Examples from other countries in Africa where community-based distribution of misoprostol for post partum hemorrhage is being implemented

KENYA, TANZANIA, SENEGAL, NIGER, MOZAMBIQUE
Facilitating women’s access to misoprostol through community-based advocacy in **Kenya** and **Tanzania**

- In 2012, the Public Health Institute and Ipas provided small grants to 28 community-based organizations in Kenya and Tanzania to educate communities about gynecological uses for misoprostol.

- Partners: Center for the Study of Adolescence and KMET (Kenya); Ifakara Health Institute and the Women's Promotion Centre (Tanzania)

- Findings: Even where abortion is restricted and stigmatized, community-based organizations can publicly and openly share information about misoprostol and increase communities' access to the pills without political backlash.

Resource: IJGO, April 2014
Monitoring and evaluation of large scale community PPH management programs in Senegal and Niger

- In early 2016, Gynuity Health Projects evaluated the feasibility of community-based models and provider and women’s knowledge of misoprostol in Senegal and Niger.

- Both countries had launched national programs to improve PPH management by widespread introduction and supply of misoprostol for PPH prevention, particularly for community level births.

- In Niger, efforts also include the introduction of misoprostol along with the uterine balloon tamponade and anti-shock garment for PPH treatment at all levels of health care system.

http://gynuity.org/resources/info/self-administration-of-misoprostol-for-prevention-of-PPH/
Expanding community access to misoprostol for the prevention of post-partum hemorrhage in Tanzania

**Saving Mothers Project** (2015-2017) - In Bunda and Tarime Districts of Mara Region: distribution of birth kits with misoprostol to women for self-administration by community health workers and nurses; and health education about facility delivery. Partners: CPAR, AMREF, Medic Mobile. Funder: UK Aid

**EACH WOMAN Health Project** (2015-2018) - In Rorya District, Mara Region, implementing multiple interventions to improve women’s access to health care at time of delivery, including distributing birth kits with misoprostol to women. Partners: CPAR and Medic Mobile. Funder: IMCHA

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Tanzania continued: Mobile Mama Project

- Community-based pilot to address post partum hemorrhage nested within a larger pre-eclampsia project implemented by Ifakara Health Institute and Queen’s University in partnership with Pamoja Tunaweza.

- Includes a novel eVoucher program to distribute birth kits and misoprostol by SMS vouchers issued by nurses via mobile phones to women through antenatal clinics. The misoprostol/birth kit distribution will be linked to purchase of other essential commodities for newborns through an incentive program provided by licensed local private retailers. The pilot also includes educational behaviour change messaging direct to women’s phones through SMS to encourage eVoucher redemption and to increase facility delivery where possible and encourage safe use of misoprostol.

Funded by: IDRC/IMCHA
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Mozambique - Strategy for the Prevention of Post-partum Hemorrhage at Community Level

In 2015, the MoH started to distribute misoprostol to women via Ante-natal Clinics (+28 weeks) for self administration and via Traditional Birth Attendants (directly observed). The Strategy aims to distribute misoprostol to women in 35 districts across the country.

Partners: Ministry of Health, Jhpiego, UNFPA, USAID, WHO and the Association of Mozambican Obstetricians and Gynaecologists.

Study: A review of the policy and early implementation of the program will commence December 2016 in 3 Provinces.

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