

## Data Sheet

<b>USAID Mission:</b>	Paraguay
<b>Program Title:</b>	Reproductive Health
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	526-006
<b>Status:</b>	Continuing
<b>Planned FY 2005 Obligation:</b>	\$1,980,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2006 Obligation:</b>	\$1,477,000 CSH
<b>Year of Initial Obligation:</b>	2001
<b>Estimated Year of Final Obligation:</b>	2006

**Summary:** USAID's reproductive health program provides technical assistance and training to improve the provision of decentralized, community-based health care and to expand access to quality reproductive health services.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

### **Inputs, Outputs, Activities:**

**FY 2005 Program:** Build Health Systems Capacity (\$980,000 CSH). USAID will provide technical assistance to improve decentralized, community-based health care through the implementation of reproductive health policies at the national, regional and local levels and through greater community participation in the design, evaluation, and financing of health care. USAID will continue supporting the extension of the community pharmacy concept into new areas by increasing awareness and providing support to two departmental and 10 municipal governments, and to local health councils. USAID will also strengthen the already successful grassroots insurance schemes in four municipalities and disseminate information about the success to other municipalities and departments, as well as to the Ministry of Health (MOH) and other donors. Finally, USAID will assure that the Demographic Health Survey will be finalized and distributed widely. Prime implementers: Information and Resources Center for Development (CIRD) and the Paraguayan Center for Population Studies (CEPEP).

Support Family Planning Programs (\$1,000,000 CSH). USAID will improve quality reproductive health services by providing technical assistance to implement a demonstration model of a maternal health system and distributing the results of this model widely. Awareness will be raised on reproductive health topics through the training of 120 promoters in rural communities. Through a national committee led by the Ministry of Health, USAID will continue support towards establishing a sustainable mechanism for the purchase and distribution of contraceptives. Support will be continued for the provision of reproductive health activities at low-cost clinics located in economically depressed areas in the capital and other large cities. USAID also will continue to support the implementation of the National Reproductive Health Plan by assuring that regional and local plans are implemented with community participation and local authority support. Prime implementers: Deloitte Touche Tohmatsu (prime), IntraHealth (sub) and CEPEP.

**FY 2006 Program:** Build Health Systems Capacity (\$390,000 CSH). USAID plans to continue implementation of the reproductive health national plan, strengthen local government control in the provision of health services, disseminate financial models of providing health services, and develop community models of information, education, and communication that will help prevent unwanted pregnancies. USAID plans to continue improving the structure of the network of services so that those in need of health services know at which level (e.g. hospital, health center, health post) they will receive the services required. Finally, USAID plans to continue training to

providers and the development of community health agents. Principal implementer: CIRD (prime).

Support Family Planning Programs (\$387,000 CSH). USAID plans to continue efforts to improve maternal and neonatal health, devise local solutions to ensure that essential obstetric care is provided to women, and organize communities to better respond to obstetric emergencies that may result in maternal and infant health problems or deaths. USAID intends to encourage the MOH to institutionalize this model to other areas of the country. Principal implementers: IntraHealth (sub) and CEPEP.

Improve Maternal Health and Nutrition (\$350,000 CSH). USAID plans to continue providing maternal and reproductive health services in public health installations. USAID intends to continue training activities to enhance the capacity of health providers to improve reproductive health services emergency plans at the village level. Principal implementer: IntraHealth (sub).

Improve Child Survival, Health and Nutrition (\$350,000 CSH). USAID plans to provide assistance to mobilize communities to respond to obstetric emergencies by addressing emergency transportation and communication needs. Training and technical assistance is planned to be provided to identify pregnancy complications and strengthen health provision capacity to deliver reliable obstetric and neonatal care. Assistance to the Ministry of Health is planned to design and implement a monitoring and reporting system for maternal mortality surveillance. Principal contractors and grantees to be determined.

**Performance and Results:** The community pharmacy program now includes over 125 pharmacies. Prices are kept low through bulk purchases and volunteer staff, thereby, providing pregnant women with access to low-cost medicines and supplies necessary during birth. Alternatives to health coverage, such as low-cost health insurance, are helping to finance basic health care. The system in one municipality covers 70% of the population. The results of this effort are being replicated in five other municipalities.

Quality health services were improved by strengthening the capacity of health providers in 75% of facilities where USAID support is providing basic essential obstetric care and maternal health services. The number of delivery points offering quality reproductive health services increased from 15 to 20 during FY 2004. These delivery points offer counseling to clients on family planning methods and alternatives.

A high level of community participation is occurring through local health councils to improve preventive health measures and promote reproductive health. The number of communities implementing the promoter system has increased by nine during FY 2004 to a total of 11. The system is a critical link between expecting mothers and local health facilities. The promoters raise awareness of services and maternal care, undertake surveys to increase knowledge of the local health situation, and help identify health services for children and women. USAID continued to support a nongovernmental organization that operates a system of clinics to provide family planning and other reproductive health services at affordable prices. During FY 2004, this organization began purchasing contraceptives through a revolving fund established with USAID support. In addition, the Government of Paraguay's five-year National Reproductive Health Plan was finalized and, with USAID support, is being distributed widely throughout the country. Technical assistance was provided to make the strategy operational at the local level. Finally, a Demographic and Health Survey was implemented during FY 2004. The survey serves as a snapshot of the maternal and reproductive health situation in the country, and will also serve as the baseline information of the National Reproductive Health Plan.

Continued progress will result in a reduction in Paraguay's high fertility and maternal and infant mortality rates. Family planning services will have been expanded to marginalized populations. Local participation will have ensured that the services demanded are actually provided and that the concerns of local customers are addressed.

## US Financing in Thousands of Dollars

Paraguay

	CSH	DA
526-006 Reproductive Health		
<b>Through September 30, 2003</b>		
Obligations	4,484	2,495
Expenditures	1,958	2,495
Unliquidated	2,526	0
<b>Fiscal Year 2004</b>		
Obligations	2,325	0
Expenditures	2,787	0
<b>Through September 30, 2004</b>		
Obligations	6,809	2,495
Expenditures	4,745	2,495
Unliquidated	2,064	0
<b>Prior Year Unobligated Funds</b>		
Obligations	0	0
<b>Planned Fiscal Year 2005 NOA</b>		
Obligations	1,980	0
<b>Total Planned Fiscal Year 2005</b>		
Obligations	1,980	0
<b>Proposed Fiscal Year 2006 NOA</b>		
Obligations	1,477	0
Future Obligations	4,259	0
Est. Total Cost	14,525	2,495