ETHIOPIA

Community-Based Distribution of Misoprostol for Prevention of Postpartum Hemorrhage

An Innovative Approach in Ethiopia





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Project setting—Amhara

Maternal Mortality Ratio 740 Home Delivéry Rate 96%



THE MODEL — DISTRIBUTION DURING HOME BIRTH



Results

- 5,119 pregnant women registered
- 50% reached with information;
 - Facility delivery and misoprostol.
 - 351 (28%) 1,251 delivered were given miso
- Development of training materials for mentors and HEWs;
- Training of 197 mentors, 97 health extension workers, and 10 supervisors

Second phase

- A rapid assessment of 23 health centers and 36 health posts on EmOC;
- EmOC workshops for 90 staff from the regional, zonal, and Woreda health offices and health centers;
- Training for 112 health workers, including nurses, midwives, health extension workers, and pharmacists; and
- Distribution of misoprostol to participating health centers and health posts in the project sites.

Successes

- Lay youth mentors successfully expanded outreach in the communities
- Community-based access to misoprostol is viewed as effective and acceptable

Challenges

- Reaching women with misoprostol at the time of delivery proved difficult
- Parallel ministry structures prevented effective collaboration
- Advance distribution of Miso not accepted
- Concerns about "misuse" of misoprostol for abortion
- Concern that community distribution will undermine institutional deliveries

Summary

- Small increase in uterotonic use
- High acceptance of Misoprostol by communities
- Mentors and HEWs have difficulties reaching homes at the time of delivery
- Concern that Project would discourage women from delivering in health facilities

Recommendations

- Expedite (WHO) recommendation about advance provision of misoprostol.
- Confidence building among policy makers
- Troubleshoot product and logistics issues
- Integrate approaches to reducing maternal mortality
- Advance distribution complementary to Health Development Army's approach