

National Program for Family Planning: Community-level social policy

During communism, abortions and contraceptive use were illegal. Once the restrictive communist policy ceased and contraceptives were legalized, family planning services developed gradually, as did an increase in access to modern contraceptives. Abortion, however, persisted as the main method of birth control even after contraceptives became legal. During this time, approximately half of maternal deaths were caused by postabortion complications.

Despite the fact that in 1999 almost a quarter of the female population of reproductive age was using a modern contraception method, many poor women in rural areas had limited access to contraceptives, and family doctors did not have the necessary training to counsel them. It was clear that public health strategies and policies needed to be developed and/or improved, and did health regulations clarifying the responsibilities of services providers.

One of the Romanian Family Health Initiative (RFHI)'s priorities was to offer family doctors the opportunity to provide reproductive health and family planning (RH/FP) services, thus integrating the FP services in primary health care in Romania. Promotion of the National Strategy in Reproductive and Sexual Health, developed by the Ministry of Health with technical assistance from the RFHI, was pivotal in the initiation of this integration objective. The decentralization of the National Program No.3 (NP3), which ensures the programmatic framework for preventative health services and the monitoring and evaluation activities of the National Program, were also critical in the infancy of this initiative. Following the adoption of protocols and guidelines equivalent to international recommendations, in 2001, RFHI and its partners (Ministry of Public Health, UNFPA, SECS and other nongovernmental organizations), promoted a new approach in the National Family Planning Program (NFPP) implemented within NP3. The main aim of RFHI was to increase access of poor and disadvantaged populations to FP/RH services and was initially implemented in 18 of the 42 counties of Romania. The Ministry of Public Health committed to providing reproductive health services through primary health care providers (family doctors). At the beginning of 2003, the program was scaled up to include all 42 counties in the country.

Because of the support given to the program by governmental and non-governmental entities, including the National Health Insurance House, women from rural areas now have access to family planning and modern contraception methods.

Strategic approach

To ensure sustainability, the changes in country-level politics were essential, but were not enough. RFHI worked at various levels of policy reform, offering technical assistance to the Romanian Government, not only in the process of development and implementation of public policies and strategies, but also in enforcing existing policies.

The NFPP, launched in 2003 as a component of the strategy for reproductive and sexual health, was based on 'three pillars': (1) training of primary medical care providers (especially family doctors); (2) provision of information-education-communication materials to increase demand for services and products, and; (3) provision of continuous supply of free contraceptives to eligible groups.



RFHI facilitated the planning and implementation of the NFPP within the medical system on two strategic levels:

- Nationally, RFHI provided technical assistance for the Ministry of Public Health in elaborating the policies and protocols of service provision and the development of a logistic management informational system (LMIS) for free contraception products financed through the government of Romania and international donors.
- Regionally, RFHI coordinated the interactions between governmental structures and non-governmental organizations to increase access to services and financial, logistical and technical support.

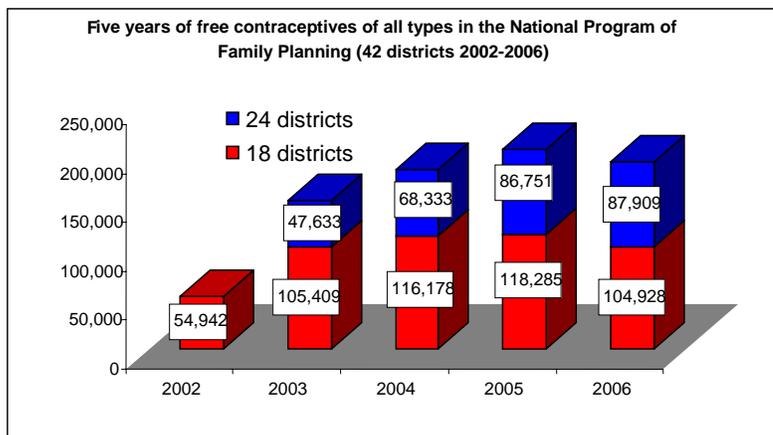
The RFHI partners promoted and expanded sustainable services, collaborated with local authorities to organize provider trainings and to implement some activities which aimed to change behavior of client groups, especially disadvantaged people or people living in rural areas. The overall aim of these activities was to increase access to integrated, quality services in reproductive health.

Key elements within RFHI

- Evaluated national strategies, policies, regulations and existing protocols; compared models from other countries, taking into account recommendations and standards from the European Union and the World Health Organization;
- Coordinated and developed policies, strategies, regulations and existing protocols which ensured a favorable environment for sustained access to quality FP/RH services;
- Fostered compatibility between national strategies and planned and implemented activities, including the annual national and local budgets;
- Promoted adequate monitoring and evaluation of activities, taking into account the objectives and the strategic aims;
- Promoted active involvement of local and international key partners by allocating resources for program implementation and sustainability;
- Developed and implemented a training program for primary health care medical staff on competencies in FP/RH; scaled-up the training program by developing an infrastructure of FP/RH trainers in all counties of the country;
- Implemented a logistic management information system (LMIS) for contraceptive products procurement and distribution processes at all levels (nationally, regionally and for services providers);
- Decentralized and monitored service provision, including quality services, supported by data and information gathered through LMIS;
- Development and implementation of information, education and communication (IEC) campaigns to promote healthy behavior;
- Provided technical support to the NFPP to allocate resources for forecasting, procurement and distribution of contraceptive products to target groups.

Achievements:

- RFHI collaborated with the Ministry of Public Health, other ministries and public institutions, Romanian NGOs, and international agencies to work towards a consensus on public policy for women’s reproductive health and their families in accordance with WHO principles. As a result, the Strategy in Reproductive and Sexual Health was launched in 2003.
- Formulated new regulations for the NFPP (a priority intervention of the NP3 regarding women and children’s health) that included: technical standards and policies for contraception safety, eligibility for free contraceptives, health insurance regulations, allocation of state budget for contraceptives procurement, and approval of training curricula for FP service providers.
- The RFHI-implemented LMIS forecasted the population’s contraceptive needs to ensure a continuous supply of contraceptives.
- The NFPP included IEC campaigns that aimed at informing the public about eligibility requirements for free contraceptives and how to access them.
- Monitored contraception distribution and service provision at the county level. County inspectors for maternal and child health were trained to collect and analyze the data, with active involvement on the part of local commissions.
- Developed a training curriculum based on competencies in FP for family doctors. The modules focused on counseling, contraception technology, and LMIS.



By the end of 2006 more than 3,600 family doctors, especially those from rural areas, were providing contraceptives and family planning services. Since the beginning of 2002, the number of beneficiaries of free contraceptives rose constantly (as shown in the chart).

The LMIS was able to adjust to changing contraceptive needs and was a critical tool for assuring the sustainability of NFPP activities.

In 2006, the main challenges for the Ministry of Public Health and its partners were ensuring the continuation of the NP3. This required the consolidation and expansion of the activities implemented to that point, and increasing the number of providers trained in FP. Groups eligible for free contraceptives needed to be selected with support from international and local nongovernmental partners. The development of multi-annual financing plans for the quantity of contraceptives (including free contraceptives) necessary for the next 3-5 years was another current challenge.

Recommendations made:

- Develop programs for financing services and contraceptives for the next 3-5 years.
- Improve targeting of disadvantaged groups by reviewing the eligibility criteria.