

Summary

Its primary objective is to provide the population of the Fram District, in the Itapúa Department, Paraguay, with a suitable health model that assures quality and equity in medical care. This goal is achieved thanks to a decentralized organization model and the active participation of the community, the municipality and the health services, remaining within the Ministerio de Salud Pública y Bienestar Social (Department of Public Health and Social Welfare) and the Gobernación del Departamento de Itapúa (Itapúa Governor’s Office) network.

Healthcare in Fram was the exclusive responsibility of the Centro de Salud (Health Center), which presented a centralized organization model; shortage of personnel, supplies and medicine; restricted assistance hours and no community participation. This situation generated a high mother-infant mortality rate. In addition, it is worth pointing out that the health services in Paraguay are not free and, in this sense, only 15% of the population was covered under the Social Security (Instituto de Previsión Social).

The idea to make changes to improve the population’s health conditions came from the Centro de Salud (Health Center) professionals, as well from community leaders. With this idea, and with financing from the non governmental organization Centro de Información y Recursos para el Desarrollo (CIRD) (Center of Information and Resources for Development) and the Agencia de los Estados Unidos para el Desarrollo Internacional (USAID), in addition to the support of the Secretaría Departamental de Salud (the Department Secretary of Health), the Región Sanitaria (the Health Region) and the Ministerio de Salud Pública (the Department of Public Health), a social health census and a diagnostic of the morbi mortality in the community was conducted. The results of this study were discussed with the community, with the active participation and funding from the Naciones Unidas para la Infancia (UNICEF), the Organización Panamericana de la Salud (OPS) (The Panamerican Health Organization) and the Ministerio de Salud Pública (Department of Public Health).

In this way, the Plan Local de Salud (Local Health Plan) developed as a decentralized program that attends to the most felt needs of the community, inside of which a model of Seguro

Programa Comunitario de Salud – Salud Responsabilidad de Todos
(Community Health Program – Everyone’s Health Responsibility)

Comunitario (Community Insurance), known as the basic support service packet that all Fram citizens can obtain, whether or not they are contributors to the Consejo Local de Salud (Local Health Council). With this model, an additional packet of health services whose cost per family is no more than US\$2.50 per month was created, without a limit to the number of clients. This health insurance model, with the voluntary donations made by clients, increased and insured the flow of resources necessary in offering better care and in gaining the population’s confidence in the Centro de Salud (Health Center’s) service. In this way, the clients could clearly see that their contributions, now voluntary, and the payment of the community insurance improved the health care system. The support of community in the form of monetary contributions from local, departmental and national institutions has allowed for important investments such as the construction of a surgery room and acquisition and maintenance of an ambulance. As part of this new health care model, a Social Pharmacy that offers low cost medicines was founded. A network of women “socio-sanitarias,” in charge of promoting healthy habits within the community, was also created.

The results of this initiative are outstanding: a 74% increase in prenatal checkups, a 100% increase in institutional childbirth, vaccinations of the entire infant population, infant mortality rates equivalent to 50% of the county’s average, a 90% increase in the pediatric checkups, 75% of fertile women have PAP smears and a 35% increase in the use of the Family Planning Service. The achieved success has motivated the model’s replication in 35 Paraguayan municipals. There is no doubt that this program’s key to success lies in how it is organized and how it promotes community participation in the search for solutions to the health problems, substituting a centralized and distant model for a decentralized one that lets the users feel involved and ownership. It is a model that creates and strengthens social capital that benefits the health of the entire community.