OBJECTIVE 1/1.
CONSOLIDATING PRIMARY HEALTH CARE FOR THE PROVISION OF REPRODUCTIVE HEALTH SERVICES IN CONNECTION WITH SPECIALTY SERVICES (THE NATIONAL FAMILY PLANNING PROGRAM)

Coordinating Department

- Directorate of Family and Social Assistance (DFSA) / Mother and Child Health Unit (MCH Unit)

Technical coordination

- Family Planning Center "Prof. dr. Panait Sârbu"

Program management

- Program Management Unit (PMU) of the National Program 3 (NP #3) of women and child health

Institutions with responsibilities in the implementation process

- District Public Health Authorities (DPHAs)
- The Institute of Public Health Bucharest (IPHB)
- The Society for Education on Contraception and Sexuality (SECS)
- Governmental and non-governmental family planning cabinets
- Primary health care cabinets with at least one physician who has attended the basic FP training, accredited by the Ministry of Health (MoH)
- Obstetrics-gynecology cabinets in the specialty out patient care unit and in the hospital
- Gynecology units where abortions on request are performed

Coverage

National

Target population

The women of reproductive age (WRA), of which 45% live in rural areas

Impact on the health status

Using high-quality family planning services, as well as part of preventive health care services, contributes to reducing the number of unplanned and unwanted pregnancies, and therefore to the reducing the number of abortions and abortion-related pathology, as well as to reducing the incidence of genital-mammary cancer and sexually transmitted infections. Unwanted pregnancies often lead to the birth of unwanted children and therefore the program also contributes to reducing the number of abandoned and institutionalized children.

Goal

Improving woman's health status.

General objectives

To reduce the number of abortions and abortion-related complications by increasing access to family planning services and the use of modern contraceptive methods, especially at the primary health care (PHC) level, with focus on rural areas.

Specific objectives

- Increase access to and use of modern contraceptive methods
- Increase the number of PHC facilities that provide family planning services, especially in rural areas
- Improve the health professional skills to provide quality FP/RH services

Activities

- Ensuring free and/or low-priced contraceptives for vulnerable categories:
  - Centralized procurement of contraceptives
  - Local procurement of contraceptives trough the “revolving fund” mechanism
- Implementing a logistic management information system for the National Family Planning Program:
  - Printing and distributing MIS forms for family planning activities
  - Collecting, gathering and processing contraceptive distribution data
  - Monitoring the implementation of the logistic system for contraceptives
- Training of physicians and nurses in primary and specialty health care:
  - Organizing training of trainers
  - Organizing basic training in family planning/reproductive health
- Improving communication between the national level, the local level and the health care providers:
  - Organizing quarterly meetings at the level of DPHAs and bi-annual meetings at the level of DFSA/PMU

Activity break-down

Ensuring free and/or low-priced contraceptives for vulnerable categories

Contraceptive sources

Contraceptives supplied through the National Family Planning Program can come from two sources:

- Procured from MoHF funds
  - Through a national centralized tender, to be distributed for free
  - Through local mechanism of “revolving fund” by FP cabinets
- Donations and/or sponsorships, to be distributed for free

The mechanisms for centralized procurement, local procurement and distribution are briefly presented in Appendix 1.

The following contraceptive methods can be purchased and/or distributed, paid or for free, through the program:

- Combined oral contraceptives (COCs)
- Progestin-only oral contraceptives (POPs)
- Injectable contraceptives (Inj.)
- Intrauterine Devices (IUDs)
- Condoms

Whatever their source, contraceptives shall be distributed according to the distribution mechanisms presented in Appendix 1.

Contraceptives that come from other sources than the state budget, such as donations or sponsorships, shall be registered and outlined according to the current regulations on recording and managing medical supplies, and shall observe the same managing, distribution and reporting mechanisms as contraceptives purchased from budget sources through the national centralized or local mechanism.

General rules for logistic system

Free or paid contraceptives shall be procured, dispensed and reported in accordance with the following general rules:

- Free contraceptives shall be distributed in accordance with territorial coverage, as established by the DPHAs. At local level, DPHAs shall be responsible for the coordination and implementation of the logistic system, in accordance with the current technical norms and other legal norms in force;
- The logistic system will be a “push” type of system (based on contraceptive orders received from the lower level), in which minimum stock is of 3 months and maximum stock is of 6 months. Family planning activities shall be reported monthly, from medical cabinets to DPHAs and quarterly from DPHAS to the national level;
- At all levels of the logistic system, contraceptive re-supply shall be done quarterly, up to a maximum stock of 6 months;

All health care units and their medical staff taking part in the implementation of program 3, objective 1/1, shall have the needed level of standards and training and shall observe the current norms.

Centralized procurement of free contraceptives

The IPHB purchases contraceptives by a centralized national tender, through national acquisitions with funds received from the MoH, in accordance with the public procurement regulations in force. The contract signed with the supplier shall include clauses on the distribution of contraceptives to DPHAs.

The quantity of contraceptives to be purchased is calculated based on previous consumption and program development forecasts. The types and composition of the contraceptives to be procured is established by the MoH Obstetrics and Gynecology Commission.

Taking into account contraceptives provided through donations and with a view to ensuring rational coverage of the territory with contraceptives of the same type and/or brand, for as long a period as possible, districts will receive free contraceptives of the same type and/or brand from a single source (national tender with MoH funds or donations). Districts are registered to be supplied with free contraceptives as pointed out in Appendix 2.

For the contraceptives procured through national tender, the DPHAs shall fill out quarterly report/orders to PMU and/or SECS (depending on territorial distribution, as in Appendix 2) for the needed quantities and types of contraceptives. That order shall be based on the data in quarterly report and order forms of medical cabinets included in the program (Appendix 6 and 7) and shall be summed up in a quarterly order form (Appendix 8).

PMU establishes and communicates the distribution of contraceptives to the IPHB based on the orders/requests sent by DPHAs. IPHB sends that distribution to the supplier, based on the quarterly report by the PMU.

The supplier shall only produce the invoice for the delivery of those contraceptives that were actually sent to the DPHAs, according to the distribution patters drawn out by the PMU and sent by the IPHB, and enclose the transportation documents.

IPHB, DPHAs, as well as the healthcare facilities included in the program shall ensure the accounting records and management of free contraceptives in accordance with the legal norms in force, and taking into account the remarks made previously (Appendix 9).

Health facilities that can dispense free contraceptives

The contraceptives procured through national tender can be distributed through the following healthcare units, in accordance with the current technical norms: governmental and nongovernmental family planning cabinets; primary health care medical cabinets that have at least one physician who has trained on the provision of family planning services (the training was accredited by the MoH); obstetrics-gynecology cabinets in the specialty out patient care unit and in the hospital.

Gynecology units where abortions are performed on request will be able to receive and distribute free contraceptives after a logistic system and a specific methodology have been developed.

In the localities where there are community distribution pilot programs, those contraceptives can be distributed through this mechanism.

Depending on the local needs and available stock, DPHAs can decide to include other facilities in the program than the ones mentioned above. This shall be done upon condition that the same supply and activity reporting mechanisms be observed.

Eligible categories for free contraceptives ("eligibility criteria")

The contraceptives procured by national tender from NP #3 funds are dispensed free of charge to the categories of population stipulated in Art. 6 in Governmental Ordinance 41/2002, published in the Official Gazette No. 66/January 30th 2002. Contraceptives purchased at central level or those coming from donations and/or sponsorships are dispensed free of charge to patients who meet the eligibility criteria stipulated in GO 41/2002, whether they are insured or not, whether they are registered with a family physician or not. In the case of intrauterine devices, the insertion procedure is also free of charge.

The following documents are needed to prove appurtenance to one of the categories eligible for free contraceptives under GO 41/2002:

- For unemployed persons: unemployment card;
- For pupils: pupil card;
- For students: student card;
- For persons who receive social assistance: social assistance card;
- For persons living in rural areas: identity card;
- For women who have an abortion by request in a public health care facility: identity card. For those women who had an abortion by request in a public health care facility and did not receive free contraceptives, the document that certifies the intervention is the medical letter, the referral note or any other medical document that comes from the unit where the abortion was performed;

- For persons who have no income – certificates issued by local councils, and if not available a personal statement. The statement shall be written and signed in the presence of the physician or the cabinet nurse and shall mention that the person has no income allowing him or her to buy contraceptives.

For the persons fitting in one of the first 6 categories above, the physician or nurse shall mention in the client card the number of document based on which the person received free contraceptives, **without retaining the document or a copy of it.** For other persons who have no income, the personal statement shall be attached to the client card, and the document will not have to be notarized.

Contraceptives coming from sources other than the state budget, such as donations or sponsorships, shall be distributed with the agreement of the donors both to persons who meet the eligibility criteria stipulated in GO 41/2002, published in the Official Gazette No 66/20012, as well as to other categories, depending on the available methods and local needs.

Local procurement of paid contraceptives (FP cabinets only)

Under the "Transfers" chapter, DPHAs can receive from the MoH sums for supplying contraceptives at local family planning cabinets. The sum received by the DPHAs shall be made available to the facility with legal personality that supervises the family planning cabinet, so that the latter may receive contraceptive products from suppliers (Appendix 1).

DPHAs, as well as the health care units in the program, ensures the accounting work and management of paid contraceptives, in accordance with the legal norms in force, and taking into account the remarks made previously (Appendix 10).

The local supply mechanism shall be coordinated by the facility with legal personality that supervises the family planning cabinet, after consultations with the cabinet coordinator, depending on the distributed funds and in accordance with current pharmaceutical product acquisition norms.

The sums received by the DPHAs shall be allocated to the facility with legal personality that supervises the family planning cabinet upon the indication of and only after with the approval of the local MCH inspector, depending on the activity of cabinets in the district, as shown by monthly and quarterly report forms (Appendix 4 and Appendix 6).

The following types of paid contraceptives may be procured through the local mechanism (to be distributed through family planning cabinets), with funds received from DPHAs: monophasic combined oral contraceptives, triphasic combined oral contraceptives, progestative-only oral contraceptives, injectable contraceptives, intrauterine devices and condoms.

Each cabinet shall permanently have on stock all types of contraceptive methods mentioned above. For all types of contraceptives (especially oral ones) the number of purchased brands shall be carefully considered, depending on requests and use, thus avoiding the purchase of contraceptives that are not requested. For clients who use other brands of contraceptives than the ones that are provided by local or centralized procurement, compensated prescription shall be filled out, and the clients shall buy them from pharmacies.

Contraceptives procured through the local mechanism will use a 'push' type of logistic system, where the minimum stock level is 3 months, and the maximum stock level is 6 months for each contraceptive. Stocks are calculated starting from average consumption rates in the previous quarter.

The supply department of the health care facility that supervises the family planning cabinet shall re-supply the cabinet within 30 days at the most after the request by the coordinator of the family planning cabinet has been approved.

Contraceptives shall be purchased through this local mechanism in accordance with public procurement laws, taking into consideration the lowest price for each contraceptive to be purchased.

For these operations, hospitals shall organize the management of contraceptives at the level of cabinets as follows:

- One person (usually a nurse) shall be responsible for managing contraceptives and receiving payment for them;
- Receipts shall be filled in after having received payment for contraceptives; to that end, health are units shall make receipt books available to family planning cabinets, in accordance with the rules for these special forms;
- The sums received shall be handed in to the health care unit pay office weekly.

The funds resulted from the selling of contraceptives shall be used as follows (Appendix10):

- The sums received from the selling of contraceptives from the local mechanisms shall be kept in the facility and redistributed with a view to purchasing new contraceptives, that will be managed by the family planning cabinet and distributed according to the same procedures;
- It is forbidden to use the funds collected from selling contraceptives for other purposes than the purchase of new contraceptives;

- At the end of the financial year, any sums that have not been used shall be returned to the DPHAs, who, in its turn, shall return them to the state budget.

Family planning activities shall be reported on a monthly basis, from the cabinets to the DPHAs, and on a quarterly basis from the DPHAs to the PMU.

Eligible categories for paid contraceptives

The contraceptives procured through the local system shall be provided to clients who do not meet the eligibility criteria for free contraceptives, in accordance with current norms and the financial regulations in force.

The Implementation of a logistic management information system for the National Family Planning Program

Collecting and processing contraceptive distribution data

Collecting, gathering, processing and reporting contraceptive distribution data is the responsibility of the free contraceptive distribution coordinator in the district.

If he or she is an employee of the DPHA, he or she shall be paid for additional hours, and if he or she is an employee of a health care facility subordinated to the DPHA, he or she shall be paid from the sums approved for the NP #3 in that facility.

For an effective collection and processing of data, a computer shall be allocated to that very purpose in each district. The computer shall be purchased in accordance with the law.

Monitoring the implementation of the logistic system for contraceptives

That activity presupposes that the DPHAs shall organize meetings to assess family planning and contraceptive distribution activities; the meetings shall be attended by representatives of the implementing institutions in the districts (especially of family planning cabinets and family doctors) as well as by representatives of other institutions that are not directly involved in the implementation of objective 1/1, but are part of the district commission for woman, child and family health. For these activities, specific sums shall be allocated under the chapter “material expenses” for the DPHAs.

Printing and distributing logistic & MIS forms for family planning activities

The materials shall be printed and distributed using funds from the state budget and other extra-budgetary sources. IPHB shall receive special sums for that activity, from the state budget, under the “material expenses” chapter. Those sums shall be spent with the approval of the program coordinator in the coordinating department, based on a request specifying the type and number of copies to be printed.

The following types of logistic and MIS forms shall be printed and distributed: family planning/contraception annexes for primary health care cabinets (Appendix 12), contraception cards for family planning cabinets (Appendix 11), daily activity registers (Appendix 5) and reporting and order forms (Appendices 3, 4, 7, 6, 8).

Training of physicians and nurses in primary and specialty health care

These activities will be coordinated by the MoH/MCH unit in collaboration with the Training Center for Physicians and Pharmacists.

The training of trainers classes shall be organized by the DPHAs or other responsible institutions, in collaboration with the Training Center for Physicians and Pharmacists, in accordance with the legal norms in force.

In order to finance the training and skill-improvement activities, DPHAs shall submit requests for fund allocation to the MCH unit, with the approval of the local MCH inspector; the requests shall include at least the following elements: the period during which the training classes will take place, the location, a list of participants, the needed budget and other financing sources. Expenses related to improving the skills of the medical staff shall be outlined by the DPHAs under the “material expenses” chapter, article 30 in the budget classification. Extra-budgetary sources can be used to as additional financing for the training activities.

Improving communication between the national level, the local level and the health care providers by organizing quarterly meetings

Communication can be improved by organizing quarterly meetings at the DPHAs level, attended by family doctors and family planning physicians, and by organizing national meetings twice a year, attended mainly by DPHas representative

Work plan

Activity	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Centralized purchasing of free contraceptives				x	x	x						
Local purchasing of paid contraceptives			x			x			x			x
Printing and distributing registration and reporting forms for family planning activities										x	x	x
Collecting, centralizing and processing contraceptive distribution data	x	x	x	x	x	x	x	x	x	x	x	x
Monitoring the implementation of the logistic system for ensuring access to contraceptives	x	x	x	x	x	x	x	x	x	x	x	x
Organizing basic family planning / reproductive health training courses	x	x	x	x	x	x	x	x	x	x	x	x
Improving communication between the national level, the local level and the suppliers	x			x			x			x		

Monitoring and evaluation

Indicators

Output indicators

- Number of physicians and nurses who are trained in the provision of family planning services
- Number of facilities where family planning services, including contraceptives, are provided

Outcome indicators

- Number of contraceptive units distributed for each method, free of charge or paid
- Couple years of protection (CYP) / number of active users
- Number of family planning consultations provided in family planning cabinets

Effectiveness indicators

- Average cost / trained person
- Average cost / CYP – active user

Monitoring

At the level of implementing institutions, the program shall be monitored by a person in charge, designated within each implementing institution.
District-level monitoring shall be done by the MCH inspector, in collaboration with the technical coordinator and the person in charge with the objective within the PMU.
National monitoring shall be done by the technical coordinator and the person in charge with the objective within the PMU.

Evaluation

There are quarterly, biannual and yearly assessments, by comparison with the intended indicators.

For an effective assessment of the activity and an analysis of the family planning and contraceptive distribution services in the district, DPHAs shall organize biannual meetings, attended by MCH inspectors, economic managers of DPHas and representatives of institutions involved in the implementation process.

For the national analysis of the National Family Planning Program, the MoH/MCH Unit and PMU shall organize biannual meetings attended by MCH inspectors, economic managers of DPHAs and representatives of coordinating institutions.

Reporting

Monthly reports from health care units to DPHAs

Family planning cabinets shall register their daily activity and contraceptive distribution to clients, by using the form in Appendix 5. They will report the data on their activities to the DPHAs on a monthly basis, using the form in Appendix 4, by the 5th of the following month for the previous month.

Primary health care medical cabinets that distribute free contraceptives, purchased through the centralized mechanism and/or from donations/sponsorships, shall submit monthly reports on their activities to the DPHAs, by using the form in Appendix 3, by the 5th of the following month for the previous month. For primary health care cabinets, Appendix 3 is also a means to record contraceptive distribution to clients, in accordance with the regulations in force.

Quarterly reports and orders from the health care units to the DPHAs

Family planning cabinets and primary health care cabinets included in the program shall aggregate data in the monthly reports on a quarterly basis and shall put together a quarterly report, which will also act as an order for contraceptives. The report shall be submitted to the DPHAs by the 5th of the month following the quarter they are reporting for (for instance: April 5th for the first quarter; July 5th for the second quarter; October 5th for the third quarter and January 5th for the fourth quarter the previous year). Quarterly report and order forms are presented in Appendix 7 for family physicians and in Appendix 6 for family planning cabinets.

DPHAs shall process the quarterly reports received from the cabinets in the program and shall approve the delivery of orders requested by the cabinets, by the 15th of first month in the following quarter (that is January, April, July, October), by using the same quarterly forms (Appendices 6 and 7). For that activity, DPHAs shall designate a person in charge of coordinating the distribution of free contraceptives (FCD coordinator), who will primarily be in charge of collecting, revising and approving reports and contraceptive orders, as well as monitoring and assessing contraceptive distribution in the whole district, and who shall answer to and be directly subordinated to the MCH inspector of the DPHAs. For the initial period of the free distribution program, as long as the work load is low, the physician coordinating family planning matters in the district shall also fulfill the responsibilities related to coordinating the distribution of free contraceptives.

Between the 15th and 25th of the month (that is January, April, July, October), the representatives of the health care cabinets included in the program shall go to the warehouse or the location where DPHAs stores contraceptives and take the ordered contraceptives, based on the quarterly form, that has been checked and approved by the FCD coordinator.

Quarterly reports and orders from DPHAs to PMU/SECS

DPHAs shall submit quarterly reports to the PMU and – depending on the contraceptive supply responsibilities in Appendix 2 – to SECS, with the data on the activities performed during the previous quarter, by the end of the first month of the following quarter (that is January, April, July, October), by using the form in Appendix 8. That quarterly report will also act as a contraceptive order placed by the DPHAs. The quarterly reports of the DPHAs shall be put together by aggregating the quarterly reports received from the cabinets in the program. The FCD coordinator is in charge of aggregating the data, and is responsible for the accuracy and timeliness of the reporting.

PMU shall centralize the data received by the DPHAs on a quarterly basis and shall send the approved contraceptive orders to the IPHB, at the latest by the 5th of the second month in the quarter (that is February, May, August, November). Based on the request received from the PMU, the IPHB shall organize the distribution of contraceptives in the country, to the DPHAs.

SECS shall centralize the data received by DPHAs on a quarterly basis and shall organize the distribution of contraceptives in the country, to the DPHAs. SECS shall submit quarterly reports to the PMU on the activities in the 18 districts it is in charge of.

PMU and SECS shall analyze the data received from the field and shall send their validation to DPHAs within one month after they were received. Checking and validating the data, as well as the reply to the DPHAs shall be done by using the same form in Appendix 8. Taking into account the complexity of the family planning program, one of the PMU employees shall be allocated exclusively to objective 1/1, to fulfilling the activities that the PMU is in charge of during the program.

Background

In the field of family planning, the Ministry of Health and Family takes action so that all couples should have the possibility to have a child if and when they want to. That objective is fulfilled by the National Family Planning Program, though which trained service providers dispense contraceptives and information, education and communication campaigns are conducted. The long-term objectives of the National Family Planning Program are the following:

- Reducing the number of unwanted pregnancies;
- Reducing the number of abortions and abortion-related pathology,
- Reducing maternal mortality and morbidity,
- Observing the basic rights of the woman and couple and improving women's role in society.

In the demographic context of the country, which is characterized by low fertility rates and negative demographic increase, this program should be seen as part of preventive health care services and as an instrument to practice the basic reproductive rights of men and women.

This program aims to create a national network for the provision of family planning services, integrated both in specialty services and, more importantly, in primary health care basic services, by answering one of the most important health care system reform strategies, ensuring universal access to quality, preventive and curative services.

Women who have abortions are an important target group for counseling and family planning services. Due to the liberal legislation passed after 1989/1990, as well as to increased acceptability of abortion, that method is still widely used as a replacement for contraception; abortion-related morbidity is quite high. However, while in the early 90s, Romania had a particularly high abortion rate, official statistics have shown a gradual decrease, while modern contraceptive use has risen.

The results of the National Family Planning Program are telling: modern contraceptive use has doubled from 14% in 1993 to 30% in 1999, while the abortion rate has dropped from 104 to 45 abortions per 1,000 fertile age women. It is therefore clear that the program helps prevent unwanted pregnancies and decrease the number of abortions and abortion-related complications, as well as maternal morbidity and mortality. For that very reason, it is necessary that family planning/reproductive health services and population information-education programs be continued and expanded in order to cover the needs of all population categories, especially those of vulnerable and disadvantaged groups.

Protocols

The medical guidelines and protocols for family planning activities are those included in the following publications:

- Family Planning Service Guide, Second Edition, published by the International Federation of Family Planning Associations (IPPF) in collaboration with WHO and AVSC International, translated and published in Romanian by the Society for Education on Contraception and Sexuality (SECS) in 1998.
- Contraception – a practical guide, published by the Johns Hopkins University, School of Public Health, Center for Communication Programs (JHU/CCP), translated and published in Romanian by the Society for Education on Contraception and Sexuality (SECS) in 1999.
- Pocket Guide for Family Planning Service Providers, Second edition, published by the Johns Hopkins University Program for International Education in Gynecology and Obstetrics (JHPIEGO), translated and published in Romanian by the East European Institute for Reproductive Health (EEIRH) in 1999.
- Improving access to quality family planning services. Medical eligibility criteria for contraceptive use, second edition, published by the East European Institute for Reproductive Health (EEIRH) in 2001.

The following protocols are recommended for dispensing contraceptives:

- Three cycles of pills for each visit;
- For injectables: each dose is administered in the cabinet only, under strict medical surveillance;
- Up to 12 condoms a month can be dispensed to one person, and the maximum quantity for three months can be dispensed during one visit. In special cases (such as persons who have multiple partners), the number of dispensed condoms can be higher.

Women who have an abortion on request on a public health care unit can receive the same quantities of contraceptives when the abortion is performed, in accordance with the current technical norms. If the patient does not want to or cannot receive the desired contraceptive immediately, the patients who had an abortion on request have the right to receive the same quantity of contraceptives from a family planning cabinet or from a family physician who is part of the program, within 3 months after the pregnancy termination procedure was performed in a public health care facility. After the first quantity of contraceptive has been received in these conditions, these patients shall receive the following quantities from a family planning cabinet or the family physician, depending on the category she falls into, in accordance with the eligibility criteria for free or paid contraceptives.

Reporting forms and appendices

Appendix 1. Mechanisms for centralized and local procurement and distribution of contraceptives

Appendix 2. The districts that receive contraceptives from donations or MoH funds
Appendix 3. Monthly Report form for free contraceptive distribution in the family physician cabinet
Appendix 4. Monthly activity and contraceptive distribution report form for family planning cabinets
Appendix 5. Daily activity register form for the family planning cabinet
Appendix 6. Quarterly free contraceptive report and order form for family planning cabinets
Appendix 7. Quarterly free contraceptive report and order form for family physician cabinets
Appendix 8. Quarterly free contraceptive report and order form for public health district authorities
Appendix 9. Accounting and the circuit of free contraceptives that come of centralized purchasing made from the state budget or from donations
Appendix 10. Accounting and the circuit of free contraceptive in the case of local purchasing from the state budget
Appendix 11. Contraception client card for family planning cabinets
Appendix 12. Family planning / contraception appendices for family physician cabinets