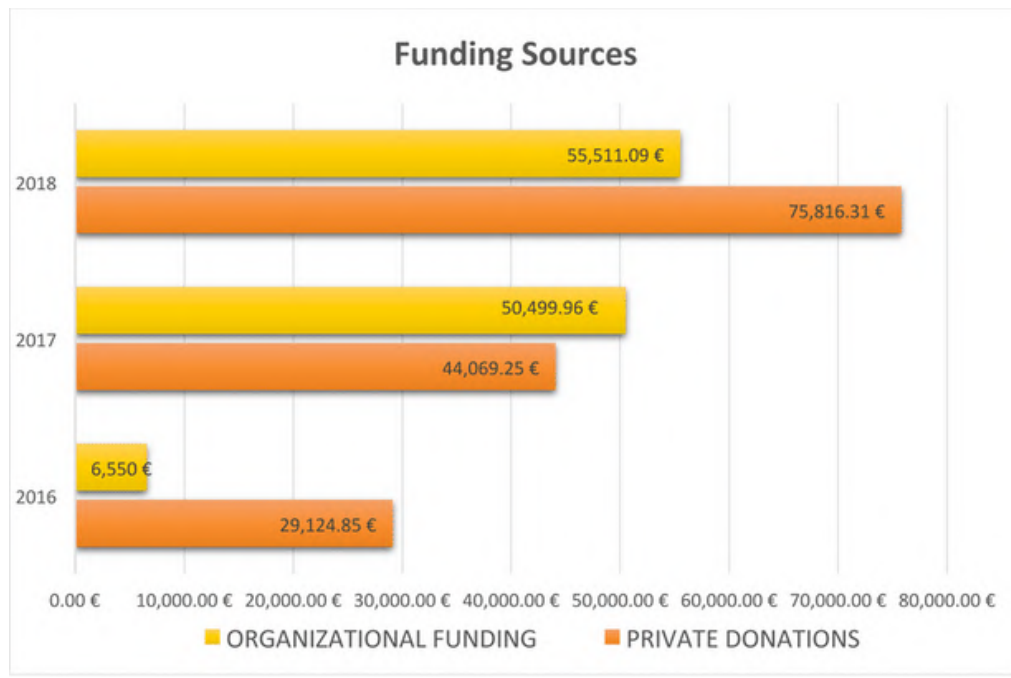
2018

Funding

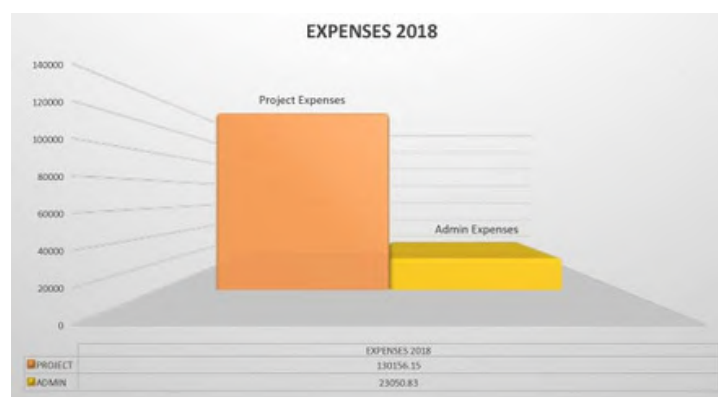
In 2018, reliance on private donations increased while intake from organizational funding remained roughly the same as the previous year. In comparison, 2017 income was approximately 50% each from organizational and private sources.

2018 Private funding **57%** Organizational funding **42%**
2017 Private funding **47%** Organizational funding **53%**

In the start up phase from September 2015 to September 2016, programs were sustained almost totally through private donations.



In 2018, 82.5% of AMURTEL's income was directly utilized for program costs with 17.5% allocated for administrative needs.



Our Partners

*We are grateful to have partnered with
these outstanding organizations*



CARE Greece with CARE Germany/CARE Luxembourg



Penny Appeal



AMURT UK



Refugee Relief

Allied Aid

AMURTEL USA, AMURT Italy, AMURT Lebanon, AMURT USA
Ananda Marga in Canary Islands, Italy, Netherlands, Portugal,
Sweden, Denmark, UK, Australia, USA

Breathwork Foundation

Carry the Future

Church of Latter Day Saints

La Leche League Greece and La Leche League Switzerland

NeedsList

Pamperiaki

Project Safe Haven

Salvation Army Greece

Countless individuals and volunteers
have contributed in so many ways in
order to keep the work going.

You are too many to name but you
remain as part of the AMURTEL family.
Your generosity is always with us.







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