Jhpiego in Paraguay

Background

Despite gains in maternal and child health and family planning, Paraguay continues to face pressing challenges that have an adverse impact on maternal and child health status. In 2011, the maternal mortality ratio was higher than the average for the region, and only 11% of the country’s hospitals provided comprehensive emergency obstetric and newborn care. Moreover, most of this care was concentrated in urban areas, leaving 65% of Paraguayan hospitals providing little or none of these services.

From 2009 to 2012, Jhpiego worked with the Paraguayan Ministry of Health and Social Welfare (MOHSW) under the Maternal and Child Health Integrated Program (MCHIP), funded by the U.S. Agency for International Development (USAID). This initiative had as its goals: improving access to high-quality maternal and newborn health (MNH) services and increasing use of best practices for MNH by communities and families in targeted areas and facilities of the Central and Alto Paraná Regions of Paraguay. As the lead MCHIP partner in Paraguay, Jhpiego also worked closely with MCHIP partners PATH, Save the Children and ICF Macro.

Program Highlights

The three objectives of MCHIP’s work in Paraguay were to: 1) 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; 2) increase the availability of high-quality, high-impact essential and basic emergency maternal and newborn care services in targeted facilities by improving providers’ knowledge and skills; and 3) improve communities’ and families’ knowledge and practices in relation to pregnancy, childbirth and newborn care.

MCHIP’s priorities for the first of these objectives centered on collaboration with the MOHSW to: 1) build on existing policies and norms, 2) formulate user-friendly protocols and job aids to disseminate to providers in all regions, and 3) ensure their inclusion with in-service training materials. MCHIP worked with the MOHSW to revise and update MNH protocols, and to support supervisors at targeted institutions in the Central and Alto Paraná regions to implement the use of these protocols. In addition, MCHIP collaborated with the MOHSW and other programs to ensure that service delivery statistics were captured at each level of the health system and used to measure progress toward improved outcomes.

To reach the second objective, MCHIP collaborated with the MOHSW and major training institutions to build the capacity of a core group of national and regional trainers in essential and basic emergency obstetric and newborn care who could update doctors, nurses and midwives in the use of evidence-based care. The protocols described above were implemented in two strengthened clinical sites (one in each of the two targeted regions), which were then used as clinical training sites for a second phase of training for providers from six additional facilities. MCHIP worked with regional health
management teams to update supervision tools to ensure use of the Jhpiego-developed Standards-Based Management and Recognition (SBM-R) approach at selected health facilities to improve quality and performance related to maternal and child health services. To reach the third objective, MCHIP focused on missed opportunities to provide counseling, increase knowledge and deliver key messages on best practices for maternal and newborn care while women and families wait for services during antenatal or other care or while in postpartum units after giving birth. Other key messages on topics such as breastfeeding, family planning and vaccines were offered on a regular basis to families. In addition, MCHIP conducted advocacy activities with the Community Health Councils, which serve as the major link between households and facilities in Paraguay. Usually headed by the mayor, with participants from the community at large as well as the Regional Health Office and its facilities, these councils have budgets and a certain amount of autonomy. Finally, MCHIP liaised with the MOHSS and the Regional Health Offices to establish a center of excellence for kangaroo mother care (KMC) in each of the two regions, and implemented KMC in each of these sites.

From 2011 to 2013, MCHIP also implemented two additional activities funded by USAID’s Bureau for Latin America and the Caribbean (LAC). The first was an initiative to prevent neonatal sepsis at three hospitals (Hospital San Estanislao, Hospital Regional de Coronel Oviedo and Hospital Regional de Caacupé). The second focused on strengthening pre-service midwifery education through south-to-south cooperation between Paraguay and Peru. The Paraguayan institutions participating in this exchange included: Instituto Andrés Barbero (IAB), Universidad del Norte, Universidad del Chaco, Universidad Privada del Guairá and Universidad Técnica de Comercializacion y Desarrollo.

**Key Accomplishments**

- The updated Newborn Care Manual (update of norms and protocols for newborn care and emergencies) was officially launched on a national scale in September 2011.

- Norms and protocols for emergency obstetric care were updated, validated and disseminated.

- Human capacity in MNH was improved through in-service training of health professionals. Modular training materials were developed and used to train service providers from two regional hospitals in an MNH technical update and clinical skills standardization (TU/CSS) course. These providers also completed a training of trainers that enabled them to co-facilitate (with MCHIP supervision) a second TU/CSS course for service providers from six additional facilities. Training topics included obstetrics and neonatology, community work, manual vacuum aspiration and postpartum IUD services. Other training carried out to increase human capacity included: 1) basic emergency obstetric and newborn care (for 18 master trainers and 35 providers), advanced newborn resuscitation and inpatient newborn care (82 providers), KMC (32 providers) and, with regional funding, neonatal sepsis prevention (three quality improvement teams at three hospitals). In addition, clinical training centers were established in Hospital San Pablo and Hospital Regional Ciudad del Este.

- Use of key MNH practices increased. MCHIP Paraguay increased the use of active management of third stage of labor (AMTSL) for vaginal delivery and essential newborn care through a combination of clinical training and implementation of SBM-R. The program worked closely with clinical staff to record use of AMTSL for each woman who delivered, resulting in an increase in the number and percentage of women benefiting from AMTSL and the number and percentage of newborns who received essential newborn care. During the final year of the program, 98.1% (3,013) women who delivered vaginally received AMTSL as compared to 65.3% (115) women during the first year. During the second program year, 82.2% (3,203) newborns received essential newborn care as compared to 40.8% (118) of newborns during the first. There was a trend toward lower numbers of reported institutional maternal deaths in the target facilities (17 in 2009; two in 2012), but firm conclusions will require further investigation.
SBM-R activities complemented the technical training. The SBM-R quality improvement approach was implemented in eight hospitals, six of which performed baseline assessments of compliance with standards and at least one follow-up assessment. In these six hospitals overall compliance improved.

MCHIP provided technical support to systematize community outreach, including MNH forums with the participation of Family Health Units (Unidades de Salud de la Familia) and community workers. During these forums, MCHIP supported the development of community action plans. Through follow-up visits, MCHIP and the MOHSW helped monitor progress and provided technical assistance as needed.

MCHIP liaised with the MOHSW to produce radio spots and advertisements to build awareness of the key MNH practices and messages promoted by MCHIP, the MOHSW and the Integrated Management of Childhood Illnesses strategy. This awareness-building used community radio stations whose representatives participate in the community forums.

“My Birth Preparedness Plan” (“Mi Plan de parto”), a fill-in-the-blanks pamphlet that helps women and their families plan ahead for healthy deliveries, was developed and printed by MCHIP in collaboration with the MOHSW. A total of 3,600 copies were distributed to beneficiaries of Hospital San Pablo and Hospital Regional de Ciudad del Este. In addition, MCHIP developed a Pregnancy Booklet that serves as a reference guide for women about pregnancy. The MOHSW included funding in their 2013 work plan to reprint this booklet, and in September 2012, Plan Paraguay confirmed their interest in reprinting the booklet and the printed materials that accompany the radio messages. These materials have been used with the MOHSW’s approval in the regions of San Pedro, Caaguazú, Guairá and Paraguarí.

Low birth weight newborns were saved. A total of 56 newborns participated in KMC centers; all gained weight and survived. MCHIP liaised with the MOHSW to establish two KMC demonstration sites at Hospital San Pablo and Hospital Regional de Ciudad del Este. After initial training from MCHIP, Coronel Oviedo Regional Hospital set up its own KMC center and received 12 newborns into its program. MCHIP also worked with the MOHSW to complete a Paraguay adaptation of the KMC Facilitator Guide and Participant Handbook, and KMC educational materials for distribution to beneficiaries and their families.

Key achievements under MCHIP supported by the Paraguay LAC Bureau include:

- MCHIP Paraguay improved the hygienic practices for newborn care at three health facilities by increasing awareness of gaps in proper hygiene practices and implementing administrative systems that support these practices, in turn leading to actions to address these gaps. San Estanislao, Hospital Regional de Coronel Oviedo and Hospital Regional de Caacupé were prioritized by the MOHSW because of the need for improvement in sepsis prevention, high patient flow and disposition to address sepsis prevention actions.

- MCHIP Paraguay established a local Neonatal Alliance Committee linked to the LAC Regional Neonatal Alliance. MCHIP sponsored an Alliance forum in Paraguay in November 2011. During the forum, with the commitment of the MOHSW, the local neonatal alliance was formed, the national neonatal health plan was revised and action plans were developed to accelerate the reduction of the neonatal mortality rate.

- MCHIP Paraguay improved the Paraguayan midwifery curriculum, basing it on the International Confederation of Midwives’ (ICM’s) skills-based curriculum. The new curriculum was developed by Instituto Andres Barbero (IAB) through south-to-south technical assistance from Peruvian midwifery professors from Universidad San Martin de Porres (USMP), Lima, Peru. An action plan was developed with four additional Paraguayan midwifery schools (Universidad del Norte, Universidad del Chaco, Universidad Privada del Guairá and Universidad Técnica de Comercialización y Desarrollo) to work with IAB and USMP on national standardization of midwifery education and implementation of the new curriculum.
A patient waits with her baby to speak with an MCHIP Community Interventions Advisor.

**Partners/Donors**
Donor funding for MCHIP came from USAID. Jhpiego, the lead organization for MCHIP in Paraguay, worked closely with MCHIP partners PATH, Save the Children and ICF Macro to implement the program with their expertise and focus on newborn health, community interventions and monitoring and evaluation, respectively.

**References**
Monitoreo sobre disponibilidad y utilización de servicios con CONE en los establecimientos de salud en Paraguay, November 2005.