



Chiapas, November 4th, 2019

REINER JAHN
PROJECT COORDINATOR MEXICO

Roger Sims
Project Coordinator H2H

Here with we request and express the intention to be considered in Project 100 x 100.

1) APPLICANT INFORMATION:

Rotary Club
 Rotaract Club (sponsor Rotary club _____)
 Interact Club (sponsor Rotary club _____)

Name: Club Rotario Oriente De Tuxtla

Address: 3ª poniente sur 564, Col. Terán, Tuxtla Gutiérrez, Chiapas. México

District and Club Number: 4195 y 24186.

2) NAME OF THE PROJECT

Prevention and treatment of diseases through primary health care in the Sierra Madre and Frailesca region of Chiapas

3) OBJECTIVES OF THE PROJECT

Provide high quality medical care in marginalized communities in the Sierra Madre and Frailesca region of Chiapas, a region that does not have medical services available; to prevent and treat diseases, disabilities and avoid unnecessary deaths in the population, by complementing 2 of 10 rural public clinics operated by Partners In Health México, locally called Compañeros En Salud (CES) with the medicines supply for 6 months.

4) DESCRIPTION OF THE PROJECT, SHORT AND LONG-TERM BREAK DOWN

People in the state of Chiapas face several adverse conditions, among them are:

The highest levels of poverty, marginalization and health lags in the country¹:

- In 2018, 78.9% of the population was in conditions of poverty and 50.7% in conditions of extreme poverty; 15% were vulnerable due to social deprivation, and only 6% of the population was neither poor or vulnerable².

¹ Informe movilidad social en México 2019. Hacia la igualdad regional de oportunidades. 2019. Centro de Estudios Espinoza Yglesias. México.



- In 2016, it was the state with the lowest life expectancy at birth (73 years compared to 76.7 years in Nuevo León, which ranks first in the country; the national average was 75.2).³
- In 2016, it had the highest maternal mortality rate, with a ratio of 58.3 deaths per 100,000 estimated live births (the national average was 36.7, and the lowest rate was 8.3 in Baja California Sur).⁴
- So far at 2019, it corresponds to the highest infant mortality rate in the country (15.55 deaths of children under one year of age per thousand live births, while the lowest infant mortality rate is recorded in Colima, with 9.5, and the national average is 11.78⁵.

But it is also the state that has the lowest coverage in the Mexican health system, poor quality services and poor performance:

- It is the state with the lowest coverage in health and social security in the country; 961,100 people (17.6% of the total) do not have access to health services and 4.5 million (83.6%) do not have social security.
- It occupies the 29th place of 32 for health expenditure per person without security (this expense is \$ 3,081 pesos, while the national average is \$ 4,289, and for people with social security is \$ 5,953, that is, almost the double⁶).
- Registers the highest overall fertility rate in the country (2.9 children per woman, while the Mexico City rate is 1.47, and the national average, 2.26), and has, at the same time, the first place in unsatisfied demand of contraceptive methods (with 22.6%, while the national average is 9.8%). In the 30 poorest indigenous municipalities in Chiapas, the unsatisfied demand for contraceptives is 57%.⁷
- A proxy indicator of the quality of care is the practice of c- sections procedure ⁸that tripled in Chiapas from 2001 to 2015⁹.

Despite the efforts of the Mexican government to provide universal healthcare cross the country, not enough coverage is present in rural areas specially the Sierra Madre and Frailesca region of Chiapas.

² CONEVAL, 2019, *Medición de la pobreza 2018*, Consejo Nacional de Evaluación de la Política de Desarrollo Social. Disponible en: https://www.coneval.org.mx/coordinacion/entidades/Chiapas/Paginas/Pobreza_2018.aspx Consultado el 11 de octubre de 2019.

³ INEGI, 2016, *Esperanza de vida al nacimiento por entidad federativa 2016*. Disponible en <http://cuentame.inegi.org.mx/poblacion/esperanza.aspx?tema=P> Consultado el 11 de octubre de 2019.

⁴ Luna M, Muños J y G. Freyermuth, 2018. Mortalidad Materna en México. *Numeralia* 2016. Observatorio de Mortalidad Materna. México: CIESAS. Disponible en: https://omm.org.mx/images/stories/Documentos%20grandes/Numeralia_2016.pdf. Consultado el 11 de octubre de 2019.

⁵ Dirección General de Información en Salud, 2019. Indicadores Nacionales. Tasa de mortalidad infantil. México: Secretaría de Salud. Disponible en: <http://sinaiscap.salud.gob.mx:8080/DGIS/> Consultado el 11 de octubre de 2019.

⁶ Dirección General de Información en Salud, 2019. *Gasto en salud per cápita por tipo de población*. México: Secretaría de Salud. Disponible en: <http://sinaiscap.salud.gob.mx:8080/DGIS/>

⁷ Meneses S, D Meléndez y A Meza. Contraceptive counseling and family planning services in the Chiapas Highlands: Challenges and opportunities for improving access for the indigenous population". En Schwartz D, ed. *Maternal Health, Pregnancy-Related Morbidity and Death among Indigenous Women of Chiapas*.

⁸ OMS, 2015, "Declaración de la OMS sobre tasas de cesáreas", Organización Mundial de la Salud, Ginebra, Suiza. Disponible en: http://apps.who.int/iris/bitstream/10665/161444/1/WHO_RHR_15.02_spa.pdf?ua=1 Consultado el 11 de octubre de 2019.

⁹ Pacheco AL, 2017. *Imaginario colectivo sobre la operación cesárea (OC) en mujeres de la ciudad de San Cristóbal de Las Casas, Chiapas*. Tesis de Maestría en Ciencias en Recursos Naturales y Desarrollo Rural. El Colegio de la Frontera Sur. México.



Some rural public clinics are unattended, unequipped or lacked medical supplies.

The medical supplies shortage and the medical personnel high turnover rates contribute to poor performance health services in the region creating a underutilization cycle in which people do not use the services due to their low reliable, and the services become more neglected as people do not use them, inevitably lowering the quality and quantity of the available healthcare systems. Another sensible consequence is the increase of high out-of-pocket spending and high catastrophic spending for those who can least afford it, since poor rural families spend their limited income on traveling to the nearest city hospitals, buying medicine and paying for private medical services which by impoverishing them even more push them to a vicious circle of poverty and disease.

CES breaks that vicious circle by taking advantage of the public resources that the Mexican Ministry of Health already provides to motivate and train health care providers, respond to the medical needs of the community and implement effective health service programs in a network of 10 rural public clinics to achieve significantly better health outcomes for patients. Collectively, this approach is demonstrably improving the access and quality of medical care in Chiapas.

CES achieves this by providing training, mentoring and support to two types of health care providers: doctors in their one-year mandatory Social Service (interns) and local community health workers (companions). In conjunction, these Health Care Providers improve access and quality of Health Service for a coverage area that encompasses more than 25,000 people in more than 140 communities in and around the Sierra Madre and Frailesca of Chiapas.

The response to CES's work has been overwhelming, patients are willing to travel up to two hours away to see "the doctors who will finally take care of them."

In association with Rotary, CES will achieve the following objectives:

Objective 1: Ensure access to primary health care.

CES believes health is a human right and should be secured to any individual, regardless of their socioeconomic, ethnic, linguistic, religious or geographical situation.

Since 2012, CES has provided quality primary care in 10 rural public clinics, provisioning trained personnel, medicines, medical supplies and all necessary logistics to carry out care in rural communities. Also within these clinics, complementary services in maternal and child health, chronic diseases, mental health and referral to public hospitals for specialized treatments are provided.

Improve health of local population, reducing cases of deaths and disabilities due to treatable diseases. But also avoid catastrophic spending for health reasons and the economic bankruptcy to families for this cause.

Through this objective, the project contributes to the Well-functioning Government by potentiating the provision of high-quality public health services of the government; to the equitable distribution of resources by providing greater access to high quality health services in marginalized communities, contributing to equity in universal access to health services in this region and finally to the acceptance of the rights of



others to ensure that anyone regardless of their socioeconomic, ethnic, linguistic, religious or geographical situation has the right to health.

Objective 2: Train doctors doing their year of social service (interns) to provide high quality medical care in the communities.

During their year of social service, interns receive direct supervision, counseling, training and accompaniment. As part of their continuing education, they obtain a diploma endorsed by the Tecnológico de Monterrey in global health and social medicine, one of the only two existing programs in Mexico.

Interns, in addition to increasing access to high-quality health services for marginalized communities, become doctors of excellence, committed to society.

Through this objective, the project contributes to high levels of human capital, by promoting knowledge development through a transformative learning experience. Through an academic course, clinical tutoring and empowering practice, CES enables these health professionals to provide high quality medical care even in the most remote communities.

CES has contributed to the Mexican Health System with more than 60 trained doctors in global health and social medicine issues, who are currently in different fields of work within the health system.

Objective 3: Strengthen primary health care with accompaniment to ensure that patients do not lack behind in their treatment and are informed through the acompañantes.

The Companions are essential links between households and the formal health system. The companions provide crucial support for patients (both practical and moral) who have a particularly high risk of complications, such as people living with noncommunicable diseases and pregnant women. The companions make regular visits to the patients' homes and connect them with the health system, ensuring timely, compassionate and quality care.

Through this objective, the project contributes to create Good Relations with Neighbors, creating social fabric by helping patients in their homes, providing support to these women from communities known as companions and empowering them through training to bring wellbeing to their neighbors, becoming a reference within their communities.

It also contributes to free flow of Information, as the companions share knowledge on sexual and reproductive, mental and health in general as well as related topics to a healthy life and the promotion of well-being within communities where it is not easy to access information by its remote location.

Achieving each of these objectives will allow the strengthening of the Mexican Health System and a direct contribution to the achievement of SDG 3 by guaranteeing a healthy life and promoting the well-being of all at all ages in the region.

Project implementation plan:

Objectives	Activities	Results	Long term impact
Ensure access to primary health care.	Provide curative and preventive medical consultations to the	1,200 medical consultatio	Improvement in the health of patients and their



	population of all ages.	ns, provided in 2 rural public clinics managed by CES in 6 months.	economy: 1. Patients gain healthy years of life. 2. Reduction of catastrophic expenses due to the search for attention.
	Ensure the supply of medications and supplies necessary for care.	2 rural public clinics supplied during 6 months	
	Ensure the continuity of special programs in the community: maternal and child health, chronic diseases, mental health and specialized treatments.	400 chronic diseases consultations 60 mental health consultations 90 prenatal consultations In 6 months	
Train physicians doing their year of social service (interns) to provide high quality medical care in the communities.	Training through a monthly academic course endorsed by the Tecnológico de Monterrey in Global Health and Social Medicine.	110 hours of training for 16 interns	
	Continuous supervision on-site by CES staff.	6 weeks of supervision per intern in site for 6 months	
	On-site mentoring by volunteers physician specialists.	1 mes de mentoría en sitio por cada	



		pasante en 6 meses	
Strengthen primary health care with accompaniment to ensure that patients do not remain behind in their care.	Continuous training for community health workers (acompañantes), addressing issues of primary community care; The trainings will be given by CES staff.	85 acompañantes trained in 6 months	
	Continuous supervision on-site for the acompañantes, by CES staff	70% of patients with companion reporting satisfaction with the accompaniment	

5) EXPLANATION OF THE PROJECT'S SUSTAINABILITY (AS APPLICABLE)

CES is the sister organization of Partners in Health (PIH), based in Boston, USA and with more than 30 years of work since its foundation. PIH works in 11 countries and has a strong commitment in all the places where serves.

CES receives direct economic support from PIH, but also from foundations and private companies both national and international such as: Abbvie Foundation, Margaret A. Cargill Philanthropies, Boston Scientific, Baxter International, Global Fund, among others and seeks to diversify its sources of financing through of individual donations, monthly subscriptions, research funding and grants. In both Mexico and Boston, there is a fundraising team, looking for different possibilities to provide the best patient care.

Part of the donors mentioned above support the financing of this project currently with several components including the medicines component, this project that in its total amounts to \$ 2,130,000.00 Mexican pesos, however It is still pending to cover 6 months of supply of medicines for 2 of the 10 rural public clinics of the project, which represents \$ 201,278.00 Mexican pesos.

6) DIRECT AND INDIRECT BENEFICIARIES BREAKING DOWN ITS VULNERABLE SITUATION, ATTACHING IMAGES.

Beneficiaries	Direrct	Indirec
Men	1,200	2,700
Woman	1,700	4,000
TOTAL	2,900	6,700



CES atiende pacientes de más de 142 comunidades rurales marginadas, donde ha sido todo un reto acceder a los servicios de salud más básicos.



En las comunidades rurales existe falta de transporte público regular debido a las malas condiciones de las carreteras, lo que provoca que los pacientes no puedan acceder a la atención que necesitan.



75% de la población en la región de la sierra madre de Chiapas, vive en pobreza.



La salud es un derecho humano que debe ser respetado, pero aún hay personas que no tienen acceso a los servicios más básicos de salud, por su condición económica, étnica o por vivir donde viven.



CES trabaja para fortalecer el sistema de salud público mexicano, en colaboración con el gobierno a través de la secretaria de salud, con el objetivo de brindar mayor acceso a servicios de salud de alta calidad en comunidades rurales.



7) LOCATION OF THE PROJECT

The Sierra Madre and frailesca region in the state of Chiapas in the municipalities of Siltepec, Montecristo de Guerrero, Ángel Albino Corzo and La Concordia.

8) AREA OF FOCUS

- Peace and conflict resolution
- Disease prevention and treatment
- Water, sanitation, and hygiene
- Maternal and child health
- Literacy and basic education
- Community economic development
- Other (please specify _____)

8) PROJECT BUDGET

The budget of the projects is \$201,278.00 Mexican pesos, with the following proposed funding:

SOURCE	AMOUNT IN PESOS
Mexico commitment from applicant	\$20,000.00 Mexican pesos
Proposed support from other Mexico sources FURMEX Other (please specify)	
Proposed US Heart 2 Heart support	\$181,278.00 Mexican pesos
TOTAL	\$201,278.00 Mexican pesos

Note: The minimum commitments from applicants are as follows:

	<u>Project Size (pesos)</u>	<u>Minimum Commitment (pesos)</u>
Rotary clubs	10,000 – 100,000	20% of total project budget
Rotary clubs	100,000 – 200,000	20,000
Rotaract and Interact clubs	10,000 – 200,000	10% of total project budget



1) The project detailed expenditures are as follows:

DESCRIPTION	PRICE & QUANTITY	TOTAL
Medicines for 2 rural public clinics served by CES for 6 months	\$201,278.00	\$201,278.00
	TOTAL	\$201,278.00

FIRMAS

APPLICANT NAME Club Rotario Oriente De Tuxtla

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ROTARY CLUB PRESIDENT 2020 - 2021, NAME AND SIGNATURE
Karla Celorio Moreno

PROJECT LEADERS DURING PROJECT DURATION – NAMES AND SIGNATURES

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***This document it is a translation of the original document in Spanish, all the signatures are in the Spanish version.**