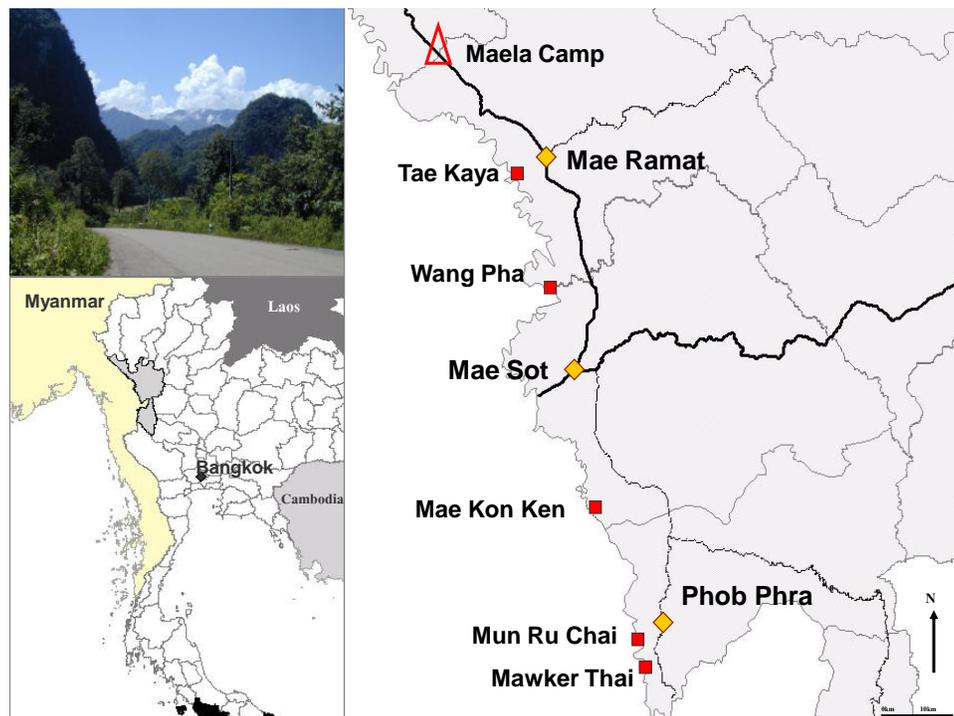


Project request to Stichting Dayalu.

Date of request: 19th April 2015

Background information about SMRU

SMRU was established in 1986 in Shoklo refugee camp on the Thai-Myanmar border. It is a field station of the faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand, and is part of the Mahidol-Oxford Research Unit (MORU) supported by the Wellcome Trust (UK). SMRU is based in Mae Sot (Thailand).



The main objective of SMRU is to provide quality health care to the marginalised populations living on both sides of the Thai-Myanmar border in the Mae Sot area, Tak Province. Since the middle of the 1990s the population influx from Myanmar has increased dramatically for both economic and political reasons. People from all ethnic groups (Shan, Karenni, Karen, Mon and Burman) are travelling back and forth across the border in search of work. Unlike refugees, they are highly mobile, and the majority does not have access to basic health care. SMRU is providing clinical services hand in hand with research projects, with an emphasis on maternal-child health and infectious diseases. SMRU runs clinics in Maela camp, Wangh Pa, Mae Kon Ken, Mun Ru Chai and Mawker Thai. This area stretches out 150 kilometers along the border.

Subject (what's the project about): Helping Karen and Burmese refugee and migrant mums and dads plan their families at the clinics of Shoklo Malaria Research Unit (SMRU) on the Thailand-Myanmar border.

Background (why is this project needed):

Of the 1578 pregnant women who either delivered (n=1438) or had a spontaneous abortion (n=140), 5 women died last year. This is a very high number, and SMRU thinks 2 of these deaths are directly related to poor knowledge about family planning, and poor resources. For example one 43-year old woman had a spontaneous abortion and came to the SMRU for help. Her blood pressure was very high. Medication was started, and in a few days she was ready to go home. She was instructed not to become pregnant again, as this would be very dangerous for her. She explained that 6 children indeed was enough, and she said she would come back for family planning. A cultural believe in the community is that a tubal ligation (female sterilization) makes the women weak. She did not come back for family planning. Instead she was brought in 6 months later, 20 weeks pregnant and fitting, unconscious. She died the same day. This death could have been prevented with proper education and being able to provide the right sort of contraceptives directly after an abortion.

Another reason for family planning: Women who have a birth when they are ready and have enough space between births have better outcomes. Expectant mothers need to be adequately nourished which is difficult when they quickly become pregnant again. Spacing between births also allows for babies to have the time and love they need from parents to reach their potential. Our recent survey in nearly 1,000 Karen and Burmese pregnant women found that knowledge about family planning is very poor.

Results (what will be there/what will be achieved when the project is finished): During one year the number of women who voluntarily up-take family planning will be recorded by SMRU. SMRU wishes to offer all locally available methods so women can really have the opportunity to make a suitable choice for themselves. SMRU hopes to repeat the survey after one year of proactive messaging in antenatal clinics and at post-natal visits. An uptake of family planning of 30% of all women delivering in SMRU is estimated, and this will result in > 500 women using family planning services a year. Numbers will be recorded, analyzed and reported by SMRU staff.

Timetable/schedule (what will be the estimated timetable of the project): This project proposal will start with a one year timeframe. The timetable can commence as soon as we have money to provide contraceptives on demand. Our priority would be contraception with education (we would like to be able to provide a colorful informative picture based flier (A4 size) to all women – they can discuss/show this to other women in their neighbourhood).

Future plans: At the moment the situation in Burma is changing quite rapidly, and many health organizations start crossing the border and work inside Burma. World Bank has offered Burma around 2 billion dollar (<http://www.worldbank.org/en/news/press-release/2014/01/26/world-bank-group-to-invest-2-billion-in-myanmar-to-support-reforms-and-reduce-poverty>), to scale up the health system especially for the poorest people. Main targets are MTCH (mother and child health) clinics. We hope

within a few years the Burmese health organizations have taken over family planning services in these areas. In the mean time we make a start with education and offering the local available methods.

Organization (who is being involved in what kind of function): SMRU will be responsible to buy all the family planning supplies and to make sure all women receive timely counseling about family planning options based on their needs. Supplies will be organized by the logistic department of SMRU Mae Sot office and Family Planning counseling packages will be organized in Karen and Burmese language by the obstetric department and distributed antenatal, postnatal and at all SMRU outpatient clinics by the midwives or health workers who have had training about family planning themselves. A Dutch doctor working on side will be working in this program, and she will be able to report the progress of the program on request of the Stichting Malariadokters or the Stichting Dayalu.

Costs (what will be the costs of the whole project): we only ask the costs of family planning supplies and education supplies – we will provide salaries and manpower and enthusiasm.

We would like to be able to supply:

-IUD

-Etroplan (like implanon but just for one year and reserved for special cases) – more easy for migrant women

-Oral contraceptive Pill (OCP)

-Provera

-Female tubal ligation (entirely supplied by SMRU).

-Male sterilization (vasectomy) (also entirely supplied by SMRU, when doctors available who are trained to do this operation).

Estimated supplies costs for one year are based on an uptake of family planning by 25-30% of all women delivering at SMRU (> 600 women). Per item we estimate the costs to be:

Type of contraception	Estimated nr of women in one year	Cost per item (baht)	Total costs for one year (in Thai baht)
IUD	300	300	90,000
Etroplan	20	2000	40,000
OCP	150	480 (1 yr for 1 woman)	72,000
Depo-Provera	150	160 (1 yr for 1 woman)	24,000
Total			226,000

Furthermore we want to make education fliers for 15,000 women, which will cost 20,000 Thai Baht

Requested support (calculated amount):

- THB: 246 000
- EURO: 6650 (conversion 12-Feb-15 with 1 Thai baht=0.027 Euro)

We hope Stichting Dayalu is able to fund this project on mother and child health care for 1 year.

Your sincerely,

Machteld Rijken, on behalf of SMRU. E-mail: malariadokters@gmail.com