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18-May-2016

Dear Stichting Dayalu

We would sincerely like to thank Stichting Dayalu for their support of family planning services by Shoklo Malaria Research Unit (SMRU). SMRU has concentrated its service provision on antenatal care and BeMonc (basic emergency obstetric and newborn care) during birth. Futhermore it is natural to integrate discussion and provision of family planning to the department. However it requires us to find funding and for this reason we appreciate the support of Stichting Dayalu.

We hope to show you that we are making careful and considered use of the funds in the attached report and trying to find solutions to provision of care in these marginalized groups. So far, we have seen a definite increase in the uptake of family planning in our clinics particularly in the last 1 year. We also see and increased awareness by health care staff and patients towards family planning. Together this provides a basis to further augment services for family planning and safe reproductive health care. The most important aspect of the Stichting Dayalu donation is that it allows us to work towards the **Sustainable Development Goals** with marginalized groups:

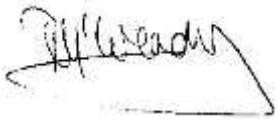
3.1: *By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births*

3.7: *By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes*

5.6: *Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences*

We hope that you find this report satisfactory and we plan to send another report in 12 months from now.

Sincerely,



Dr Rose McGready
…on behalf of SMRU Mother and Child Health Department

Stichting Dayalu support of family planning services at

Shoklo Malaria Research Unit (SMRU)

12 month report: May-15 to Apr-16

SPENDING

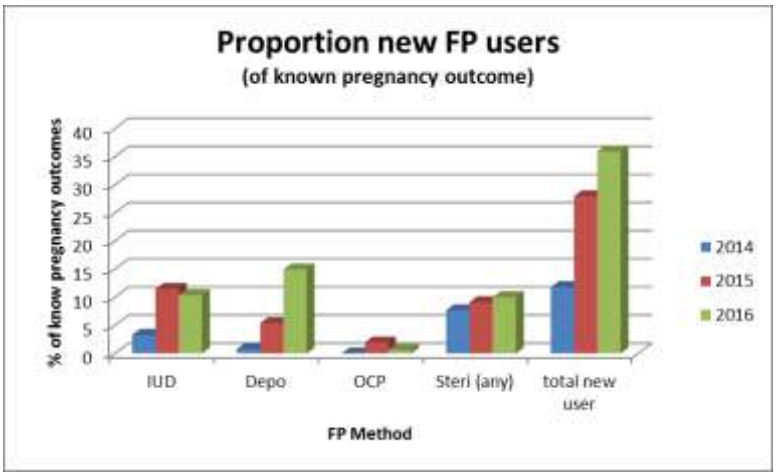
We received the donation on 25/05/2015 = 242,691.75 THB [EUR 6,650 * 36.495 conv to Thai baht]
We have spent = 138,490.00 THB
Remaining = 103,751.75 THB

(Unit:THB)

Items	Description	Budget	May-15	Jun-15	Aug-15	Oct-15	Total	Deductions
		242,691.75					-	
Family planning	Stationery		8,440.00	225.00			8,665.00	- 8,665.00
	Photo copy			2,490.00			2,490.00	- 2,490.00
	Clinical supplies : IUD		25,000.00		25,095.00	75,000.00	125,095.00	- 125,095.00
	Clinical supplies : Depo-Provera			2,190.00			2,190.00	- 2,190.00
	Bank charge		500.00				500.00	- 500.00
							-	-
		242,691.75	**33,940.00**	**4,905.00**	**25,095.00**	**75,000.00**	**138,940.00**	103,751.75
	Grand total	**242,691.75**	**33,940.00**	**4,905.00**	**25,095.00**	**75,000.00**	**138,940.00**	

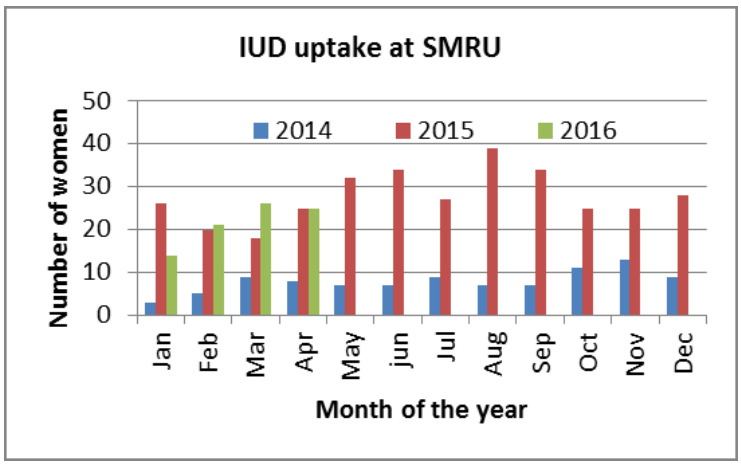
Please find an update of activities that led up to the request (2014 activity) for funding and an idea of the impact the funding has had on service provision (2015-16 activity)

The total number of women accepting family planning at SMRU in 2014, 2015 and 2016 (only until April-30-16) was 339, 812 and 298. The proportion of women up taking family planning by know birth outcomes (births and miscarriages) has improved considerably from when funding from Stichting Dayalu was confirmed.

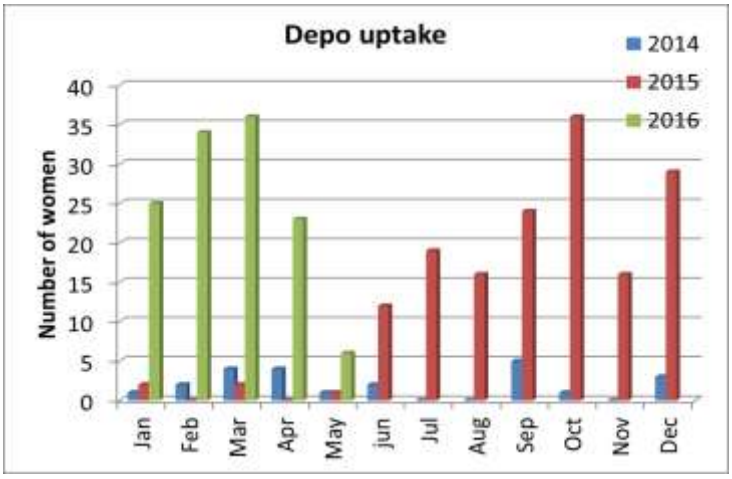


SMRU does not rely solely on Stichting Dayalu for provision of family planning services but can provide a much better program with the support.

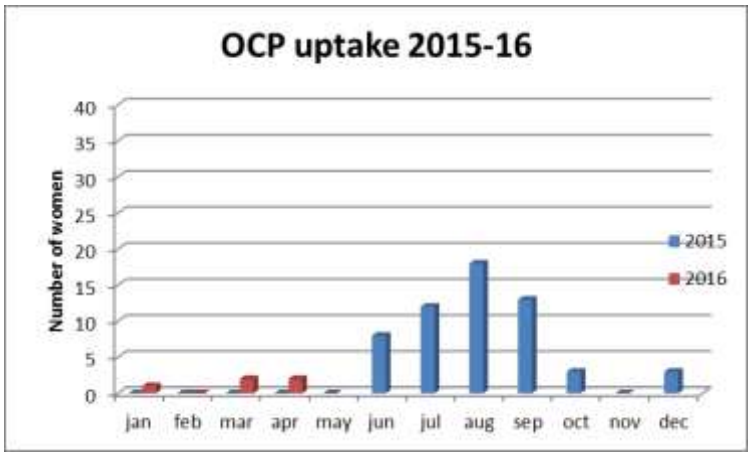
Stichting Dayalu has supported in particular the use of the **Intra-uterine Device (IUD)** – a very sensible choice in this area where infant mortality remains high.



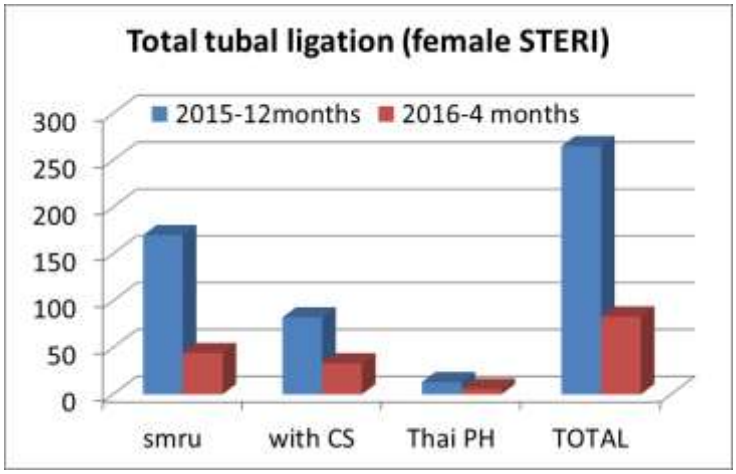
A significant increase in the use of **Depo-Provera** is also obvious in this timeframe. We have only reported the number of new users.



The uptake of the **oral contraceptive pill (OCP)** has not been well received by the population and we are looking into the reasons for this. Part of the problem stems from not having a secure place to store medications in the household. The OCP packet is attractive to children. We are also concerned that there is misunderstanding amongst the staff about this method of contraception, and about how many packets we can give to women (if we ask the woman to come back very frequently then the uptake will be poor).



A review of tubal ligation (or female sterilization (known locally as STERI)) shows that the service is predominantly carried out by SMRU doctors and local midwives. These are nearly always in the 48 hours after delivery when the ease of operation is at the peak time. SMRU cannot do this operation in women with severe hypertension who deliver at SMRU because we lack the correct anaesthetics. These are essentially life-saving operations and we have had good discussions with the Thailand Public Hospital (PH) services to obtain this operation at minimal cost. We encourage women who require cesarean section (there is no cesarean section by choice offered) to consider STERI at the time as it can be easily done. Cesarean section also increases their risk of problems in the next pregnancy. Despite positive changes in Myanmar it will take time for free reproductive health services (if it happens at all) to filter to the border regions. A woman with a previous cesarean section can be at very high risk if she finds it difficult to access services for her next pregnancy.



Registered pregnant women and maternal deaths

The year 2015 is the first time for more than a decade for SMRU to see a decrease in the number of new pregnant women. The maternal mortality is still high in this part of the world as reflected by the numbers in the table. The focus of family planning to reduce potentially preventable deaths (as detailed by the footnotes) is somewhat encouraging but we have much of 2016 to complete.

	2014	2015	2016
new registered pregnant women	3785	3656	1160
maternal deaths (total)	6[a]	3[b]	3[c]
livebirths	2530	2607	736[d]
Maternal mortality ratio per 100,000 live births	237	115	408

[a] 3 deaths from high blood pressure in older mothers (aged 32, 32 and 38 years) and all potentially preventable with family planning

[b] No deaths in medically complicated women (all were 26 years old)

[c] 43 year old with chronic high blood pressure and super-imposed pre-eclampsia, no antenatal care, presented very late and after stabilizing the patient we referred her. The woman was not from the camp but came to SMRU for help. The mother died within 32 hours of admission from multi-organ failure and the baby survived. The sibling of the newborn payed the Thai Hospital costs for the baby but left SMRU with the much larger bill for the mother.

[d] This number will change across the year as the number of live births increases.