ROMANIA

FOREIGN TRIP REPORT

January 22-February 13, 1993

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Centers for Disease Control and Prevention

Public Health Service
U.S. Department of Health and Human Services

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<tr>
<td>CEDPA</td>
<td>Center for Development and Population Activities (an NGO)</td>
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<td>CDC</td>
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<td>DRH</td>
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<td>EPI-INFO</td>
<td>A Word Processing, Database, and Statistics System for Epidemiology on Microcomputers (Developed by CDC)</td>
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<td>FPSEU</td>
<td>Family Planning and Sex Education Unit (of the Romanian MOH)</td>
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<td>GPs</td>
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<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome</td>
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<td>KAP</td>
<td>Knowledge, Attitudes, and Practice (Survey)</td>
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<td>MOH</td>
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<td>NCCDCHP</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MSF</td>
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<td>PHC</td>
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<td>Sexually Transmitted Disease(s)</td>
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<td>SECS</td>
<td>Society for Education in Contraception and Sexuality</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>WRA</td>
<td>Women of Reproductive Age</td>
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<td>WB</td>
<td>World Bank</td>
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I. SUMMARY

A. RECOMMENDATIONS FOR ASSISTANCE IN CONTRACEPTIVE SUPPLY MANAGEMENT

If USAID/Romania decides to provide technical services to the Ministry of Health (MOH) to help implement the family planning component of the rehabilitation project funded by the World Bank (WB), the following assistance is recommended:

1. Assistance in forecasting contraceptive supply needs by method and quantity, including a proposed distribution plan for the approximate time period from September 1993-August 1994. The Centers for Disease Control and Prevention (CDC) consultants estimated contraceptive need for the 11 family planning referral centers and 230 family planning clinics and has sent these estimates to the MOH through the USAID Mission.

2. Assistance in developing a data reporting and collection system to record information on supplies distributed, supplies on hand, and clients served. Data report forms need to be developed and staff trained in data reporting, analysis, and decision making. This training should include MOH staff involved in serving clients in clinics (service statistics) and MOH staff responsible for receipt, storage and distribution of contraceptives (logistics data).

3. Assistance in developing information and education programs to promote contraceptive use. The CDC consultants recommend that this kind of technical assistance be requested from other cooperating agencies.

B. RECOMMENDATIONS FOR ASSISTANCE IN TRAINING FOR CONTRACEPTIVE SUPPLY MANAGEMENT

1. Before technical assistance is provided in contraceptive logistics management training, a logistics training strategy should be developed by the MOH and technical assistance consultants.

2. The family planning (FP) Unit of the MOH should have a designated individual trained in aspects of contraceptive logistics management.
3. **Administrators** at the Society for Education in Contraception and Sexuality (SECS) **should be trained in contraceptive logistics management** and later train providers in their own districts. This is compatible with the stated objectives of SECS being an educational organization using model clinics.

4. Various training organizations **should with technical assistance, include aspects of logistics management in their curricula.** Depending on the development of a logistics training strategy, these organizations could include in-service schools such as medical and nursing schools, continuing education schools, and the Institute for Health Services and Management.

C. **FUTURE ACTIVITIES**

1. No logistics management training activities are planned for the remainder of fiscal year 1993. Future activities in contraceptive logistics management training should be tied to a more fully staffed Family Planning and Sex Education Unit (FPSEU) to provide central level coordination in logistics. In addition, the MOH's contraceptive logistics system itself needs to be further advanced in its plan to have contraceptives available in the reproductive health centers before training takes place. Without contraceptives in place, training staff in their use would be premature.

2. The Division of Medical Care (DMC) should act to complete staffing of the FPSEU, to purchase contraceptives, and to complete renovation of facilities where family planning services are to be provided. Medical staff need to be trained and assigned to these clinics. When further progress has been made in implementing some of the actions specified in the World Bank paper, further technical assistance could be requested.

3. In April 1993, a CDC representative will attend a U.S. Health and Human Services sponsored meeting of the "Romania Strategy Team" to be chaired by Julia Plotnick, U.S. Public Health Service, and held in Washington, D.C.
II. PLACES, DATES, AND PURPOSE OF TRAVEL

Bucharest, Romania, January 22–February 13, 1993: Purpose: to conduct a contraceptive logistics system assessment, including the need for training in contraceptive supply management. This travel was in accordance with Participating Agency Service Agreement (PASA) between USAID/POP/CPFD and CDC/NCCDPHP/DRH.

III. PRINCIPAL CONTACTS

A. USAID

1. OFFICE OF HUMAN RESOURCES DEVELOPMENT
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2. MANIA PROGRAM DEVELOPMENT TEAM
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   c. Gina Etheredge, Epidemiologist
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B. MINISTRY OF HEALTH

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   f. Nicholas Nedelcu, EPI Program Director
   g. Victor Baghina, Economist, Project Coordination Unit, World Bank Project
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3. **POLIZU HOSPITAL**
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5. **COVERGAT BERCEU DISPENSARY**
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6. **COLENTINA CLINIC**
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7. **BUCUR MATERNITY**
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   b. Victoria Subtirica, Pharmacist

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14. CENTROFARM
   - Maria Scărlătescu, Director

15. PHARMACIES
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   b. Constanta Stoica, Pharmacist, Pharmacy # 13
   c. Adina Ivanescu, Pharmacist, Pharmacy # 5
   d. Bălan Ioana, Pharmacist, Pharmacy # 10

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   2. Daniela Patricia Podaru, M.D., Family Planning Medical Specialist
   3. Doina Săvescu, M.D., Family Planning Medical Specialist
   4. Florice Popovici, M.D., Epidemiologist
   5. Ciprian Berlacu, Administrator
   6. Daniel Ciocan, Administrator
   7. Anca Ghinea,, M.D., University Clinic Director, Bucharest
   8. Dana Proinov, M.D., Clinic Director, Cluj

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   1. Dr. Silvia Niculescu, Director
   2. Fiona Bristow, Consultant

J. MEDECINS SANS FRONTIERS (FRANCE)
   1. Natalie Lubeau, Midwife, Director for Family Planning

K. MEDECINS SANS FRONTIERS (BELGIUM)
   • Anca Mican, M.D.

L. TAMISA TRADING COMPANY
   • Anthony Gibbs, Director

M. INSTITUTE OF VIROLOGY
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   2. Silviu Radulescu, MD, MSC, Lecturer

Q. POST-BASIC SCHOOL OF NURSING
   • Gabriela Bocec, R.N.

R. WORLD VISION
   • Virginia Canlas, M.D.
S. CENTER FOR ADVANCED EDUCATION OF MEDICAL PERSONNEL
("Center for Perfectioning")

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2. Gabriela Iancu, M.D., Trainer, Resident Endocrinologist

T. POST-BASIC SCHOOL OF NURSING

- Gabriela Bocec, R.N.

U. NATIONAL CENTER FOR HEALTH PROMOTION AND HEALTH EDUCATION

1. Sanda Apostolescu, Director
2. Irina Dinca, M.D.

V. WORLD BANK

1. Julia Plotnik, Consultant
2. Robert Castadot, M.D., Project Director
IV. BACKGROUND

At the present time the only organized, discrete family planning services available in Romania are provided by non-governmental organizations (NGOs) such as SECS, the Family Planning Movement, Vrancea, the Marie Stopes clinic, Medecins sans Frontiers, etc. These programs are small, and reach only a fraction of the potential female target population. The MOH and private practitioners provide contraceptive services to some women. Most of the rest of the female target population remains unserved.

The MOH provides some limited family planning services in maternity centers or in *ynecological clinics, but the services are not available in all facilities and are not yet part of a well-defined and fully operational national family planning program. Services are scheduled to become more widely available as the MOH implements its national family planning program. This effort is funded, in part, by a loan from the World Bank as a sub-component of the Health Rehabilitation Project.

Because the national family planning program has only recently been implemented, plans have not yet been completely defined, and a number of steps remain to be taken to more fully implement the program.

Only one oral contraceptive (Regividon) has been ordered, received, and, we were informed, partially distributed. Some rooms in existing health clinics have been renovated and painted. A unit to manage the program has been created (FPSEU), office space has been secured, and equipment for this space has been purchased and installed. The one staff member of this unit (a general practitioner) has been trained as a family planning trainer in Santa Cruz, California. A training curriculum is said to have been developed, although it is not public information.

However, the equipment for the 11 family planning referral centers and 230 clinics under the program has not been ordered. Additional supplies of oral contraceptives and of other methods need to be ordered and distributed. A data collection system needs to be developed, and staff need to be trained in contraceptive supply management and in data analysis and use (decision making).

The FPSEU is almost nonexistent, consisting of one general practitioner and no other staff. According to the World Bank Health Rehabilitation Project document, the unit is also supposed to include a gynecologist, a nurse, a sociologist, and a secretary. The staffing pattern does not
include people such as administrators, supply managers, computer specialists, and statisticians for data analysis.

For the first 250,000 cycles of oral contraceptives received under the program (Rigevidon, from Hungary), distribution was handled by UNIFARM, a parastatal unit within the MOH. The MOH may continue to rely on this organization for future distribution. However, we didn’t talk to anyone who was enthusiastic about UNIFARM’S past performance nor were we impressed by how UNIFARM distributed the pills. As best we can determine, none of the 250,000 cycles of pills which they distributed have gone to MOH hospitals, maternity clinics, etc. Instead the pills have been sold to public and private pharmacies through UNIFARM regional distribution centers. (Patients must then go to pharmacies to purchase them. The retail purchase price appears reasonable, ranging from 68 lei in Bucharest to 85 lei in Craiova).

We support the concept of making contraceptives available in pharmacies, but they should also be made available in MOH facilities, as stipulated in the World Bank paper. Dr. Stanescu, Director, General Directorate for Health Programs and Reform, said that it is the intent of the program to make contraceptives available at family planning clinics as well as pharmacies. The UNIFARM and the MOH must establish procedures to assure that contraceptives received under the project are sent directly to referral centers and family planning clinics as well as to pharmacies.

We have not identified a satisfactory conduit for distributing contraceptives purchased under the project. As an alternative to using UNIFARM for distribution, the MOH might consider using a private firm experienced in importing and distributing medical supplies.

Given these limitations, why might A.I.D. want to work with the MOH?

A. Although program implementation is proceeding slowly, the MOH does have a system of "outlets" in place, consisting of hospitals, polyclinics, and dispensaries in all parts of the country, urban and rural, available to serve most of the population. The establishment of a similar network of "outlets" by one or more NGOs would be time-consuming and very expensive.

B. Despite lack of equipment, training, and contraceptive supplies, the staff we have talked to in hospitals and other MOH centers want to provide family planning services. There is interest and support, at least on the part of some staff, and the actions already taken to renovate clinic rooms substantiate this interest.
C. Some contraceptives are available in private and public pharmacies, and while they sell, they are expensive. In visits to public and private pharmacies in Bucharest, we found a retail price range of from 1,680 lei for Triquilar and Microgynon to 4,200 lei for Diane 35. At an exchange rate of 500 lei to $1.00, these prices are $3.36 and $8.40 respectively. The availability of contraceptives in pharmacies indicates a demand exists for contraceptives in Romania. The MOH clinic-level staff we interviewed said that some of the women attending gynecological clinics do request contraception. This demand has also been documented in a SECS International Program Assistance Service (IPAS) survey.

The CDC consultants focused on supply management ("contraceptive logistics") and the need for training to support this program component. The following recommendations are divided into three general sections: 1. recommendations for technical assistance in contraceptive logistics, 2. recommendations for training in contraceptive logistics, and 3. other general recommendations about specific actions which need to be taken, mostly by the MOH. We have included some comments about NGOs such as SECS, but most recommendations are directed toward implementing the MOH family planning program financed in part by the World Bank Health Rehabilitation Project.
V. FINDINGS AND RECOMMENDATIONS

A. RECOMMENDATIONS FOR TECHNICAL ASSISTANCE IN CONTRACEPTIVE LOGISTICS

If USAID/Romania decides to provide technical services to the MOH to help implement the family planning component of the rehabilitation project funded by the World Bank, the following assistance is recommended:

1. Assistance in forecasting contraceptive supply needs by method and quantity, including a proposed distribution plan for the approximate time period from September 1993-August 1994. The CDC consultants estimated contraceptive need for the 11 family planning referral centers and 230 family planning clinics and has sent these estimates to the MOH through the USAID Mission.

2. Assistance in developing a data reporting and collection system to record information on supplies distributed, supplies on hand, and clients served. Data report forms need to be developed and staff trained in data reporting, analysis, and decision making. This training should include MOH staff involved in serving clients in clinics (service statistics) and MOH staff responsible for receipt, storage and distribution of contraceptives (logistics data).

This may include UNIFARM staff if the MOH decides to use UNIFARM to distribute contraceptives.

Because EPI-INFO, a CDC data management software program, is already used by the MOH and some NGOs, further training in its use should be considered. The MOH will provide one computer to each of the 11 FP referral centers.

3. Assistance in developing information and education programs to promote contraceptive use. The CDC consultants recommend that this kind of technical assistance be requested from other cooperating agencies.

B. RECOMMENDATIONS FOR TRAINING IN CONTRACEPTIVE LOGISTICS

The following are the principal recommendations from the training needs assessment. See ATTACHMENT II for additional detail.
1. Before technical assistance is provided in contraceptive logistics management training, a logistics training strategy should be developed by the MOH and technical assistance consultants.

2. The FP Unit of the MOH, should have a designated individual trained in aspects of contraceptive logistics management.

3. Various training organizations should, with technical assistance, include aspects of logistics management in their curricula. Depending on the development of a logistics training strategy, these organizations could include pre-service schools such as medical and nursing schools, and continuing education schools. For in-service logistics training, the Institute for Health Services and Management is recommended as the most qualified organization to receive technical assistance in the development of contraceptive logistics management training courses.

4. Administrators at SECS should be trained in contraceptive logistics management. All logistics training activities should be coordinated with social marketing efforts if a social marketing project is planned.

OTHER FINDINGS AND RECOMMENDATIONS

1. Contraceptive Logistics

   a. Finding

   The MOH plans to open 11 FP referral centers and 230 FP clinics under the MOH FP program funded, in part, by the World Bank. At the present time, government facilities, with the exception of some maternities, do not have contraceptives. Clients must purchase their contraceptives, if available, from a pharmacy. (None of the public and private pharmacies we visited had a full range of contraceptives available and none had any condoms).

   Recommendation

   All methods of contraception should be made available at the location at which family planning services are provided: maternity, polyclinic, dispensary, hospital, FP referral
center, FP clinic, etc. The MOH should assure that contraceptive supplies are distributed to these facilities. In addition, contraceptives may also be distributed to pharmacies. However, pharmacies should not be the only source of contraceptives for the consumer. If the MOH plans to have MOH facilities which provide FP services purchase their contraceptives from a source such as UNIFARM, the MOH must assure that these MOH FP facilities have the money in their respective budgets to purchase these contraceptives.

Finding

None of the facilities we visited had received the World Bank-funded FP equipment needed to provided FP services. Several facilities had set aside rooms and had begun the process of renovating, cleaning, painting, etc., and were ready for equipment. The referral centers in Bucharest and Craiova had not been completely renovated. In some clinics staff had either not been hired or trained.

Recommendation

Family planning facilities need to be equipped, staffed, and supplied with contraceptives. The MOH should place orders with United Nations Population Fund (UNFPA) for contraceptives and for equipment from United Nations Childrens Fund (UNICEF) as soon as possible. The MOH expects to place an order for this equipment through UNICEF in about one month (March 1993).

Finding

Condoms are in very short supply. All of the government facilities and all of the private and public pharmacies we visited in Bucharest were out of condoms. No one knew where they could be purchased. Together with the need for condoms for family planning, additional supplies are needed for control of AIDS and sexually transmissible disease (STD)s. The quantities required will certainly be in the millions. In addition to MOH facilities, condoms will be needed by pharmacies and
AIDS-prevention programs. See Attachment III: A Projected Forecast of Contraceptive Needs for the MOH FP program. This attachment does not include supplies needed by pharmacies and for Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), STD prevention

Recommendation

The MOH should give priority to purchasing condoms and distributing them to MOH facilities and to pharmacies. The consultant team has estimated the quantity needed for FP purposes after analyzing population data and service catchment areas.

Finding

About 250,000 cycles of the Hungarian manufactured oral contraceptive Rigevidon were received by the MOH unit called UNIFARM in September of 1992. Distribution of these contraceptives to pharmacies began only in February 1993. The reason given for not distributing to MOH clinics was lack of clinic space, equipment, and trained staff to provide the services.

Recommendation

An alternative means of receiving, storing, and distributing contraceptives destined for MOH facilities should be given serious consideration. One alternative is the use of a private, established pharmaceutical import firm. A World Bank team is expected to visit Romania in March of 1993, at which time this idea could be discussed.

Finding

The current system of estimating the MOH’s contraceptive needs is as follows: UNIFARM surveys its pharmacies to see what their contraceptive needs are based on future sales estimates. How the individual pharmacies make their estimates is unclear, but it is likely that methodology and assumptions are not uniform. The apparent total lack of condoms in pharmacies suggest that the process isn’t working.
Recommendation

The MOH should consider estimating its contraceptive needs by analyzing one component of the potential distribution system: those MOH facilities which will be dispensing contraceptives directly to clients following consultation.

Finding

Within the MOH there is no uniform system of recording, reporting, and analyzing family planning service statistics. However, SECS clinics do have reporting forms.

Recommendation

That recording and reporting forms for summarizing FP service statistics and contraceptive inventory and distribution data should be developed and put into place before the MOH FP clinics begin to provide FP services.

Finding

At the moment, only one computer is located at SECS Headquarters.

Recommendation

At a minimum, one computer and printer is needed for each of about eight sites offering clinical services. Software for word processing and data management should be included with the computers to permit the preparation of reports and analysis of data.

Finding

The SECS and the Family Planning Movement, Vrancea provide clinical, counseling, and educational services.

Recommendation

USAID through the Center for Development and Population Activities (CEDPA) project should continue to support the activities of these two NGOs. Expansion of clinical services is important, and NGOs should continue to
increase awareness of their services and to promote contraceptive use.
ATTACHMENT I


INTRODUCTION:

The purpose of this section of our trip report is to provide an update on the status of the contraceptive logistics system of the MOH family planning program as a sub-component of the Health Rehabilitation Project. This project is funded in part by loans from the World Bank.

Where we quote from the World Bank paper (WB PAPER), the headings and paragraph numbers correspond to those used in the WB paper. Parts of the report appear in quotations while the comments/observations/recommendations of the CDC team are labeled "CDC COMMENTS".

SUMMARY

WB PAPER: Page V, Project Objectives: "...(a) to rehabilitate and upgrade the primary health care delivery system which is collapsing through want of equipment, spare parts, drugs and medical supplies;...

CDC COMMENTS: The team found that contraceptives were generally unavailable in MOH facilities. Where they were available, or had been available in the past, they sometimes had come from private donors or from private drug companies. We did find some products available for sale in private pharmacies.

WB PAPER: Project Description: "...(a) upgrading rural dispensaries,...(b) improving reproductive health care services, focussing on maternal and child health and increasing access and choice in family planning services;... (e) ensuring the supply of essential drugs, consumable, vaccines and blood products (including preparing a restructuring plan for the Romanian pharmaceutical industry)...."

CDC COMMENTS: The team found that some dispensaries and referral centers were undergoing renovation so that they could be used to provide family planning services. With one exception, the facilities we visited had neither office/clinic equipment nor contraceptives. The exception, Panait Sirbu Maternity, had clinic equipment and contraceptives, but these were provided from sources other than the World Bank.

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WB PAPER: Restructuring of health sector financing and management would be facilitated by: "... (b) developing a Health Information System to assist Ministry, district and local managers set objectives, allocate resources, anticipate needs and monitor performance; ..."

CDC COMMENTS: We suggest that the MOH seek assistance in developing a data reporting and collection system to record information on supplies distributed, supplies on hand, and clients served. Data report forms need to be developed and staff trained in data reporting, analysis, and decision making. This training should include MOH staff involved in serving clients in clinics (service statistics) and MOH staff responsible for receipt, storage and distribution of contraceptives (logistics data).

We found that forecasts for contraceptives were based on a "survey" of pharmacies and what the pharmacies had sold in the past. This kind of information is useful for annual forecasting only when pharmacies have previously had all the supplies they need for the entire year. When stockouts have occurred, as they have in Romania, the forecast is not sufficiently reliable to estimate actual demand.

The CDC consultants prepared a forecast based on population data. Attachment III includes information on contraceptives quantities needed for the referral centers and dispensaries where family planning services are to be provided under the World Bank Project.

WB PAPER: "the project's major policy actions would include: support for the restructuring of health care finance and management; supporting the restructuring of the Romanian pharmaceutical industry; shifting the emphasis of contraception from abortion to modern methods of family planning; ..."

CDC COMMENTS: Most of the MOH Staff we interviewed were eager to provide modern methods of contraception in lieu of abortion. They were waiting for their facilities to be renovated, and for the arrival of contraceptives and equipment. The shift from abortion to contraception as a means of birth control will require some time, changes in attitudes, and a reliable supply of contraceptives provided through an efficient distribution system.

WB PAPER: Benefits and Risks:

Benefits. "Improved primary health care delivery would lead to: a reduction in morbidity and mortality in infants and under-fives; improved access and choice for women in the field of reproductive health services. The consequent decline in the number of unwanted pregnancies would diminish abortions and the flow of children into institutions; ..."
Risks. The major risk concerns the institutional weaknesses in the sector which could constrain implementation and meaningful reform.... The second risk concerns Government capacity to provide the necessary resources during a time of economic crisis...."

CDC COMMENTS: Page 1 of Annex 7 to the World Bank paper indicated 12 months of technical assistance in family planning services and supplies for each year 1992-1994. This implies a long term, resident technical advisor. Mr. Bernard Fery of UNDP told CDC consultants that UNFPA said they, the UNFPA, would be willing to pay for a technical advisor. At the time of our early 1993 visit no such adviser had been hired.

WB PAPER:

ROMANIA

ROMANIA HEALTH REHABILITATION PROJECT

STAFF APPRAISAL REPORT

I. THE HEALTH SECTOR IN ROMANIA

Sector Issues "21. Data on utilization by district, facility and location are difficult to interpret... An improved information system will be needed for more refined analysis.

CDC COMMENTS: This is particularly true for the forecasting, procurement, receipt, storage, distribution and general management of contraceptives. Our recommendations on a data reporting and collection system appear above.

WB PAPER: "25. The lack of new investments, systemic shortages of domestically supplied products, and the unavailability of foreign exchange for the health sector during the last decade have combined to create a crisis. Drugs and consumables are in extremely short supply, much equipment is obsolete or stands idle for lack of spare parts and buildings and equipment are in a dangerous state of disrepair..."

"31. "...Immediate actions to legalize abortion dramatically reduced the maternal mortality rate in 1990, but the overall rate remains high, caused, in order of importance, by abortions and post-partum hemorrhage. In 1990, there were about one million legal abortions in Romania (i.e. three abortions for each delivery). In contrast, there were only about 58,000 acceptors of modern family planning methods (1.1 percent of women of reproductive age (WRA) for the same period. Even allowing for some unrecorded FP acceptors, this is a very low rate. The reasons include the poor quality and unreliable supply of contraceptives, a lack of FP services (at present there are only

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about 100 poorly equipped centers in the country), inappropriate and poorly trained FP providers (FP is mainly provided by gynecologists, rather than general practitioners and trained lay counsellors), and cultural attitudes which militate against contraceptive use.

CDC COMMENTS: We found much of this to still be the case during our visit. Although family planning centers had been identified, and some renovations had begun, equipment needed to be ordered, staff hired and trained, and contraceptives needed to be estimated, ordered and distributed.

WB PAPER: "32. Intensive efforts have begun to improve MCH. These include: ...(c) establishing a Family Planning and Sex Education Unit (FPSEU) within the MOH;...(e) upgrading and establishing reproductive health facilities;..."

"37. The government has decided to focus the first phase of its reform program on two high priority objectives, whose successful achievement would provide a firm basis for a more systemic medium-term reform. These are: (a) rehabilitating and improving Primary Health Care (PHC), with a special emphasis on MCH and reproductive health;..."

CDC COMMENTS: The MOH has established an FPSEU, and work has begun on renovating facilities to provide designated units where family planning services can be provided.

WB PAPER: The Bank’s Role

"38. The government is placing a high priority on two key areas of human resource development during the early phase of the transition to a market economy: improved health care is vital to reverse the deterioration in the population’s health over the last decade;..."

"39. In the health sector, the Bank has assisted the Government articulate its priorities over the next 3-5 years. (1991-94/96). These include: (a) rehabilitating primary health care to provide a cost-effective means of reducing mortality and morbidity; restructuring the financing and management of health care to improve access and delivery;...The project would also support a number of important changes in strategy and policy: ...shifting the emphasis of contraception from abortion to modern methods of family planning, thus improving the health of women."

CDC COMMENTS: The MOH is moving slowly in the direction of providing modern methods of contraception to the target population. However, we saw only a few locations where efforts had begun to renovate facilities for the provision of family planning services. None of these had office or clinic equipment,
and no contraceptives were available. We are inclined to believe that the renovations we saw, and the plans we heard explained, were the result of local actions rather than the result of an official policy at the central level.

WB PAPER: "51. The Family Planning and Sex Education Unit. The FPSEU has been established in the Division of Medical Care of the MOH to: (a) coordinate, evaluate and provide quality control of the MOH's reproductive health activities; (b) organize training; (c) manage an information center in collaboration with one of the national reproductive health reference centers (see below); (f) assess national contraceptive requirements and prepare marketing and distribution plans. The FPSEU staff would be strengthened with two additional professional staff to carry out these tasks. In addition, the reproductive health reference center in Bucharest would be provided with a least three additional specialist staff to support the FPSEU. A 24 hour telephone service, would be installed at the Reference Center to provide counselling.

CDC COMMENTS: The FPSEU in the MOH consisted of one person, a general practitioner. The other staff specified in the WB paper (a secretary, gynecologist, sociologist, and midwife) had not yet been assigned. For practical purposes the unit was not functioning.

WB PAPER: "52. ...During negotiations, the Government confirmed that it would provide a total of five additional qualified staff for the FPSEU and the Bucharest Reproductive Health Center by December 31, 1991."

CDC COMMENTS: By February 1993, they still weren't there.

WB PAPER: "53. Reproductive Health Centers. The project would provide equipment, educational materials and supplies to upgrade 10 (11) reproductive health reference centers at the six University Hospitals and in four major cities (Arad, Satu, Mare, Sibiu and Constanza). The centers would train health providers, provide information and counselling, FP and abortion services, and cancer screening....the reference centers would train annually about 400 gynecologists, provide FP certification training to about 125 general practitioner (GPs), and a one week FP initiation course for 4,000 GPs and nurses...."

CDC COMMENTS: No equipment, educational materials, or supplies were found in the facilities we visited. Not much else was happening.

WB PAPER: "Contraceptive Supplies. The project would support efforts to increase the number of FP acceptors from the current 1.1 percent of WRA (para 31) to about 18 percent by the end of 1994."

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CDC COMMENTS: We were not able to obtain reliable data to serve as a base for measuring any kind of change in contraceptive use. Even assuming that someone has reliable data, the suggestion that the number of family planning acceptors can increase from 1.1 percent to about 18 percent by 1994 is unrealistically high. See Attachment III for our projections of potential contraceptive use.

WB PAPER: "The MOH has estimated the annual import requirements for condoms, oral contraceptive cycles and IUDs to meet these targets, and the potential volume of supplies from foreign donors and NGOs. The project would supply the shortfall in oral contraceptives and IUDs. (The MOH estimates that there will be a sufficient supply of condoms from other sources)."

CDC COMMENTS: We were unable to obtain any estimates of the quantities of contraceptives needed to meet contraceptive requirements, either from supplies provided under this project or from other donors. The idea that the project would supply the shortfall in oral contraceptives and IUDs is unsupported by any evidence that some other source of supply has been found for these products. The CDC consultant team did not find any other source. The reality of the situation is that the MOH must provide almost all the contraceptives for the target population to be served under this project. In addition to orals, the MOH must provide condoms, IUDs, and vaginal foaming tablets. There is no apparent donor for condoms for HIV/AIDS and STD prevention.

See Attachment III for the contraceptives needed under the MOH program.

WB PAPER: "The contraceptives would be distributed to the 10 (11) reproductive health reference centers and the 230 reproductive health centers, and in order to encourage acceptance, would be supplied at low cost to women using the centers."

CDC COMMENTS. The only contraceptives thus far ordered using loan funds (Rigevidon, an oral contraceptive from Hungary) appear to have been distributed to pharmacies and not to MOH facilities. Dr. Stanescu of the MOH said that when more supplies are available, they will be distributed to both pharmacies and to the MOH family planning facilities.

WB PAPER: "During 1992, the FPSEU would prepare, with local NGOs and TA supplied by the project, a marketing and distribution plan for contraceptives with a view to establishing appropriate marketing, pricing and distribution policies to encourage as wide as possible acceptance of modern FP methods. During negotiations, the Government agreed: (a) to prepare a contraceptive marketing and distribution plan by June 30, 1992 and to review the plan with the Bank by September 30, 1992; and

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(b) to continue to adjust annually prices of reproductive health interventions to encourage the use of contraceptives."

CDC COMMENTS: No one we spoke to indicated that a plan had been developed for the marketing and distribution of contraceptives. The FPSEU consisted of one person, and no additional support. As best we can determine, nothing has been done by the government on what the paper says they agreed to do on this particular point.

WB PAPER: Preparation of a New National Health Strategy (estimated project cost US$3.1m.)

"75. ...To assist the Government design and implement a reform program, the project would (a) support the preparation of a set of policy studies and reform options; and (b) assist implementing the first phase of the reform....The expected outcomes are as follows. (a) A series of Papers and a Summary Report, with Detailed Reform Proposals. These would include proposals for: ...(ii) The delivery system: the roles of the public and private sectors; private-public mix in delivery; and the legal framework and institutions governing public and private delivery;...

CDC COMMENTS: No report on the proposal for a delivery system was made available to the team. The team has made a recommendation on the possible use of the private sector to assist in the distribution of contraceptives.

WP PAPER: Chart 3.1 Chart of Project Implementation Responsibilities

<table>
<thead>
<tr>
<th>Component &amp; Sub-Component</th>
<th>Responsible Agency &amp; Dept.</th>
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<tbody>
<tr>
<td>REHABILITATE &amp; UPGRADE</td>
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<tr>
<td>PRIMARY HLTH. CARE</td>
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<tr>
<td>Upgrade Rural Dispensaries</td>
<td>Directorate of Medical Asst.</td>
</tr>
<tr>
<td>FPSEU</td>
<td>Gen. Dir. of Mat. &amp; Cld. Dev.</td>
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<tr>
<td>RH Centers</td>
<td>&quot;</td>
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<tr>
<td>Contraceptive Supplies</td>
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</tbody>
</table>

CDC COMMENTS. In sections 95-104, The World Bank paper outlines responsibilities for purchase of different kinds of supplies, including consumables, equipment, and contraceptives. While the General Directorate of Maternal and Child Development has overall responsibility, the purchase of some of the items needs to be coordinated with UNICEF, UNFPA, and the Medical Equipment Department. We reemphasize the need for the General Directorate to work closely with UNFPA to purchase contraceptive supplies. We also see a need for the Directorate to make sure the Medical
Equipment Department purchase the equipment needed for the referral centers and family planning clinics.

WB PAPER: "95. Project Coordination and Supervision. ...A Project Coordination Unit (PCU) attached to the office of the Minister of Health has been established to deal with the coordination of project procurement, maintain project accounts, administer disbursement and act as a general liaison with the Bank for project administration and supervising purposes.

The PCU would coordinate programs and activities supported by the project, which would be implemented by the responsible MOH technical departments. To assist the PCU in coordinating and supporting the procurement functions of the various line department, technical assistance would be included to hire the services of external procurement agencies to: (a) assist in the details of carrying out procurement; and (b) train MOH staff in procurement. When appropriate, the PCU would also tap the services of suitable local trading companies to assist in those aspects of procurement (consistent with World Bank procurement guidelines), which are common across diverse goods and different sectors of the economy...."

CDC COMMENTS: The unit has been established, but consists of only one person and for practical purposes is not operational. The team saw no evidence of assistance in procurement or procurement training.

WB PAPER: "96. The project will require more intensive Bank supervision that the normal nine to ten staff weeks per year. This will be particularly true for the first two years during which several policy oriented components will be implemented. These include the preparation of a new national health strategy and the restructuring and privatization study of the pharmaceutical industry. However, other social sector projects, including a second health project are being considered for "Bank financing and wherever possible, staff will cover preparation and supervision in the same missions. In addition, agencies such as WHO and UNICEF are likely to provide support for project supervision."

CDC COMMENTS: The Bank has identified the needs and risks quite well. In addition they recognize that given the risks of a weak infrastructure, and a lack of "managers" that the usual nine to ten weeks of supervision per year are not enough. Unfortunately, the Bank relies upon the goodness of WHO and UNICEF to "likely" provide support for project supervision. What is needed is resident supervision/technical assistance. The Government has no experience with a project of this magnitude utilizing massive foreign loan funds. They should be "walked through" this project until they gain the understanding and experience required to manage its various components and sub-components.

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"105. Procurement of Technical Assistance. ...The selection of consultants would be carried out in accordance with principles and procedures acceptable to the Bank, on the basis of the "Guidelines for the Use of Consultants by World Bank Borrowers and by the World Bank as Executing Agency", dated August, 1981. Standard technical assistance bidding documents have been prepared for the proposed project, based on the Bank's "Sample Form of Contract for Consultants' Services" (March 1989).

CDC COMMENTS: Given the extensive need for technical assistance in this area, resident TA might have been useful from the start of the project. Prior to our visit, technical assistance in contraceptive logistics had not been provided.

WB PAPER: "106. Table 3.4: Procurement Arrangements US$ Million

Consumable Goods:

Contraceptives: 12.9 (9.3 financed with Bank loans).

"109. Status of Preparation. This project is in a state of preparation that would permit timely implementation because: (a) all lists for durable and consumable goods have been prepared and bid specifications for about 90 percent of the value of the goods have been completed; (b) all TA packages have been fully defined, including terms of reference, and proposals for four large TA packages have already been invited (Aug. 1991); and (c) construction of buildings (often a time-consuming process) would be limited to minor, government financed refurbishment of existing facilities. Project completion would be December 31, 1995 and the Closing Date would be June 30, 1996."

CDC COMMENTS: Preparing lists of goods and bid specifications is one thing, actually getting the process going is quite another. We saw that the procurement of contraceptives was delayed in identifying the methods, amounts and delivery dates. Equipment for the 11 referral centers and 230 clinics had not yet been ordered. Renovation of some centers has been started. We saw no evidence of activity underway to procure much needed TA. If the project completion dates are to be held to, the project has three years to raise the contraceptive prevalence from 1.1 percent to 18 percent, an increase which is almost impossible to achieve.

WB PAPER: "113. Audits, Reports and Progress Reviews. ...During negotiations, the Government confirmed that: (a) progress reports would be submitted semi-annually and a report on project impact would be submitted annually; ..."

CDC COMMENTS: Very little written information was offered to the team. When information was requested and provided, it was very difficult to make copies and often we were informed that we could
read the materials and take notes but could not remove the documents from the office. Had we not received a copy of this WB project report from USAID, we would not have had even that important document to study. Copies of key documents and reports should be made readily available to future consultants.

WB PAPER: V. CONDITIONALITIES AND RECOMMENDATION

Agreements Reached at Negotiations

"116. During negotiations, the Government agreed that it would:

(a) provide a total of five additional qualified staff for the FPSEU and the Bucharest Reproductive Health Center by December 31, 1991 (para. 51).

(b) prepare a contraceptive marketing and distribution plan for the years 1993-95 by June 30, 1992 and review the plan with the Bank by September 30, 1992; and continue to adjust annually prices of reproductive health interventions to encourage the use of contraceptives (para. 56).

(k) (i) submit semi-annual progress reports and an annual report on project impact;...

CDC COMMENTS: The FPSEU was staffed by a single general practitioner. The Bucharest referral center was in the process of recruiting staff. The report on the contraceptive marketing and distribution was not available during our visit. Progress reports and impact reports were also not available.

WB PAPER: ANNEX 2

THE DRUG SUPPLY SYSTEM

Introduction

"8. ...and drugs are stored at UNIFARM, which sells them to the regional distribution companies with a 3 percent added commission. This procurement procedure is inefficient, as it stretches delivery time without the advantage of good warehousing; UNIFARM's facility being unfit for adequate drug storage...The project would provide technical assistance to the MOH for the implementation of more cost efficient procurement techniques: tender organization; better identification of suppliers; and improved conditions...To facilitate procurement under the project, the MOH has requested the assistance of UNICEF for essential drugs and UNFPA for contraceptives."
CDC COMMENTS: The drug supply system is discussed here as it relates to contraceptives, although contraceptives per se were not mentioned. We observed that at least for one shipment of contraceptives procured under the loan (250,000 cycles of Rigevidon), the drug distribution system was used to distribute the pills to pharmacies via the 17 regional distribution companies. We were unable to visit the UNIFARM warehouse, and did not obtain detailed, first-hand information from UNIFARM staff on how they planned to distribute contraceptives provided under the project.

WB PAPER: "9. Regional distribution companies usually have a regional warehouse. The companies own a network of retail pharmacies (over 1,500 for the whole country)....On the whole, regional warehouses are in poor condition,...and most of the vehicles out of order....Stock management is poorly organized and nor computers are used.

CDC COMMENTS: Although the team was unable to visit any regional warehouses, we have no reason to believe these warehouses are other than as described in the World Bank paper.
ATTACHMENT II

TRAINING NEEDS ASSESSMENT

I. SUMMARY

A. Scope of Work

To conduct a contraceptive logistics management training needs assessment based on meetings with the MOH FP project, donors, NGOs and based on field visits outside Bucharest. The scope of work included making recommendations regarding training in conjunction with the overall logistics system assessment. Developing an overall logistics management training strategy for Romania was not included in this scope of work and would require a separate visit.

B. Major Recommendations

The following are the principal recommendations from the training needs assessment. See the section on Training Needs Assessment for the additional recommendations.

1. Before technical assistance is provided in contraceptive logistics management training, a logistics training strategy should be developed by the MOH and technical assistance consultants.

2. The FP Unit of the MOH, should have a designated individual trained in aspects of contraceptive logistics management.

3. Various training organizations should, with technical assistance, include aspects of logistics management in their curricula. Depending on the development of a logistics training strategy, these organizations could include pre-service schools such as medical and nursing schools, and continuing education schools. For in-service training, the Institute for Health Services and Management is the most qualified organization for receiving technical assistance in the development of contraceptive logistics management training courses.

4. Administrators at SECS should be trained in contraceptive logistics management. All logistics training should be coordinated with social
marketing efforts if a social marketing project is planned.

C. Future Activities

No logistics management training activities are planned for the remainder of fiscal year 1993. Future activities in contraceptive logistics management training should be tied to a more fully staffed FPSEU to provide central level coordination in logistics. In addition, the MOH's contraceptive logistics system itself needs to be further advanced in the plan to have contraceptives in the reproductive health centers before training takes place. Without a system in place or clearly identified, training for such a system may be premature. In April 1993, a CDC representative will attend a U.S. Health and Human Services sponsored meeting of the "Romania Strategy Team" to be chaired by Julia Plotnick, U.S. Public Health Service, and held in Washington, D.C.

II. MEETINGS AND FIELD VISITS

A. Training Related Meetings

Meetings in Romania that were specific to the training needs assessment were held with the following organizations: CEDPA, Center for Educating Senior Medical Personnel, Institute for Health Services and Management, Institute for Mother and Child Care, Marie Stopes, Medecines sans Frontieres (MSF) Belgium, MSF France, National Center for Health Promotion and Health Education, Post-Basic School for Nursing, SECS, United Nations Development Programme (UNDP), WHO, and World Vision.

Two of the 11 referral centers were visited (Maternity Panait Sirbu and the clinic at Tirgu-Mures) as well as several hospitals, polyclinics, and a dispensary.

III. TRAINING NEEDS ASSESSMENT

A. Background

Training needs assessments are used to identify the gaps between staffs' present performance and desired performance. Also assessed are employee attitudes, skills, and knowledge necessary for the type of system in use. In the case of Romania, legal family planning has only been recently reintroduced and the MOH's Family Planning Project has only just begun to be implemented. Therefore, a training assessment of an existing system could not be conducted. Instead, this assessment focused on the MOH FP Project plan and the currently operating NGOs.

Exactly how the MOH FP Project's contraceptive logistics system will evolve is unclear. In a functioning contraceptive logistics system, logistics training activities are normally directed to one of several levels of authority and service delivery:

Central Level. Policy makers, academic institutions, pre-service training institutions, central supply and procurement.

Regional Level. Senior Management, FP/MCH Coordinator, Warehouse Manager, Service Delivery Points (Providers, Supply Managers and Clients).

District Level. Medical Officers/MCH-FP Coordinators, Warehouse/Supplies Manager, District Level service delivery point (SDP)s (hospitals, polyclinics, dispensaries, and providers).

A fourth level may be a subdistrict level of service delivery points and pharmacies.

The first step of this logistics training needs assessment was to determine the logistics management skill levels for staff at each of these levels and what training could be useful to them.

In addition, this training needs assessment focused on past and future family planning training activities of various organizations. Organizations that provide pre-service or in-service family planning training might include contraceptive logistics management training in their curricula or provide resources for conducting workshops. Coordinated training activities conserve resource, promote cooperation among groups, and reinforce training.
This assessment does not propose a contraceptive logistics management training strategy for Romania but rather identifies possible organizations for participating in logistics training as well as educational institutions that might include logistics training in their curricula. A separate contraceptive management training needs strategy will need to be developed when the MOH FP Program is more clearly defined.

B. Contraceptive Logistics Management Skills Assessment

For the near future, it seems likely that the MOH family planning project will dispense contraceptives via UNIFARM primarily through pharmacies with a limited amount of contraceptives available in the 230 FP centers and 11 referral centers.

Thus, it was with this system in mind that we assessed the groups who would be likely recipients of contraceptive logistics management training. NGOs are discussed separately.

1. MOH
   a. Central Level.

   There is no functioning FP unit within the MOH. Presently, the MOH Central FPSEU has only one staff (Laura Andronache) who is overwhelmed with responsibilities. She is a general practitioner who has just recently completed a three-month course in family planning. In 1992, she attended a trainer of trainers course in the U.S. (funded by CEDPA) and is now familiar with adult learning techniques. Whether the MOH will increase the size of this unit is unknown. When it is clear what the staffing will be for this unit, and what the job responsibilities will be, one staff member should be trained in contraceptive logistics management with an emphasis on forecasting.

   The original MOH and WB plan stated that the FPSEU would be staffed by 6 additional officers: gynecologist (head of the office), a sociologist/psychologist, a general practitioner, a nurse/midwife, MIS specialist, and a secretary. The Unit's responsibilities were to include: management
of an information center in collaboration with the national reference center and assessment of contraceptive supplies and distribution.

The MOH and WB plan for technical assistance to the Family Planning and Sex Education Unit of the MOH specifies that TA will be provided to assist the Directorate of the Maternal and Child Health Division and the FPSEU in:

"i) ordering contraceptives, managing stock supplies, and preparing a marketing strategy

ii) preparing a training plan for the trainers in the Reference Centers

iii) monitoring and evaluating the reproductive health activities

iv) coordinating with NGOs on family planning promotions and services"

The MOH with assistance from UNICEF has established an office for coordinating NGO activities. This office (RICH) appears to be the mechanism for joint planning and evaluation among NGOs.

The FPSEU must be expanded from its present staff of one, however, to carry out the planned assistance.

UNIFARM, the parastatal responsible for distribution and storage of pharmaceuticals and contraceptives, was not seen by this team as a sapient choice for a nationwide distributor of contraceptives to clinics or pharmacies. In addition, after a brief meeting with the Director, Sylvia Ionescu, our impression was that UNIFARM would not welcome an in-depth assessment of their capabilities for receiving technical assistance or training. Thus, training needs for this critical component of logistics management were not identified. (See the Logistics System Assessment discussion for more detail on this topic.)

b. Regional Level. The MOH Family Planning Project has identified 11 Reproductive Health Referral Centers that are to train health
providers, provide information and counselling, FP and abortion services, and cancer screening. The original plan specified that the reference centers would train annually about 400 gynecologists, provide FP certification training to about 125 GPs, and a one-week FP initiation course for 4,000 GPs and nurses. The continuing education section of the MOH together with WHO and UNFPA were to provide this training together if funds were available from the two donors. The project plan states that a training plan was developed; however, a copy was not provided to us. This training plan appears to be in the early stages with 12 students recently completing training coordinated by the Center for Educating Senior Medical Personnel. This Center is discussed in detail below under the heading "Center for Educating Senior Medical Personnel."

We visited two referral centers, Maternity Panait Sirbu and the SECS clinic in Tirgu-Mures. The SECS clinic, together with the University hospital in Tirgu-Mures, was said to be a referral center. We were unable to determine what management role is played by these MOH referral centers in relation to the smaller reproductive health centers other than eventually to provide training and professional supervision.

**District Level.** Each of the 230 FP centers are to be staffed by 2 general practitioners specialized in family planning, 2 midwives, and one obstetrician/gynecologist for 3 half days per week. MOH job descriptions for the FP centers' staffs are not yet available. Thus, it was unclear who within the FP centers will manage the contraceptives and who will be responsible for reporting.

Even though there is little public sector contraceptive distribution, it appears that in most cases doctors obstetrician/gynecologist (OB/GYNs) maintain control over storage and reporting of contraceptives. The exceptions are SECS, where administrators are responsible for storage and reporting, and Polizu Hospital where a nurse was responsible for the stored supplies of Schering-donated
oral contraceptives. She was also responsible for maintaining patient records, including contraceptive units dispensed to clients, in a newly installed EPI-INFO patient record system.

d. Pharmacies.

Denise Ionete, former member of the FPSEU, and Suzanne Hurley visited 4 pharmacies in Bucharest, 2 public and 2 private, to determine whether what products were available, whether a prescription was required, and how informed the pharmacists were about the products.

Denise acted as a shopper and asked for a contraceptive that was visibly available in the pharmacy. She offered no prescription for the product requested and was not asked by any pharmacist for one. Then she asked about the product, possible side effects or contraindications. Finally, she asked if there were any other contraceptives available for sale in the pharmacy. The pharmacies were spread out in various neighborhoods in Bucharest.

At the first private pharmacy, Rigevidon was the only product available. When asked about side effects and said that there was no problem with this product and said to start the pills on the 5th day of the cycle instead of on the 1st. She bought 2 cycles for 68 lei each ($13).

At the other private pharmacy, Triquilar and Diane were available. She asked for Triquilar and purchased it for 1,680 lei ($3.36). The pharmacist said to see her doctor for information about the pills. The price of Diane, the preferred oral, was 4,200 lei ($8.4).

The first public pharmacy sold only Preventex, vaginal suppository (80 lei) that expired in 9/91. No other contraceptives have been available there for 1 1/2 years. The second public pharmacy sold only Polish IUDs (a version of the Copper T) for 500 lei ($1.00) with an expiration date of 12/93.
2. NGOs

a. **NGO Central FP Units.** No one has received formal training in contraceptive logistics management among the NGOs with whom we met. Most have learned from experience. Several women have attended a CEDPA course in the U.S. entitled "Women in Management" but again, this did not focus on contraceptive logistics management in a significant way.

The SECS, in its basic course on family planning, offers one hour about general clinic management that includes how to determine how many supplies are needed. They admitted that the methodology was not tested.

b. **Storage and Distribution.** Most NGOs we spoke with distribute their contraceptives by car and store them in a room of the house they are renting. At SECS headquarters, an administrator is responsible for storage of contraceptives and for procurement. Storage conditions were adequate and supplies were orderly.

Among NGOs, there are surpluses and shortages for certain contraceptive methods and brands. Some surpluses have been caused by inexperience in forecasting needs (MSF France). Other surpluses have been caused by large donations. Several NGOs claim they signed a contract that prohibits them from donating excess contraceptives (i.e., those that will expire in the near future) to other NGOs or clinics that could use the contraceptives.

c. **Clinic level personnel.** Most of the NGOs do collect dispensed to client data at the clinic level. An administrator, or project director for smaller projects, usually collates the data on a periodic basis. The SECS has developed a reporting system with assistance from CEDPA and has computers in two clinics that they use for patient records. At SECS clinics, administrators are responsible for data reporting.

Again, those who have experience managing contraceptives in clinics have learned by experience. Forecasting contraceptive needs
is complicated by the inconsistent availability of various brands and methods. The quality of data collection and reporting varies. Of the few clinics dispensing contraceptives that we visited, either nurses or lower level administrators were responsible for storage and reporting of contraceptives.

C. Potential Organizations for Participating In Contraceptive Logistics Management Training

The lack of a management plan for handling forecasting and distribution of contraceptives within the MOH FP program complicates the identification of organizations that might participate in logistics training. Ideally, staff in the MOH central family planning unit should have some contraceptive logistics training.

Finally, OB/GYNs, GPs and nurses should have a general understanding of the role of contraceptive logistics management because they will staff each FP center. It appears that nurses will have a limited role in dispensing contraceptives for the near future but they may be responsible for clinic storage and reporting of contraceptives.

1. NGOs - At the moment, NGOs in Romania are the most committed, organized, and successful deliverers of family planning services and family planning training. The NGOs are small and overburdened but, as a first step, the staffs of these NGOs could be trained to forecast, store, distribute and develop a reporting system for contraceptives.

Staff from SECS, the Family Planning Movement of Vrancea, Marie Stopes, MSF France and MSF Belgium, and World Vision all expressed an interest in such in-country training in the form of a workshop.

a. Of the NGOs, SECS is a Romanian NGOs with a well organized program for family planning training with eight model clinics to serve as training and service delivery sites. With 2 volunteer staff trained at Santa Cruz in TOT (Anca Ghinea and Dana Proinov) and 14 experienced volunteer trainers, they have staff with experience in adult learning theory. In addition, in each of the SECS clinics, there is a defined organizational structure with administrative staff who
already have some experience in forecasting and reporting. At the headquarters, there are two administrators who have experience in providing logistical assistance for workshops (i.e., arranging hotels, travel, per diem, negotiating contracts).

Their 1993 Workplan is quite full with volunteer staff conducting 2 and 3 day training over weekends. The Executive Director, Borbala Koo stated that in spite of their busy schedule, they would be interested in having some of their staff trained in contraceptive logistics management.

How the SECS staff could then serve as trainers of trainers to government reproductive health centers and referral centers would depend on coordination with the government training activities. Finally, logistics training activities at SECS and its eight clinics should be coordinated with any planned social marketing activities.

Medecins San Frontieres France - MSF France has a FP program in Prahova county. Natalie Lubeau is a resident advisor from France and is the coordinator. Natalie provided the following information at a meeting in Bucharest. The MSF has 6 centers in Prahova to which it supplies contraceptives.

(1) Background: MSF decided on a cost-recovery program after gaining insight from the MSF Belgium experience in Cluj where contraceptives were provided for free through 2-3 polyclinics and in pharmacies via UNIFARM. A main reason for charging a fee is an attempt to make the program sustainable.

They have asked the Maternity of Ploiesti to sell contraceptives at a low price to women who are coming to the maternity. The Maternity distributes contraceptives to the polyclinics. The maternity then retains 70 percent profit from the sale and the polyclinic retains 30 percent. For now MSF France deposits the funds in an MSF account for the Maternity. The maternity will then use the funds to purchase either more
contraceptive supplies or, if supplies are sufficient, to buy equipment, provide education or FP communication. This system was started in July 1992 and, according to Natalie, has worked very well so far. They do not provide contraceptives to pharmacies.

(2) Storage: Storage of the contraceptives is in the MSF headquarters in Bucharest. They overestimated and ordered supplies that they estimate will last for at least two more years. They estimate that first time users of contraceptives will be less than 5 percent of women of reproductive age in Prashov.

Three months supply of contraceptives are stored at the maternity. Monthly data of clients counselled and contraceptives dispensed are collected at the maternity and polyclinics using forms designed with the assistance of MSF.

(3) Supplies: Their current suppliers, Schering, Cilag, and Organon, pay in foreign exchange for the contraceptives. The problem will be how to sustain the procurement with lei at official rates.

She has maintained tight control of the amounts of contraceptives provided to the maternity and the amounts distributed to the polyclinics.

The pills being provided are: Minidril, Stediril, Microgynon, and Primolut-Nor (a progesterone only pill).

They also provide the Multiload 250 IUD (the same as copper T). The MSF did not provide condoms because condoms were readily available in the stores when supplies were ordered. They were found in general department stores, cosmetic shops, and other shops but are not now available in Brashov. Chinese spermicide paper is sold locally.
The MSF does not provide diaphragms because of the training needed for fitting and instruction.

(4) Training: Three training sessions have been held in Brasov by MSF France:

In April 1992, 12-13 GYNs working in 6 centers spent 2 and 1/2 days in training. A GYN MSF consultant from France provided the training because it was unacceptable for a midwife (Natalie) to train doctors. This training provided general information and discussion regarding family planning and counseling.

In September 1992, 5 medical assistants (same as nurses) working in centers were trained.

The third training was conducted for 126 doctors in five groups. These were GPs who are the coordinators for dispensaries. The Direction of the Health District of Brasov provided a list of the 137 coordinators and ordered them all to attend. Of the 137, 126 attended. Natalie said they were told they did not have to stay, but none left. She said that it was not clear how many dispensaries one coordinator coordinates. She thought that it was 4 or 5 but was told that one coordinator may coordinate only one dispensary. They were provided training and information in: what is FP, oral contraceptives and IUDs, all methods that exist, what are the origins of the rumors and what can be done to counter them.

The goal of the training was for the coordinators to refer clients coming to the dispensaries to go to the polyclinics for their contraception. Because the GYNs are only in the polyclinics, contraception is dispensed there. The MSF is following the regulations on this.
She said they did not, but would have like to develop job descriptions for the staff working in family planning.

(5) Evaluations and Surveys: An evaluation will be done in March 1993 of this training. An MSF GYN from France will provide assistance. The evaluation plan is on file at CDC. In addition, they conducted an opinion survey on abortion and contraceptives in April and May 1992. The goal was to understand better the opinions and rumors circulating about contraception and abortion and to determine if there was a demand for information on these subjects.

From March 1992 to December 1992, report showed that 2,988 patients received FP information. The quality and amount of the information provided is questionable; however, Natalie said some information provided is quite brief.

The MSF will be leaving Brashov in April so there is a question regarding how the project will continue without a local advisor and donated contraceptives. The MSF France may do a similar project in Constanta with a resident midwife. This person would visit Brashov occasionally to maintain the project.

c. World Vision - Dr. Virginia Canlas is the Director of a 3-year primary health care project funded by World Vision and USAID. Their goal is to reach the community through health education and restructuring of the PHC system. They are working at three project sites: Feleacu, Maguri-Racatau, Zorilor.

(1) Training: A knowledge, attitude and practice (KAP) survey conducted in April 1992 established FP, breastfeeding and AIDS as priority needs. (Details of the survey were not discussed.) January 25 to February 5, World Vision (WV) conducted a 10-day intensive training program to improve knowledge and skills in family planning. Four Romanian OB/GYNs facilitated the training. Twenty-one dispensary level GPs and
nurses and GPs from polyclinics at the three sites attended. They also invited the other local NGOs, SECS and MSF Belgium, to participate. The training included IUD insertion. She said doctors conduct their own informal sessions after their training.

2) Supplies: Three pallets of condoms (150 cases) are arriving soon. They were ordered through a World Vision program, "Gifts in Kind," that obtains donated drugs. The condoms will be distributed throughout medical centers in the Cluj județ and at World Vision in Constanta.

d. The MSF Belgium - This was a brief meeting at the MSF/SECS clinic in Cluj with Dr. Anca Mican, a GP who has been working there for two years.

(1) Training: MSF has a two-year program for training 20 GPs, mostly from SECS. A GP and a psychologist from Belgium provide a one-week training for the 20 GPs for one week in contraception and counseling.

As a part of this two year program, these twenty GPs gather each month for one Saturday to discuss cases, the program, and to produce a report for the instructors in Brussels. The instructors return every six months to review progress and to enhance the training.

The MSF pays the transportation, hotel, and lunch costs of the trainees. She said that the first seminar offered in 1991 introduced contraception to OB/GYNs in four towns Cluj, Dej, Bistrita, Zalau. Later, seven workshops were held in the same districts with GPs and nurses together. The workshops lasted one week and covered contraception and counseling. Two more workshops took place in 1992.

2) Supplies: Contraceptives have been distributed in three counties: Cluj, Bistrita, Salaj (Zalau and Siruleu).
The locations were chosen because MSF is working there and can supervise, and because there is a FP center in each. Schering donated 10,000 cycles of Microgynon 30 and 50. They have 5,000 Copper-T IUDs from Canada (where they can get more), and a few condoms. The supplies are stored in the MSF offices. These supplies were ordered based on an evaluation of how much they will need for six months.

2. **Institute for Health Services and Management** - Although they share the same physical facility, this institute is no longer a part of the Institute for Hygiene and Public Health. Partially financed by the World Bank loan for the Health Rehabilitation Project, I was told that the Institute has a total staff of 26 staff. Some are part-time and some (7) are overseas studying.

Created at the end of 1990, their main activities are public health services training and research in health status. They have developed 12 modules in health management targeted to district health managers. The modules were developed with technical assistance from Nuffield Institute for Health, University of Leeds, U.K. In 6 1-week workshops held last March-June, the Institute and University of Leeds trained district health directors in: decision making, needs assessment, priority setting, health care financing, evaluation of effectiveness and efficiency, personnel management.

An example of a module in Romanian and the tables of contents from each of the modules are on file at USAID, Romania.

Among their other activities, the Institute is assisting with the development of the MOH’s health strategy and pilot projects in health care decentralization. They are also in the process of establishing a School of Public Health Management with assistance from the London School of Economics, University of Montreal, and N.Y. University.

They have not had experience in family planning but are interested in and willing to give assistance in developing modules or workshops related to contraceptive management training.
They said that their experience is in working at senior levels. The director, Professor Enachescu, M.D., is not known for having a strong interest in family planning but he is interested in management. They said they would be interested in developing modules for contraceptive logistics management. A SECS staff member said she is familiar with this group and they are a young enthusiastic group. They might be an organization that, if given technical assistance, could train managers on the role of contraceptive logistics management.

Also, the director has expressed an interest in conducting nursing management workshops. One type of workshop would be for nurse educators or tutors to learn teaching techniques and another is for head nurses in hospitals. The European Community is interested in this activity and may provide the funding. Julia Plotnick, a U.S. Public Health Service Officer and consultant, has sent Dr. Anaceascu some examples of nursing curricula that might serve as the basis for development of nursing management workshops. If the workshops were developed and conducted specifically for nurses working in the FP centers, this might be an appropriate means for training nurses in contraceptive logistics.

Post-Basic School of Nursing - The School's Director, Gabriela Bocec, stated that the School has been training nurses in family planning since 1991. Under the MOH FP program, nurses who are already working at the community level are being trained in one-week workshops emphasizing education and motivation rather than provision of FP services. The Director said the training began with training one nurse from each of the 41 districts. However, after a UNICEF evaluation it was found that the nurses felt isolated from those who were supportive of FP and, therefore were not forceful in using what they had learned. The UNICEF has provided the technical assistance in training the nurses and in developing curricula.

The Director said that, in 1992, 582 nurses were trained at the community level. A program was designed so that these nurses could then train their colleagues and start educational projects in schools and in factories.
The topics in the training include: contraception, communication, fundamentals of sex education, and counseling. A certificate is provided but the training does not receive official MOH recognition with a diploma.

It was explained that the 1993 plan is to hold 13 1-week workshops for nurses at the dispensary level or in the family planning unit. The locations will be: 2 in Arad, Bihor, Bucharest, Dimbovita, Dolj, Galati, Satu-Mare, Sibiu, Timis, Tirgu-Mures, and Tulcea.

Previously trained nurses from the districts and an instructor from the nursing school or a SECS staff member (Anca Ghinea) are the trainers. They have no funds for renting hotels and providing accommodations; therefore, they use campus facilities. The MOH provides travel funds.

Because nurses are likely to be responsible for administrative reporting of contraceptives in the family planning project, this organization is one which should be used to provide logistics training to the nurses, either through additions to their curriculum or through independent workshops. The nurses would have to be selected, however, for placement in the 230 health centers. Presently, nurses attending the educational workshops are not targeted for placement in such centers. The director said nurses are selected from the community level.

The Director believes strongly in the role of nurses in family planning, and appears to have a good working relationship with SECS (she was a founder).

4. **Center for Educating Senior Medical Personnel** - This group coordinates the in-service training of government physicians. Though Dr. Adrian Restian is the Director, we met with Dr. Virgiliu Ancar, one of the instructors. Dr. Ancar has a reputation for sincerely supporting provision of family planning services and FP training. This group coordinates in-service training provided in universities and hospitals and is subordinate to the Ministry of Human Resources.

They have recently developed a three-month family planning training curriculum for GPs. They said that the first group of 12 GPs started training on
November 15, 1992 and will take their exam on February 12, 1993. Another training apparently took place beginning last July. The course has 4-6 hours a day of classroom instruction plus clinic practice. The quality of the training has not yet been evaluated.

A proposed curriculum includes contraception, infertility, management of family planning, notions of sociology and psychology, a review of preventive medicine, venereology, genetics and family planning, sexology, laboratory techniques, education and counseling, legislation, endocrinology, contraceptive technological developments, cardio-respiratory resuscitation.

In the curriculum's section on management, there is a section on selecting contraceptives, distribution, storage, transportation and maintaining minimum levels of contraceptives. The three-month training includes six hours of pedagogical training methods. A copy of the curriculum is on file at USAID Romania.

The IPPF book "Manual Planification Familiale a L'usage des Medecins," 1989 by Robert Kleinment has been translated into Romanian and is used in the course.

It was explained that students are selected for the course based on certain exam scores and given the choice of specializing in family planning. Such a specialization is sometimes preferred because it allows working in urban centers rather than rural centers. The trainer stated that it is difficult to determine who is genuinely interested in family planning. Students are selected by the Directors of the health districts and the Sanitation Department. The Sanitation Department pays for transportation to the hotel.

The best of those who are trained initially will train others and will receive some TOT training. They expect that 5,000 will need to be trained in the next five years. At the moment, the trainers are: Drs. Ankar, Marinescu, Telianu, and Tulose. The quality of the instruction is unclear, although there is no emphasis on counseling.

This center is reluctant to release a training plan. They expressed a willingness to work with
the NGOs in a more cooperative spirit and said that an intermediary might be helpful.

It was explained that 12,000 GPs are to be trained in 1994 in FP counseling, 3,000 per year in the MOH FP project reproductive health centers. The goal is for the GYNs to have a less important role in FP counseling. In time, every district should have 2-3 instructors. It was not clear exactly what form the training took in the past, since the three-month training has only been in place since November 1992.

They said that, ideally, the training should take place all over the country in University Hospitals and not only in the WB designated areas.

5. Pre-Service Training Institutions - The nursing school now provides special training in family planning, although nurse family planning specialists are not officially recognized with a diploma. The GPs do not yet have family planning specialization in their pre-service training. OB/GYNs do not receive any contraceptive logistics management training in school. Time limitations did not allow visits to some of these schools. However, including some logistics management training in the curricula of these programs is recommended depending upon the availability of a specialist with logistics knowledge for teaching.

Other Meetings

- **Center for Health Promotion** - The Director, Sanda Apostolescu, is very interested in family planning and would like to be involved in educational training in this area. However, at this time, this organization has an educational orientation rather than a management or service orientation.

Recently established as a center in April 1992 for health promotion, they have worked with various international organizations, including UNICEF and AIDS Care, Education and Training (U.K.) (ACET), in providing for HIV/AIDS educational training to health and education authorities. They are presently conducting a small KAP (25 questions) of FP among the young population in Bucharest. The sample is 2,000 people married less than two years. Focus groups of 800 young people (400 students and 400 employees) will be conducted as well as informal talks among FP professionals in Bucharest only.
E. General Family Planning Training Issues

In assessing the need for contraceptive logistics training, several issues were identified as hindering the process of family planning training in general. The areas needing resolution are:

1. The NGOs and the government are not coordinating their family planning training activities effectively. There is a difference in philosophy about the technical level of the training, the quality of the training, and the importance of counseling. In addition, some government trainers want to be consulted by the NGOs and complain of being criticized. As a result, FP training conducted by NGOs is not formally recognized by the government. An exception is four GPs who were trained by CEDPA in family planning and who were subsequently certified as family planning specialists by the government.

RICH, the NGO coordinating group, has been created to promote cooperation among NGOs and the MOH. This may be one mechanism for improved cooperation. In addition, CEDPA will be conducting a workshop for NGOs working in family planning in April 1993. The goal will be to help exchange experiences and lessons learned, to share information and plans.

2. There are no managers in the medical system in Romania. Management is a foreign concept and is thought to be inappropriate for doctors. Only recently has an institute begun to provide management training to district health managers (the Institute for Health Services and Management). This organization is one possible means for providing technical assistance in contraceptive logistics management training.

3. Nurses are receiving training in family planning but as yet they receive no diploma certifying that they are family planning specialists.

4. The MOH has recently established a technical 3-month program that has begun by training only 8 to 12 GPs per session. Trainers are not selected based on their interest in training.
5. Selection criteria for most training have been a problem with opportunity and exam scores being the only selection criteria rather than interest in family planning.

RECOMMENDATIONS

1. **Before technical assistance is provided in contraceptive logistics management training, a logistics training strategy should be developed by the MOH FP Program and the organization providing technical assistance.**

   The MOH should reveal its plan for in-service family planning training so that contraceptive logistics training may be incorporated. In addition, all training should be coordinated with that being provided by other donors, particularly the World Bank.

2. **The FP Unit of the MOH should have a designated individual trained in aspects of contraceptive logistics management.**

   When it is clear that this individual could benefit from such training and would have time to devote to logistics activities, he or she should attend a one-week training in Washington, D.C. conducted by JSI and CDC.

3. **Administrators at SECS headquarters who are involved in forecasting should be trained in contraceptive logistics management.**

   This is consistent with the stated objectives of SECS being an education organization using model clinics. These administrators could then participate in subsequent workshops with the MOH in contraceptive logistics management.

4. **If a UNFPA resident logistics advisor is hired, he or she should provide some guidance and coordination for all contraceptive logistics training with the MOH and NGOs.**

   This will depend on the scope of work for the resident advisor but the MOH should realize that the advisor will have only a coordinators role and cannot carry out many of the functions that require a fully functioning FPSEU.
5. **With technical assistance, the Center for Educating Senior Medical Personnel should incorporate aspects of contraceptive management training into the curriculum of the 3-month FP training for GPs.**

The curriculum for this newly implemented training (since July 1992) includes a section on management and a subtopic on contraceptive management.

6. **Depending on their role in the 230 reproductive health centers, with technical assistance, the MOH should incorporate some contraceptive management training into the curriculum for the Post-Basic School for Nurses.**

It appears unlikely that nurses will be given responsibility for dispensing contraceptives in the 230 centers. However, they are likely to be responsible for managing clinic supplies and producing reports.

7. **Nurses currently being trained in FP education and motivation should be selected and trained for the purpose of working in the 230 health centers.**

Nurses currently receiving educational family planning training are not selected for placement in the 230 FP centers. It is not clear on what basis the nurses are selected, although working at the community level and interest health education were said to be criteria.

8. **The Institute for Health Services and Management could with technical assistance develop modules for use in training higher level managers or coordinators on the role of logistics.**

This logistics management training should be incorporated into the overall family planning training strategy by the advisor or consultants and the MOH.

9. **The MOH organization for coordinating NGOs (RICH), with assistance from donors, should promote cooperation between the MOH family planning project and the NGOs.**

Improved communication among NGOs and between NGOs and the MOH would benefit all parties and all FP training. NGOs need official recognition of their family planning training activities. The MOH
needs to coordinate their training with the NGOs. The World Bank project plan made this recommendation as have other consultancies (including the Trust Through Health, Inc. AID-funded team), thus this is simply a repetition of this recommendation and a continuing need.
ATTACHMENT III

CONTRACEPTIVE ESTIMATE

ROMANIA

SOURCE OF DATA: TOTAL FEMALE POPULATION, 1992 CENSUS

WOMEN OF REPRODUCTIVE AGE (WRA): APPROXIMATELY 44% OF TOTAL FEMALE POPULATION

In the attached tables, the number of estimated users of contraception is based on women of reproductive age. Some of these women will obtain family planning services from Ministry of Health (MOH) clinics funded, in part, under the World Bank Health Rehabilitation Project. The estimated number of users does not include women who obtain contraceptive supplies from NGOs, physicians in private practice, or from pharmacies.

For practical purposes the MOH program has not yet begun providing services. Few physicians have been trained, clinics have not yet been opened, and contraceptive supplies are not available. For these reasons we estimate that in the early phase of the program, only a small percentage of the target population will be served. The alternative estimates included here are for two, three, and five percent of women of reproductive age to be enrolled as current users in the program.

From 1990 through 1992, contraception provided through MOH facilities reached about 2% of women of reproductive age (58,342, based on Table 16, World Bank report). Contraceptives available from MOH facilities were often in short supply, and in some facilities they were not available at all. The high number of abortions from 1990 to 1992 indicates that many women relied on abortion as the primary means of birth control. Some women obtained services at maternity centers, often coincidental with giving birth or obtaining abortions at those centers.

For the country as a whole, our estimates of women to be served by the program are as follows:

2% COVERAGE: 50,941
3% COVERAGE: 76,416
5% COVERAGE: 127,361

These figures are annual estimates for the early years of the program. Forecasts should be reviewed frequently as the program grows. Until the clinics and referral centers begin
to submit data on clients served, it seems unreasonable to project higher levels of coverage (service).

The number of women to be served was converted into quantities of contraceptives needed. We estimate a contraceptive method mix of 25% for four methods: pills, IUDs, spermicides, and condoms. We chose to use 25% for each method because, at this point, there is no reliable data available upon which to base an alternative method mix. Based on the data in Table 16: 1990 CONTRACEPTIVE USE, page 56 of the World Bank Health Rehabilitation Project Document, and from discussions with MOH staff, pills, IUDs, and spermicide are commonly used methods in Romania. We added condoms to this mix to increase the range of methods available and to provide a method which can also serve to limit the spread of AIDS and other sexually transmitted diseases (STDs).

We did not include injectable methods because the MOH staff we talked to said that this method is not currently used in Romania. Norplant was not included because clinicians have not been trained in its use. Both methods could be added when the MOH decides to include these methods in the program.

It is important to make contraceptives available as soon as possible to the greatest number of potential users. This can be most easily done by providing methods that are acceptable to both client and MOH staff.

The actual number of contraceptives needed for an annual supply was determined as follows:

15 cycles of pills per user;
1 IUD per user;
150 foaming tablets per user;
150 condoms per user.

These figures include a factor for wastage but not for reserve stocks. The tables include a footnote on the uses of spermicide other than foaming tablets. We have not attempted a more detailed breakdown for this method. For pills, condoms, and foaming tablets, actual consumption during the course of the years will be less than maximum: A pill user enrolling in January will use more cycles in the course of that calendar year than one enrolling in December of the same year. We still recommend ordering supplies based on the number listed above. The quantities ordered will be small, and there will be time to refine future
orders based on the actual amounts dispensed to clients as recorded and reported by the referral centers and FP clinics.

These amounts are intended to be distributed among the 11 family planning referral centers and 230 family planning clinics. Records should be kept of quantities distributed and clients served so that future forecasts can be based on consumption data. Over time, the MOH reporting and recording (MIS) system should become the foundation for increasingly accurate forecasts of contraceptive needs.

The forecasts we have included are exclusively for contraceptive supplies provided through family planning clinics and referral centers under the MOH family planning program. Plans must also be made to order additional supplies as stocks are consumed.

Some programs order supplies based on estimated annual consumption plus an additional quantity to serve as reserves. The additional amount can range from 3-6 months of annual consumption. For example, a program which dispenses 24,000 cycles of pills annually has an average monthly consumption of 2,000 cycles. Therefore, a three month reserve stock would be 6,000 cycles; a six month reserve stock would be 12,000 cycles. The same formula applies to other methods as well. We recommend a reserve stock of six months of supply. This figure can be changed depending on program experience and the reliability of regular resupply.

If the MOH program plans to provide contraceptives to private and public pharmacies, additional supplies need to be ordered. The amounts to be distributed through these pharmacies should be determined by the MOH through discussions with UNIFARM and a review of UNIFARM's distribution figures. During our visit we were not able to obtain the data from UNIFARM needed to estimate the quantities required for distribution by the pharmacies.

NOTE TO THE READER CONCERNING THE ATTACHED TABLES:

ADDED TO THIS ATTACHMENT ARE PHOTO COPIES OF PROJECTED CONTRACEPTIVE NEEDS TABLES WHICH ARE IN A MICROSOFT EXCEL SPREADSHEET FORMAT. THESE PHOTO COPIES ARE PAGINATED DIFFERENTLY AS THEY ARE NOT ELECTRONICALLY ATTACHED TO THIS DOCUMENT. THE PROCESS FOR ELECTRONICALLY INCORPORATING THEM INTO THIS DOCUMENT IS UNDERWAY.