INFORMATION, EDUCATION AND COMMUNICATION: EXAMPLES FROM THE FIELD

Misoprostol For Postpartum Hemorrhage

April 2013
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ACRONYMS

ANC         Antenatal Care
AMOG        Associação Moçambicana de Obstetrícia e Ginecologia
AMTSL       Active Management of the Third Stage of Labor
CHEW        Community Health Extension Worker
IEC          Information, Education and Communication
MSI          Marie Stopes International
PPH          Postpartum hemorrhage
PSI          Population Services International
TBA          Traditional Birth Attendant
VSI          Venture Strategies Innovations
WHO          World Health Organization
INTRODUCTION

The following document is a guide to assist program planners on developing information, education and communication (IEC) campaigns as part of a misoprostol program. While misoprostol may be used for multiple gynecologic and obstetric indications, the focus of the content and messaging is on misoprostol for the prevention and treatment of postpartum hemorrhage (PPH) in a developing country context. The ultimate goal is to generate awareness of and demand for misoprostol in countries where the drug is registered and being legally marketed and distributed.

Venture Strategies Innovations (VSI) is leading efforts to create access to the life-saving drug misoprostol for the control of the leading cause of maternal death worldwide, PPH. A primary activity is the facilitation of regulatory approval of misoprostol for this important maternal health indication. Registration of misoprostol allows for its legal importation, distribution and marketing for specific indications. Additionally, VSI works closely with in-country partners, Ministries of Health and medical communities to ensure that misoprostol is integrated into safe motherhood initiatives countrywide and with a strong emphasis on community-level access, given the burden of death and disability from PPH is greatest for the proportion of the population that delivers without a skilled attendant and/or at home.

Increasingly as country programs move into the implementation stage, VSI and our distributor partners, have drawn upon the use of IEC to generate both demand and awareness of the drug and to ensure accurate and rational use. This document provides examples of VSI’s IEC materials that have been developed in conjunction with in-country consultants and other non-profit organizations, most notably Population Services International (PSI), Marie Stopes International (MSI) and DKT.

Print and media examples included in this document include:

1. Pictorial directions for taking misoprostol printed in brochures, flip charts, posters, or on product packaging
2. Promotional posters highlighting a specific misoprostol product
3. Health Facility Job Aids - the adaptation of nationally approved clinical guidelines or standard treatment guidelines into job aids for health care providers at facilities (posters in delivery wards, training cards, etc.)
4. Radio messages
5. Product packaging

This document will be periodically updated, as new materials and information are made available.

DEFINING IEC

“Information, education and communication (IEC) combines strategies, approaches and methods that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health. Embodied in IEC is the process of learning to empower people to make decisions, modify behaviors and change social conditions.

IEC initiatives are grounded in the concepts of prevention and primary health care. Largely concerned with individual behavior change or reinforcement, and/or changes in social or community norms, public health education and communication seek to empower people vis-à-vis their health actions, and to garner social and political support for those actions.

When carefully carried out, health communication strategies help to foster positive health practices individually and institutionally, and can contribute to sustainable change toward healthy behavior.”

WHO, 2001
KEY CONCEPTS TO CONSIDER IN DESIGNING AN IEC CAMPAIGN

A media campaign should strive to use diverse broadcast and distribution channels, combining radio, print, audio-dramas/skits and traditional media, in order to maximize penetration and impact. Key considerations are the reach and the frequency of these channels.

KNOWING THE CULTURE

The development of locally specific and culturally appropriate messages is a key to ensuring relevance and comprehension. In Somaliland, our program partner PSI conducted focus groups with traditional birth attendants (TBAs) to craft messages on misoprostol for PPH prevention. Through these discussions the TBAs shared that a simple warning to not provide misoprostol until all babies have been delivered was insufficient. Instead they needed to “remember to think to check that there is no twin” which informed subsequent drawing in the pictorial directions for the drug’s use. Additionally, PSI and VSI conducted separate focus groups on packaging and pricing.

Equally important is the use of local artists and art forms when possible. Somaliland has a rich oral tradition therefore a revered Somali poet crafted a poem for TBAs to memorize which will tell the story of how to use misoprostol for PPH prevention.

To be most effective, mass media campaigns should be reinforced by interpersonal communication. Interpersonal communication can be broadly interpreted as person-to-person interaction and mutual understanding. It is an extremely important part of any communication strategy—particularly one focused on preventing postpartum hemorrhage (PPH) at the community level. In a community-based study in Northern Nigeria conducted by VSI, the Bixby Center at the University of California, Berkeley and the Population and Reproductive Health Partnership of Ahmadu Bello University, interpersonal communications was the most important source of information on safe birth and misoprostol, eclipsing that of the radio and print materials.

Misoprostol IEC interventions ideally are linked with a health care service delivery program—either facility- or community-based. Two models that VSI is deploying are antenatal (ANC) distribution of tablets to pregnant women and distribution by frontline health workers in the community who also refer women to nearby facilities to deliver. It is therefore important that the quality of client-provider contact be monitored, supported, reinforced, and updated as necessary. If health care providers lack a supportive environment, individual behavior change (e.g. the use of misoprostol as PPH prevention, timely referral to a facility, or presenting at a facility to deliver) may be compromised. Moreover, the relevant health services infrastructure needs to be prepared to meet the increased demand for services created by the campaign.

“Very rarely does a person make a decision alone.
To make a lasting change in one individual, the ‘key influentials’ must be identified and encouraged to support these changes.”

WHO, 2001

Role-plays with traditional birth attendants in Mozambique
Consider local birthing practices and customs. The key influential in one area may be the husband, elsewhere a mother-in-law, traditional birth attendant or sister. For this reason, projects to introduce misoprostol for the control of PPH after delivery must consider most importantly the pregnant mother herself—who is guaranteed to be at the birth—and any other family member or birth assistant who may attend the birth. Therefore, where ANC distribution of misoprostol is ongoing, messaging encourages both the pregnant mother and a support person to attend ANC together.

When developing messages and materials it is important to segment your audience. In misoprostol IEC programs, VSI crafts messages for expectant mothers, birthing support persons, husbands and health care providers.

MISOPROSTOL DAY & THE POWER OF WOMEN’S GROUPS IN ETHIOPIA

Ethiopia was the first country in the world to implement the model of using women’s groups on a large scale to share the knowledge of PPH and misoprostol. In Ethiopia, virtually every region has influential women’s associations that represent constituents from the regional down to village levels. These groups provide direct support and informal education and training programs for agriculture, health, vocational skills, and education for women and girls; they are a major source for systematically sharing information, raising awareness, and fostering community activism among women.

At the 2008 Women’s Association annual meetings in Tigray and Amhara regions Venture Strategies and our partner DKT-Ethiopia sponsored a Misoprostol Day to generate awareness among the delegates. Over 800 women attended. Women immediately identified with the message of birth preparedness and misoprostol as a feasible option for their deliveries. The conference highlighted education and empowered women to understand how misoprostol works, its importance in preventing death from excessive bleeding after childbirth and where they will be able to obtain the tablets in the near future. For the purposes of our marketing efforts, it was significant that women vowed to take misoprostol information back to their constituents.

Health care providers themselves are not a homogeneous group. When developing job aids one must consider the level of education, nature of their interaction with the client (delivering a laboring woman or outreach/education to a pregnant mother), and what services they are permitted to provide. For example, in some countries misoprostol is being introduced as part of an effort to increase the practice of the active management of the third stage of labor (AMTSL).\(^1\) Depending upon the provider’s skill level or the country’s nationally approved clinical guidelines they may or may not be allowed to perform AMTSL. This has implications for materials developed for different cadres of health workers.

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\(^1\) AMTSL is an evidenced-based practice proven to decrease the incidence of PPH after delivery. Upon delivery of the infant(s) AMTSL involves the prompt administration of a uterotonic (oxytocin or misoprostol), controlled cord traction and upon delivery of the placenta, uterine massage to stimulate contractions. WHO recommends oxytocin as the first-line uterotonic in AMTSL.
PRIMARY PLANNING CONSIDERATIONS

1. Time must be devoted to ensure stakeholder buy-in. Support of community leaders, public opinion leaders and decision-makers can lead to stronger results, greater credibility, relevance, and acceptance of the campaign. Equally important is the time to achieve consensus among the Ministry of Health, implementing partners and stakeholders and approval on materials (especially if public endorsements are desired).

2. Sufficient time and money must be allocated to producing relevant materials, including:
   a. Carefully crafting and testing messages
   b. Field testing early versions of graphics/pictorials for comprehension and cultural appropriateness
   c. Translation of materials and back translation to confirm fidelity to the message
   d. Printing in sufficient quantity either in-country or in the US and shipping

3. Adequate forecasting of quantity of materials needed and a workable distribution and reordering system must be established.

4. Service providers/community outreach workers must be taught how to use materials. Consider local language and alternate teaching methodologies, such as song and role-plays with low literacy populations. Use the developed materials in all trainings.

GETTING IT RIGHT

VSI recommends the following strategies to ensure accurate, culturally appropriate and relevant pictorials:

- Hire a local illustrator who can convey consistency across frames, and reproduce identifiably similar subjects.
- In the illustrations consider factors such as dress, ethnicity and setting so that the subject will have broad appeal and will not distract from main messages.
- Your illustrator may not be the best person for translation of text. Contract translation services separately and always back-translate to ensure comprehension.
- Stage your pictures. Healthcare providers with the technical knowledge may take photos of themselves acting out scenes for the illustrator to then duplicate, accurately depicting body and hand position, attendants’ position, location of the baby and tablets.
- Incorporate broader public health initiatives in the illustrations: delayed child bearing (not too young of a mother); kangaroo care, immediate breast feeding after delivery, swaddling, or hand washing/clean delivery.
- Field test illustrations among your target audience (shown right).
INFORMATION, EDUCATION AND COMMUNICATION EXAMPLES

Standardized Messages for the Facility Level

**Key messages at the facility should emphasize:**

- Oxytocin is the first-line drug for the prevention and treatment of PPH.
- If oxytocin is unavailable, misoprostol is an effective drug to prevent or treat excessive bleeding after childbirth.
- Misoprostol is a simple tablet—not injection—and may be stored at room temperature.
- Misoprostol should not be taken while pregnant.
- For deliveries that occur in a health center or health post: excessive bleeding after childbirth may be prevented if the patient swallows three (3) tablets by mouth (taken orally), immediately after the birth of the infant(s) and before delivery of the placenta and any signs of bleeding.\(^2\)
  - For prevention of PPH, do NOT wait to see if the placenta delivers in a normal amount of time. Immediately after delivery of the infant, check to ensure there is no twin. Administer three (3) tablets orally after delivery of the last infant.
  - Monitor the woman closely. Expected symptoms associated with misoprostol use are shivering; vomiting/nausea; and fever. Symptoms typically resolve on their own. For chills, cover the woman with a blanket. For fever, administer paracetemol and apply cool, wet cloths.
  - If postpartum bleeding occurs, immediately refer the women to a higher-level facility.
    (Depending upon the country’s clinical guidelines, administration of five (5) tablets rectally (per rectum)\(^3\) OR four (4) tablets sublingually may or may not be recommended prior to transfer).
- When a woman presents at the facility and is already bleeding with postpartum hemorrhage, while preparing to transfer her to a referral facility, administer five (5) tablets of misoprostol per rectum\(^3\) OR four (4) tablets sublingually—particularly if there is no referral facility nearby.
- Discuss with women at antenatal care where a woman can purchase or receive misoprostol (e.g. pharmacy, patent medicine vendors, community health extension workers (CHEWs) or at the clinic or hospital during a facility birth)

Standardized Messages for Community Outreach Workers/Interpersonal Communication

**Community outreach by traditional birth attendants, community resource persons, community health extension workers or health educators should emphasize:**

- Bleeding after childbirth is a life-threatening condition and there are no warning signs.

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2 Misoprostol regimens are based on the World Health Organization (WHO) recommendations for the prevention and treatment of postpartum haemorrhage. (Full citation: WHO. WHO recommendations for the prevention and treatment of postpartum haemorrhage. Geneva: WHO, 2012.) Regimens included in the IEC examples that follow are based on country-specific projects and evidence for misoprostol regimens at the time.

3 Rectal dose and route of administration is based on the Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline No. 52. (Full citation: RCOG. Prevention and Management of Postpartum Haemorrhage. London: RCOG, 2009.)
- A facility is the safest place to deliver.
- Misoprostol or “Miso” is a tablet—*not an injection*—that is swallowed after delivery of the baby to prevent bleeding after childbirth that can lead to death.
- “Miso” is available at [the facility] but for women who cannot reach a facility and deliver at home, “miso” may be purchased from [specify alternate outlets] to have ready at delivery.
- “Miso” must not be taken while pregnant.
- To prevent excessive bleeding after childbirth: *Immediately* after the birth of the baby, check to make sure there is no twin. *Before* delivery of the placenta, the mother swallows (or drinks) three (3) tablets of “miso”.
  - Monitor the woman closely. Expected symptoms are shivering; vomiting/ nausea; and fever. Symptoms typically resolve on their own. For chills, cover the woman with a blanket. For fever, apply cool, wet cloths.
  - If postpartum bleeding occurs, immediately refer the women to a higher-level facility.
- If a mother has not taken misoprostol after delivery of her baby and starts to bleed excessively after childbirth, five (5) tablets of misoprostol should be administered rectally (per rectum) OR four (4) tablets sublingually (under the tongue and left to dissolve) to prevent death from excessive bleeding. Monitor the mother closely and transfer her to the nearest facility if bleeding continues.
- Emphasize again that the facility is the safest place to deliver.

*Skit being performed as part of a community awareness campaign in Zambia on birth preparedness and misoprostol for PPH*
PICTORIAL DIRECTIONS (TANZANIA):
Venture Strategies, Ifakara Health Institute, Tanzania Ministry of Health

PANGA MAPEMA... JIFUNGUE SALAMA
TUMIA DAWA YA MIS0 IPASAVYO KWA UZAZI SALAMA

TAHADHARI
Ukwa ungali mjambito usimeze vidonge vya MISO.

TAHADHARI
Hakikisha hakuna mtoto pacha tumboni kabla ya kumeza vidonge vya MISO.

Mara baada ya mtoto au watoto wote kuzaliwa mezaa vidonge vitatu vya MISO kujikinge na uwezekana wa damu nyingi kuendelea kutoka

Baada ya kumeza MISO, mama anaweza akajisikia joto au baridi - hizi ni hali za kawaida ambazo zinaweza kujiokefa

Endapo mama atameza dawa za MISO na damu nyingi inaendelea kutoka (Zaidi ya doto moja ya khangla kutoka damu) Apeleke we kituo cha tiba

Mama anayeendelea kutokwa damu nyingi akipeleka kituo cha tiba kilicho karibu
If uterus is flabby:
Administer 1000µg misoprostol (5x200µg) into the rectum*

* In the event of fever or shivering, administer analgesics e.g. paracetamol

If bleeding persists, do NOT repeat dose

If uterus is NOT flabby and PPH is due to other causes, manage accordingly

If bleeding persists
Refer as appropriate
Use of misoprostol for prevention and treatment of postpartum haemorrhage

Misoprostol is an alternative uterotonic for the prevention and treatment of postpartum haemorrhage in both single and multiple pregnancies.

1. Have misoprostol available as part of your delivery kit.

2. Follow existing delivery protocol.

3. Have all babies been delivered?
   - **YES**
   - **NO**

4. Administer 3 tablets (600mcg) of misoprostol orally within one minute of delivery of the last baby.

5. If bleeding continues (excess of 500ml), administer oxytocin for treatment of PPH as per the guidelines and immediately refer the mother to the best equipped facility to handle the case. If no oxytocin is available, you may administer 5 additional tablets (1000mcg) of misoprostol rectally and refer the mother immediately.
SERVICE DELIVERY JOB AID (GHANA):
Ghana Health Services, VSI, Reproductive Health Division, Health Promotions Unit, Regional and District Health Directorates

PREVENTION OF POST-PARTUM HAEMORRHAGE

Confirm on the anti-natal card that the pregnant woman received misoprostol and ensure that she brings it with her to the delivery room

Woman arrives at the facility
(Follow standard delivery protocol)
Deliver the baby

Are there more babies?

No

Administer 10 IU IM oxytocin if available

Yes

Deliver the other baby/babies

If oxytocin is not available, let the mother swallow 3 MISOPROSTOL tablets orally

Apply control cord traction to deliver placenta

Massage uterus for 15 minutes for an hour, 30 minutes for 2 hours and hourly for 3 hours

Closely monitor the mother for 4 hours.
- In case of fever, give paracetamol.
- In case of chills, cover with blanket.
If bleeding persists, call the doctor or transfer for further care
PROMOTIONAL POSTER (GHANA):  
Ghana Health Services, VSI, Reproductive Health Division, Health Promotions Unit, Regional and District Health Directorates

How to use MISOPROSTOL after birth to protect the mother’s life

1. WHAT IS MISOPROSTOL?  
   MISOPROSTOL is medicine that can prevent heavy bleeding after birth. The prevention of heavy bleeding can save the mother’s life.

2. At the time of delivery, always keep MISOPROSTOL close by.

3. The pregnant woman should not take MISOPROSTOL tablets before giving birth.

4. Right after delivery, confirm that the mother doesn’t have another baby/babies in the uterus.

5. If there is no second baby, the mother should immediately swallow the 3 tablets of MISOPROSTOL, before the delivery of the placenta. Even if placenta comes out with the baby still give the 3 tablets of misoprostol.

6. If the mother continues to bleed after taking MISOPROSTOL, she should be taken urgently to the nearest Health Centre for medical treatment to stop the bleeding.

7. At the Health Centre, the mother will receive medical treatment to stop the bleeding.

The most common side effects of MISOPROSTOL resolve on their own in a few hours:

- **Fever:** Apply cloth slightly soaked in water to the forehead
- **Chills:** cover with blanket

If fever or chills continue for 24 hours, take the mother to a Health Centre for treatment.

Misoprostol Information, Education and Communication: Examples from the Field
**Misoprostol Brochure (RWANDA):**

Rwanda Ministry of Health, VSI, USAID, MCHIP


2. Igihye cyose ugiye guherekeza umubyeyi, jya ubanza wiyegezera MIZO kugira ngo uhereko uyiha umubyeyi akimara kubarya.

3. Ntugomba guha umubyeyi MIZO akimara kubarya, utaragenzura neza, ng’urebe ko nta wundi mwana usigaye muri nyababyezi (mu nda).


5. Ihutire kumugaza ku kigo nderabuzima kugira ngo bakomeze kwita ku buzima bwe n’ubw’uruhinja.

CONTINUED – MISOPROSTOL BROCHURE (RWANDA):

Rwanda Ministry of Health, VSI, USAID, MCHIP

1. Misoprostol (MIZO) ni iki?
   MIZO ni umuthi urinda umubabyi kuva cyane amaze kubyara. Iy'uro mu cyane amaze nyuma yo kubyara, uba ukije ubuzima bwe.

2. Kirazira, nita muhere utwiri unyaka MIZO kerutsa amaze kubyara.

3. N'umubabyi, MIZO akihema kubyara, utaragiza neza, ng'urebe ko nita wundu mwana usigeye murinyababyi (mu n'ata).

4. Igihene cyose ege y'umurekezo umubabyi, iya ubanzura w'igihene MIZO kugiranganya, ubera ho ukimuho aramutse abahire mumugywa kubernira.

5. Iktare kumugagaza ku kigo nderabuzima kugira n'igo bakomeze kwitaka kubiza bwe n'ubw'Uruthi.


KU. Kigo nderabuzima ni ho bazita kugura n'umubabyi n'irusha kuburo bukurukire.
**Package Insert (Zambia):**

Society for Family Health/PSI, Venture Strategies

1. A pregnant woman giving birth at home assisted by one of her family members.

2. Immediately after childbirth, mother should swallow three MISOPROSTOL tablets to keep her from excessive bleeding, and remain closely monitored.

3. Fever: Apply a wet cool piece of cloth; if it persists she should be taken to HF.

4. Shivers: Cover her with a piece of sheet or a blanket. If it persists she should be taken to HF.

5. If excessive bleeding continues (2 chitenges soaked in blood)...

6. She should be taken to nearest health facility for treatment.
Pictorial drawing for S.T. Mom product insert (Pakistan):

Zafa Pharmaceuticals, Association for Mothers and Newborns, Greenstar/PSI, Ipas, Marie Stopes Society-Pakistan (MSS), Midwifery Association of Pakistan, National Committee for Maternal and Neonatal Health
PACKAGE INSERT (MADAGASCAR):
Marie Stopes International (MSI)
PROMOTIONAL POSTER (TANZANIA): Venture Strategies, Ifakara Health Institute, Tanzania Ministry of Health

PANGA MAPEMA... JIFUNGUE SALAMA
KUTOKWA NA DAMU NYINGI BAADA YA KUJIFUNGUA
Ni hatari kwa mama wajawazito

MISO
Ni dawa ya kukiinga na kutibu damu nyingi kuendelea kutoka baada ya kujifungua

- Kila mjuzito ni muhimu kuhudhuria Kliniki pamoja na mmoja wa wanafamilia yake
- Hakikisha mjuzito anajifungua kituo cha afya au Zahanati
- Endapo mama atajifungulia nyumbani ameze vidonge vitatu vya MISO mara baada ya mtoto au watoto wote kuzaliwa

Mama akiendelea kutokwa damu nyingi (kiasi cha doti moja ya khanga kulowa damu) apelekwe Kituo cha tiba kwa uchunguzi na tiba

Ifakara Health Institute P.O. Box 78373 Dar es Salaam
Tel: +255 22 277 4714, Fax +255 22 277 1714  email: info@hi.or.tz
Use o MISO após o parto para proteger a vida da mãe.

O QUE É MISO?
O MISO são comprimidos que servem para prevenir a hemorragia (perda de muito sangue) após o parto. A prevenção da hemorragia pode salvar a vida da mãe.

Para mais informações, dirija-se ao centro de saúde mais próximo.
Prevent ‘excessive bleeding’ after childbirth

Take Misoprostol tablets immediately after giving birth
**Promotional Poster (Rwanda):**

Rwanda Ministry of Health, USAID, MCHIP, VSI

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**HARANIRA UBUZIMA BWAVE N'UBWUMWANA WAWE UKORESHA MISOPROSTOL (MIZO)**

**UMUBYEYI UMAZE KUBYARA AKAVA CYANE ABA AFITE AKAGA GAKOMYE**

**MIZO ni umuti urinda umubyeyi kuva cyane nyuma yo kubyara.**

Dore inama z'ingenzi zikwiriye gukurikizwa:

- Buri mugore utwite ni ngombwa kujya kwimishya ku Kigo nderabuzima, akimara kumenyako atwite kandi skubahiriza gahunda ya hawe na muganga.

- Kora uko ushoboye kose ukangurire umubyeyi wese kujya kubyarira kwa Muganga kugira ngo bite ku buzima bwe n'ubwumwana we

- Niba habeye impamvu ituma umubyeyi abyara afaragera ku lvuriro, herako umuha ibinini 3 bya MIZO kugira ngo bimirinde kuva cyane kandi ukomeze kumuyiana ku lvuriro.

- Niba umubyeyi akomeje kuva cyane (ahinduye ibyo yibinze incuro 2), ihutire kimugweza ku Kigo nderabuzima kikuri hati kugira ngo bakomeze kwita ku buzima bwe n'ubwuruhinja.

Uyu mu byeyi yarayikoresheje kugira ngo bimirinde kuva cyane amaze kubyara.
**Radio Scripts (Tanzania):**

**Radio spot 1**

**Title:** Awareness on PPH problem/Availability of MISO

**Target Audience:** Primary, secondary and tertiary pregnant women, her family member(s), traditional birth attendants and community in general

**Message:** Importance to all pregnant women to visit antenatal care during pregnancy and give delivery at Health Facility or under traditional birth attendant care

**Approach:** Uses women (wife) as an agent of change and support to adaptation of desired behavior.

**Format:** Dialogue

**Language:** Kiswahili

**Duration:** 30 - 45 sec

**SFX:** **RURAL MORNING TIME SOUND**

<table>
<thead>
<tr>
<th>Wife</th>
<th>My husband, you know I am pregnant; we are supposed to start attending antenatal care both of us.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>Heeh my wife... since when men attend antenatal care? Ask your sister to take you there!</td>
</tr>
<tr>
<td>Wife</td>
<td>It’s ok my husband, but when my sister was pregnant, my brother in-law used to go with her to a clinic. This helped both of them to know important issues on pregnancy and delivery, such as:</td>
</tr>
<tr>
<td></td>
<td>- Necessitate delivering in health facility.</td>
</tr>
<tr>
<td></td>
<td>- How to handle PPH if such problem occurs.</td>
</tr>
<tr>
<td>Husband</td>
<td>True, you have reminded me an important issue, many women lost their lives during delivery due to PPH problem. Get ready and let us go.</td>
</tr>
</tbody>
</table>

**SFX** **POURING WATER INTO CUP:** **MUSIC UP AND DOWN**

PPH problem costs lives of many women during delivery in the country...take action now, it’s possible to protect them and prevent the situation!!

**Warning:**

MISO tablets should never be taken by pregnant women before delivery of a child or if there is a twin baby in the womb; this is for the baby’s safety. Save women’s lives by using MISO effectively.

**This message has brought to you by:**

[name(s) of supporting/coordinating agencies such as the Ministry of Health, Venture Strategies, etc...]

**Radio spot 2**

**Title:** Awareness on PPH problem/Availability of MISO

**Target audience:** Primary, secondary and tertiary pregnant women, her family member(s), traditional birth attendants and community in general
Message: Availability of MISO, a prevention and treatment of PPH to all Health Facility offered for free to all pregnant women who attend antenatal clinics

Format: Narrations

Language: Kiswahili

Duration: 30 sec

SFX: TERRIFYING SOUND

MISO...MISO...medication for prevention and treatment of PPH!!!

It has been approved by World Health Organization and authorized by Ministry of Health and Social Welfare to be used all over in the country. MISO is available in all government health facilities in [specify geographic area/districts].

Right after women deliver a baby and examined confirming there is no another baby in the womb, she should take three tables of MISO. If there is still more excessive bleeding with an average of two kanga soaked blood, she should be taken to the nearest health facility for more examination and treatment.

MUSIC SOFT, HAPPY MUSIC UP AND DOWN

Warning:

MISO tablets should never be taken by pregnant women before delivery of a child or there is a twin baby in the womb; this is for the baby’s safety. Save women’s lives by using MISO effectively.

This message has brought to you by:

[name(s) of supporting/coordinating agencies such as the Ministry of Health, Venture Strategies, etc...]
PRODUCT PACKAGING FOR UMMUL-GARGAAR (SOMALILAND)
Population Services International (PSI)
PRODUCT PACKAGING FOR MISOCLEAR (MADAGASCAR)

Marie Stopes International (MSI)
PRODUCT PACKAGING FOR UBUZIMA BWIZA (RWANDA)
Rwanda Ministry of Health, VSI, USAID, MCHIP

Ubuzima bwiza
Misoprostol (MIZO)
Misoprostol mcg 200
Ibinini 3

Ubuzima bwiza
Misoprostol (MIZO)
Misoprostol mcg 200
Ibinini 3

- Buri kiniini kigizwe na Misoprostol mcg 200
- Abo umutu ugenewa n'ingano: Reba ku gapapuro kari imbere
- Bika uyu mutu mu cyumbi giftse ubushyuye butarenze 30° C
- Jya ubika uyu muti kure y'abana