

**Report on the Visit to CEMOPLAF, Quito
February 16- 22, 1998
PRODIM and Save the Children
INOPAL III, Population Council**

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I. General Findings

Ecuador is a South American country of approximately 267,000 kilometers with a population of some 12 million inhabitants including various indigenous groups. The minimum salary of Ecuador is 120,000 thousand sucres. The country is divided into 21 provinces. In general, conditions of the population of Ecuador are better than for the population of Honduras. Even the indigenous groups live better: some have cars, appear to be healthier, and can afford to pay medical bills and other expenses.

The Medical Center for Orientation in Family Planning, CEMOPLAF, is an NGO which began family planning services 24 years ago. There is another NGO called APROFE (similar to ASHONPLAFA) which provides services in the provinces not served by CEMOPLAF so that resources are optimized. The difference between the two NGO's is that CEMOPLAF is 75 % self-supporting at this time.

There are 21 center or clinics located in provincial capitals, with populations between 40,000 and 900,000 persons. Some of these clinics are located in areas with a majority of indigenous populations.

Their orientation is mainly private initiative (they maintain a strategy of only coordinating with public health services in view of the fact that the government presents many problems).

All centers are considered as parts of one large family which has made the experience a success.

II. Forms of Operation

CEMOPLAF operates through:

2.1 Medical Clinics

These clinics have a team of approximately 10- 14 persons, among which are:

- *General Practitioners
- *Obstetricians
- *Laboratory technician and assistant
- *Secretary
- *Family Planning Counselor
- *Part-time Gynecologist
- *Accountant

They offer services of general medical, pediatric, and gynecological consultation, temporary and long-term family planning methods. In some cases, they do not have operating rooms which are too costly, but rather have arrangements to rent local

operating rooms. Voluntary sterilization services are heavily subsidized by CEMOPLAF because they are not sustainable.

2.2 Community Distribution Posts (CBD)

These posts are not considered such a good strategy currently because they don't focus on social marketing. They are visited by the staff of CEMOPLAF (promoters) who beside supervision, offer counseling and referral.

2.3 Community Doctors

CEMOPLAF assists doctors (generally recent graduates) to: set up their offices; finance equipment on credit; and get supplies of family planning methods in return for their offering family planning services and buying their family planning supplies from CEMOPLAF.

They used to have mobile units but they do not consider them a good strategy because of the high cost of maintenance of vehicles, gas, etc.

2.4 Social Marketing

CEMOPLAF adjusts the prices of its contraceptives bought through the national pharmaceutical companies which give it an excellent price and many discounts on their products. CEMOPLAF then can sell the contraceptives at a good price to local doctors.

Family planning services account for 51 % of overall services in the CEMOPLAF clinics, while the other 49 % includes prenatal examinations, general and pediatric consultations, gynecological consultations and others.

III. Measures for Self-Sustainability

3.1 The high quality of services based on:

- *The excellent treatment of the patient (including an attractive appearance of the clinics and rooms which are generally decorated with posters and other things related to health)
- *A good distribution and variety of services available
- *The continuing technical training for service providers (especially in administration and accounting)
- *The follow-up of cases and adaptation to the need of the patient
- *Clear and timely information for the patients

At an institutional level, there exists a familial relationship in CEMOPLAF among employees who consider each other as a family, feel committed to the institution (in spite of the fact that some earn less than others), and work together resolving the problems of the patients.

This has been accomplished in large part due to:

-the de-centralized work of the clinics which are independent in decision-making, and in the search for sustainability. (Only accounting is centralized).

-the constant incentives for staff including small gifts, invitations to meetings, travel and other

-the two raises in salary per year

3.2 Sale of services

All the services rendered by CEMOPLAF have charges, some are fully charged while others return only a percentage of the full cost. The services that are most profitable to the CEMOPLAF Centers are laboratory and sale of medicine. In some centers, the sonography services are also profitable.

Before initiating any service, CEMOPLAF conducts feasibility studies to ensure success.

IV. Clinic organization

Almost all the centers visited have the following flow of services:

*Initially the patient is received in counseling where the service needed by the patient is identified.

*Then the patient pays for the cost of the consultation where the records and files are kept.

*Then the patient proceeds to different services.

*Finally, the patient is sent to the laboratory or pharmacy.

The cost of the consultation depends on the place or the population, but generally costs from (5\$)sucres to 10,000 sucres (2.2\$). The family planning methods, medicines, and lab exams are paid for separately. Vaccinations are given without charge because they are obtained through the Ministry of Health.

V. Sustainability

The population that cannot pay for CEMOPLAF services is excused from payment. From the entrance fees that the clinic charges- between 20 and 50 million Sucres- are paid salaries, equipment, paper and other necessities. If there is money remaining after these expenditures, it goes to the central headquarters to cover the central office costs, buy contraceptives, and other things.

At the end of each month, the staff meets and pays for its monthly expenditures. If they are going to incur other costs (e.g. painting, building repairs, etc.) this is paid out of the money left over. Then the remaining capital is returned to the central level.

USAID/Ecuador in 1998 gave a contribution of 600,000\$ for the year, to be given in allotments of 50,000\$ a month. Since CEMOPLAF is able to pay 75 % of its expenditures, the capital corresponding to the dollar amount is held in a fixed account that is earning interest. CEMOPLAF hopes to earn by the year 2000 some \$5 million that will be used to cover the costs of some clinics that are not yet self-sustaining. USAID approves of and is fully informed of the arrangement whereby the capital in dollars destined for the project is liquidated with vouchers from the payments made by CEMOPLAF with its own revenue, as if the granted money had been spent, while, in reality, it remains in the bank earning interest. The only condition required by USAID is that the money is not touched until the year 2000 and cannot be invested in fixed property.

In large part, the sustainability of the clinics has resulted from the promotion made by the staff of CEMOPLAF and the community staff which encourages use as well as the strategies of promoting word of mouth referral.

Competition among clinics exists for the best yield of patients, most economical entrance fees, etc.

Conclusions and Recommendations

-PRODIM can similarly maintain a self-supporting clinic from an economic point of view.

-The most profit will be obtained from general and pediatric consultations, laboratory services and sale of medicine.

-From the beginning, the elements which make up quality of care in family planning should be implemented.

-Independence in clinic decision-making through decentralization should be permitted so that clinics pay their own expenses, invest in quality care, have cash incentives for their employees, etc.

-The accounting for the clinic should be centralized with monthly controls and technical support from the central level.

-The staff of the clinic should be small with each person handling a variety of functions, as the need exists.

-At the level of Tegucigalpa, there should be competition in the implementation of a family planning clinic with all the characteristics previously described

-After some time and previous evaluation, there should be consideration of opening other clinics strategically located in the operational areas.

-There should be investment in incentives for the staff, based on what is financially feasible.

-In consideration of the poorest population, PRODIM should think about supporting the initiatives of the projects co-managed by the offices of the mayors and the secretary of health because they have greater experience in lowering costs to the public. In addition, they place a premium on investment in financial organizations that support local development.