

Data Sheet

USAID Mission:	Paraguay
Program Title:	Reproductive Health
Pillar:	Global Health
Strategic Objective:	526-006
Proposed FY 2004 Obligation:	\$2,125,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$1,907,000 CSH
Year of Initial Obligation:	FY 2001
Year of Final Obligation:	FY 2005

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.

Inputs, Outputs, Activities:

FY 2004 Program:

Decentralization of health services (\$440,000 CSH). USAID will provide technical assistance to improve decentralized community-based health care through the implementation of reproductive health policies and greater community participation in the design, evaluation, and financing of health care. The community pharmacy concept will be fully extended into a second department by increasing awareness and providing support to the departmental government, ten municipal governments, and local health councils. A successful grassroots insurance scheme will be strengthened in two municipalities, and information about its success will be disseminated to other municipalities and departments, as well as to the Ministry of Health (MOH) and other donors. The prime implementer is the Information and Resources Center for Development.

Improved access to health services (\$1,685,000 CSH). Technical assistance will be provided to improve access to quality reproductive health services including a demonstration model of a maternal health system. Maternal and reproductive health services will continue to be provided in 28 health centers and six hospitals. Health providers will be trained to improve their capacity to offer reproductive health services in communities. Community promoters will also be trained to improve their capacity to raise awareness of reproductive health topics in communities and to organize and develop obstetric emergency plans at the village level. A rotating fund for the purchase and distribution of contraceptives will be established, and reproductive health activities at a new clinic located in an economically depressed area of the capital will be implemented. Prime implementers are IntraHealth International, affiliated with the University of North Carolina, and the Paraguayan Center for Population Studies.

FY 2005 Program:

Reproductive health (\$1,907,000 CSH). USAID plans to support implementation of the national reproductive health 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. The overall quality of health care will be improved by strengthening networks of health facilities, training of health care providers, and the development of community health agents. USAID will 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. Same implementers as above.

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

Performance and Results: In FY 2003, the community pharmacy program was successfully introduced into a second department and now includes 85 pharmacies. Prices are kept low through bulk purchases and low operating costs. In areas where the pharmacies operate, pregnant women now have access to low-cost medicines and supplies necessary during pregnancy and birth. The system in one of the municipalities covers 70% of the population. The results of this effort are being disseminated to other locations for possible replication by the MOH or other departments.

Quality health services were improved by strengthening the capacity of 40% of facilities where USAID is supporting the provision of basic essential obstetric care. USAID supported these facilities by training health providers to offer quality maternal health services. The number of delivery points offering quality reproductive health services increased to 15. These delivery points are staffed by trained health providers and 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. A system of community 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. The number of communities implementing the promoter system increased by two during FY 2003 to a total of four. The system is a critical link between expectant mothers and local health facilities. USAID continued to support a non-governmental organization that operates a system of clinics to provide family planning and other reproductive health services at affordable prices. Finally, a five-year strategy for reproductive health was developed through a participatory process that included MOH officials, local government, and civil society. The strategy is a practical one in which progress towards objectives can be effectively monitored and measured.

Continued progress in this program will result in a reduction in Paraguay's high fertility and maternal and infant mortality rates. More people will have been reached with reproductive health services resulting in improved maternal and infant health. Family planning services will have been expanded to marginalized populations in need of these services. Local participation will have ensured that the services demanded are actually provided and that the concerns of local customers are addressed. Cost-effective interventions will be identified to assist in planning services for maximum long-term effectiveness.

US Financing in Thousands of Dollars

Paraguay

	CSH	DA
526-006 Reproductive Health		
Through September 30, 2002		
Obligations	2,525	2,495
Expenditures	8	2,495
Unliquidated	2,517	0
Fiscal Year 2003		
Obligations	1,959	0
Expenditures	1,950	0
Through September 30, 2003		
Obligations	4,484	2,495
Expenditures	1,958	2,495
Unliquidated	2,526	0
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2004 NOA		
Obligations	2,125	0
Total Planned Fiscal Year 2004		
Obligations	2,125	0
Proposed Fiscal Year 2005 NOA		
Obligations	1,907	0
Future Obligations	0	0
Est. Total Cost	8,516	2,495