

Title: The Silence Between: Rotary Fighting Precancerous Lesions

PROYECT DETAILS

Project Objective:

Cervical cancer remains a significant and preventable health burden in the Morelia region, particularly among women served by the public healthcare system. Despite the presence of trained medical professionals and established screening programs, a critical gap exists between diagnosis and the timely treatment of pre-cancerous lesions.

Through interviews with hospital leadership, gynecologists, nurses, community health providers, and patients, a consistent pattern emerged: women are often diagnosed at a stage when intervention is still possible, but delays in access to appropriate treatment result in disease progression.

As one clinician noted, "There is a moment when this can be stopped, but we are missing that moment too often."

These delays are driven by a combination of high patient volume, limited access to appropriate treatment technology, and systemic constraints within the public healthcare infrastructure. As a result, many women who could be treated effectively at an early stage instead progress to invasive cervical cancer, placing a significantly greater burden on both the patient and the healthcare system.

Across all stakeholders, a clear and consistent priority emerged: the need for earlier, faster, and more accessible treatment of pre-cancerous cervical lesions.

This project is designed to directly address that gap by strengthening the pathway from diagnosis to timely treatment.

Project Implementation

The project will be implemented at Dr. Miguel Silva General Hospital in Morelia, in coordination with clinical leadership and local healthcare providers serving surrounding communities, including areas near Pátzcuaro.

Country/Location: México

Focus Area: Disease Prevention and Treatment

Implementation Year: 2026

Total Project Budget: \$100,856.00 USD
Missing Funds: \$69,456.00 USD

Community Aseessment:

Overview:

The project team identified these needs through a structured community assessment that included in-depth interviews with key stakeholders across the healthcare system and the broader community. Participants included hospital leadership, gynecologists, colposcopy specialists, nurses, community health providers, a psychologist and patient advocate, and patients.

In addition to qualitative interviews, the team reviewed regional health data and clinical trends related to cervical cancer incidence, diagnosis, and treatment outcomes. This combined approach provided both firsthand insight and supporting evidence.

Across all stakeholders, a consistent gap was identified between diagnosis and the timely treatment of pre-cancerous cervical lesions. This finding highlighted a critical need to improve access to appropriate treatment within the existing healthcare system and to ensure that patients receive care within the window when intervention is most effective.

Why did you decide to focus on addressing this problem?

What other needs exist in the community?

What other organizations are working in the community on issues that are not related to the problem you identified and what services are they providing?

Who conducted the community assessment and when? What methods were used?

Describe the community and institutions where your project will take place. Include any relevant information about the area

Tell us about the people that the project will help

Based on the community assessment, describe how the problem you identified is currently being addressed or mitigated. What are the key challenges?

What are the community's strengths and resources?

Are any similar programs or initiatives being implemented in the community by non-Rotary entities, government agencies, or nongovernmental organizations (NGOs)? How will these similar initiatives enhance your project's effectiveness?

Project Design:

The Rotary Club of Morelia Tres Marías will be responsible for the purchase, delivery, and installation of the equipment in the specially designed facilities at the Colposcopy Clinic of Dr. Miguel Silva General Hospital. It will oversee the training of the medical staff responsible for its use. This training will be provided by the equipment supplier and is included in the cost of the equipment. The project will be implemented in coordination with existing cervical cancer screening and diagnostic programs within the public healthcare system. These programs are responsible for identifying women with pre-cancerous cervical lesions but are currently limited in their ability to ensure timely access to treatment.

This project strengthens the next critical step in the care pathway by increasing the system's capacity to provide timely treatment within the same healthcare infrastructure. By aligning with existing screening efforts and referral networks, the project ensures that patients move more efficiently from diagnosis to treatment.

In addition, the project supports the work of community health providers who facilitate patient referrals and follow-up care, contributing to a more integrated and effective system of prevention and treatment.

The project complements, rather than replaces, existing public health efforts and is designed to enhance the overall effectiveness of cervical cancer prevention services in the region.

Direct Beneficiaries:

DEKA Smartxide MLT Gynecological CO2 Laser, will treat the approximately 500 women per year from the 113 municipalities of the state of Michoacán that are being treated up to now with other procedures. This laser will be able to raise the number of women currently being treated for intraepithelial lesions that are precursors to invasive cervical, vaginal, and vulvar cancer in women who are carriers of the human papilloma virus, for two main reasons; 1) with this laser treatment is faster so more women can be programmed to be treated, and 2) Other health centers in the municipalities of the state will refer their patients that will benefit from the laser and that could not be treated by them to this hospital. It will be an important tool for the gynecologists; this laser gives them the opportunity to treat more patients and in a more effective way.

Sustainability:

The equipment will be operated by trained gynecologists and clinical staff at Hospital General Dr. Miguel Silva, specifically those working within the gynecology and colposcopy services. These clinicians are already experienced in the diagnosis and management of cervical pre-cancer and will integrate the technology into routine patient care.

Training will be provided at the time of installation and will include hands-on instruction to ensure proper and consistent use. This initial training is expected to take place over a period of approximately 2 to 4 weeks, followed by continued skill development through regular clinical practice.

The hospital will be responsible for the ongoing operation and maintenance of the equipment. Maintenance will be supported through the manufacturer's warranty and service plan (details to be confirmed), ensuring continued functionality and reliability. The hospital has committed to incorporating all routine maintenance requirements into its standard operational procedures.

Because the technology will be fully integrated into existing clinical workflows and managed by established medical staff, no additional personnel or external support will be required for its continued use.

Community-based healthcare providers at Hospital General Dr. Miguel Silva will be responsible for the ongoing operation and maintenance of the equipment as part of routine clinical services. The hospital's gynecology and colposcopy teams, supported by hospital administration, will oversee its proper use, care, and long-term functionality.

The company Instituto Láser y Luz Pulsada de México has the capacity to provide technical maintenance, service support, and access to necessary spare parts and replacements. This ensures that the equipment can be properly serviced and maintained over time.

In addition, the hospital has biomedical engineers with the technical expertise required to perform routine maintenance and coordinate external servicing when needed. The hospital has committed to incorporating maintenance and any required replacement parts into its ongoing operational planning, ensuring continued functionality beyond the period of Rotary funding.

Collaborators:
Club Rotario Morelia Tres Marías, Bakersfield East Rotary Club, and Hospital General Dr. Miguel Silva

Evaluation and Monitoring:
Rotary Club Morelia Tres Marías will collaborate with Dr. Miguel Silva General Hospital in the joint planning and implementation of the project. Conduct regular visits to the Hospital to monitor the program’s progress and ensure compliance with the approved grant plan. Provide oversight and consultation on all aspects of the project. Maintain monthly communication with the Rotary Club of Bakersfield East via mail, video conference, or phone.

PROJECT CONTACTS

Host Club: Club Rotario Morelia Tres Marías (District 4140)
Contact: Natalia Puentes Araujo - natalia_puentes@yahoo.com
International Club: Bakersfield East Rotary Club (District 5240)
Contact: Christine Diaz - bakersfieldeastrotyclub@gmail.com

PROJECT FINANCE SUMMARY

Finance Calculator

Funds Sources (Requested / Committed)

Source	Club (Cash)	District (DDF)	Match + 5% Fee	Total
Club Rotario Morelia Tres Marías (Cash)	\$2,000.00 USD	-	+\$100.00 USD	\$2,000.00 USD
Distrito 4140 (FDD)	-	\$500.00 USD	\$400.00 USD	\$900.00 USD
Bakersfield East Rotary Club (Cash)	\$10,500.00 USD	-	+\$525.00 USD	\$10,500.00 USD
Distrito Intl 5240 (FDD)	-	\$10,000.00 USD	\$8,000.00 USD	\$18,000.00 USD
TOTALS	\$12,500.00 USD	\$10,500.00 USD	\$8,400.00 USD	\$31,400.00 USD

** Required FDD ** \$8,400.00 USD

Total Requested Budget	\$100,856.00 USD
Total Obtained Funds	\$31,400.00 USD
** Funding Gap **	\$69,456.00 USD
Total 5% Cash Fee (info only)	\$625.00 USD

DOCUMENTS, PHOTOS & FILES (CLICK TO OPEN)

FOLDER: ARCHIVO GG (1 FILES)

[PDF]	Grant Approach .pdf	687 KB
FOLDER: EJECUTIVA		(1 FILES)
[ZIP]	Video.mp4.zip	34,619 KB
FOLDER: FOTO PROMOCION		(1 FILES)
[JPG]	Doctora.jpg	128 KB
FOLDER: FOTO SITIO		(1 FILES)
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[JPG]	3. Cotizacio?n marzo 26.jpg	78 KB