

Progress Report

April 2017



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1. BACKGROUND INFORMATION

Background information	Version control
Project Name: Care-A-Van (Primary Medical Care for Refugees)	Project Reference:
Responsible officer issuing document: Dr Siyana Mahroof-Shaffi	Number of revision: 4.0
Officer responsible for the project and contact details: Ms Hina Choudhary admin@kitrinoshealthcare.com	
Name of implementing organisation: Kitrinos Healthcare Ltd (Charity Registration Number 1172586)	Location: Thessaloniki, Northern Greece
Name of partner organisations: Al Khair Foundation / AT Medics	
<p>Number of Beneficiaries to date:</p> <p>2016</p> <p><i>Edomenie open camps upto 30000 : 150 served daily from mobile unit</i></p> <p><i>March to June 2500 in EKO camp: 200 patients seen daily</i></p> <p><i>Ramadan 10000 recipients of dates.</i></p> <p><i>June until December: 500 were hosted in camp Drama</i></p> <p><i>and a further 500 in Serrez via a mobile unit, where upto 50 patients per day (direct beneficiaries)</i></p> <p><i>December to present : 100 in Vagiochori</i></p> <p><i>December to present: 300 in Kavalari (camp Synatax)</i></p> <p>2017</p> <p><i>January to present : 150 in Elpida , Thessaloniki</i></p> <p><i>Hotels & private apartments in Thessaloniki: upto patients seen weekly by mobile unit (360 patient encounters)</i></p>	

Reporting period: December- March 2017

Author and Project Role

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Medical & Programme Director, Kitrinos Healthcare

Date Report Submitted :

24th April, 2017

Project Overview:

[Brief history](#)

This project originally started in Polykastro, 'camp EKO' where Kitrinos Healthcare was offering basic primary care and first aid to a daily cohort of approximately 200 patients daily in a camp hosting around 3000 people as well as visits to Edomenie to provide mobile services to a similar cohort of 200 out of 30000 refugees trapped on the Macedonian border. The evacuation of EKO camp in the middle of June, led to most of the occupants being transferred to a 'closed formal military camp' such as in Vasilica, Oreokastro and Giannitsa.

[June to December 2016](#)

Access was limited and involved treating patients outside fences walls or on occasions for clinical need, going through 'holes' in the fence that had been made. Medical teams were encouraged to register with the Greek Ministry of Health, and once we did so, we were allocated our own camp in the east 7km from the town of Drama. We have been the main medical provider at this camp for the last three months running bi-daily services for patients. In addition, a growing need became apparent for ongoing medical care for chronic and long term illnesses. The pathway for more serious medical conditions which used to be fast-tracked for transfer to other European countries, became redundant. Team Kitrinos have to deal directly with even the more serious cases using local healthcare resources (including private medical care) within Greece.

[December 2016- March 2017](#)

During this quarter, Team Kitrinos are provided general medical and primary care services to over 300 mostly Syrian refugees in two camps (Sinatex and Elpida, Thessaloniki) and mobile medical services to 250 refugees in temporarily placed in various hotels and apartments. In addition we have facilitated further care for patients to be received by specialists in the local area including investigations such as blood tests or scans and even surgery when needed.

The most serious types of cases attended to by our team included facilitating treatment for patients with:

- Hypertrophic Cardiac Hypertrophy who then underwent heart valve replacement surgery
- infectious diseases such as TB, Hepatitis C & syphilis
- Hemorrhagic stroke including one patient who remains in a coma

- Severe Colitis and bleeding from the bowels
- Septicaemia
- Acute quinsy with abscess drainage
- Diagnosis and treatment of deep vein thrombosis
- severe epilepsy
- a child who vomited blood (haematemesis) and needed a blood transfusion
- cases of paraplegia needing wheelchair assistance and portable commodes

2. ACTIVITIES AND OUTCOMES

ANTENATAL CARE, BIRTHING ASSISTANCE AND POSTNATAL CARE

- Our clinicians identified, engaged with, and assessed pregnant women in transit. Depending on their stage of pregnancy, we provided antenatal care, maternal and fetal monitoring, or if labor appeared imminent, we encouraged the woman and her family (with some difficulty) to pause their journey and they were prepared for delivery. Although our clinics are equipped with obstetric delivery packs, fortunately, in all the cases we dealt with there was enough time to transfer the women to hospital for the birth at least.

Outcome: All pregnant women in the camp were assessed, offered antenatal blood and ultrasound screening and full antenatal care initiated with the provision of all records and results in a patient hand held record (Eg case Rola H). There were in total **6** new births during this last quarter.

Postnatally, the care varied from region to region. There was a sense from the attending staff that the mode of operative delivery by caesarian section seemed to occur in a larger number of cases than one would have expected. Were local midwives having a lower threshold to refer for this mode?

MEDICAL PASSPORTS & INFORMATION SHARING

- Since many migrants lack medical records whilst they were travelling, risking medical mismanagement we identified a need to provide a means for documenting patient records in a more transferable form, shared between clinicians in an effective way and copies given to patients on their departure from our care.

Outcome: This was achieved by setting up confidential web-based electronic patient records (EPR) used by clinicians for daily updates, providing hard copies of all patients records to be “hand held” facilitating transfer of clinical care to health providers who take over the care of the migrants as they proceed on their onward journey. Close collaboration with other medical providers such as MDM, WAHA and local Greek Specialists to ensure that that additional medical information was provided where needed and information was shared from clinician to clinician.

REFERRAL AND TRIAGE

- Relying on Team Kitrinos networks with local clinics, hospitals and fellow humanitarian organizations, our team provides a preliminary assessment of all our beneficiaries’ needs followed by a referral, if needed, to local services that are better equipped to assist the patient.

Outcome: Most of our primary medical services were provided “in-house” by a variety of carefully selected medical professionals who volunteer with us. This signposting exercise, its integral collection of local contacts through our networking within the greek community over the last one year has been key to facilitating progress and enabling our team to provide the holistic approach of care which is much needed. We have attended to various needs both medical and social such as provision of hygiene products, sexual health and contraceptive services and a variety of specialist medical care as already detailed in this report.

PSYCHOLOGICAL FIRST AID + SECONDARY TRAUMA SUPPORT

- Cases of psychological trauma for both migrants and volunteers have been all too common during this crisis. The Care-A-Van team will be providing psychosocial support services for both of these parties and referring escalated cases to mental health professionals.

Outcome: This has been achieved for all cases we were involved with with one hospital admission to a psychiatric hospital in Thessaloniki.

BREASTFEEDING SUPPORT

- For the thousands of pregnant or nursing mothers along the route, breastfeeding is a far more efficient and sustainable method of feeding one’s child. Contrary to popular misconceptions, breastfeeding is not instinctively learned by all mothers which is why our team will be available to instruct these individuals on how to properly breastfeed their babies on the road.

Outcome: A very popular service which is delivered in collaboration with the Nurture Project. This continues to be supported for the women in our current camp.

WOMENS SAFE SPACE & KNITTING ROOM

- Many women and children reported frustrations about their lack of space in individual tents to bond and build friendships within the camp. This contributed to psychological dysfunction and at worst, cases of severe depression and pseudoseizures.

Outcome: The setting up of the women only prayer and reflection space with weekly “coffee and cake gatherings” had already proven extremely beneficial and popular. A keen interest for sewing and knitting and a supplementary grant from UNCHR INTERSOS facilitated the development of a sewing and knitting room with its own electricity and heat supply. A playpen meant that breastfeeding mothers could participate. With three donated sewing machines, many materials, wool, beads the sky seemed to be the limit for the products that were being produced by the women. This culminated in a four day exhibition in Drama, raising further awareness and refreshingly more funds to keep this project self generating.

OTHER OUTCOMES:

- **Mobility:** Having learnt from our experience on Lesbos, we now have two ambulances to provide mobile medical services and continue to use these in a proactive capacity.
- **Flexibility:** In June, we were able to relocate our services from EKO camp, Polykastro, via Katirini to Drama and Serrez, using both static and mobile clinics to see patients in several locations. In December we relocated again to primarily base ourselves nearer to Thessaloniki.
- **Primary Medical Care:** this is the main type of care provided by our organization for the majority of patients providing a six day service of about 7 hours each day. Most minor ailments and some major ones are dealt with by a capable group of clinical volunteers from around the world.
- **Dental Services:** through visiting dentists (quarterly) we have provided over 200 extractions and basic dental care. For more complex cases we have utilised the local Greek dentists who have provided subsidised emergency dental work as well as root canal treatment for at least two patients. They about once every four weeks to deal with cases that are not being managed by the existing service providers.
- **Authorisation/ Registration:** We have established good relations with the Greek Ministry of Health and Ministry of Migration, who continue to recognise our NGO and authorise our organisation to continue providing services.
- **Regular volunteers:** Through networking, social media and the tireless energy of a full team of volunteers from all over the world, Kitrinis Healthcare continues to attract a growing database of volunteers (at present nearly 500) many of whom have returned several times and continue to advocate our service on their return.
- **Clinical leadership:** Throughout our time, we have attracted many long term senior clinicians who have started to spend between 4- 12 weeks of continuous service for our team.

PLEASE OUTLINE HOW YOU TRACK THE ACHIEVEMENTS and HOW YOU MEASURE THEM!

Activity/Task	% Done	Notes
1. Daily medical care in main camp	100	<p>All attendances are recorded in a logbook with name, age , sex, tent location and clinical details including any treatment that is dispensed. The medication and doses are recorded. A pharmaceutical inventory is maintained to ensure correct types and quantities of medication for our patient population are always in stock.</p> <p>All patients the patients provide care for have medical records which are either in paper format or encrypted electronic format.</p>
2. Childhood Vaccination Programme	Ongoing	<p>In collaboration with the local ministry, so far 35 babies and children have been vaccinated with a range of primary vaccines such as DTP (Diphtheria Tetanus & Polio), Hepatitis B, Meningitis, MMR and Haemophilus Infuenza. This continues to be provided in the new camps and other populations. New babies have their vaccinations facilitated through local government.</p>
3. Chronic disease management	90	<p>The development of this aspect of our service over the last three months has been one of our projects key successes. New problems are always being discovered and currently we have a number of patients awaiting specialist consultations, tests results and further treatment. A table of anonymised data and actual activities can be provided if required.</p>
4. Prescription review service	100	<p>All existing patient prescriptions are stored and monitored electronically. These are updated daily as patients are reviewed. Patients on long term medication may expect a “repeat/ refill” through us.</p>
5. Mobile Medical Services	300 encounters	<p>Due to adverse weather conditions and deteriorating conditions in many camps, a number of families were temporarily rehoused in hotels. These required the</p>

		mobile teams of a senior doctor, nurse and interpreter to be dispatched. Again, logbooks and electronic records enabled detailed charting of needs and follow-up.
6. Paediatric Eye Screening	100	All the children in the camp have been screened and ophthalmology review has been organised for 10 with provision of corrective prescription lenses.
7. Occupational Therapy	75	The encouragement of activities such as knitting, sewing and art in general has caused a flurry of talented activity amongst the women and children in particular. All the 'start-up' equipment was provided including 3 donated sewing machines.
8. Psychological First Aid & Support (PSS)	100	Psychosocial support continues to be provided, through unlimited daily interactions where needed with a member of the team and a coordinated provision of basic needs.
9. Environmental Health & Safety	50	The installation of electric insecticidal lamps last summer was the first step. During the winter months, hot water supply was facilitated to enable all the residents to wash properly which they had been unable to do since the solar power was not enough to heat supplies for the camp. Additionally, small low power electrical heaters were distributed to the most vulnerable in the camp suffering with severe osteoporotic fractures, heart disease, pneumonia and even a baby with measles. A thorough disinfection was arranged for an outbreak of bed bugs and scabies.
10. Sports and recreation	300	Facilities set up include setting up a volley-ball pitch, regular activities such as football and trips to the park or beach (see photos). These healthy activities, help Team Kitrininos provide a holistic approach to our patients wellbeing.
11. Eid Gifts During Ramadan	300	This project was led by local friends and family in South London who raised enough money to make and deliver

		3000 gift bags(with items ranging from prayer mats & hijabs to skipping ropes & loom bands for kids) which brought much joy to many families in a number of camps in Greece. The transport funds were mostly covered by private donations however a surplus of (£2105.88) remains to be paid for the hire of two trucks.
12. Ramadan dates for refugees	10000	5000 kg of dates were purchased (through donations made via our partner Zaytoun London ltd) and transported to Greece and distributed to several thousand refugee various camps in cooperation with an organisation called "Hot Food Edomenie" who added this the dates to their "Iftaar packs".

Number of beneficiaries reached to date: 43850

3. OUTPUTS

The project has achieved the following outputs:

1. Two fully equipped ambulances and a a 7 seater transport vehicle, supplied for the provision of mobile medical care and maintenance of the vehicles provided to continue bringing access to medical services;
2. Providing daily medical care to refugees in Greece (Eko upto 200 patients daily, Drama refugee camp 30 patients daily and Serrez camp 40 patients per visit), which has resulted in healthier patient population who felt cared-for. Many have commented on how they prefer our working hours and the the diversity of care offered such as - arranging other appointments such as dental, maternal, optometry and other specialities as deemed necessary.
3. Liaising with local stakeholders such as UNHCR, military and the local government to be able to address and improve health activities in our allocated camps;
4. Providing special assistance to patients with serious and chronic health related needs; This is documented in the master spreadsheet of care plans for patients.
5. Creation of a prescription review service where all existing patient prescriptions are stored and monitored electronically; and
6. The production of electronic patient records. These are updated daily as patients are reviewed. This provides accurate information and allows the field team to provide time and cost effective patient care.

4. EXPENDITURE

Total received from Al-Khair Foundation to date:	<table border="1"> <thead> <tr> <th data-bbox="670 447 873 485">Amount</th> <th data-bbox="873 447 1359 485">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="670 520 873 558">£ 10,752.86</td> <td data-bbox="873 520 1359 558">6 Apr 2016</td> </tr> <tr> <td data-bbox="670 583 873 621">£ 13,850.39</td> <td data-bbox="873 583 1359 621">5 May 2016</td> </tr> <tr> <td data-bbox="670 646 873 684">£ 18,486.95</td> <td data-bbox="873 646 1359 684">14 Jun 2016</td> </tr> <tr> <td data-bbox="670 709 873 747">£ 20,097.55</td> <td data-bbox="873 709 1359 747">Oct 2016</td> </tr> <tr> <td data-bbox="670 747 873 785">£ 18,000</td> <td data-bbox="873 747 1359 785"><u>Dec 2016</u></td> </tr> <tr> <td data-bbox="670 810 873 848">£ 81,187.36</td> <td data-bbox="873 810 1359 848">TOTAL RECEIVED</td> </tr> </tbody> </table>	Amount	Date	£ 10,752.86	6 Apr 2016	£ 13,850.39	5 May 2016	£ 18,486.95	14 Jun 2016	£ 20,097.55	Oct 2016	£ 18,000	<u>Dec 2016</u>	£ 81,187.36	TOTAL RECEIVED
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£ 81,187.36	TOTAL RECEIVED														
Total expenditure to date (in EUROS)	€ 75,182.91 (6 months Mar to Aug 2016) € 34,350.92 (Oct to Dec 2016) <u>€ 22,888.67 (Jan to Mar 2017)</u> TOTAL EXPENSES														
Expenditure during reporting period (October 2016 to Mar 2017)	€ 57,239.59 (Oct 2016 to March 2017)														

19/10/2016	<u>20-57-76</u> <u>13797201</u>	20097.55	DIRECTDEP	<u>Al-Khair Fou</u> <u>CARE VAN</u> <u>MOBILE BGC</u>
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<u>7/12/2016</u>	<u>20-57-76 13797201</u>	<u>3000</u>	<u>DIRECTDEP</u>	<u>Al-Khair Fou</u> <u>CARE VAN</u> <u>MOBILE BGC</u>
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<u>2/12/2016</u>	<u>20-57-76 13797201</u>	<u>5000</u>	<u>DIRECTDEP</u>	<u>Al-Khair Fou</u> <u>CARE VAN</u> <u>MOBILE BGC</u>

5. FORECAST PLANS AND EXPENDITURE FOR NEXT PHASE

Activities to achieve in the next 1 year	
Name	Expenditure (£)
1. Employ a Greek national as an ongoing Ground Operations Manager (6 days per week)	€2350
2. Employ a Greek national as Assistant Field Coordinator / Driver (5 days per week)	€850*
3. Local Lead Clinician (5 days per week plus on call)	€2150*
4. Annual Children's Eye Screening (50 children)	€700
5. Re-register 7 seater transporter vehicle in Greece ** Once registered in Greece- it will remain in Greece for the foreseeable future**	€3000
7. To continue to provide general medical services and all running costs to the allocated camps for a further 12 months (based on average monthly expenses over previous 6 months) (excl core ground staff)	€120,000
8. Continuing Vaccination Programme to all children (€70 avg per child for 30 children))	€2100
9. Special cases investigation, treatment and management (DS1500- extenuating circumstances)	€2000
10. Unpaid invoice for unexpected additional transport costs (£2105.88)	€2432.85
11. Contingency	€2000

* (incl housing €200 per month & car allowance €150)

Total expected expenditure for next period (April 2016 for one year):

6. SUPPORTING DOCUMENTS

- Photographs/ film footage¹
- Case studies/ beneficiaries statement
- Partnership agreement with Al-Khair Foundation
- Financial reports

7. ANY OTHER COMMENTS

1. This project has been managed so far with sponsorship from AT Medics (£60000) (via AKF) and private donations through ongoing fundraising efforts by Dr Siyana Shaffi.
2. Even though the majority of refugees are hosted in camps, as these are 'open camps' the families have the choice to move or relocate if they feel they want to. Many who have left against all uncertainties have regretted their decision especially with the provision of comprehensive medical services by Team Kitrinos.

¹ Please note that photographs and footages should **not** be considered as only mean of verification