

WHAT WE DO

Kirk Humanitarian has set a goal to cover 5 million pregnant women per year by 2020 and 10 million by 2025 with prenatal vitamins.

Kirk Humanitarian works in three areas to tackle the biggest bottlenecks and achieve this goal:

1. Strengthening the supply chain for MMS by providing WHO/UNICEF-approved formulated prenatal vitamins, free of charge, and support for program development to partners who implement high-quality maternal and child health programs in developing countries.
2. Supporting research to generate the evidence needed to convince governments and other decision-makers that prenatal vitamins are both more effective than iron and folic acid alone, and more cost-effective in saving lives and increasing health benefits.
3. Investing in innovation to improve diagnostics, surveillance, monitoring and evaluation.

By increasing the availability of prenatal vitamins, supporting demand generation and investing in innovation, more pregnant women worldwide will have access to life-saving prenatal vitamins.



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OUR IMPACT TO DATE

Since our inception, Kirk Humanitarian has disbursed over \$20M, reached over 5 million individuals with multiple-micronutrient supplements, supported cutting-edge operational research and provided seed funding for innovative low-cost technology solutions to monitor nutritional status.

PARTNER WITH US

Kirk Humanitarian is seeking additional partners to distribute prenatal vitamins. If you are a developmental organization that reaches pregnant women through an approved high-quality maternal health program and are interested in providing MMS to those whom you serve, contact us at skirk@kirkhumanitarian.org.



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2755 E. Cottonwood Parkway, #450
Salt Lake City, UT 84121



WHO WE ARE

Founded in 2005, Kirk Humanitarian is dedicated to ensuring that every pregnant woman at risk of malnourishment has access to multiple-micronutrient prenatal supplements (MMS). At Kirk Humanitarian, we believe that every pregnant woman, regardless of circumstance or geography, has the right to a healthy pregnancy and a safe birth, and every child has the right to a healthy start in life. We work to ensure that these basic rights become a reality for everyone.

WHY PRENATALS

Currently, pregnant and lactating women in high-income countries are advised to take comprehensive multiple-micronutrient supplements containing 15 essential vitamins and minerals, while women in developing countries are only advised to take prenatal vitamins containing iron and folic acid alone. There has been increasing evidence that multiple-micronutrient supplementation during pregnancy reduces the risk for low birthweight, premature birth and being born small for gestational age^{1,2,3}. Anemic and underweight women benefit even more from multiple-micronutrient supplementation, and have reduced risk for infant mortality compared with mothers only taking iron and folic acid.

Benefits of taking multiple-micronutrient supplements over iron and folic acid alone, for anemic and underweight women¹

Outcome	Risk Reduction
Infant mortality at 6 months of age	-29%
Low birthweight	-19%
Pre-term birth (underweight mothers)	-16%
Small-for-gestational-age	-8%

The evidence suggests that at a minimum, anemic and underweight women should be taking multiple-micronutrient prenatal supplements to protect the health of their babies. Anaemia⁴ affects as many as half of all pregnant women in low-income and middle-income countries.

Unfortunately, although 70% of women in developing countries have access to iron and folic acid supplements, almost no women have access to MMS, and 50 million pregnant women per year have no access to any prenatal supplements of any kind.

1. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30389-3/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30389-3/fulltext)

2. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30371-6/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30371-6/abstract)

3. Haider, BA and Bhutta, ZA. Multiple-micronutrient supplementation for women during pregnancy. *Cochrane Database Syst Rev.* 2017; 4 (Cd004905.)

4. [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30078-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30078-0/fulltext)