



“Provide 50,000 health services in Mexico”



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OBJECTIVE OF THE EXECUTIVE PROJECT:

This project is designed to grant 50,000 medical actions to people of scarce resources, marginalized and in many cases of indigenous roots, located in areas of difficult access in various states of Mexico, such as Campeche, Veracruz, Oaxaca, Morelos, Tabasco, Chiapas and Puebla. For this population located in marginalized areas, it is very difficult to have access to Institutional Health Services because they are populations with few inhabitants.

Vision:

Offer medical services to people in poverty through mobile mobile units close to the population, focused on the prevention and detection of ailments that solve 100% of the problems demanded by the first level of care consultation and 50% of the second care level, ensuring that vulnerable groups (children, pregnant women and the elderly) have resolved the medical problems that affect them.

Goals:

Bring medical, dental and preventive services to locations in the states of Campeche, Veracruz, Oaxaca, Morelos, Tabasco, Chiapas and Puebla. mainly, with preventive actions such as detections, cabinet and laboratory studies, in order to contribute to the resolution of the health problems that prevail in those localities.

Specific Goals:

- 1.- Providing in the locations, itinerant medical services with medical and dental prevention criteria, with high resolute capacity that benefits people who do not have access to health.
- 2.- Contribute to social participation whose health promotion generates a culture of self-care of health, training this population to improve and promote healthy lifestyles.
- 3.- Provide services of general medicine, dentistry, dry chemical laboratory, ultrasound for pregnant women and detections of breast cancer, controlling the ailments that are generated in the daily consultation.
- 4.- Resolve the specific problems of health of the municipalities, contributing with an extension of the coverage of other institutions of the health area, that by geography do not reach the localities.



PROJECT JUSTIFICATION:

The majority of the inhabitants of these populations do not have access to health. Although many of these families have their affiliation to Seguro Popular, access to medical services is very limited; first by the high geographical dispersion; Second, due to the lack of resources in health institutions, where the main problems are not solved, causing diseases to become chronic and increasingly costly for their resolution. Many of these diseases could have been avoided with prevention.

Our strategy is to bring medical services closer to the prevention criteria and in a decisive manner by means of two traveling mobile medical and dental units, which will assist people who need health services. These people live in areas that have a lower rate of human development, for which geography and dispersion it is difficult to access health institutions operated by the public sector, and this strategy will improve and reinforce the health care that is sorely lacking in these regions.

The strategy of mobile units consists in the operation of an itinerant health team that has a 100% resolving capacity of the query that is generated in a first level of care and 50% of the query that is generated in a second level. It will have a medical team, medicines, healing material, equipment, internet, ultrasound, equipment for prevention through detections, and health promotion with capacity to serve this mobile unit up to a maximum of 120 people (120 shifts, 1 per person) per day, according to the statistical calculation of 10 to 12 minutes per patient.

The services of the personnel will be preferably hired in the region that will operate this strategy; The mobile unit and the staff will be concentrated in the municipal capital or in one of the points that have been established, or through the management agreements with the municipal president to protect the mobile unit. It will have a medical team that will work preferably from Monday to Friday. The benefit that this strategy will bring to the states to be served is very important, since in them there is a low development index, medium marginalization, high geographical dispersion and lack of access to medical services. This project will be developed in a calendar year, proposing.



GENERAL PROJECT:

Provide 50,000 medical actions to 10,000 people through two traveling Mobile Medical Units in the states of Oaxaca, Puebla, Chiapas, Oaxaca, Tabasco, Veracruz and Morelos. The following specific objectives arise

No	DIAGNOSIS	6 Month Goal (UNITARY)
1	FAMILY MEDICAL CONSULTATIONS	10000
2	DENTAL INTERVENTIONS	9490
3	DIABETES DETECTIONS	8625
4	MAMA CANCER DETECTIONS	1898
5	UTERINE CERVICAL CANCER DETECTIONS	949
6	ULTRASOUND TO PREGNANT	285
7	DRY CHEMISTRY	18375
8	ELECTROCARDIOGRAMS	380

Medical Actions:

50,000

Note: Two Mobile Medical Units



For the realization of the aforementioned proposed health care goals, and in accordance with what has been found in the field, the breakdown of the corresponding budget to attend the target population is presented.

ECONOMIC SUMMARY OF THE BUDGET

Budget 6 month project	US Dollars	
Salaries		\$ 183,177.08
MATERIALS AND SUPPLIES		\$ 92,281.00
Medical and Laboratory Equipment and Instruments	\$ 25,992.58	
Dental material	\$ 13,785.94	
Administration Materials, Articles and Official Documents	\$ 8,942.19	
Healing material	\$ 43,560.29	
MEDICINES AND PHARMACEUTICAL PRODUCTS		\$ 532,297.20
MARKETING AND PROMOTION STRATEGY		\$ 145,052.45
FUELS AND LUBRICANTS		\$ 32,565.33
TOTAL:		\$ 985,373.06
Considerations		
6 month project		
2 Medical Mobile Units		

TOTAL PROJECT COST: US\$ 985,373.06



ESTIMATION OF PROJECT BENEFITS:

The health clinics built have a territorial circumscription, integrated by an area of intensive action and an area of influence, with a population assigned by reason of domicile, and that is also captive, because to receive the benefits of the Social Programs, the mothers already children have to go to consultation and talks which are not convinced, nor have adequate premises for these purposes and there is a lack of staff and high turnover of it.

The difference with the two mobile medical units is that; they will operate the Foundation A Good Group of Friends A.C will not have a fixed population as it will move to different locations and serve people convinced to self-care of health. The personnel that will attend the population of the localities will work for the Foundation, where, they are required productivity and tangible results.

In the established health clinics, 42 keys are managed on average, which are contingent on being supplied with these supplies, there are usually shortages, given that there is a great shortage. In contrast, in the mobile unit goes beyond the supply, which is the supply of the recipe at the time of consultation.

In the fixed clinics they have shelves with medicines, whose care that marks the laboratory of temperature and humidity between 2 and 10 degrees Celsius are not carried out, since they are localities whose climate is tropical, where temperatures up to 40 degrees Celsius, therefore the heat and humidity decomposes them and when they reach the user their active compound no longer works.

The mobile unit will have air conditioning, refrigerator, and if the inventory of any particular key of the medicines is finished, it will be stocked in local pharmacies, where the responsibility of the pharmacy will be the preservation and expiration of the pharmaceutical products so that when it reaches the consumer, the active principle works properly.

In the mobile unit the drugs will be generic and some patent keys, that for its quality is certain that they will have the effect for the disease in which it is prescribed, with the assurance that they are high quality and prestigious medicines in the market.

The continuity of this Program is based on the results of a year of work, in addition to being a Social Benefit Project, or also called Project Services, which operates directly in the localities without discrimination bringing the medical service closer to the people who they need it and that because it is operated by an executing company it is measured according to the productivity of the personnel that works in the mobile unit.



The fixed clinics are operated with basic personnel where they have to serve up to 20 people who come to request attention from 5:00 AM, who moved from distant locations, who spent on transportation (up to 2 transfers per single trip) and that after waiting 3 or 4 hours they simply do not reach one of the 20 available chips.

With the dental medical mobile unit will be promoted a day earlier in the town, through the sounds of the units and the promoters, the objective being to bring the medical service to the town, and will be attended to the entire population that request it according to the card number and up to the maximum of 50.

The main benefit is to bring the medical and dental services to the localities, with prevention criteria to achieve self-care of health, and to resolve in these localities the medical problems that arise.

Faced with this analysis of facts and factors of sustenance, are reflected among other benefits, the following:

- Temporary employment is created by hiring people from the locality such as: doctors, operating personnel, administrative staff and promoters.
- Local employment is being encouraged by establishing purchases from local businesses, such as agreements with pharmacies, laboratories, x-rays, etc.,
- An important economic benefit is created in which the small businesses of the locality participate, for all the direct and accessory services that the program requires, the doctors and operatives, as well as all the beneficiaries of their services.
- A bond of closeness is promoted in the population, where the benefits are direct to the inhabitants of areas with oil activity.
- It promotes a culture of self-assessment that impacts on the promotion of education habits, which will move or move from individual health to personal and collective learning in many different areas or topics.
- The general productivity of the area is promoted, as the number of patients decreases and, therefore, also of people caring for them, causing an increase in the yield of the family income and the amount of individual time to direct it to productive activities.

This project contains a series of proposals derived from health, communication, administration and public policy professionals. Its content does not escape the uncertainty generated by a situation of high risk derived from the social discontent experienced by the localities of the aforementioned states, subject to solve their specific health requests, among others. Adversity is not only present in the inclemencies of the weather and the latent risk due to its specific geography along rivers and the sea, but it is reflected in the widespread social discontent, manifested in closures of facilities, roadblocks, marches in the process of state and federal communications, and even installations.



Faced with this adverse panorama in a myriad of edges, we need a commitment to support the solution of the needs of the population in the best economic conditions and in the lowest possible risk to the integrity of the third parties that provide this support. That is, it is crucial to take care of and improve the image and prestige of companies, as well as the health of the people who live in the localities to be served.

We are convinced that with the experience of the Foundation Un Buen Grupo de Amigos AC in the operation, there is the certainty that we can offer 50,000 health care services, supporting more than 10,000 people in the states concerned. It is to give a better quality of life to people who live in highly marginalized areas, we are offering health and well-being, and above all, dignity as a human being.

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