

## District Commission for Women, Child and Family Health (DCWCFH): Key Instrument for Decentralization

Year 2000: More than half of the Calarasi district is 321,000 inhabitants live below the poverty level and, therefore, are qualified for free of charge health care services. However, if a woman needed a family planning (FP) consultation or contraceptives, there was only one medical facility that provided the services – the FP cabinet in the district capital – staffed by a part time Family Doctor and 2 Nurses. If the woman could afford the transportation to the clinic, she would receive a medical consultation, but no free contraceptives.

Year 2004: More than 90% of the rural poor and underserved population have access to FP consultations and free of charge contraceptives at Family Doctor clinics. To date, of the 94 family doctors who provide primary health care (PHC) services in rural communities, more than 55 are trained to offer basic FP services and free contraceptives.

These impressive results were made through support from Romanian Family Health Initiative (RFHI). The program was implemented in April 2001 through RFHI and its partner, Society for Education on Contraception and Sexuality (SECS) in collaboration with the local District Public Health Authority

(DPHA).

DPHA and SECS formed a local consultative committee (Task Force), which included representatives from local authorities with responsibilities in the field of public and reproductive health: Mother and Child Health Inspector, Health Promotion Inspector, District Ob/Gyn Coordinator and Deputy Director of DPHA; District Health Insurance House, District Child Protection Department (DCPD), Local College of Physicians, and other NGOs active in the field of RH and social services. The Task Force met monthly; one of their first activities

was to assess the main local FP/RH needs. Following the assessment, five communities at risk were identified; as a result, the first basic training in FP for family doctors took place in these selected communities.

*The District Commission for Women, Child and Family Health is just one success story of the Romanian Family Health Initiative (RFHI), a bilateral USAID-funded project implemented by JSI Research & Training Institute, Inc. The RFHI is designed to increase the availability and utilization of high quality client-oriented services at the primary health care level and to assure sustainability of reproductive health services in Romania, including family planning, safe motherhood, early detection of breast and cervical cancer, and HIV/AIDS and STIs prevention.*



*Joint meeting of the Mehedinti & Dolj district commissions*

In 2001, UNFPA provided the first large donation of contraceptives, and the Calarasi Task Force helped to organize Management Information System (MIS) seminars for the previously trained health providers in order to initiate the distribution of free of charge contraceptives. The Task Force also coordinated the implementation of the IEC campaign for free of charge contraceptives, by organizing local activities (press release, meeting with local council and mayors) and ensuring the availability of IEC materials (posters and logo stickers) at each family doctor clinic.

The success of this program, developed subsequently in 18 USAID and UNFPA priority districts, demonstrated to the Ministry of Health (MOH) the importance of decentralization and a strategic approach to implement the health reform. The approach includes empowering the district decision makers with the necessary skills and resources to identify and solve local problems. As a result, in February 2002, the MOH issued Order 109 to create the District Commission for Women, Child and Family Health (DCWCFH) as representative consultative bodies. The main responsibilities of DCWCFH are to improve local inter-sectorial coordination, promote community involvement and provide the necessary support for activities aimed to increase access to client-centered RH services, in accordance with district resources and priorities.

At present, the DCWCFHs are functioning nationwide (in all 42 districts) and represent an essential asset for determining the district RH priorities to be funded by MOH under the National Program 3 (NP 3) for women and child health. The DCWCFH are, along with DPHAs, the main partners of the RFHI for planning and implementing district level activities. They meet quarterly to analyze the public health and reproductive health indicators (maternal and child mortality, morbidity rates, abortion rates), evaluate the local needs, and support DPHA to develop the annual workplans for NP3. The workplans document the implementation of National Reproductive Health Strategy at the district level. Throughout all these areas of intervention, SECS regional coordinators provide on-going technical assistance.

In 2003 the Calarasi district DCWCFH proved again the importance of their role as decentralized decision-makers in RH and public health. They identified a local problem: lack of professional integrated assistance in relation to high rates for adolescent pregnancies and child abandonment. As a result, a Community Services Centre was created on the premises of DCPD to provide counseling services (volunteered by an Ob/Gyn), free of charge contraceptives (2 nurses trained in FP), shelter (room and board for 3-6 months) and social reinsertion services (finding employment opportunities for the young mothers). The Center indicates the importance of decentralization and serves as a model of a representative consultative committee to other areas of public interest.