



*Dining for Women*

## **Follow Up Report for Funded Projects**

### **Program and address:**

*Increasing Access to Misoprostol for Maternal Health*

Venture Strategies Innovations<sup>1</sup>

2401 East Katella Ave., Suite 400

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**Report Date: April 13, 2010**

**Duration of Program Activities: February 2008 to March 2010**

### **Mission:**

VSI is a nonprofit organization committed to improving women's health by creating access to affordable and effective technologies on a large-scale.

### **I. PROJECT NARRATIVE:**

#### **1. Goals:**

To improve women's health by increasing access to life-saving misoprostol tablets which help to stop postpartum hemorrhage (PPH), or life-threatening bleeding after childbirth.

#### **2. Results:**

We worked closely with DFW leadership to identify a suitable way to deploy the funds in the field. We settled on a need for providing misoprostol tablets for a community-based project along the challenging Thai-Burma border with the potential to reach thousands of Burmese women over three years.

We arranged for the procurement of 12,000 misoprostol tablets to distribute in 2009 through one of our partners conducting the project along the Thai/Burma border. As a result of this initial investment in tablet provision, the team estimates that to date, nearly 3,000 pregnant women have been provided misoprostol to take immediately after childbirth to prevent PPH.

In addition, we learned that awareness of misoprostol in the community is spreading even beyond our initial group. Three well-known organizations working in this embattled region are now interested in using misoprostol. The Backpack Healthcare program has asked for supplies

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<sup>1</sup> Program was formerly under our sister organization, Venture Strategies for Health & Development. In 2008 VSI assumed implementation of the misoprostol program.

and both Mae Tao Clinic and Burma Medical Association have announced that trained traditional birth attendants can now use misoprostol for prevention of postpartum hemorrhage. Allowing traditional birth attendants to use a health technology like misoprostol is a huge step towards making it truly available for home births, where women are most likely to die from PPH. Moreover, misoprostol is slowly being integrated in clinics across the border inside Burma, where there is generally no access to hospitals or doctors.

To provide continued support and misoprostol supplies to the area, a second shipment of 8,000 tablets was procured in January 2010. This quantity of medicine will reach over 2,500 more women with life-saving misoprostol this year.

We are grateful to have been able to use DFW funding to introduce misoprostol into this region at a critical moment in time. We are hopeful that this catalytic work will lead to the involvement of other organizations and ultimately bring a reduction in maternal mortality.

In March 2010 we applied the remaining balance of DFW funds to an exciting project of ours in northern Ghana. These remote regions get little in the way of international aid assistance, and recognizing the gap, VSI prioritized the Northern, Upper East, and Upper West Regions for upcoming midwifery training on misoprostol for safer childbirth. To ensure these dedicated women have the supplies they need to save women's lives in their communities, we have purchased approximately 34,000 tablets—or about 11,000 doses—to supply the midwives directly. In our experience in Tanzania, midwives are extremely grateful for the supplies put in their hands immediately after the training.

### **3. Obstacles:**

Given the remote region by the Thai/ Burma border the tablets had to be hand carried by physicians to this underserved area and we therefore had to rely upon the schedules of these volunteer doctors who could make the trips in January 2009 and 2010. Moreover, travel costs exceeded initial projections. As is often the case on the border, things went differently than planned. A German midwife had arrived unannounced several weeks before with a box of various medicines, including over 1000 misoprostol tablets for the Mae Tao Clinic. This clinic had been identified by our group as a key distribution site. The clinic no longer needed as much misoprostol from our project, so in February 2009, another clinic was identified, but one that sees a lower volume of clients. This contributed to fewer tablets used than forecasted.

As of February 2009 approximately 8,000 tablets had been used. Because usage of misoprostol was initially lower than anticipated, a second smaller supply run was postponed until January 2010 so that medicines would not expire.

This project along the border has been funded by multiple sources, the largest of which is an individual donor. We learned in December 2009 that this donor was so affected by the financial crisis in 2008 that she will be unable to expand the program as was originally envisioned. Thankfully the project still has over 12,000 tablets on hand to support on-going efforts in 2010/11.

Given the project's uncertain future, we opted to apply the remaining DFW gift (\$4,040.00) towards supporting our training of rural midwives in Northern Ghana this year. In our training efforts we are continually asked to supply initial seed stocks of misoprostol and funds such as DFW' are enormously helpful in meeting that demand. VSI will train between 35 and 40 midwives. These midwives are regional expert trainers and will then go on to train additional midwives in their regions. Upon completion of training VSI ensures each woman receives enough doses of misoprostol to cover the first six-nine months of deliveries. These midwives can then immediately begin helping mothers in their communities and not rely upon shaky and inconsistent government distribution systems to supply their medicines. Moreover in Ghana we are able to secure a greater number of tablets as it is a country where we have achieved registration of the drug and it is already being distributed and sold in-country.

## II. PROJECT DETAILS:

### 1. Tell us **specific ways** the funds from Dining for Women were used.

DFW dollars paid for the procurement of two shipments of 12,000 and 8,000 high quality generic misoprostol tablets that were hand carried to the remote project site along the Thai/Burma border. These essential tablets supplied the Burmese Medical Association (BMA), the Karen Women's Organization (KWO), Mae Tao and Paw Hite Clinics, and more than seven community based organizations, including local safe houses. The medicine was distributed through BMA between February and May, 2009. It was distributed to the clinic in Paw Hite in May, 2009. And it was given to local trained traditional birth attendants (using VSI training materials) in February and March, 2009.

DFW dollars also paid for an additional 34,000 tablets to support VSI's midwifery training in Northern Ghana to approximately 40 regional midwife trainers.

### 2. Financial statement

Dining for Women Reconciliation		
As of March 31, 2010		
Activity	Detail	Amount USD
Funding	Funding from Dining For Women, received 2/25/2008	\$ 11,543.00
1. Project Support: Thai/Burma		(7,500.00)
Medical Supplies	20,000 tablets: \$2,480.00	
Travel	Two physicians x 2 trips (airfare Thailand-Bangladesh-Thailand, bus, lodging): \$5,020.00	
2. Project Support: Ghana, Medical Supplies	34,000 tablets	(4,040.00)
Balance		\$ 3.00

**3. If DFW donations did NOT cover the entire cost of the project, what percentage did the funds cover, and how were the funds used?**

DFW funds covered 100% of the tablet procurement in Thailand/ Burma over the first two years and partially covered travel costs to procure the tablets. In Ghana, DFW dollars contributed 100% to the total tablet purchase and VSI covered the additional costs of training.

**III. IMPACT:**

**1. How many lives do you estimate the funds (1) impacted directly and (2) impacted indirectly [through a mother's children, community, etc.]?**

In VSI project areas the vast majority of women give birth at home with traditional birth attendants or, if they are lucky, in low-tech clinics run by medics who have six to twelve months of general medical training or rural midwives. In these areas, training TBA's and frontline health workers to use misoprostol and *then making the medicine available* is hugely important to prevent unnecessary death from bleeding complications.

- (1) *Thai/Burma:* Over the duration of the project 20,000 tablets, or over 6,500 doses, will be distributed to women. During the period of February 2009 and November 2009, **2,097 women** across the 27 BMA clinics, Paw Hite Clinic and at home-births were *recorded* as having directly received life-saving misoprostol tablets. As record keeping is not perfect in the mobile clinics and amongst the traditional birth attendants we anticipate that many more women directly benefited from the tablets, but were not recorded. Extrapolating from usage data on hand at the time of reporting we estimate that an additional 700 women have received misoprostol through February 2010. We anticipate greater numbers in 2010 as information and acceptance spreads.

*Ghana:* Approximately 40 rural midwives will be supplied with enough misoprostol to conduct safer deliveries in their catchment areas for approximately six to nine months. In total, enough misoprostol will be distributed to protect the deliveries of over 11,000 women in Northern Ghana.

- (2) The average mother in Burma has three children. By averting maternal death approximately 8,000 children continue having a mother's care and a newborn, in particular, has the protection of nursing. The indirect effects of this work are similar in Ghana.

**2. Please include one to three stories or quotes from women, preferably in their own words, whose lives were affected by the funded project.**

Unfortunately this was not collected as we were not provided these reporting guidelines at the start of the Thai/Burma project. In Ghana we will collect quotes from the midwives we train in Spring 2010 and share these with DFW.

### **3. Photographs attached. (Ghana photos forthcoming)**

*Is there anything else you would like our members to know about this project or your organization?*

We are very grateful to DFW not only for the generous contribution, and the opportunity to educate your members on how misoprostol tablets can play one small, but significant role in saving women's lives. VSI's unique position as a global leader in the introduction of misoprostol tablets for women's health has positioned us to lead on village-level introduction of the tablets. Since our introduction to DFW in 2007/8 our programs have grown and matured into truly exciting stages of implementation. In several African countries we have on-going community-based projects with local organizations to train community health workers, clinic workers and traditional birth attendants to use misoprostol tablets to save lives. Across our 14 country programs, and with the assistance of our local teams and partners, over 18,000 providers have been taught how to use life-saving misoprostol for women's health.

Mother's Day is a time our organization really tries to rally our efforts—after all our work centers on making childbirth safer and saving mother's lives so they can go about raising their babies and taking care of their families. As such we are hoping to consolidate our fundraising efforts around this holiday and would be honored if DFW would consider highlighting our work next year, May of 2011. Details of our on-going programs in Africa and Asia can be found on our new website: [www.vsinnovations.org](http://www.vsinnovations.org)

Finally, in recognition of DFW contribution to our Ghana country program we will acknowledge the support of tablet donations in future web and newsletter coverage of the Ghana Midwives Training.