




Voices from the Field

PROJECT REPORT

Extension of Access and Coverage in Maternal and Child Health in Remote Rural Areas, Indigenous Communities, and Border areas of the Paraguayan Chaco

August 18, 2023 – June 30, 2025
Western Region – Paraguayan Chaco, Paraguay

GOBIERNO DEL PARAGUAY | MINISTERIO DE SALUD PÚBLICA Y BIENESTAR SOCIAL

भारत सरकार GOVERNMENT OF INDIA | India-UN Development Partnership Fund | UNOSSC

OPS | Organización Panamericana de la Salud | Organización Mundial de la Salud OFICINA REGIONAL PARA LAS Américas

Leticia Gómez, a Nivaclé mother from the Cayin'oclim community.

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ORGANIZACIÓN REGIONAL PARA LAS Américas

Project Technical Sheet

Project Title: Extension of Access and Coverage in Maternal and Child Health in Remote Rural Areas, Indigenous Communities, and Border areas of the Paraguayan Chaco
Duration: August 18, 2023 – June 30, 2025
Funding Source: India-UN Development Partnership Fund. United Nations South-South Cooperation Fund (UNFSSC), with support from the Government of India.
Total contribution: **USD 1,354,030** (achieving **100%** implementation of the committed resources)
National Executing Entity: Ministry of Public Health and Social Welfare (MSPBS)
Implementing Agency: Pan American Health Organization / World Health Organization (PAHO/WHO)
Intervention Areas: Districts of Teniente Irala Fernández, Mariscal Estigarribia, Boquerón, and Carmelo Peralta
Coverage: 93 Indigenous communities, 4 health micro-networks
Direct Beneficiary Population: 68,595
Indirect Beneficiary Population: 211,586
Indigenous People Involved: 13 Indigenous People

Acronym Meaning

MSPBS	Ministry of Public Health and Social Welfare
NMH	Noncommunicable Diseases and Mental Health
NNUU	United Nations
ODS	Sustainable Development Goals (SDGs)
OMS	World Health Organization
OPS	Pan American Health Organization
PHE	Public Health Emergencies
RRHH	Human Resources
SECUMMA	Expert System for Cervical and Breast Cancer Control
SEGHOSP	Hospital Discharge System
SENASA	National Environmental Sanitation Service
SICIAP	Paraguay's Automated Inventory and Information System
SIP Plus	Perinatal Information System
USF	Family Health Unit
VEMMMFN	Maternal, Fetal, and Neonatal Morbidity and Mortality Surveillance

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Message from the Minister of Public Health and Social Welfare

This report reflects the path taken and the results achieved in expanding access to maternal and child health services in the Paraguayan Chaco—an initiative that exemplifies the power of collaboration and the shared commitment to ensuring the right to health for all Paraguayans, especially in the most underserved areas.

This project is the result of a coordinated effort among multiple actors who share a common vision: to build a health system that is more equitable, inclusive, and human-centered.

I want to express my deepest appreciation to the teams of the Ministry of Public Health and Social Welfare, both at the central level and in the regional health services and field operations, for their tireless dedication and daily service to our communities.

We sincerely thank the Government of the Republic of India, whose generous financial support—channeled through the United Nations South-South Cooperation Fund—made this transformative experience possible. We also value the technical support of the Pan American Health Organization / World Health Organization, whose collaboration was key in ensuring the quality and comprehensiveness of every action implemented.

The results speak for themselves: increased coverage of attended births, culturally appropriate birthing rooms that respect and value Indigenous traditions were established, and a health network was strengthened that now reaches further and responds more sensitively to local realities.

These advances are a source of pride and motivation to continue moving forward with determination.

Behind every achievement are real lives: a mother receiving timely and respectful care, a newborn beginning life in safe conditions, an Indigenous community feeling heard and supported. These stories are the heart of the project, reminding us that health is not a privilege, but a fundamental human right.

From the Ministry of Health, we reaffirm our commitment to sustaining these achievements, replicating best practices in other territories, and continuing to work with all partners to ensure that no woman, child, or newborn is left behind.

To all those who made this experience possible: thank you for contributing your will, knowledge, and commitment in service of life. Let's keep moving forward together.

Dr. María Teresa Barán
Minister of Health
Ministry of Public Health and Social Welfare
Republic of Paraguay

Message from the Government of India

I am delighted to write this message for this project report which has been prepared upon the successful conclusion of project 'Extension of Access and Coverage in Maternal and Child Health in Remote Rural Areas, Indigenous Communities, and Border areas of the Paraguayan Chaco'. It was a two-year project and as this project report brings out, it has made a significant impact in the Paraguayan Chaco region and its learnings are also found to be replicable in other geographical areas. This project was funded by the India-UN Development Partnership Fund.

The India-UN Development Partnership Fund was established by Government of India in June 2017, to work with fellow developing countries in a spirit of South-South cooperation by providing support to projects that aim to contribute to the achievement of the Sustainable Development Goals (SDGs), as per their request. It adheres to the principles of South-South cooperation and places a priority on national ownership and leadership, equality, sustainability, development of local capacity and mutual benefit. The Fund supports projects that are in alignment with the 2030 Agenda.

India's approach to development is mainly human-centric and is marked by Respect, Diversity, Care for the future, and Sustainable development. For India, the most fundamental principle in cooperation is respecting development partners and be guided by their development priorities. India's development cooperation does not come with any conditions, as stated by the Hon'ble Prime Minister of India in his address at the Parliament of Uganda in July 2018, "Our development partnership will be guided by your priorities. It will be on terms that will be comfortable for you, that will liberate your potential and not constrain your future… We will build as much local capacity and create as many local opportunities as possible".

Cooperation in Health and Pharmaceuticals was also one of the areas discussed during the delegation-level talks between Hon'ble Prime Minister Shri Narendra Modi and H.E. President of Paraguay Mr. Santiago Pena Palacios in June 2025 in New Delhi. The successful conclusion of this project is a step in this direction.

I congratulate the Ministry of Public Health and Social Welfare of the Government of Paraguay and PAHO/WHO in Paraguay and conclude by reiterating India's eternal message of 'Vasudhaiva Kutumbakam' which means *The world is one family.*

Dr. Piyush Singh
Ambassador of India to Paraguay

Message from the United Nations Resident Coordinator

The Project ***Extension of Access and Coverage in Maternal and Child Health in Remote Rural Areas, Indigenous Communities, and Border Zones of the Paraguayan Chaco*** reflects the central purpose of our work: improving people's quality of life. Its results are clear: maternal and child mortality is reduced by strengthening health micro-networks, improving care, and bringing services closer to those who need them most. We are speaking of women, girls, and boys—primarily from Indigenous communities in remote and border areas—who face major challenges in accessing basic services.

I would like to express special thanks to the **Government of India** and **Ambassador Dr. Piyush Singh** for their support, as well as to our colleagues at **PAHO/WHO**, the **Ministry of Public Health and Social Welfare of Paraguay**, and **Minister Dr. María Teresa Barán**, whose leadership has enabled us to do more with the resources available.

This effort reaffirms the commitment of the **United Nations system in Paraguay** to support the country in achieving **Sustainable Development Goal 3,** ensuring healthy lives and promoting well-being for all.

UN cooperation in Paraguay began in **1957** with a project aimed at reducing maternal and child mortality through a focus on breastfeeding. Since then, much progress has been made, but we are still far from eliminating this issue. Reaching that goal will require sustained policies, investment in health and education, and a renewed commitment to communities.

In this year marking the **80th anniversary of the United Nations**, we reaffirm that **our mission remains centered on people**. In Paraguay, this means supporting institutions and communities so that every mother receives dignified care, every child is born safely, and every family—no matter how remote—can access health and hope.

We work alongside the State and communities to transform commitments into tangible results that truly reach the people. **Thank you very much.**

Igor Garafulic
Resident Coordinator
United Nations System in Paraguay

Message from the PAHO/WHO Representative in Paraguay

It is an honor for the Pan American Health Organization (PAHO) to present this report, which compiles the achievements of the project "Extension of Access and Coverage in Maternal and Child Health in the Paraguayan Chaco," developed from August 18, 2023, to June 30, 2025. This project is part of an innovative collaboration that unites national and international efforts for health equity.

First and foremost, we wish to highlight the strong leadership of the Ministry of Public Health and Social Welfare of Paraguay, led by Minister María Teresa Barán, whose vision and commitment to Primary Health Care and maternal and child health have been fundamental pillars in bringing health services to the most remote populations of the Paraguayan Chaco.

We extend our special thanks to the Government of the Republic of India, whose generous financial support—channeled through the United Nations South-South Cooperation Fund—enabled the implementation of this valuable initiative. This project stands as a concrete example of South-South and triangular cooperation, demonstrating how solidarity among countries and joint work with the United Nations system can generate sustainable and innovative solutions to public health challenges.

The results show that with a strategy based on institutional strengthening, intercultural approaches, health personnel training, and participatory governance, it is possible to bring essential and quality services to challenging contexts—contributing significantly to the reduction of maternal and neonatal mortality and progress toward the Sustainable Development Goals.

We also deeply value the commitment of local authorities, health teams, and—above all—the Indigenous and rural communities of the Chaco, who have been key actors in the design, implementation, and appropriation of each project action. Every culturally appropriate birthing room, every trained health professional, and every strengthened local network represents a protected life and a more equitable future.

This project not only leaves a transformative footprint in the Western Region but also stands as a replicable model for other areas of the country, reminding us that when we join efforts, resources, and knowledge, it is possible to ensure no one is left behind.

From PAHO/WHO, we renew our commitment to the people and institutions of Paraguay and will continue working together for more resilient, inclusive, and people-centered health systems.

Dr. Haydee Padilla
Acting Representative of the Pan American Health Organization / World Health Organization (PAHO/WHO) in Paraguay

VOICES FROM THE TERRITORY

The Project's Impact on Obstetric Care

"Bringing medical care to remote communities means much more than delivering a service: it means ensuring that all people, no matter where they live, have the right to dignified and timely care. It's an important step toward health equity and toward the well-being of those who need it most."

— Lic. Francisca Villasanti, Head of Obstetrics, Regional Hospital of Fuerte Olimpo. XVII Health Region of Alto Paraguay.

"In the past, every obstetric emergency was a race against time, and often the road itself was our biggest enemy. Today, not only do we have a medical boat that travels the rivers carrying hope, but we also have ultrasound machines that allow us to see life before birth, trained personnel who act swiftly in red code situations, and a system that embraces both mother and baby with warmth and competence. Getting here wasn't easy, but every heartbeat we hear through our equipment, every family that returns home whole, tells us it was worth it," the professional shares.

"Transporting a patient in critical condition wasn't always possible or safe, and often, access to the communities delayed or limited care. Transportation delays made it difficult to reach specialized services, directly affecting emergency response times. But then, everything changed. The medical boat arrived."

Lic. Villasanti emphasized that the incorporation of the medical boat transformed this reality. Today, the community can access medical care more quickly and safely, even in situations where air transfers are not possible due to weather or administrative reasons. Patients especially value the comfort and safety during transport, which is reflected in improved health outcomes.

For health personnel, this project has been an essential support. It enables more effective delivery of medical, obstetric, and nursing care, while also reducing the stress of working without adequate resources.

Closing gaps in healthcare access ensures that where you live does not prevent you from receiving medical attention. This is a matter of equity, guaranteeing the right to proper health for the most vulnerable.

MORE THAN A CHECK-UP:

When Care Becomes a Bond of Trust

Testimony of Clara Carvajal, Nurse at the Family Health Unit (USF)
Colonia Neuland

"I remember when Leticia Gómez arrived at our Family Health Unit. She was an expectant Nivaclé mother from the Cayin'oclim community, suffering from a strong headache and visibly worried. When we measured her blood pressure, it was dangerously high. The first thing we did was to stabilize her, calm her, and explain carefully how to take care of herself — she was already in the final weeks of pregnancy.

From that day on, we began very close follow-up. She came to her check-ups every day, and when she couldn't, we went to her home. Gradually, through every visit, a bond of trust began to grow. Seeing her expression soften and her willingness to share her thoughts and fears became the most rewarding part of our work.

She attended all her prenatal check-ups with us, but we knew that didn't necessarily mean she would accept an institutional delivery. That's why the most emotional moment for our entire team was when she confidently decided that she wanted to have her baby here, with us, at the USF.

For our team, that moment was much more than a medical procedure — it was a heartfelt achievement. For a mother from the Nivaclé community to place her full trust in us and our service to bring a new life into the world is truly a seed of hope.

This experience captures the essence of what we strive for in maternal and child health care in the Chaco region. The intercultural approach we have worked so hard to strengthen is what truly allows us to close gaps, build bridges, and nurture genuine trust."

"They Treated Me with Kindness"

Testimony of Leticia Gómez,
Nivaclé mother
Cayin'oclim Community

"At the Family Health Unit, they took very good care of me. They treated me with kindness. Ms. Clara and the USF team supported me a lot. When I heard Clara speaking my language, I felt calm. I remember one day I came feeling very unwell — they attended to me immediately, and the care I received was excellent. That's why I decided to continue my check-ups there; they always treated me with respect and warmth.

Later, when the time came for childbirth, I returned to the USF. The contractions were strong, and it was a very difficult labor, but everything went well. They were by my side the entire time, helping me deliver my baby safely. I am happy and grateful for the care and support I received.

Because of that, I was able to give birth peacefully. I had a natural delivery, and everything went well. Now, when I look at my son, I know that we were cared for with respect. They understood our culture —and the heart of a mother.

Leticia's smile marks the end of this emotional story — a story that reminds us that it is possible to build bridges between cultures, leave no one behind, and save lives.

A Story of Trust, Respect, and Hope

The testimonies of Clara and Leticia reflect the human impact of the project "Extending Access and Coverage in Maternal and Child Health for Rural, Indigenous, and Border Communities in the Paraguayan Chaco", implemented with the support of the Government of India.

Through its intercultural and community-centered approach, the project is helping health teams connect deeply with Indigenous families — not only through services, but through empathy, respect, and shared understanding.

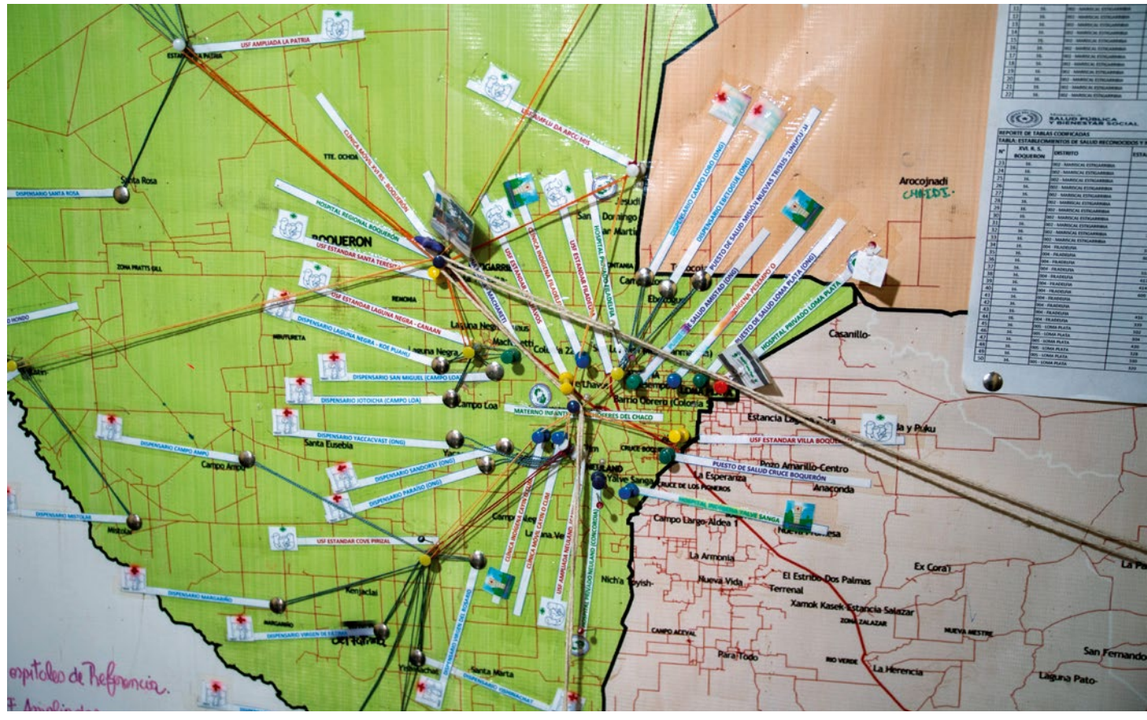
Each safe birth, each mother who feels listened to and valued, is a step toward a future where every woman — regardless of where she lives or the language she speaks — can access quality care with dignity and trust.

PREFACE

The project *"Extension of Access and Coverage in Maternal and Child Health in Remote Rural Areas, Indigenous Communities, and Border Zones of the Paraguayan Chaco"* was conceived with a profoundly human purpose: to bring essential health services closer to those who have historically faced the greatest barriers in exercising their right to health.

Designed in response to the deep territorial and cultural inequities that characterize the Western Region of Paraguay, the project aimed to help reduce maternal and child mortality by strengthening health micro-networks and adapting services to local realities, through a comprehensive, intercultural approach focused on Primary Health Care.

It was implemented in four high-vulnerability districts of the Paraguayan Chaco: Teniente Irala Fernández, Mariscal Estigarribia, Boquerón, and Carmelo Peralta. In these territories—marked by low population density, long distances, and a high proportion of Indigenous population—actions were deployed to close health gaps and respond appropriately to the geographical and sociocultural context.



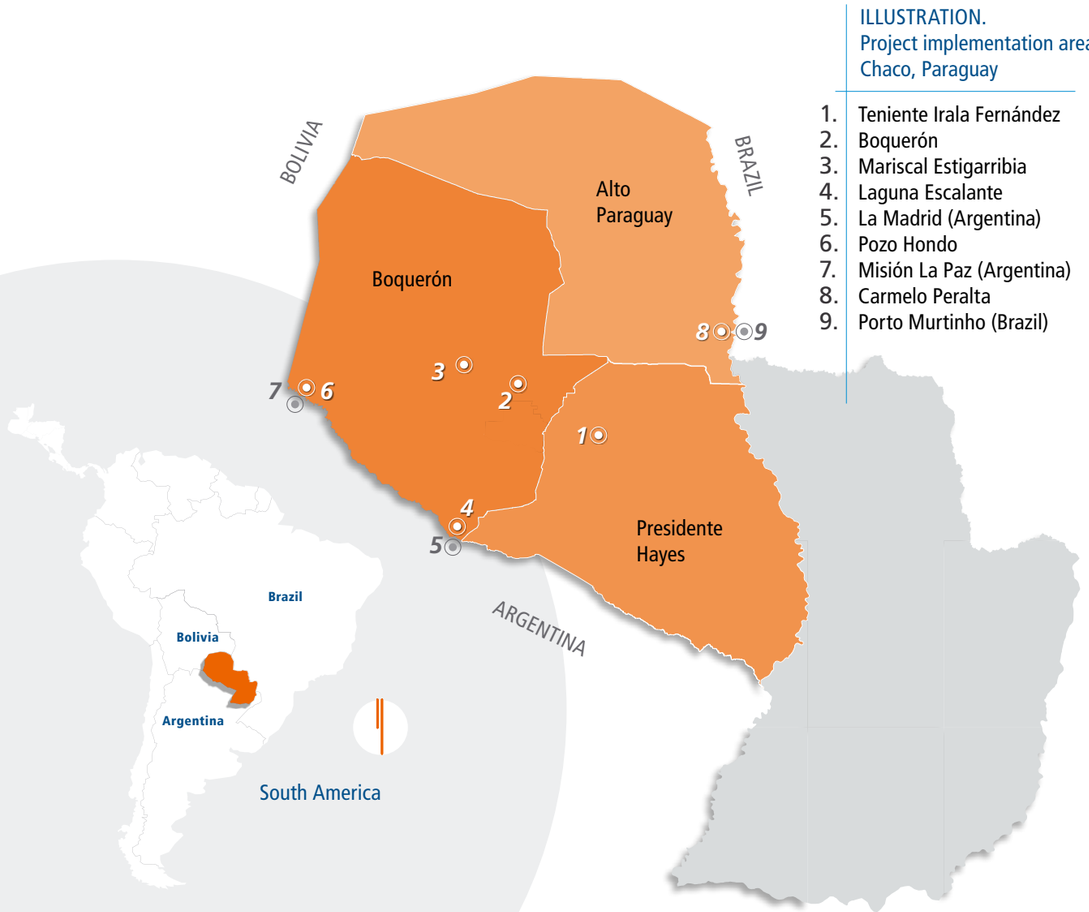


ILLUSTRATION.
Project implementation areas
Chaco, Paraguay

1. Teniente Irala Fernández
2. Boquerón
3. Mariscal Estigarribia
4. Laguna Escalante
5. La Madrid (Argentina)
6. Pozo Hondo
7. Misión La Paz (Argentina)
8. Carmelo Peralta
9. Porto Murtinho (Brazil)

The project adopted an intersectoral, inter-programmatic, and intercultural approach, recognizing the diversity and knowledge of local communities and promoting a model of care that places people at the center—regardless of where they live, their origin, or their culture.

Effective operational governance—coordinated across national, regional, and local levels—enabled progress in building viable, scalable, and culturally appropriate solutions. Actions were coordinated through a Steering Committee and an Operational Technical Committee, promoting alignment between technical areas of the Ministry of Health and key territorial actors.

Among the most relevant lessons learned from this experience are:

- **Intersectoral and inter-programmatic coordination**, involving 13 Directorates of the Ministry of Public Health and Social Welfare (MSPBS) and all three Health Regions of the Chaco.
- **The use of innovative methodologies, such as clinical simulation**, knowledge exchange dialogues, and intercultural health training.
- **The active participation of Indigenous communities and local authorities**, which strengthened cultural relevance, ownership, and shared responsibility.
- **A comprehensive strategy that combined institutional strengthening**, cultural adaptation, infrastructure improvement, capacity development, and cross-border cooperation.

This report captures the main achievements and lessons of the project, which provide a solid foundation for its expansion to other regions of the country and its integration into public health policies that promote equity, cultural relevance, and person-centered access to healthcare.

INTRODUCTION

3.1. Territorial and Population Context of the Paraguayan Chaco

The Republic of Paraguay is divided into 17 departments and two clearly differentiated natural regions: the Eastern Region and the Western Region. These regions present contrasting geographic, social, and cultural characteristics, which directly affect access to and coverage of public services, especially healthcare.

The Western Region, known as the Paraguayan Chaco, accounts for approximately 60% of the national territory, yet is home to only 2% to 3% of the total population. It includes the departments of Boquerón, Alto Paraguay, and Presidente Hayes, with a climate ranging from semi-arid to sub-humid, vast distances between communities, insufficient road infrastructure, and an extremely low population density (0.86 inhabitants per km²).

This region is home to 43% of the country's Indigenous population, belonging to 13 of the 19 officially recognized Indigenous Peoples. They mostly live in scattered rural communities and face severe limitations in accessing health services, education, drinking water, and sanitation.

These conditions create a context of deep structural vulnerability, demanding comprehensive and context-sensitive responses tailored to the geographical, cultural, and socioeconomic realities of the territory.

3.2. Project Rationale

In light of this reality, the project *"Extension of Access and Coverage in Maternal and Child Health in Remote Rural Areas, Indigenous Communities, and Border Zones of the Paraguayan Chaco"* was designed and implemented to improve equitable access to healthcare services for women, girls, and children in some of the country's most remote and underserved areas.

The intervention was carried out between August 18, 2023, and June 30, 2025, focusing on four districts selected for their social, geographic, and health-related vulnerability:

- **Teniente Irala Fernández** (Presidente Hayes)
- **Mariscal Estigarribia** (Boquerón)
- **Boquerón** (Boquerón)
- **Carmelo Peralta** (Alto Paraguay)

During its implementation, the project achieved the following:

- **Directly benefited 68,595 people**, and indirectly reached **211,586 residents** across the three departments
- **Reached 93 Indigenous communities**
- **Strengthened four health micro-networks**, one in each target district
- **Engaged three strategic border areas**, promoting **binational health cooperation** with Brazil, Argentina, and Bolivia

The project brought maternal and child healthcare closer to historically underserved populations, reaffirming the commitment that no mother, girl, or child should be left behind due to distance, origin, or social condition.

3.3. Strategic Approaches Adopted

Aligned with the principles of **human rights**, **equity**, **interculturality**, and **Primary Health Care**, the project aimed not only to provide services but also to strengthen local capacities, coordinate institutional and community actors, and consolidate a model of care that is respectful of cultural diversity and focused on people.

Faced with the multiple challenges of the territory—long distances, limited infrastructure, low digital connectivity, and adverse environmental conditions—the project adopted a comprehensive strategy based on:

- **Institutional and technical strengthening** of the health system
- **Development of basic infrastructure and essential equipment**
- **Cultural adaptation of services and use of innovative training methodologies**
- **Active participation of communities and Indigenous leadership**
- **Territorial governance coordinated across national, regional, and local levels**
- **A cross-border cooperation approach to healthcare**

The initiative was structured around five strategic outcomes:

1. **Increase access to and effective use of maternal and child health services**
2. **Strengthen the response to obstetric emergencies**
3. **Improve basic sanitation conditions**
4. **Consolidate social and community participation**
5. **Promote cross-border cooperation in health**

The project was supported by a robust governance model, led by a **Steering Committee** and an **Operational Technical Committee**, involving **13 Directorates of the Ministry of Public Health and Social Welfare (MSPBS)**, the **three Health Regions** of the Chaco, municipal authorities, and governors, with technical support from **PAHO/WHO Paraguay**.

This governance framework enabled effective and coordinated strategic management, which was key to achieving **sustainable**, **culturally relevant**, and **territorially comprehensive** results.

PROJECT DESIGN AND IMPLEMENTATION

4.1. General Objective and Specific Objectives

The project *"Extension of Access and Coverage in Maternal and Child Health in Remote Rural Areas, Indigenous Communities, and Border Zones of the Paraguayan Chaco"* was conceived as a concrete and strategic response to the territorial and structural inequities affecting the most underserved populations in the country.

General Objective

To contribute to the reduction of maternal and child mortality by strengthening health micro-networks, improving and expanding coverage and access to maternal and child healthcare in Indigenous communities, remote rural areas, and border regions of the Paraguayan Chaco.

Specific Objectives

- Strengthen the organization, problem-solving capacity, and coverage of health micro-networks.
- Reduce delays in the care of obstetric emergencies through improved human resources, logistics, and surveillance.
- Improve sanitary conditions in health facilities that provide obstetric care.
- Promote community participation with an intercultural approach.
- Foster binational cooperation networks in maternal and child health in border zones.

This objective aligns with **SDG 3: Ensure healthy lives and promote well-being for all at all ages**, with an emphasis on leaving no one behind, particularly those facing the greatest barriers to access.

4.2. Expected Strategic Results

The project was structured around five **Strategic Expected Outcomes (SEOs)**, each with specific actions and deliverables:

Outcome 1:
Increase the effective use of maternal and child health services by rural, Indigenous, and border populations.

Key actions:

- Strengthening four departmental health micro-networks with an intercultural approach.
- Implementing culturally appropriate birthing rooms in selected facilities.

Outcome 2:
Reduce maternal deaths caused by delays in the care of obstetric emergencies in hard-to-reach areas.

Key actions:

- Training at least 250 health professionals, 45 traditional birth attendants, and 182 health promoters (117 Indigenous and 65 non-Indigenous) in maternal, neonatal, child, and adolescent health.
- Reactivating maternal and neonatal morbidity and mortality surveillance committees.
- Providing logistical support, including three 4x4 vehicles and one "ambulance boat."
- Developing communication materials in Spanish and Indigenous languages to promote warning signs, vaccination, and healthy nutrition.

This outcome directly addresses the three critical delays in obstetric care:

- **Decision to seek care** (information and communication)
- **Reaching the health facility** (transportation)
- **Receiving timely care** (service readiness)

Outcome 3:
Health facilities that provide childbirth services have adequate water, sanitation, and hygiene systems.

Key actions:

- Participatory development of water safety plans in three facilities.
- Development of healthcare waste management plans in coordination with local stakeholders.

Outcome 4:
Communities are organized to actively participate in health with an intercultural approach.

Key actions:

- Strengthening Regional and Local Health Councils for co-management of priority health issues.
- Creating community networks in Indigenous communities using the "dialogue of knowledge" methodology.

Outcome 5:
Improve the competencies of binational health teams in border areas, with a focus on maternal and child health.

Key action:
Formalizing three cross-border health networks and developing joint work plans.

4.3. Territorial and Population Selection Criteria

The selection of target territories and populations was based on a comprehensive analysis of **health, geographic, social, and cultural vulnerability indicators**.

Based on this framework, priority was given to areas with:

- High population dispersion and limited geographic access
- A significant Indigenous population
- Poor access to basic and health services
- Strategic location in border areas with **Brazil, Argentina, and Bolivia**

These criteria led to the selection of four districts for direct intervention:

- **Teniente Irala Fernández**, in the Department of Presidente Hayes
- **Mariscal Estigarribia** and **Boquerón**, in the Department of Boquerón
- **Carmelo Peralta**, in the Department of Alto Paraguay

The focus on these departments reflects their sociodemographic profile, where Indigenous populations are a central component.

- In **Presidente Hayes**, there are **29,837 Indigenous residents** (21.7% of the national total), belonging to eight Indigenous Peoples: Enxet Sur, Angaité, Qom, Sanapaná, Toba Maskoy, Enlhet Norte, Nivaclé, and Maka.
- **Boquerón** is home to **29,801 Indigenous people** (also 21.7% of the national total), from eight Peoples: Guaraní Ñandeva, Guaraní Occidental, Nivaclé, Manjui, Ayoreo, Enxet Sur, Angaité, and Enlhet Norte.
- In **Alto Paraguay**, there are **4,416 Indigenous residents**, from six Peoples: Ayoreo, Ybytoso, Tomaraho, Toba Maskoy, Guaná, and Angaité.

As a result of this territorial and population focus, the project extended its actions to **93 Indigenous communities** in the targeted districts, ensuring that the intervention directly addressed the needs of historically excluded groups.

4.4. Key Stakeholders and Governance Model

The project was implemented under a **participatory and coordinated governance model**, structured at two levels: the **National Steering Committee** and the **Operational Technical Committee**, with the involvement of national and subnational actors, and cooperation partners.

Key Stakeholders and Governance Model

NATIONAL STEERING COMMITTEE
Responsible for strategic guidance and overall project oversight.

Ministry of Public Health and Social Welfare (MSPBS)
- Dr. María Teresa Barán –Minister of Health

Government of the Republic of India
- Mr. Yogeshwar Sangwan –Ambassador
- Mr. Aliawati Longkumer –Chargé d'Affaires

Office of the United Nations Resident Coordinator in Paraguay
- Mr. Mario Samaja –Resident Coordinator
- Mr. Igor Garafulic –Resident Coordinator

Pan American Health Organization / World Health Organization (PAHO/WHO)
- Dr. Marcelo Korc –Representative in Paraguay
- Dr. Haydee Padilla –Acting Representative in Paraguay

OPERATIONAL TECHNICAL COMMITTEE
Responsible for technical planning, coordination, and execution.

General Coordination – MSPBS:
- Dr. Carolina Ruiz –General Directorate of Health Programs

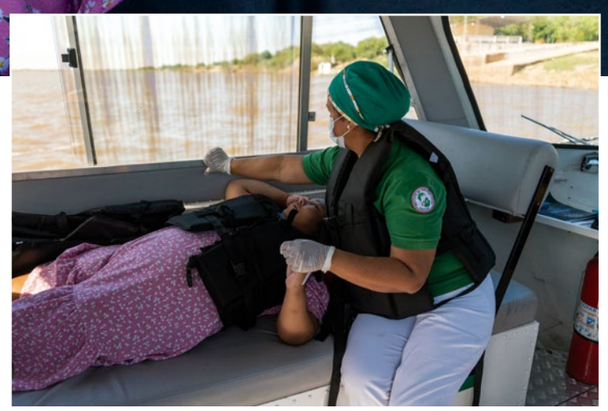
MSPBS Members:
General Directorate of International Relations – Dr. Adriana Amarilla
General Directorate of Health Decentralization – Lic. Julio Fernández
General Directorate of Health Promotion – Lic. Gustavo Montañez
General Directorate of Strategic Health Information – Lic. Edgar Tullo
National Environmental Sanitation Service (SENASA) – Eng. Fernando García
General Directorate of Health Surveillance – Dr. Andrea Ojeda
General Directorate for the Development of Health Services and Networks – Dr. Gustavo Ortiz
National Directorate of Indigenous Peoples' Health – Dr. Dalila Oviedo
National Directorate of Environmental Health (DIGESA) – Eng. Luis Leguizamón

Representatives from Chaco Health Regions:
XV Health Region – Presidente Hayes: Dr. Amanda Núñez
XVI Health Region – Boquerón: Dr. Esther Bogado
XVII Health Region – Alto Paraguay: Dr. Ariel Acuña

Pan American Health Organization / World Health Organization (PAHO/WHO)
- Dr. Marcelo Korc –Representative
- Dr. Haydee Padilla –Acting Representative in Paraguay
- Mg. Carolina Ramirez –Executive Assistant to the Representative

Technical Coordination:
- Dr. Haydee Padilla –Advisor, Health Promotion, Life Course and Determinants

Participating Technical and Administrative Areas:
Administration, Finance, Project Assistants, Procurement, Human Resources
Noncommunicable Diseases and Mental Health
Communicable Diseases and Health Emergencies
Environmental Determinants
Social Determinants and Support to the Chaco
Program Management and External Partnerships
Comprehensive Immunization
Health Systems and Services



Sandra Sánchez, seven months into her pregnancy and aspiring to motherhood, is being safely transported by ambulance for her scheduled prenatal check-up. This logistical transfer provides her with increased peace of mind during this critical phase.

4.5. Timeline and Implementation Phases

The project was carried out between **August 18, 2023**, and **June 30, 2025**, across **three clearly defined phases**:

PHASE	PERIOD	DESCRIPTION
1. Planning and Design	Aug 2023 – Dec 2023	Context analysis, operational planning, inter-institutional agreements, and governance strengthening.
2. Operational Implementation	Jan 2024 – Dec 2024	Field-level implementation, equipping health facilities and birthing rooms, capacity building, and community outreach.
3. Consolidation and Closure	Jan 2025 – Jun 2025	Systematization of results, evaluation, sustainability and scalability planning, and formal closure.

ACHIEVED RESULTS

The project achieved significant progress in strengthening access, quality, and cultural relevance of maternal and child health services in rural, Indigenous, and border communities of the Paraguayan Chaco. Its implementation directly contributed to reducing health gaps, advancing Sustainable Development Goal (SDG) 3, and consolidating a territorial and intercultural model of care.

5.1. Results by Strategic Component

The project delivered substantial outcomes in enhancing maternal and child health services in dispersed rural, Indigenous, and border areas of the Paraguayan Chaco.

Result 1: Increase effective use of maternal and child health services in rural, Indigenous, and border areas

- **Service reorganization**: Four health micro-networks were reorganized in the districts of Boquerón, Mariscal Estigarribia, Irala Fernández, and Carmelo Peralta, with participation from health stakeholders at all levels. These actions were a key starting point for project implementation.
- **Improvement plans**: Improvement plans were developed to strengthen the problem-solving capacity of health facilities, aligned with **Essential Obstetric and Neonatal Care (EONC)**, in Fuerte Olimpo, Boquerón, Villa Hayes, Carmelo Peralta, and Irala Fernández.

- **Equipment**: 35 health facilities received essential equipment, materials, and supplies for maternal and child care. Additional supplies and furniture were provided to the maternal shelter at the Irala Fernández Health Center, with an official handover planned for July.
- **Culturally appropriate delivery rooms**: Ten facilities with obstetric services across the four micro-networks were equipped with culturally appropriate delivery rooms and trained staff in respectful and intercultural childbirth practices.
- **Human resources management**: The National Health Human Resources Plan was analyzed and adapted to the Chaco context through the Human Resources Observatory and regional teams, improving the availability of doctors, nurses, midwives, psychologists, and radiologists.

Result 2: Reduce maternal deaths caused by delays in obstetric emergencies

- **Comprehensive training**: A total of **1,347 health professionals** were trained through six technical training cycles covering multi-programmatic content (Obstetric Emergencies, Obstetric Red Code, Integrated Management of Childhood Illness, Neonatal Resuscitation, Long-Acting Reversible Contraceptives – LARCs, adolescent health, among others). Additionally, **182 Indigenous and non-Indigenous health promoters** and **31 facilitators** were trained in key thematic areas.
- **Clinical Simulation Center**: A new Clinical Simulation Center was inaugurated at the National Institute of Health, with support from DGPS and DNERHS, to enhance training at the national level.
- I**ndigenous promoters**: **153 Indigenous health promoters** were trained. A guide titled "Warning Signs in Pregnant Women, Postpartum Women, and Newborns" was developed for joint use with midwives and promoters.
- **Information systems**: 3**4 computer** units were delivered to health facilities. User registries were updated for SIP Plus: Boquerón (48 users), Presidente Hayes (70), Alto Paraguay (45). Training was provided in SIP Plus, SICIAP, HIS, SEGHOSP, SECUMMA, and others.

- **Maternal and fetal surveillance**: The **National Technical Committee for Maternal, Fetal, and Neonatal Morbidity and Mortality Surveillance (VEMMMFN)** was reactivated. Three coordination meetings were held nationally, along with three departmental and four district-level meetings, with support from the Rapid Response Team.
- **Rapid Response Team (RRT)**: The RRT conducted field monitoring to strengthen maternal mortality surveillance—a key area of public health—through action plans to reduce maternal deaths and severe maternal morbidities by enabling timely prevention and care.
- **Monitoring**: Capacity-building visits were conducted at strategic facilities. The General Directorate of Strategic Health Information (DIGIES) also analyzed and presented monitoring reports.
- **Mobility**: Three 4x4 vehicles and one fully equipped ambulance-boat were delivered to strengthen operational capacity in hard-to-reach areas.
- **Local governance**: Regional and Local Health Councils actively participated as inter-institutional coordinators, supporting the sustainability and operation of services. Regulatory and informational materials were also distributed.

Result 3: Health facilities equipped with safe water, basic sanitation, and hygiene systems

- **Water safety plans**: Water safety plans and recommendations were developed for three facilities. Water treatment plants were operationalized at the Campo Aceval and Virgen de Fátima Family Health Units, both in Boquerón, with local support.
- **Medical waste management**: Waste management plans were developed with DIGESA's support. **80 micro-network staff members** were trained and certified in the handling of solid and biohazardous waste. Equipment and supplies were provided for proper waste management in the supported health facilities.

Result 4: Communities organized for intercultural health care

- **Dialogue spaces**: Three meetings were held with Regional and Local Health Councils in the departments of Boquerón, Alto Paraguay, and Presidente Hayes. Four participatory workshops were held to develop health planning with a focus on social determinants, within the Healthy Municipalities framework.
- **Community action plans**: Local action plans were completed in the four micro-networks as part of the Healthy Municipalities Strategy, with committed follow-up by local governments. These plans serve as the basis for **Results-Based Financing (FOBARES)** implemented by the Ministry of Health.
- **"Dialogue of Knowledge" Methodology**: Three community dialogue spaces were established in the **El Estribo Indigenous Community** (covering 12 villages), coordinated by DINASAPI, CONASAPI, and regional health authorities. Over **1,770 health services** were delivered in Indigenous communities with support from the vehicles provided by the project.

As part of his visit to the country, the PAHO Director, Dr. Jarbas Barbosa, met with Indigenous Peoples' leaders. The activity was carried out within the framework of the project's initiatives.

Result 5: Improved competencies of binational health teams in three border zones of the Paraguayan Chaco

- **Cross-border cooperation**: Binational health networks were established between:

  - Paraguay–Brazil (Carmelo Peralta–Porto Murtinho)
  - Paraguay–Argentina (Laguna Escalante–La Madrid; Pozo Hondo–Misión La Paz)

Health surveillance information-sharing mechanisms were agreed upon.

- **Institutional missions**: Three monitoring missions were carried out, led by the General Directorate of International Relations, including a mission to Infante Rivarola–Villa Montes (Bolivia).
- **Strengthening and provision**: Basic medical equipment, supplies, and training materials were delivered to border health services, along with continuous training to strengthen staff competencies and ensure coordinated binational care.

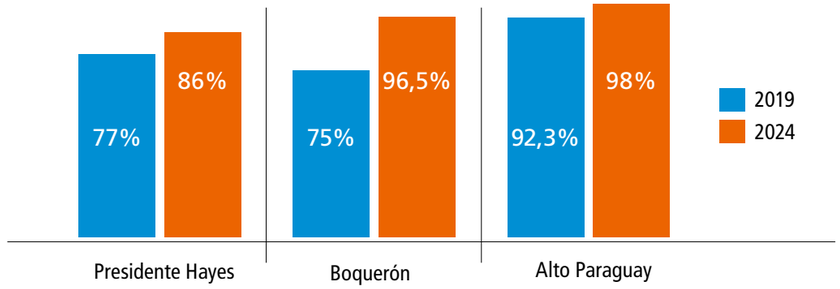
5.2. Key Progress and Coverage Indicators

The project has brought about measurable and transformative improvements in maternal and neonatal health across the Chaco regions. When compared with the 2019 baseline, the data clearly demonstrate that targeted investments, capacity building, and community-based approaches have translated into real, life-saving results for women and newborns.

Skilled Birth Attendance Coverage: Expanding Safe Access[1]

In 2019, access to skilled health personnel during childbirth remained a critical gap for many rural and Indigenous families. By 2024, this gap had significantly narrowed, with coverage increasing to:

Illustration. Percentage of access to skilled birth attendants (2019–2024).
Source: Regional Health Directorates, MSPBS.



These results reflect a **substantial leap forward in safe and equitable access** to maternal health services. Communities that once faced long travel distances, cultural barriers, and limited medical support are now experiencing **safer deliveries and stronger confidence in the health system**.

This progress has been driven by:

- Expanding primary health care services into remote and Indigenous areas.
- Establishing intercultural birthing rooms that respect and integrate local traditions.
- Training and deploying qualified health teams closer to the communities they serve.
- Strengthening the referral and counter-referral system for obstetric and neonatal emergencies.

This reduction signals a learning and improving health system: more prenatal checkups, timely access to emergency care, and rapid response teams reaching even the most remote areas. Previously scattered and high rates are now turning into clearer, more manageable figures—proving that preventable maternal deaths can be avoided.

Maternal Mortality: Fewer Lives Lost, Stronger Systems Built

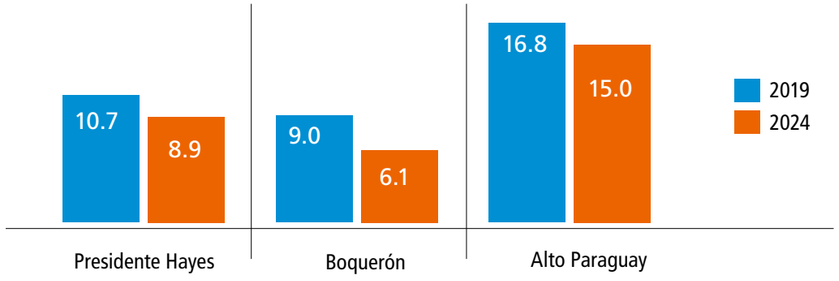
Maternal mortality has declined in all three regions, demonstrating that timely care and better preparedness can save lives.

- In **Alto Paraguay, no maternal deaths were reported in 2024** (no baseline data available for 2019).
- In **Boquerón**, deaths dropped **from five in 2023 to three in 2024**, compared to a **maternal mortality ratio of 299.0** in 2019.
- In **Presidente Hayes, seven cases were reported in 2024**, against a **baseline ratio of 93.0** in 2019.

These outcomes reflect a **health system that learns, adapts, and improves**—with more women receiving prenatal checkups, better access to emergency obstetric care, and **rapid response teams reaching even the most isolated communities**. Once-fragmented data are now translating into clear, actionable evidence that **preventable maternal deaths can be eliminated**.

Neonatal Mortality: Early Gains in Saving Newborn Lives

Illustration. Neonatal survival rates, expressed as deaths per 1,000 live births (2019–2024).
Source: Regional Health Directorates, MSPBS



Improvements are also evident in neonatal survival. These improvements mean more newborns surviving their first days of life, particularly in Presidente Hayes and Boquerón, where the reduction exceeds 15–30% compared to the baseline. In Alto Paraguay, while the rate remains higher, it reflects ongoing structural challenges of distance, geography, and sparse population density—underscoring the importance of continued investment in data systems, outreach, and neonatal care capacity.

INTERCULTURAL APPROACH AND COMMUNITY PARTICIPATION

The project incorporated an intercultural approach and community participation as cross-cutting pillars to ensure the relevance, acceptance, and sustainability of maternal and child health interventions in the Paraguayan Chaco. This approach recognized the cultural diversity of the region and actively engaged communities—especially Indigenous peoples—in the planning, implementation, and evaluation of activities. Rather than being isolated components, these became guiding principles embedded throughout all project phases, helping to reduce access gaps, improve quality of care, and strengthen the sustainability of outcomes by fostering shared responsibility and community empowerment in health care.

6.1. Knowledge Dialogue Strategies

The project implemented **"Knowledge Dialogue" spaces,** conceived as respectful communication and exchange processes between the scientific-technical knowledge of the health system and the ancestral knowledge and traditional practices of Indigenous communities. These intercultural dialogues allowed individuals, community groups, and trained health professionals to share experiences and perspectives, with the aim of improving access to services, promoting intercultural health, and enhancing mutual understanding. They also contributed to resolving previously identified problems, addressing their root causes, and building strong connections between communities and the health system.

Coordinated by the **National Directorate of Indigenous Peoples' Health (DINASAPI)** and the **National Council of Indigenous Peoples' Health (CONASAPI)**, with support from regional health authorities, these spaces enabled:

- Three meetings held in the **El Estribo Indigenous Community** (comprising 12 villages), promoting mutual understanding and trust-building.
- Recognition of the role of **Indigenous midwives and health promoters** as key actors in primary health care and community-based surveillance.
- Joint identification of culturally appropriate needs and solutions for maternal and child health care.

6.2. Intercultural Health Training

The project prioritized strengthening the intercultural competencies of health personnel and community actors through:

- **Training of health professionals**: A total of **1,347 professionals** were trained with content that incorporated humanized childbirth, respectful care, and cultural relevance during prenatal care, delivery, postpartum, and neonatal and child health.
- T**raining of Indigenous promoters and midwives**: 1**82 Indigenous health promoters** were trained, and the technical document "Guidelines on Warning Signs in Pregnant Women, Postpartum Women, and Newborns" was validated as a collaborative tool between the health system and communities.
- **Local capacity strengthening**: Kits containing materials and basic equipment were delivered to 1**82 promoters**, following training and instruction in their use—reinforcing their community role.
- **Facilitator training program**: A comprehensive training program for facilitators was implemented to replicate knowledge in maternal and child health at the national level, with a focus on the Chaco region.

Key achievements included:

- **Specialized training in the Chaco:** 12 facilitators trained in **Red Code – Obstetric Emergencies** and Family Planning in Alto Paraguay.
- **National training coverage**: 50 facilitators trained to deliver the **Integrated Management of Childhood Illness (IMCI)** course across the country's 18 health regions.
- **Psychosocial support**: 18 facilitators trained to implement the **"Strong Families" Program** in selected health regions, including the Chaco.
- **Neonatal care**: 30 facilitators trained in **immediate newborn care protocols** and **advanced neonatal resuscitation**.

In summary, a strong network of 110 trained facilitators was established to ensure the sustainability and dissemination of skills in key areas of maternal, neonatal, and child health.

6.3. Co-Design Experiences with Indigenous Peoples

The active participation of communities and their representative organizations was essential to co-managing health services. This was achieved through:

- **Participatory planning**: Four participatory workshops were held in the micro-networks of Boquerón, Mariscal Estigarribia, Irala Fernández, and Carmelo Peralta, within the framework of the **Healthy Municipalities Strategy**. In these spaces, communities, local authorities, and health teams jointly developed **local health action plans** with follow-up and implementation commitments.
- **Coordination with community structures**: Three meetings were held with **Regional Health Councils (CRS)** and **Local Health Councils (CLS)** in Boquerón, Alto Paraguay, and Presidente Hayes, positioning them as **key articulators** between state institutions and communities for the **sustainability** of health services.
- **Activation of community networks**: Community health networks were created and strengthened in the three departments using the **Knowledge Dialogue** methodology, enabling more effective connections between **community health needs and service provision**.

6.4. Cultural Relevance of Infrastructure and Equipment

The project ensured that **infrastructure improvements and equipment provision** were adapted to the cultural practices and values of the user population—particularly Indigenous communities:

- **Culturally appropriate delivery rooms**: Ten health facilities were adapted to include delivery rooms that incorporated culturally relevant elements, respecting the customs and preferences of Indigenous and rural women during childbirth. These spaces were complemented by **staff trained in humanized and intercultural childbirth.**
- C**ontext-sensitive equipment**: Equipment, materials, and essential supplies provided to **35 health facilities** were selected with consideration for the **specific geographic and cultural context**, emphasizing functionality in remote areas and respect for local practices.

Liz Aguilera and her husband, Richard Espínola, are eagerly anticipating the arrival of their baby. Residing 60 km away from the Teniente Irala Fernández Health Center, they have utilized the temporary accommodation/shelter as a safe and welcoming space to manage this critical period with enhanced security and comfort.

LESSONS LEARNED AND CHALLENGES FACED

7.1. Enabling Factors for Success

The Project achieved significant progress thanks to a combination of strategic, operational, and institutional factors that enabled its effective implementation in the challenging context of the Paraguayan Chaco:

- **Participatory and multisectoral governance:** The establishment of a **Steering Committee** and an **Operational Technical Committee**, with participation from **13 Directorates of the Ministry of Public Health and Social Welfare (MSPBS)** and the **three Regional Health Authorities of the Chaco**, created a space for fluid coordination, joint decision-making, and effective technical oversight.
- **Inter-programmatic and inter-institutional approach:** Coordinated action among various MSPBS programs, international organizations, local authorities, and communities made it possible to address the **social determinants of health** in an integrated way.
- **Contextualized, practice-based training:** Trainings conducted in the field using active methodologies such as **clinical simulation**, intercultural content, and adaptation to the local context helped strengthen health personnel's competencies and fostered ownership of the care model.
- **Community participation and intercultural approach:** The joint development of **local health plans** and the creation of **dialogue spaces with Indigenous communities** promoted shared responsibility, enhanced the relevance of interventions, and reinforced their legitimacy.
- **Strategic allocation of resources:** The provision of **medical equipment, furniture, vehicles, and key IT tools** supported the operational reorganization of health services, especially in remote and highly vulnerable areas.

7.2. Obstacles and How They Were Addressed

Throughout implementation, the Project encountered several structural, operational, and sociocultural challenges. Below are the main obstacles and the strategies used to mitigate them:

- **Population dispersion and geographic barriers:** Low population density and the difficult accessibility of rural and Indigenous communities were addressed through the **reorganization of health micro-networks**, provision of **4x4 vehicles and an ambulance boat**, and the **strengthening of local problem-solving capacity**.
- **High turnover of health personnel:** To mitigate the effects of staff mobility, regional capacities were reinforced through **continuous training, standardization of processes**, and the **development of normative materials** to support induction processes. These actions were coordinated with the **National Strategic Directorate of Human Resources for Health (DNERHS)** of the MSPBS.
- **Gaps in infrastructure and living conditions:** While structural limitations persist, the project promoted **mitigating actions** such as the delivery of essential equipment, development of **improvement plans**, and **institutional advocacy** to improve working conditions in remote areas.
- **Intercultural and linguistic challenges:** These were addressed by integrating **Indigenous health promoters**, conducting **knowledge dialogue workshops**, and providing **training in intercultural care**.

7.3. Recommendations for Replicability

The lessons learned from this Project provide a solid foundation for replication and adaptation in other regions of the country or beyond, facing similar challenges:

- **Adapt the governance model to other territories,** ensuring shared leadership among central, regional, and community levels.
- **Apply inter-programmatic approaches,** encompassing life course health, noncommunicable and communicable diseases, among others, and intersectoral approaches (education, environment, water and sanitation) from the outset to maximize synergies.
- **Develop practical, field-based training processes,** with territorial and intercultural focus, tailored to local realities.
- **Systematically include community and Indigenous peoples' participation** in the planning, monitoring, and evaluation of interventions.
- **Document and systematize good local practices,** enabling their adaptation to similar contexts.

SUSTAINABILITY AND SCALING-UP PROSPECTS

8.1. Integration into National and Regional Health Plans

The Project has contributed directly to the achievement of **Sustainable Development Goals (SDGs 3.1 and 3.2),** and its lines of action have been progressively incorporated into key national health planning instruments:

- The strategies implemented are aligned with the **National Health Plan 2020–2030**, particularly in the areas of **strengthening Primary Health Care, health equity, and interculturality**.
- The **Chaco Regional Health Authorities** have integrated the **improvement plans** developed under the Project into their **annual operational planning**.
- The use of national platforms such as **SIP Plus, SICIAP,** and other integrated information systems is being promoted to sustain **maternal and child health surveillance**.

8.2. Institutional Commitments for the Future

The **Ministry of Public Health and Social Welfare (MSPBS)** and regional stakeholders have taken on key commitments to ensure the sustainability of the results achieved:

- **Continuity of training and education processes:** There are plans to institutionalize training content on **maternal health** and **intercultural care**, with support from the **Clinical Simulation Center** and relevant national directorates.
- **Ongoing operation of technical surveillance committees:** The continuation of the **National Technical Committee for Maternal, Fetal, and Neonatal Morbidity and Mortality Surveillance**, along with its departmental and district counterparts, has been formally committed.
- **Strengthening of territorial governance:** Regional Health Authorities will continue working with **Regional and Local Health Councils** as key coordination spaces for **decentralized health management**.
- **Utilization of results-based financing mechanisms:** The Project aims to consolidate the implementation of **Results-Based Financing (FOBARES)** as a tool for decentralized financial sustainability.

8.3. Scaling to Other Priority Territories

The experience in the **Paraguayan Chaco** offers a replicable model for other areas facing similar challenges related to vulnerability, population dispersion, and cultural diversity:

- **Rural and Indigenous areas in the Eastern Region:** Departments such as **Caazapá, Canindeyú, San Pedro, and Caaguazú** face comparable challenges and could benefit from an adapted version of the Chaco model.
- **Cross-border areas with high population mobility:** The binational health cooperation model established with **Argentina, Brazil, and Bolivia** can be extended to other border areas, enhancing coordinated health surveillance and care.
- **Regions with high health inequities and low PHC coverage:** A **territorial, intercultural, and community participation-based approach** may be key to reducing structural gaps in other parts of the country.

Successful implementation in new areas will require **sustained political commitment, adequate financial resources, and ongoing technical and institutional support** to tailor interventions to each local context.

CONCLUSIONS AND CLOSING

The **Maternal and Child Health Strengthening Project in the Paraguayan Chaco** represents a high-impact intervention that successfully reduced long-standing gaps in access to and quality of health care in one of the country's most culturally diverse and geographically challenging regions. With a clear focus on **equity, interculturality,** and the **territorialization of public policies**, the Project strengthened local health micro-networks, improved maternal and child services, and built sustainable institutional and community capacities.

The impact is reflected in improved key indicators:

- A significant **increase in institutional births** (reaching up to **98%** in previously excluded areas),
- A **reduction in maternal deaths**,
- **Strengthened technical capacity** of over **1,300 health professionals and community health promoters**, and
- The **consolidation of a service network** that is closer to the people, culturally appropriate, and operationally efficient.

These achievements position the Project as a **tangible contribution to achieving the Sustainable Development Goals**, particularly **SDG 3.1 and 3.2**, in **rural, Indigenous, and border regions**.

The role of the **donor** was critical. The **Government of the Republic of India**, through the **India-UN Development Partnership Fund**, provided not only essential financial resources but also a spirit of solidarity rooted in **South-South cooperation**, based on principles of equity, reciprocity, and inclusive development. This support enabled innovations that now serve as **replicable models** both nationally and internationally.

Inter-institutional and multi-level cooperation—among departments within the **Ministry of Public Health and Social Welfare (MSPBS)**, local authorities, Indigenous organizations, international agencies like **PAHO/WHO**, and the **UN System**—was one of the pillars of the Project's success. This **collaborative governance model** proved that it is possible to deliver effective responses to complex challenges when there is a shared vision and genuine commitment to health as a human right.

In terms of sustainability, the Project leaves behind **installed capacities across the territories**:

- Strengthened structures,
- Trained personnel,
- Reactivated health information systems,
- Active community participation mechanisms, and
- Formalized cross-border cooperation platforms.

Furthermore, the Project advanced the integration of its components into regional health plans and promoted **results-based planning**, laying the foundation for scaling the experience to **other priority areas in the country**.

In summary, this Project goes beyond a standalone intervention. It leaves a **meaningful legacy** in the lives of women, children, and communities in the Paraguayan Chaco. It offers a **model of primary care** that is **intercultural, participatory, and territorially adapted**, capable of inspiring **inclusive and sustainable public policies**. It also stands as concrete evidence of the value of **solidarity-based international cooperation** in accelerating the achievement of both global and local health and development commitments.

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