Community-Based Distribution of Misoprostol for Prevention of Postpartum Hemorrhage

An Innovative Approach in Ethiopia

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The Setting—Amhara

- Maternal Mortality Ratio
  740
- Home Delivery
  96%
- Challenges
  - Rural areas
  - Limited access to transportation
  - Vast distances, extreme terrain, poor roads
Project Partners

- Population Council
- Ministry of Youth and Sports
- Amhara Regional Health Bureau
THE MODEL — DISTRIBUTION DURING HOME BIRTH

HOME OUTREACH

COMMUNITY SENSITIZATION

MISOPROSTOL AT HOME
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 misoprostol not accepted
- Concerns about “misuse” of misoprostol for abortion
- Concern that community distribution will undermine institutional deliveries
Recommendations

- Education among policy makers that advance distribution complements efforts to increase facility delivery
- Position advance distribution of misoprostol as complementary to Health Development Army’s approach