

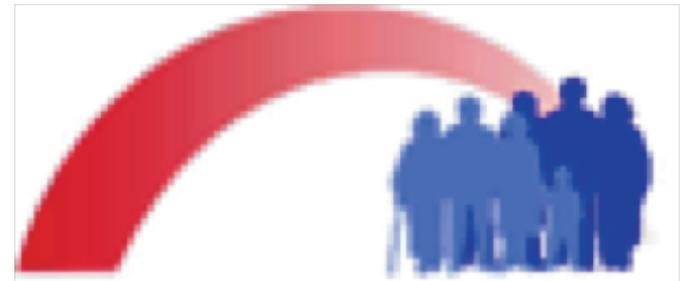
Decentralization and Civic Participation in Health Care: the Case Study of Fram, Paraguay.

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Research Question:

What role did community participation play in the decentralization process?

Making Equal Rights Real/Vers la pleine réalisation
de l'égalité des droits
May 1, 2010
McGill University



BACKGROUND



FRAM

A Paraguayan rural district located near the border of Argentina in the department of Itapúa. Fram has 6.737 inhabitants as of the census of 2004 of whom 6.7% are of Slavic descent.

Agriculture is the main economic activity in Fram.



HEALTH CARE IN PARAGUAY

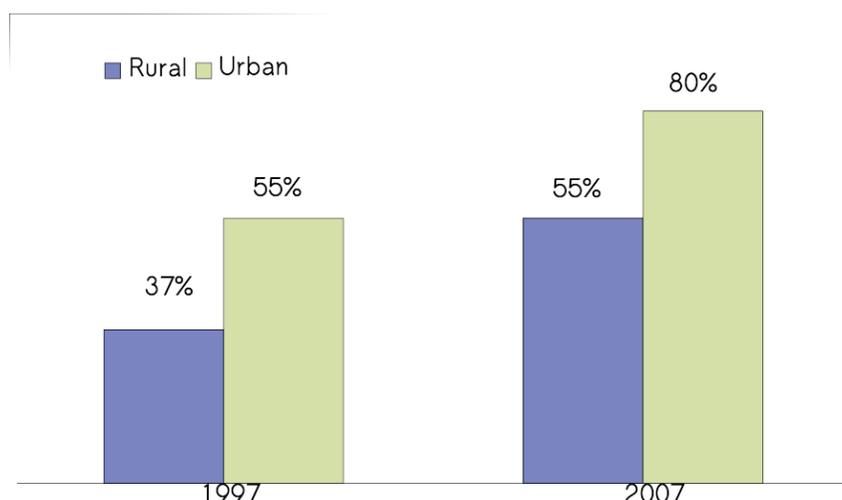
Health coverage has improved in the country during the last ten years; it however remains unacceptably low, and it is far worse in rural communities where around 44.3% of the population lives in poverty.

Being the second poorest country in South America, 20% of the budget for the Ministry of Health is composed of international aid.

	FRAM	PARAGUAY
Literacy	81%	80%
Births attended by skilled health personnel	100%	81.2%
Access to clean water	52%	64.5%
Infant rate mortality per thousand live births	11	23

Sources: Fram's community health census 2004. Annual report, Census Bureau Paraguay 2007

Percentage of Population with access to qualified health care.



HEALTH CARE IN FRAM

Fram's health centre sets it apart from most other Paraguayan communities of its size because it provides primary health care, including prenatal, child maternal, dental, clinical laboratory, X rays to all the members of the community by managing resources in a decentralized manner and finding alternative funding through a community health insurance system.

The health centre was a pioneer in serving communities without charging co-payments and asking for voluntary donations instead.



METHODS

CASE STUDY SELECTION

Fram Paraguay was selected based on its demonstrated outcomes improving health community indicators through civic participation, previously recognized by:

- UNICEF, MSP/BS, 1997: Declared 'Healthy Municipality' .
- Christian Entrepreneurs Association, Paraguay 2002: National Award: 'Best Public Service Quality' .
- CEPAL 2006: Experience in Social Innovation.
- UN Habitat 2008: Recognized as 'good practice' by Dubai International Award .

PARTICIPANT SELECTION

Field work: July and August 2009.

Forty two semi-structured and open ended interviews.

Sampling method: snow ball sampling.

Interviewees included: health care personnel, local authorities, patients, administrative personal, community leaders, NGO staff of centralized and decentralized communities.

SOURCES OF EVIDENCE

Recorded interviews.

Participant observation in daily activities.

Observation/participation in regional and national congresses of decentralized health centres.

RESULTS

BUILDING SOCIAL CAPITAL

HEALTH COMMISSION: COMMUNITY FUNDRAISING FOR HEALTH CENTRE

A commission of concerned citizens guided by the director of the health centre and supported by the municipality organized fundraising activities to supplement the budget of the health centre.

Achievements of the commission include: construction of the obstetrics wing, restoration of existent infrastructure, personnel was doubled, opening of clinic laboratory and dental services.

LOCAL HEALTH COUNCIL

Legal entity that manages resource and develops and implements the local health plan. The health council is composed by the following members
By law:

- President (Mayor)
- Technical director (Health Centre Director)

Selected during community assembly:

- Hospital administrator
- Health care staff (nurse)
- Health care staff (obstetrics assistant)
- Secretary of the water bureau office
- Primary school principal
- Pharmacist



INNOVATIVE IDEAS AT THE LOCAL LEVEL

Decentralization of health care by itself is not necessarily successful if local community leaders don't use their new faculties to develop innovative projects that solve local problems.



Dr. Rolon head of the Health Centre, presenting a video-camera enabled cell phone used as part of a community network devices to coordinate emergency response.

Social pharmacies

Local health plan I

"Mujeres socio-sanitarias"

Census

2003

Local health plan II

Community networks

Community insurance

Census

Census

2005

2007

2010

RESULTS

FACTORS FOR SUCCESS

LEADERSHIP

A recurrent theme during the interviews in regards to the success of the health centre was the leadership of community members. Specifically, Tatiana Trociuk (Mayor) and Dr. Jose Rolon (Director of the Health Centre) have been key in mobilizing the community.

DIVERSITY

Fram is a cohesive yet diverse community. Locals pride themselves in their diversity, and attribute a strong work ethic to the immigrant community while native Paraguayans are characterized by their sense of solidarity.



CIVIC PARTICIPATION

Fram is a close-knit rural community. Through the years they have organized themselves into "community councils" to solve specific necessities in the community. The councils are usually organized in the schools, churches and the health centre.

SUPPORT OF LOCAL AUTHORITIES

Active participation of the local authorities in the health council give legitimacy to the process.

Also, in a decentralized system, municipalities are required to provide 5% of the budget to the health centre.

INNOVATIVE MANAGEMENT

Unlike in most other publicly run services in the country, Fram health centre has developed an incentive system to increase efficiency and accountability of their health care personnel. For instance, the nursing staff is required to rotate through the different position in the hospital (inpatient/outpatient). In a setting with limited personnel; everyone is qualified and prepared to respond to any task. In addition, there are yearly goals for PAP

test, diabetes screening and vaccinations. If goals are reached the personnel is given additional vacation time.

SOCIAL RESPONSIBILITY OF LOCAL ENTREPRENEURS

In Fram Trociuk Enterprises is the largest employer.

Owned by a local family of Slavic immigrants, the company shows a strong social commitment with their contributions to health and education.



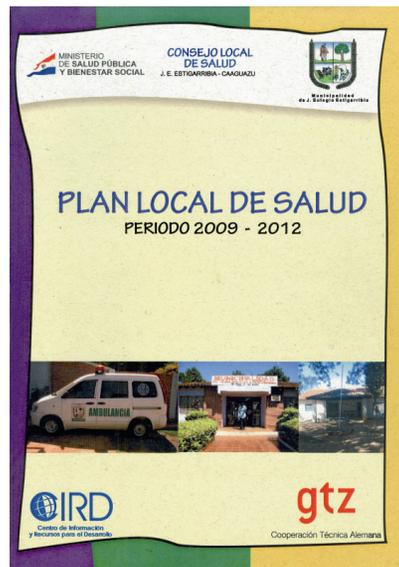
Health Council members in Fram receiving an ambulance. The vehicle was donated to the Health Council by a local private company, and it was adapted as an ambulance with funds from the council. (July 2009)

RESULTS

IMPACT: COOPERATION

MINISTRY OF HEALTH

Acts as the regulatory entity at the national level. Since 2008 it has taken an active role to encourage civic participation in health care, supporting the expansion of decentralized health centres.



Local Health Plans are developed by each health council with the technical support of CIRD, the Ministry of Health and USAID.

HEALTH COUNCILS

CIRD

A Paraguayan NGO founded in 1988. Its mission is to support civil society organizations. CIRD developed the project of decentralization with Fram in 2002, providing extensive technical support to organize the local health councils.

USAID

International agency that works in conjunction with CIRD through cooperative agreements providing financial support for decentralization initiatives.



The conference for decentralized health centres organized by CIRD with the support of the Health Ministry and USAID provides an opportunity for the members of local health councils to share experiences.

RESULTS

IMPACT: LEGISLATION

NATIONAL CONSTITUTION

Article 1: About the Type of State and Government: "unitary, indivisible, and decentralized"

Article 68: "The State will protect and promote human health as a fundamental right of each person and in the best interests of the community."

Article 69: "The State will promote a national health system to implement comprehensive health actions through policies that will result in concerted actions and in the coordination of related programs and resources from the private and public sectors.:"

Article 70: "The law will establish social welfare programs by implementing strategies based on health education and community participation."

LAW 1.032-96

By which the National Health System is created.

DECREE NO. 19.966/98

Establishes rules for decentralization agreements between the Ministry of Health and Municipalities.

DECREE NO. 22.385/98

Establish rules and functions of local health councils.



Full quorum at the Paraguayan National Congress for the public audience to discuss an amendment to Law 1032.

LAW 3007-06

By which Law 1032-96 is modified and amplified: strengthens the local framework for management of local resources.

“Law 3007 was a struggle...it was passed with the support of all sectors at the local level representing all political parties. What was the key? The problem; a need felt by everybody. The answer? The bill I remember, like an anecdote, the speaker of the house told me: I never received so many calls to pass a law, because health council represent all parties and each one operates through their representatives. It was a victory in a short period, in 1 year it was presented and approved.”

–Ruben Gaete, Coordinator Health Projects, CIRDA

RESOLUTION NO. 67-08

Exempts public health services from fees for out-patient consults and emergency visits.

RESOLUTION NO. 140-08

Exempts hospitalizations and elective surgeries from fees.

“The principal objective of the policy to provide free health services is to increase the demand of health services, overcome the barrier that some countrymen have to access health care, a diagnostic repeated historically in all the reports about health care in Paraguay. In addition, it supports policies for the fight against poverty, saving out-of-pocket expenses for the people.”

–Dr. Esperanza Martinez, Minister of Health, Paraguay.

RESULTS

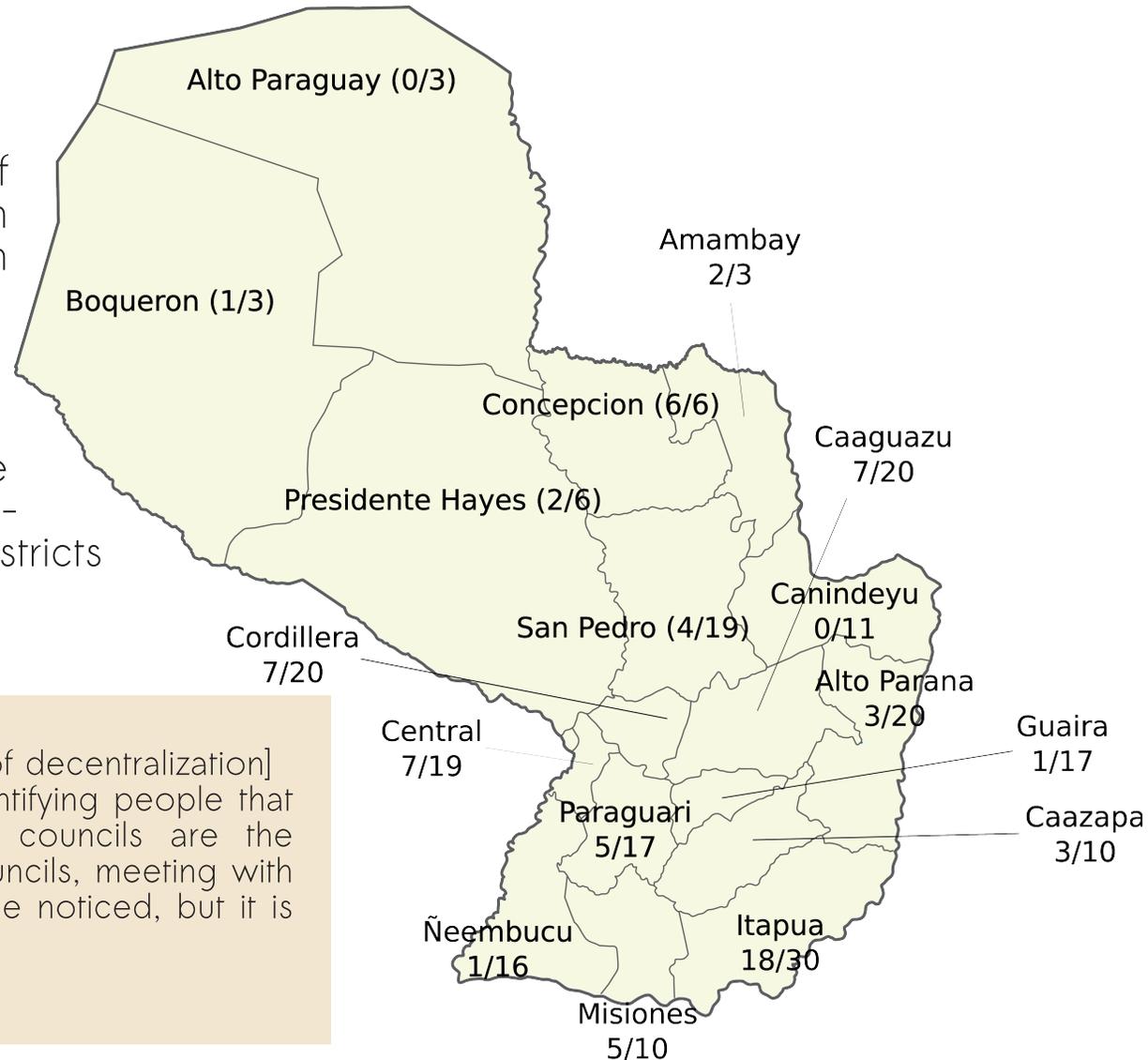
IMPACT: TRANSFERABILITY

EXPANSION OF DECENTRALIZATION IN PARAGUAY

This map shows the number of districts with a decentralized health centre out of the total districts in each department as of June 2009.

The Ministry of Health expects that as of 2013 all the districts will be working in a decentralized model.

This process is possible due to the transferability of tools for local management developed by pioneer districts like Fram.



“ It gives satisfaction to see how [the process of decentralization] comes to fruition, that it expands... and also identifying people that believe in it, because finally those 80, 100 councils are the anonymous story of many people making up councils, meeting with their directors, taking decisions that would not be noticed, but it is the story of many anonymous people. ”

—Ruben Gaete, Coordinator Health Projects, CIRP

DISCUSSION

CHALLENGES AT THE NATIONAL LEVEL

PRIVATE SECTOR

In Paraguay, the Ministry of Health is the rector entity for the private and public sector. Law No. 1.032/96, Article 9 establishes a public/private complementation as a mechanism of operational participation to increase health care coverage. However, this cooperation is nonexistent. There is an overlap of services provided by the public and private sector, with services concentrated in certain areas of the country like Asuncion.

FUNDING LIMITATIONS

Paraguay has a per capita expenditure of \$312 Int at purchasing power parity (WHO), a very small amount in comparison to countries with good health care indicators (Canada, for instance, expends \$3663 Int per capita per year). Underfunding is reflected in all the aspects of the Paraguayan health care system. For this reason, all of the resources used to run the decentralized system are provided by USAID.



Health post in Itapua Paraguay (July 2009)

HEALTH METRICS AND EVALUATION

In paper one of the roles of the Ministry of Health is to establish and develop guidelines to assure quality of services in each decentralized health center. However the Ministry has lagged in the development of those guidelines leaving the local authorities to their own devices to asses progress. In turn local authorities have develop their own ad-hoc guidelines in each district. Each of those guidelines being incompatible with the others

POLITICAL INSTABILITY

The government elected in Paraguay in 2008 represented a radical change from the conservative "Colorado" party that ruled the country during the last 60 years. An example of this change was the appointment of the current Minister of Health, Dr. Esperanza Martinez, who was previously a technical adviser for CIRD a participative system. Martinez, who was previously a technical adviser for health care

“ It is necessary to have a national dialogue about decentralization, where it is discussed as a state policy and not like a project, it has to change from a specific project to a national policy, but this is a task still pending.”

–Graciela Avila, Director, Health Initiatives, Paraguay/USAID.

Her actions in the Ministry of Health, that include funding councils and department in creating a the Ministry of Health that is in charge of all the aspects of the decentralization process, demonstrate a unique political window of opportunity to develop and scale up this model.

LESSONS LEARNED

NON-PARTISANSHIP YIELDS RESULTS

Fram's example of different political and ethnic groups working effectively towards a common objective contrasts with the lack of advances in other communities due to partisanship.

CIVIL SOCIETY INVOLVEMENT WARRANTS CONTINUITY

Members of the civil society have taken ownership of the process ensuring that it is not tied to the current or future national governments. Nevertheless decentralization and improvements in health care can always benefit from a supportive government.

LEADERSHIP AT THE LOCAL LEVEL.

Many successful cases of decentralized health care system in Paraguay have in common the prominence of a local leader that is able to mobilize the community.

INSTITUTIONALIZATION OF THE DECENTRALIZATION PROCESS AS A NATIONAL POLICY.

The current political will of the MSP/BS to strengthen the implementation of decentralized health system, with forums such as health councils that provide avenues of participation to civic society, can be consolidated by the community members as they learn how to locally address health needs and manage resources to develop health policies from the bottom up.