Centro Médico de Orientación y Planificación Familiar, CEMOPLAF
Ecuador

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Overview of CHMI

The **Center for Health Market Innovations** (CHMI) is a global network of partners that seeks to improve the functioning of health markets in developing countries to deliver better results for the poor. CHMI works to accelerate the diffusion of Health Market Innovations, programs and policies—implemented by governments, non-governmental organizations (NGOs), social entrepreneurs or private companies—that have the potential to improve the way health markets operate. These programs and policies enable the transactions between consumers and private healthcare providers to lead to better health and financial protection, especially for the poorest and most vulnerable.

To bridge the existing information gaps about Health Market Innovations and help diffuse promising programs, CHMI engages in three core activities -- Information, Analysis, and Linkages -- linked and integrated through the CHMI website. Users and contributors include program implementers and social entrepreneurs in the for-profit and non-profit private sectors, donors and investors, government policymakers and practitioners, and researchers from academic institutions.

CHMI categorizes programs according to five distinct program types – organizing delivery, financing care, regulating performance, changing behaviors, and enhancing processes. One level of program documentation consists of a standardized web-based template that captures key data points about each program (such as geographic coverage, target population, health focus, numbers served, etc.). In addition to mapping the Health Market Innovations globally, CHMI also completes more comprehensive case studies designed to provide a deeper look at the structures, activities, and impact of innovative programs.

In the Andean region, CHMI works with Freedom from Hunger to identify and provide information and analyses of health market innovators in Bolivia, Ecuador, and Peru. The Medical Center for Family Planning and Education, or CEMOPLAF was selected from a comprehensive scan of innovative health programs in the Andean region for a case study.
Executive Summary

Over the past several decades, health in Ecuador has been steadily improving, and most indicators place Ecuador near the average for Latin America.\(^1\) In 2008, life expectancy at birth was 75.28 years, up from 68.85 in 1990.\(^2\) Despite recent improvements, health in Ecuador is still characterized by large inequalities, particularly between rural and urban populations as well as between ethnic groups. In addition, Ecuador is currently experiencing an epidemiological overlap, in which the population experiences both “traditional” diseases, such as infectious diseases, malnutrition, poor maternal and infant health, and sanitation-related diseases, as well as modern, non-communicable and chronic diseases.\(^3\)

Centro Médico de Orientación y Planificación Familiar (Medical Center for Family Planning and Education or CEMOPLAF) is a private organization operating in the mountainous region of Ecuador with 37 years of experience in the field of sexual and reproductive health. CEMOPLAF’s main objective is to facilitate access to educational services regarding sexual and reproductive health awareness and prevention to the poorest populations in the country, and especially to women and youth. CEMOPLAF is focused on reaching indigenous and other marginalized communities and works directly with community leaders to improve services and attract clients.

CEMOPLAF currently operates 26 semi-urban and rural health centers in 11 provinces and employs a staff of 342, including health professionals and administration. Initially founded to serve women of reproductive age with family planning services, the community came to depend on CEMOPLAF clinics to provide a wide range of services from basic healthcare screenings to psychological services. Services are still geared toward women (90% of clients), with family planning and gynecology accounting for 57% of care.

CEMOPLAF estimates that 25% of the services it provides are to youth under 19 and 51% to adults under 25. While evaluating the effectiveness of a school curriculum it developed to educate young people about sexual and reproductive health, CEMOPLAF discovered the preference for young people to learn about these sensitive topics through their peers. The Youth Program was initiated in 1995, when CEMOPLAF began training Youth Health Promoters to increase youth knowledge and access to sexual and reproductive health services. The Youth Program operates in 18 centers with 480 Youth Health Promoters and serves approximately 11,000 youth.

More recently, due to a new constitution granting universal health care to all Ecuadorians, the Ministry of Public Health (MPH) has been establishing centers in areas where previously only CEMOPLAF offered comprehensive services. The MPH services are free and some overlap with those that CEMOPLAF provides. As a pioneer in the provision of reproductive health services for the underserved, it is likely that CEMOPLAF helped to pave the way for MPH clinics in
certain areas. While services are now available for free in some communities, many individuals continue to choose to get services from CEMOPLAF. CEMOPLAF is also continuing to diversify its services and to coordinate with the public programs to avoid duplication of resources.

### Model Overview

<table>
<thead>
<tr>
<th>Implementer</th>
<th>Centro Médico de Orientación y Planificación Familiar, CEMOPLAF Medical Center for Family Planning and Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners</td>
<td>Ministries of Health and Education, Provincial and Municipal Governments, Red Cross, CARE KIMIRINA, UNFPA, Our Youth Foundation, Santo Domingo Network for HIV, NGO Coordinator of Pichincha HIV, Sex Workers Network Universities, Colleges, For Profit Businesses, Logging Companies, Banks, Social Groups</td>
</tr>
<tr>
<td>Type of Organization</td>
<td>Private Not-For-Profit Organization</td>
</tr>
<tr>
<td>Central Office Location</td>
<td>Quito, Ecuador</td>
</tr>
<tr>
<td>Country Location</td>
<td>Ecuador</td>
</tr>
<tr>
<td>Province Location</td>
<td>11 Provinces: 7 in the mountains, 3 on the coast and 1 in the Amazon</td>
</tr>
<tr>
<td>City/Community of Operation</td>
<td>20 Cities, 500 Communities</td>
</tr>
<tr>
<td>Stage</td>
<td>Established and in state of expansion</td>
</tr>
<tr>
<td>Year of Initiation</td>
<td>1974, Youth Program - 1997</td>
</tr>
<tr>
<td>Number of employees</td>
<td>Over 100</td>
</tr>
<tr>
<td>Technology</td>
<td></td>
</tr>
<tr>
<td>Type of Program</td>
<td>Enhancing Processes › Mobile clinic Changing Behaviors › Health awareness/education Financing Care › Cross Subsidization</td>
</tr>
<tr>
<td>Type of Program Health Focus</td>
<td>Chronic Illnesses, specifically cervical cancer Primary Care Secondary Care</td>
</tr>
<tr>
<td>Geographic Location</td>
<td>Urban/Peri-Urban/Rural</td>
</tr>
<tr>
<td>Target Population</td>
<td>Young Adults (13-24), Women</td>
</tr>
<tr>
<td>Number of visits per year</td>
<td>CEMOPLAF: 219,894 Clinic Visits, 450,898 Laboratory Exams, 876 Surgeries, 11,674 Rapid HIV Tests, 156,769 Informed of HIV Positive Test Youth Program: 6,215 Trained Teachers, 1,895 Youth Promoters, 124,206 Youth Participants, 13,996 Parent Participants, 252,600 Students</td>
</tr>
<tr>
<td>Income Level of Target Population</td>
<td>Bottom 20% 20-60% (low-income to low/middle income)</td>
</tr>
<tr>
<td>Source of Revenue</td>
<td>Payments for services</td>
</tr>
<tr>
<td>Additional Revenue</td>
<td>Donations</td>
</tr>
<tr>
<td>Donors</td>
<td>Planned Parenthood, USAID, Population Council, CARE, UNFPA</td>
</tr>
</tbody>
</table>
Background and History

CEMOPLAF is a private, non-profit organization that has worked for 37 years on issues of sexual and reproductive health in the mountains of Ecuador. First founded in 1974, the Centro Médico de Orientación y Planificación Familiar (Medical Center for Family Planning and Education or CEMOPLAF) was created by a group of professional women in Quito, Ecuador as a continuation of a family planning program created by the Medical Society. CEMOPLAF was initially founded to provide family planning services but has responded to demand within its target communities and expanded to include diverse services such as pre-natal care, pediatrics and basic health care screenings. CEMOPLAF’s mission is “to improve quality of life by providing health services, products and education, emphasizing sexual and reproductive health, with honesty, quality and respect for middle and low income people, especially women and youth”. CEMOPLAF’s goal is “to be a national and international leader in the promotion of policies and provision of services and products that support sexual and reproductive health with technical and human excellence”.

With strong support from Family Planning International Assistance (FPIA), CEMOPLAF was able to develop and expand services and geographic coverage. From 1974 to 1981, CEMOPLAF created four medical centers: two in Quito, one in Santo Domingo and one in Quevedo. In 1982, with USAID funding and administrative support of International Planned Parenthood Federation (IPPF), CEMOPLAF expanded both educational and clinical services, as well as medical centers throughout Ecuador: expansion included centers in Guayaquil, Esmeraldas, Quinindé, Riobamba, Latacunga, Guaranda, Pichincha and Quito Norte. In 1986 after operational research to develop a model for providing family planning services in indigenous areas, CEMOPLAF created centers in Otavalo, Cajabamba and Pujili, later moved to Salcedo. In 1988, through negotiations between USAID, the Ecuatorian Ministry of Defense and CEMOPLAF, CEMOPLAF assumed full responsibility for the operations of four health centers belonging to the armed forces in Santo Domingo de Tsachilas, Tulcan and Riobamba.

In 1996, with the collaboration of the Vlaams International Center, CEMOPLAF established a center in Lago Agrio, Oriental Ecuador. In 1998 another center was created in Quito (initially in the Chillogallo area, later moved to Santiago), and in 1999 created two additional centers, one in Guayaquil and one in Pillaro. Beginning in 1998, Support from CARE allowed CEMOPLAF to expand clinic services to include maternity care until 2002 when limited funding forced services to be suspended.

In 2002 CEMOPLAF’s funding from USAID ended; however, Planned Parenthood International has continued as a strong supporter, and continues to aid CEMOPLAF’s activities. Due to reduced funding CEMOPLAF needed to reduce costs, but also faced greater need and demand for coverage of its services. After a feasibility study, CEMOPLAF was able to create three new centers despite reduced funding. In 2004, the 28th center was established in Quito in the Inca
area (December 6th Avenue and Rio Coca). In 2005, CEMOPLAF created the Medical Center of Sangolquí.

**Target Population**

CEMOPLAF’s target population was initially only women of reproductive age, however over the years their work has been involving children, youth and even men to impact family health. Services are still geared toward women (90% of clients), with family planning and gynecology covering 57% of care. Clients (15-49 years old) are from middle and low income brackets. CEMOPLAF is focused on reaching indigenous and other marginalized communities and works directly with community leaders to improve services and attract clients. The Youth Program targets teenagers up to 19 years of age.

CEMOPLAF provides basic health services and products, with an emphasis on sexual and reproductive health, without discrimination of race, sex, age and culture. CEMOPLAF currently has 26 health centers in 11 provinces, covering remote and rural areas of the mountains of Ecuador. Centers vary in size and capacity with 40% providing only basic care: small centers have up to seven employees; medium centers, 15; and large centers are run by 25-30 people.

**Programs and Services**

**Program Objectives**

The services and programs of CEMOPLAF aim to:

- Promote family health, particularly for the mother and child.
- Advocate for responsible parenthood as the foundation for the welfare of the family and society.
- Recognize the right of couples to decide on the number of children they want.
- Raises awareness through education to the high risk to health and life of the mother caused by unsafe abortions.
- Assist in the detection of cervical cancer through clinical laboratory tests.
- Recognize that every child should be desired so they can enjoy a better tomorrow.

**Services and Outreach**

These services include education, counseling, the development and delivery of educational curricula in sexual and reproductive health, and a range of clinical services. Clinical services include: family planning (priority), gynecology, obstetrics, prenatal and antenatal Care, general medicine, pediatrics, alternative medicine, internal medicine, urology, psychology, dermatology, gastroenterology, otolaryngology, trauma, cardiology, respiratory therapy, laboratories, sonography, colposcopy, general surgery including tubal ligation and vasectomy, and otolaryngology.

Outreach programs targeted at specific needs include programs to reach teens and adolescent in rural and indigenous communities, post-abortion care, HIV/AIDS program, integrated farming, and training on self-esteem and sexual and reproductive health.
CEMOPLAF’s success in reaching indigenous areas is supported by a strong research and evaluation function that does studies and seeks input from patients. For example in one community, the program’s health initiatives were not a priority, so CEMOPLAF began working with the community by implementing agricultural projects. Once these projects were established and well received, they were able to incorporate a health education component. In another community, a contraceptive method project was rejected on its own, but accepted as part of a children’s health program. One further example is the testing of health promoter acceptance; neither foreigners nor the indigenous were as well-received as mestizas (those of mixed ancestry). In this manner, CEMOPLAF’s interventions are tested and modified so that they most effective and are able to reach populations in need.

Information is disseminated on responsible parenthood, family planning, sexually transmitted infections and youth issues. Information is targeted to students, teachers, health professionals, organized groups, universities and the general public and disseminated through posters, leaflets, information tables, loudspeakers, home visits, mass media, talks, formal lectures, videos, health fairs, seminars and workshops. On average, a CEMOPLAF clinic will organize up to seven outreach activities per month using dedicated staff, volunteers and doctors based on availability. All centers have an educator who is responsible for counseling patients as they enter the clinic, to advise them on the available services and to improve their treatment based on their particular needs.

Ten mobile teams visit several communities and offer pediatric services, PAP smears, and general reproductive health. These services are generally offered at very low cost (50 cents or $1) or for free. Along with the Ministry of Health and CARE, CEMOPLAF forms part of the UNIVIDA Project, which works to diagnose HIV. Preventative campaigns are carried out to prevent vertical transmission, and to improve professional competency regarding the topic. Mobile Services are principally provided in the following locations: El Quinche, Pallatanga, Ilumán, Tababela, San Luis, Quichinche, Ballagan, Intac, Jatari, San Pablo, Angla, Cotacachi, Machachi, and Guamote.

**Youth Program**

CEMOPLAF estimates that 25% of national services provided are for youth under 19 and 51% for adults under 25. A model curriculum was developed for use at schools— Fertility and Sexuality Health for Adolescents—is offered to youth age 13 to 16 years. The curriculum was developed and tested in four diverse schools to determine effectiveness: Riobamba (religious private school), Cajabamba (school for indigenous students), Latacunga (state school, combined populations) and Ibarra (state school for women). Through this process, CEMOPLAF discovered the preference for young people to learn about these sensitive topics through their peers and proceeded to develop the Youth Program in 1995. CEMOPLAF began training Youth Health Promoters to increase youth knowledge and access to sexual and reproductive health services. Currently, the Youth Program takes place in 18 centers with 480 Youth Health Promoters and serves approximately 11,000 youth.
The Youth Program trains youth to be health promoters and serve as liaisons for the CEMOPLAF clinic in each community, especially among other young people. Training is culturally sensitive and can be adjusted based on location and the target community. During the training, participants learn strategies based on a series of modern educational techniques for adolescents. The subjects are presented clearly, logically and interestingly in open forums, so the participants can talk and exchange ideas. Training subjects include: communication, self-esteem, values, social skills, reproductive health, sexual health, sexually transmitted infections, HIV/AIDS, sexual and reproductive rights, gender equity, personal violence, family and society, drugs and alcohol. Training is facilitated with the incorporation of the manual "Self Care for Fertility and Sexuality, Teen Media – A Facilitator's Manual," which models education, counseling and clinical services in reproductive health.

Trainings for Youth Health Promoters are coordinated four times a year and each program is led by a coordinator. The coordinators make final decisions about culturally sensitive activities and strategies, allowing for substantial flexibility from program to program to best fit the community’s needs.

Once trained, Youth Health Promoters work every day, becoming leaders in their communities. Participating in the program as a promoter builds confidence and a diverse set of skills including public speaking and organizing. Youth Health Promoters give talks to youth (sometimes as young as 11-13 years) in the community, beginning with self-esteem, values and human rights, as well as teaching about sexual and reproductive health.

One of the major responsibilities of Youth Health Promoters is the management and sale of condoms. Youth Promoters have an opportunity to earn a modest wage through condom sales, and they are encouraged to forgo the income in high need situations and give the condoms out for free. CEMOPLAF distributes PROTEKTOR (American) and PROTEKTOR Premium (German) condoms, which are in compliance with strict international standards for contraceptive products.

Youth Health Promoters tend to participate in the program for a few years (average age is between 15 and 17) and then graduate or move on, as interests shift. Promoters recruit new youth to become health promoters, which can be a life-altering experience. Anecdotally, one mother attributes her son’s break from the family tradition of marrying and starting a family at a young age to the program. She is convinced that her son’s focus on education and subsequent attendance at a local university could be attributed directly to working as a promoter as a teenager.

Partially funded by donations, clinic profits and fundraising efforts, Youth Health Promoter programs raise money through various methods. One interesting effort included making chocolates in the shape of body parts. By selling the attention-grabbing chocolates, the Youth Program was able to raise funds for materials and travel to trainings and meetings. Materials include shirts and hats that identify them as promoters as well as producing copies of a small
Financial Resources and Model

Costs to Clients

Although CEMOPLAF has limited outside funding, they provide their services at the lowest possible cost to clients. They maintain a discounted fee-schedule with prices determined based on a series of factors. Prices at a clinic are set based on the community’s ability to pay, their willingness to pay and the availability of services outside of CEMOPLAF. CEMOPLAF uses a socio-economic metric to determine client need and ability to pay. Social workers determine the patient’s level of need based on the patient’s address, number of children, type of employment, and children’s school, among other indicators. CEMOPLAF also works with the MPH to provide certain services to populations in need. For example, in some regions, where the MPH is providing free services, CEMOPLAF will provide other sexual and reproductive health services that are not covered by the MPH to reduce overlap of services and increase access. For example, the MPH will refer low-income patients to CEMOPLAF for tubal ligations since the clinic is more specialized and better able to perform the surgery.

Financial Performance and Sustainability

In 2010, the annual operating budget for CEMOPLAF was $5 million USD. Recently, 97% of funding has been generated at clinics, while 3% come from private donors. Current donors include Planned Parenthood Federation of America and CARE. The Youth Program currently has donor support, covered in part by IPPF (25%), but the rest is drawn from the clinics budgets. Previous funders include: USAID, Corporación Kirimira, United Nations Found for Population Activities (UNFPA), Institute for Reproductive Health at Georgetown University, Thalatta Foundation, Ayuda Directa, Internacional Contraceptive Access (ICA) Foundation, Vecinos Mundiales, The Population Council, Family Health International, and the Futures Group.

CEMOPLAF conducts cost and revenue studies that provide information on the following: market prices of health services; capacity and willingness to pay; elasticity of demand for higher prices; feasibility of new centers, programs or services. Centers are decentralized and balance their budgets by assessing income generated by services like clinic visits, laboratory work, ultrasounds, colposcopy and dental services. Major expenses include personnel, travel expenses, promotion, utilities for the clinics, materials like condoms and medications and finally participation in international trainings and capacity development. Clinics also contribute part of their earnings to the central clinic that provides administrative and financial oversight. Each center generates reports that are sent to a central center for tracking, with expense balanced by income generated. When income and expense do not balance, the central office will review their financial report and make recommendations to improve fiscally.

CEMOPLAF has a well-developed accounting system that enables them to track statistics on number of clients and procedures elected, and service related revenue. For instance, one month the central office saw that a particular center had a reduced number of clinic visits but
increased total earnings. After careful review, it was evident that the higher earnings were due to a rise in the number of women who elected implants as their contraceptive method. The cost of initial insertion is high, but the need to return to the clinics to purchase contraceptives drops. It has been a key to CEMOPLAF’s success to understand the nuances of these changes in services and how it can impact income and service delivery demand.

CEMOPLAF’s ability to support its operations almost entirely by revenue generated from operations is accomplished through careful pricing (based on an understanding of the market and demand for different types of services) and tracking of costs and revenues that enables a cross-subsidization approach that supports the areas of the organization that generate less income. Cross-subsidization allows CEMOPLAF to charge urban clients more, so that services are covered for rural, indigenous communities. In addition, within a particular clinic, different services will be priced based on a community’s need and demand. For example, adolescent health services and condoms may be priced very low, while contraceptive implants would be closer to the market rate. Similarly, laboratory services, colposcopies, and ultrasounds provide higher levels of income, and with these funds basic clinical and preventative services can be provided at low-cost for those most in need.

CEMOPLAF’s commitment to sustaining its services beyond the availability of donor funds requires a lean operating budget. This leaves little room for infrastructure growth or improvements in equipment. Staff do not receive competitive wages, but select and stay with CEMOPLAF based its competitive reputation and shared goals and visions.

Human Resources
CEMOPLAF employs a staff of 342, including health professionals and administration. In the labor market, CEMOPLAF professionals are known for their expertise, especially in relation to obstetrics and family planning. CEMOPLAF staff continues to receive capacity and development training focused on technical skills and internal issues. Examples of trainings include: improving job skills (leadership, strategic planning, human relations, values, customer service, counseling, marketing of products and services); technology refresher (ultrasound, colposcopy, densitometry); topic updates (sexual and reproductive health, care protocols, contraception, gynecology, unsafe abortions, syndrome management, HIV, domestic violence, sexual and reproductive rights).

The opportunity to work with a prestigious organization with experience in the healthcare field draws talented staff who provide leadership in health proposals, participate in innovative projects, and even act as professional consultants for other NGOs nationally and internationally. Many staff members work with CEMOPLAF for decades.

CEMOPLAF conducts annual evaluations of performance and productivity of existing teams in each medical center. The evaluation is a participatory assessment, completed in conjunction with the representative of each area of work related to the results. CEMOPLAF also tracks and evaluates the clients in the target populations.
Impact

CEMOPLAF’s evaluation department receives monthly income and expense reports from each center. They can then issue reports on the financial and service progress in the clinics, which is then compared to set monthly budgets. Every three months, the entire working team provides feedback and adjusts strategies to maintain or improve services and to increase revenues while expanding access. Indicators of success include the number of patients by type of care, professional productivity, sustainability index, surplus or deficit for service, and improved access to services.

Figure 1: CEMOPLAF TOTAL CLINIC VISITS (3 year increments)

Services offered by CEMOPLAF have continued to grow and expand since its beginning in 1974, with a strong growth period in the mid to late 1990s when services jumped from 169,257 annual clinic visits to 715,651 in approximately six years. Growth has slowed since the sharp reduction in funding in 2002; however, remarkably CEMOPLAF has managed to maintain the same level of services. As the MPH moves into districts previously only served by CEMOPLAF, services are shifted, rather than reduced, to avoid overlap and provide a diversity of services and greater access to the community.
Table 1: CEMOPLAF SERVICES BY TYPE FOR 2010

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Family Planning Services</td>
<td>13,675</td>
</tr>
<tr>
<td>Continued Family Planning Services</td>
<td>38,931</td>
</tr>
<tr>
<td>Total Family Planning Services</td>
<td>52,606</td>
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<tr>
<td>General</td>
<td>16,538</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>23,440</td>
</tr>
<tr>
<td>Gynecology</td>
<td>73,029</td>
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<tr>
<td>Pediatrics</td>
<td>33,213</td>
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<tr>
<td>Urology</td>
<td>1,154</td>
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<tr>
<td>Alternative Medicine</td>
<td>1,147</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>524</td>
</tr>
<tr>
<td>Psychology</td>
<td>1,064</td>
</tr>
<tr>
<td>Dermatology</td>
<td>559</td>
</tr>
<tr>
<td>Paramedic Attentions</td>
<td>7,854</td>
</tr>
<tr>
<td>Contraceptive Sales without Consultation</td>
<td>6,041</td>
</tr>
<tr>
<td>TOTAL</td>
<td>219,894</td>
</tr>
</tbody>
</table>

CEMOPLAF was initially founded to serve women of reproductive age with family planning services. Over the years, the community came to depend on CEMOPLAF clinics to provide a wide range of services from basic healthcare screenings to psychological services. Currently, gynecology ranks as the largest services provided by CEMOPLAF representing over 73,000 services out of the total of almost 220,000.

Table 2: Contraceptive Methods by Type, Distributed in 2010

<table>
<thead>
<tr>
<th>Contraceptive Method</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injectables</td>
<td>22.95</td>
</tr>
<tr>
<td>Intrauterine Device, IUD</td>
<td>14.35</td>
</tr>
<tr>
<td>Tubal Ligation</td>
<td>13.32</td>
</tr>
<tr>
<td>Oral Contraceptive</td>
<td>13.13</td>
</tr>
<tr>
<td>Condoms</td>
<td>12.48</td>
</tr>
<tr>
<td>Implants</td>
<td>12.04</td>
</tr>
<tr>
<td>Other Methods</td>
<td>11.72</td>
</tr>
</tbody>
</table>

CEMOPLAF offers a range of contraceptive services at each of its clinics. It also provides counseling to ensure that clients chose the methods best suited to their needs.

Due to their well-known reputation, CEMOPLAF is one of the primary institutions providing education regarding sexual and reproductive health to ministry and medical personnel in health centers in Ecuador. They form part of the consulting team for resolutions reached by the Ministry of Public Health and the Metropolitan District of Health in Quito. They have provided external consulting in the countries of Bolivia (ProSalud and CIES), Guatemala (Aprofam) and
Nicaragua (PROFAMILIA). CEMOPLAF has also served as a training center for tubal ligations and vasectomies for professionals from other countries (Argentina, Chile and the USA), using a specialized technique that is fast, effective and provides a very short recovery time for patients.

In 2003, CEMOPLAF developed a unified research and evaluation department which conducts strategic research and program evaluation. Much of the operational, epidemiological, clinical and financial research undertaken has been conducted and assessed by international organizations. CEMOPLAF clinics are known for the design and testing of models of clinical history, testing standards and procedures for disease management in outpatient care, visits and reviews of IUD users.

CEMOPLAF’s work and contributions to improved reproductive health and outreach to the underserved in Ecuador has been recognized with several international and local awards including:

- Operations Research Mayori C. Horn Award, Office of Population and Reproductive Health,
- USAID Washington (2005)
- Recognition awarded by the National Congress of the Republic of Ecuador
- Decoration of Merit in Work, awarded by Public Health Ministry of Ecuador
- Institutional Honor Medal awarded by the Council of the Metropolitan District of Quito
- Award granted by the Provincial Council of Pichincha
- Awards to centers by Local Authorities (Municipalities, Provincial Councils)

Challenges and Growth Plans

**Challenges**

Founded with substantial funding from USAID and the support of PPFA-I, CEMOPLAF has made serious adjustments to its business model since funding from USAID ended in 2002. Years of support resulted in a well-trained and experienced staff with established infrastructure and relevant equipment. Services have expanded in middle-income communities allowing CEMOPLAF to continue to offer services to its original target community. The central clinic has reduced fulltime staff and created cross-subsidization models for income generation without cutting needed services. Other donors have stepped in and are supporting CEMOPLAF, but donations currently account for only 3% of total income.

The new constitution, promising universal healthcare to all Ecuadorians, has created a push by the MPH to expand coverage. The MPH is moving into areas where previously only CEMOPLAF offered comprehensive services and providing overlapping services for free. Some clients still elect to visit CEMOPLAF clinics, due to its history in the community, the quality of care and the affordability of prompt treatment. Examples of the overlap include women being able to receive the contraceptive implant Implanon for free from the local MPH, but electing to have it
inserted by a professional at CEMOPLAF, because of the varying reputations in skills and quality of care. The central CEMOPLAF office continues to work with individual clinics to adjust services to reduce the overlap of services, to increase access for services not offered by the MPH and to maintain the quality of care and level of access that it has built for its communities.

An additional challenge is that many target communities are suspicious of modern medicine including hospitals. For instance, in some communities there is hesitation to allow blood to be withdrawn because it is believed to cause brain damage. In another community, contraceptive pills were first given to livestock to test whether it was safe to ingest. Target communities are accustomed to tremendous discrimination and associate CEMOPLAF and its staff with power structures that have historically not worked in their favor. It has been important to adjust services to be culturally sensitive and design educational campaigns and harness local leadership for the particular needs of each community. For example, many indigenous women refused to give birth in hospitals, but are accepting of midwives. Over time, CEMOPLAF has established itself and is now a trusted source for healthcare.

**Growth and Expansion of Services**

In 2010, CEMOPLAF provided a total of 219,894 clinic visits. The goal is to continue growing at an average rate of 15%. CEMOPLAF has responded to individual communities to provide services that the community wants, as well as continuing to maintain the goals and vision of the organization. Organizational meetings every three months continue to explore ways to increase services and revenue while maintaining the expected level of coverage and quality. An added challenge has been the MPH moving into remote areas previously served only by CEMOPLAF and offering free services; however it is an opportunity to fine-tune services and clients continue to return for the affordable, quality services.

Recently the organization has begun serving more diverse communities, including youth and men. CEMOPLAF would like to expand to offer more direct services to men through a Men’s Clinic. In some areas, services are seen as only benefiting women. There is stigma attached to a man visiting the clinic with his partner. A clinic or clinic area designated for men would reduce some of the stigma and increase coverage for the entire community. In addition to being able to offer more services to men, CEMOPLAF hopes to continue to expand its mobile services in rural areas, with an emphasis on indigenous communities.

In order to expand the Youth Program, centers will need to reach national coverage to provide the framework to support the Youth Health Promoters. It would also be beneficial to be able to offer separate waiting areas and clinics for youth, so that they are not exposed to possible stigma within their communities. In the meantime, CEMOPLAF can offer a sexual and reproductive health curriculum that can be used by local schools.

**Annex I: Interviews**
Teresa de Vargas, Atty.
Director of CEMOPLAF

Jenny Vásquez, MS
Director of Marketing

Sra. Ela Racines de Arellano, OBGYN
General Director of the Adolescent Program

Sonia
Hospital Director

Cecilia
Clinical Psychologist and Educator

Paulina Tandayama
CEMOPLAF Client

Paul
Youth Health Promoter

Annex II: Organizational Chart
REFERENCES

