

MCHIP Country Brief: Paraguay



Selected Health and Demographic Data for Paraguay	
Maternal mortality ratio (deaths/100,000 live births)	100
Neonatal mortality rate (deaths/1,000 live births)	12
Under-5 mortality rate (deaths/1,000 live births)	23
Infant mortality rate (deaths/1,000 live births)	20
Contraceptive prevalence rate	79.4
Total fertility rate	2.5
Skilled birth attendant coverage	82%
Antenatal care, 4+ visits	90.5%
Sources: World Bank+, UNICEF.	

Health Areas:

- Maternal Health
- Newborn Health



Photo by: Maria S. Pena; MCHIP/Paraguay

Program Dates	October 1, 2009–September 30, 2012					
Total Mission Funding	Redacted					
Geographic Coverage	No. (%) of provinces	12%	No. of districts	8	No. of facilities	8
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INTRODUCTION

Despite notable gains in maternal and child health (MCH) and family planning (FP) over the last decade, Paraguay continues to confront significant gaps in health. The Ministry of Health and Social Welfare's (MOHSW's) online database reported in 2012 that the maternal mortality ratio (MMR) remains persistently high at 125.3/100,000 live births. Furthermore, inequality is a major problem, with the poorest 20% of the population accounting for 26.8% of the MMR, while the richest 20% account for 14.5% of the MMR. The risk of maternal mortality for the lowest economic quintile is 1.65 times greater than for those in the highest economic quintile. The health workforce is also inequitably distributed: 70% of health workers are concentrated in the area around Asunción, where just 30% of the population lives (WHO).

In addition, only 11% of Paraguayan hospitals provide comprehensive emergency obstetric and newborn care (CEmONC), and are mostly concentrated in urban areas. Moreover, 65% of hospitals provide these services incompletely, or do not offer them at all.¹ Less than 50% of hospitals have the necessary equipment, supplies, or trained staff to provide basic newborn care. The health system is also weakly regulated: Paraguayan midwives, or Licenciadas en Obstetrica, are not bound by formal legal regulations; there is no standardized curriculum in place for Paraguayan midwifery schools, and the quality of training and the clinical skills of nurse-midwives are below par. Often, maternal and newborn health (MNH) care does not comply with the international recommendations.

MCHIP Approach and Activities

In this context, the U.S. Agency for International Development (USAID) aims to support the government of Paraguay (GOP) in improving the public health system, decreasing corruption, and providing better access to key health care services. The goal of MCHIP-Paraguay was to improve access to high quality MNH services and increase use of best practices in MNH by communities and families in targeted underserved areas and facilities in the Regions of Central and Alto Paraná. To this end, throughout the project duration (2009-2012), MCHIP carried out the project activities outlined in its work plans for MNH and community mobilization components.

With the assistance of MCHIP's Technical Team, the MOHSW selected the targeted services for implementation of the program interventions for Year 1 (September 2010–September 2011) and Year 2 (October 2011–September 2012). The intervention areas related to the program objectives were: Maternal Health, Neonatal Health, and Community Mobilization.

The objectives were as follows:

- **Objective 1:** To support the MOHSW's efforts to improve the health system's response to the needs of pregnant women and their newborns, including the formulation of protocols for MNH based on updated policies and norms.
- **Objective 2:** To increase the availability of quality, high-impact essential and basic emergency obstetric and newborn care (BEmONC) services.



Dr. Bogarin, Kangaroo Mother Care Specialist, and Baby Denis

¹ Monitoring of availability and utilization of services CONE in health facilities in Paraguay, November 2005.

- **Objective 3:** To improve communities' and families' knowledge and practices in relation to pregnancy, childbirth, and newborn care.

In addition to the activities carried out with local funds, MCHIP also carried out two activities with regional LAC funds: neonatal sepsis prevention activities and the South-South cooperation between midwifery schools in Peru and Paraguay.

KEY ACHIEVEMENTS

During the course of the program, MCHIP/Paraguay:

- Formulated, updated, and validated newborn care protocols from the Newborn Care Manual published in 2011.
- Formulated, updated, and validated National Norms and Protocols for essential and basic emergency obstetric care.
- Incorporated updated norms and protocols into supervision tools for use by providers of targeted services during Years 1 and 2.
- Provided two rounds of Technical Updates and Clinical Skills Standardization in BEmONC services, with the participation of staff from six hospitals in the two targeted regions.
- Delivered workshops on newborn resuscitation and inpatient newborn care with the participation of hospital health workers, nurses, and doctors in Year 1 and Year 2 targeted services.
- Established one clinical training site in each of the program regions: Central (Asuncion) and Alto Parana (Ciudad del Este).
- Implemented the use of the Standards-Based Management and Recognition (SBM-R) approach in six targeted facilities in two program regions. Created quality committees and developed baselines and action plans:
- Observed improvement in the use of recommended practices in obstetric and newborn care, such as: restricting routine episiotomies; active management of the third stage of labor; shock management and basic newborn resuscitation; and, to a lesser degree, use of the partograph.
- Completed an assessment of client behaviors related to MNH, which aided development of learning materials related to Objective 2.
- Developed culturally appropriate materials to promote key messages for best practices in MNH by the communities and families, including: *My Birth Plan* (pamphlet), a pregnancy booklet, and a community radio campaign to broadcast key messages.
- Conducted three advocacy workshops with community health councils to strengthen their role in improving MNH outcomes: two workshops took place in Alto Parana and one in the Central Region. These workshops developed strategies for collaboration among the family health units, the community, and the local health councils.
- Established two Kangaroo Mother Care (KMC) demonstration sites: Hospital San Pablo and Hospital Regional de Ciudad del Este. Provided technical assistance to establish another KMC demonstration site at Hospital Regional de Coronel Oviedo.

WAY FORWARD

Training should be participatory, offer opportunities to practice skills, and minimize interruptions in service provision.

Based on the situational analysis of health care providers, MCHIP/Paraguay adopted a training strategy for updating/standardizing clinical skills in essential and emergency maternal and newborn care. Training was structured into 13 modules and delivered weekly. Weekly classes allowed participants time during the work week to put lessons into practice and minimized

interruptions in provision of services because participation did not require their absence from their jobs for an extended period of time.

MOHSW leadership and active participation are key for SBM-R scale-up.

It is critical to involve the MOHSW from the earliest stages of SBM-R development, including in developing the standards themselves, in order for the standards to be adopted nationally. MOHSW participation also increases the likelihood that SBM-R will be adopted and sustained at low-level facilities once the MCHIP, or other USAID program, ends.

Formative research on community and family health behaviors can ensure that health messaging is relevant to the local context.

MCHIP/Paraguay carried out an evaluation to better understand the drivers behind sub-optimal health behaviors in communities and families, such as weak attendance at prenatal and postnatal care. Lessons were incorporated into health messaging and job aids, helping to ensure that the information provided was relevant to the community's needs.

The participatory process of adapting the KMC Guide to the local context increases acceptance nationwide.

MCHIP/Paraguay worked with the MOHSW to adapt the Kangaroo Mother Care Guide to local realities. Although changes were minor, the adaptation *process* contributed to its acceptance nationwide. MCHIP/Paraguay also collaborated with the Instituto Andrés Barbero (Midwifery School, IAB) to ensure that KMC was incorporated into the school's curriculum.

Connections to regional networks are valuable for promoting key newborn health interventions.

MCHIP/Paraguay helped to establish connections between the government of Paraguay and two regional groups: the Regional KMC Network and the Neonatal Alliance. Through these partnerships, experts from Paraguay were able to influence regional experts, based on their experiences and lessons learned, and also to be influenced by others—participation in these regional bodies strengthened the government's commitment to implementing key MNH interventions.

Empowering health service providers to improve their performance contributes to SBM-R sustainability.

Several SBM-R participants noted that empowering health service providers was a key factor in sustaining the quality improvement process. Dr. Carlos Gomez, Quality Team Leader at the Regional Hospital of Ciudad del Este, said that the most notable aspect was “showing improvements in health quality due to small actions; this is attributable to empowerment and constant teamwork, which demonstrates the importance of the changes made.” Dr. Ruben Ruttia, Quality Team Leader at Hospital San Pablo, underscored this point: “empowering people through the process of quality improvement and implementing best practices in obstetric care led to the creation of an empowered team that has sustained itself over recent years with the support of ongoing oversight and supervision.”

Sustaining the gains made during MCHIP requires continuing support from the MOHSW; institutionalizing interventions; commitment from health care managers and providers; and the use of low-cost, high-impact interventions.

MCHIP aimed to institutionalize interventions from the start, and worked with facility representatives to create action plans specifying ways to sustain activities after MCHIP concluded. Dr. Diego Scalzadona, Coordinator of Southern Programs at Hospital San Pablo, said “I am more than convinced that this is sustainable, because it aims at creating acceptance among health personnel and these strategies are effective and low-cost.” Furthermore, the MOHSW and partners agreed to provide support in specific areas, post-MCHIP.