"ROTARY CLUB HUARAZ: ALLIES FOR MENTAL HEALTH"
Comprehensive Project for Infrastructure Improvement and Continuous Training for Mental Health Care in the Palmira and Monterrey Health Centers: A Strategic Alliance for Community Well-being

I. INTRODUCTION

The "Rotary Club Huaraz: Allies for Mental Health" project aims to strengthen mental health services in Huaraz, Áncash, Peru, focusing on the Palmira and Monterrey Health Centers. With a population of over 160,000, the province faces high rates of domestic violence, anxiety, and depression, worsened by inadequate infrastructure, insufficient trained personnel, and a lack of community awareness. To address these challenges, the initiative brings together Rotary Club Huaraz, the Universidad Santiago Antúnez de Mayolo, and the Red Huaylas Sur in a strategic alliance: Rotary finances the improvements, the university designs and implements training programs, and Red Huaylas Sur ensures the project's sustainability.

The plan includes the renovation of consultation rooms and auditoriums, continuous training for healthcare personnel, and community education on emotional management. Beyond clinical support, the project focuses on prevention, creating adequate spaces, better-prepared professionals, and citizens equipped with tools to manage their emotional well-being. This initiative aligns with Rotary International's priorities, which consider mental health a key factor in disease prevention and treatment worldwide.

II. EPIDEMIOLOGICAL PROFILE OF MENTAL HEALTH IN HUARAZ

The province of Huaraz, with 163,936 inhabitants[1], faces a serious mental health crisis. 46% of the population has suffered physical and psychological violence, while 10% have experienced sexual violence, contributing to the development of anxiety and depression. However, 43% do not recognize these conditions as mental health disorders, making early detection and treatment more difficult. Adolescents and young people are particularly vulnerable, accounting for 80% of cases treated at the Independencia Mental Health Center. Additionally, 25% of adults have experienced suicidal thoughts, with a higher prevalence among women (32.7%). Stigma is another significant barrier: nearly half of the population rejects individuals with mental disorders, preventing them from seeking timely treatment[23].

The Red Huaylas Sur, which includes the Palmira and Monterrey Health Centers, serves over 20,000 people but faces severe limitations in resources and personnel for mental health care. By 2025, the network will have only 2 psychiatrists, 15 general practitioners, 35 psychologists, 21 nurses, 20 social workers, 19 obstetricians, and 10 nursing technicians to serve the entire population. At the Palmira Health Center, the mental health team consists of 2 psychologists, 2 nurses, 1 social worker, and 1 nursing technician, while the Monterrey Health Center has the same number of specialists. This shortage of professionals directly

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[1] The population of the province of Huaraz, Ancash, according to the 2017 National Census conducted by the National Institute of Statistics and Informatics (INEI).

[2] Specialized Institute of Mental Health "Honorio Delgado – Hideyo Noguchi". Epidemiological Study on Mental Health in Huaraz 2003. General Report. Lima, 2004. Available at: https://cdn.www.gob.pe/uploads/document/file/3660277/Estudio%20Epidemiologico%20de%20Salud%20Mental%20en%20Huaraz%202003.pdf.pdf

[3] National Institute of Mental Health. Epidemiological Study on Mental Health in Ayacucho, Cajamarca, and Huaraz, 2017. General Report. Annals of Mental Health Vol. XXXVI, Year 2020. Issues 1 and 2. Available at: https://openjournal.insm.gob.pe/revistasm/asm/article/view/19/149

impacts service quality and coverage, highlighting the urgent need to strengthen mental health care capacity in the region.

This project aims to improve infrastructure, train personnel, and promote prevention strategies, ensuring a positive and sustainable impact on the mental health of the community.

III.   JUSTIFICATION

This project responds to the urgent need to strengthen mental health care in Huaraz, due to the lack of adequate infrastructure, a shortage of trained personnel, and low community awareness regarding specialized care. Consultation rooms and auditoriums in Palmira and Monterrey lack privacy and proper equipment, affecting service quality. Additionally, many healthcare professionals lack updated tools for diagnosis and intervention, limiting the effectiveness of treatments. This is compounded by low mental health literacy, stigma, and a lack of emotional coping strategies, which worsen psychological conditions.

The economic impact of ignoring mental health is significant. According to the World Health Organization (WHO), anxiety and depression disorders cost the global economy about $1 trillion per year, with economic losses of 3% to 5% of GDP in Latin America. Families also face high costs for medication, consultations, and special care, while the lack of prevention leads to chronic conditions and job exclusion. Furthermore, the absence of emotional education contributes to increased domestic violence and the fragmentation of social support networks.

A needs assessment was conducted between September and November 2024, involving mental health professionals, psychologists, psychiatrists, and directors of the Red Huaylas Sur, as well as local authorities from the Palmira and Monterrey Health Centers. This study also included mayors from the Palmira and Monterrey communities, ensuring that local needs were integrated into the project's design.

This initiative aligns with Rotary International's objectives, which promote prevention and access to mental health services. Unlike isolated efforts in the country, this project is pioneering in Peru, as it combines infrastructure improvements, professional training, and community education on emotional management. Its implementation will not only reduce the economic and social burden of mental health disorders but also set a precedent for replicable and sustainable models in other regions.

IV.   OBJETIVES

3.1. General Objetive
To strengthen mental health care in the Palmira and Monterrey Health Centers by improving infrastructure, providing continuous training for healthcare personnel, and promoting community education on emotional management, ensuring a sustainable and positive impact on the population's quality of life.

4.2.   Objetivos Específicos
4.2.1. Improve the infrastructure of mental health consultation rooms and auditoriums, ensuring privacy, proper ventilation, lighting, and technological equipment that facilitate service delivery.

4.2.2. Implement a continuous training program for healthcare personnel, focusing on brief intervention therapies, psychological first aid, early diagnosis of mental disorders, and empathetic communication skills.

4.2.3. Promote continuous education for the community on emotional management, through workshops, awareness campaigns, and audiovisual resources that highlight the importance of mental health, reduce stigma, and encourage early help-seeking behaviors.

4.2.4. Strengthen strategic alliances to ensure long-term sustainability, clarifying the role of each institution and creating the necessary conditions to prevent the project from depending solely on a single funding source.

4.2.5. Monitor and evaluate the project's progress and results, using impact indicators that allow for continuous adjustments and assessment of real changes in the community.

V.   MAIN ACTIVITIES

1. Infrastructure
The process begins with a technical evaluation of the spaces, identifying structural, ventilation, and layout deficiencies. Afterward, designs for restoration and remodeling are developed. The construction work is then carried out, including improvements to electrical and ventilation systems, and the installation of appropriate furniture and equipment for mental health care. Additionally, accessibility for people with reduced mobility is ensured, incorporating ramps and proper signage.

2. Continuous Training for Personnel
The Universidad Santiago Antúnez de Mayolo designs a training program based on participatory methodologies and a competency-based approach. Key topics include brief therapy, crisis intervention, psychoeducation, management of complex cases, and the importance of empathy in the professional-patient relationship. Training will be conducted through in-person workshops, virtual seminars, role-playing, and simulated clinical cases. At the end of each module, evaluations will be applied, and improvement plans will be created to reinforce learning.

3. Continuous Community Education
With the support of trained healthcare personnel and the academic community, educational materials adapted to the local context will be developed. Activities such as school workshops, community center talks, and local media campaigns will be carried out, promoting the normalization of seeking help and the acquisition of life skills (conflict resolution, emotional regulation, stress reduction). Additionally, support groups on common issues (anxiety, depression, grief management, anger control) will be formed, facilitated by trained professionals.

4. Strengthening Strategic Alliances
Rotary Club Huaraz, the University, and Red Huaylas Sur will sign agreements establishing each party's responsibilities. Rotary will finance infrastructure and equipment, while the University will provide experts and academic resources for training, and Red Huaylas Sur will ensure the allocation of personnel and periodic maintenance of facilities. Additionally, efforts will be made to seek additional funding through international grants or local donor contributions to enhance project execution.

5. Monitoring and Evaluation
From the beginning, a data collection system will be implemented, combining health care records, satisfaction surveys, and measurements of coverage and quality indicators. Progress will be reviewed every three months, and progress reports will be issued. At the end of the project, a final report will be prepared, comparing the results with the initial situation and assessing the achievement of established objectives.

VI.   BUDGET AND FINANCING

The project's budget is designed to cover key activities: infrastructure improvement, continuous personnel training, community education, and strengthening strategic alliances. Below is a detailed breakdown:

1.   General Budget

1. Infrastructure		
Diagnosis	Technical consultancy	$2,700
	Plans and permits preparation	$1,350
Renovation of spaces	Construction materials (cement, paint, doors, windows, etc.)	$16,200
	Labor costs	$9,450
	Electrical and ventilation system improvements	$5,400
Equipment	Furniture (chairs, desks, shelves)	$5,400
	Technological equipment (projector, computers, printers)	$8,100
	Specialized psychological care tools	$5,400
2. Continuous Training for Personnel and Community		
Training program design	Educational plan preparation fees	$2,700
Workshop execution	Trainers' fees	$32,400
	Educational materials (manuals, guides)	$8,100
	Logistics and transportation	$5,400
Learning evaluation	Tests and assessment tools	$2,700
3. Community Education		
Educational campaign design	Graphic and audiovisual materials (brochures, videos)	$8,100
Community activity implementation	Workshop and talk organization	$21,600
	Facilitator fees	$21,600
	Logistics and transportation	$5,400
4. Strengthening Strategic Alliances		
Strategic alliance formalization	Legal and administrative consultancy	$810
Complementary funding search	Proposal development	$540
Sustainability plan	Schedule and manual preparation	$810
5. Monitoring and Evaluation		
Monitoring system design	Consultancy for indicators and tools	$1,080
Periodic evaluations	Logistics and data collection	$810
	Analysis and report preparation	$810
Total Project Budget		**$172,260**

2. Sources of Financing

1. **Rotary Club Huaraz:**
   - Will contribute **$54,000** for infrastructure and equipment.
2. **Santiago Antúnez de Mayolo University:**
   - Will provide in-kind contributions covering training personnel and educational materials (valued at **$108,000**).
3. **Red Huaylas Sur:**
   - Will ensure long-term sustainability by maintaining personnel and facilities (valued at **$5,400**).
4. **Additional funding:**
   - **$4,860** will be sought through international organizations, local donors, and community fundraising events.

3. Financial Sustainability Plan

To ensure the sustainability of the project, the following strategies will be implemented:

- **Scheduled maintenance**: The Red Huaylas Sur will manage a regular maintenance plan for the renovated spaces and acquired equipment.
- **Annual training**: The Universidad Santiago Antúnez de Mayolo will offer a continuous training program for healthcare personnel.
- **Income generation**: The renovated auditoriums will be used for educational or community activities with a symbolic contribution for maintenance.

This framework ensures the feasibility and success of the project in the short, medium, and long term, benefiting both the Health Centers and the Palmira and Monterrey communities.

VII. EXPECTED RESULTS

The results are organized according to each area of the project:

1. Infrastructure:

- Renovation of at least 4 consultation rooms and 2 auditoriums, improving ventilation, lighting, and accessibility.
- More than 90% of users reporting satisfaction with the quality of the spaces.
- Infrastructure that meets national and international health and accessibility standards.

2. Training:

- At least 50 professionals from the Red Huaylas Sur trained, with measurable improvement in post-training evaluations.
- Implementation of new intervention techniques in health centers, reflected in reduced referrals to specialized services.
- Creation of a permanent training program with annual seminars.

3. Community Education:

- Awareness campaigns reaching at least 500 people through workshops and campaigns, including adolescents, local leaders, and families.
- Reduction in stigma related to mental health, measured through pre- and post-intervention surveys.
- Formation of at least 3 support groups, with a minimum of 50 participants.

4. Alliances and Sustainability:

- Formalization of agreements between Rotary, the Universidad Santiago Antúnez de Mayolo, and the Red Huaylas Sur.
- Implementation of an infrastructure maintenance plan, with periodic reviews.
- Securing additional funds to allow project expansion or replication in other regions.

5. Global Impact:

- At least a 30% increase in mental health service coverage in Palmira and Monterrey.
- Higher user satisfaction, with more than 90% approval of the quality of care.
- Significant reduction in emergency mental health cases requiring hospitalization, due to improved primary care and preventive education.

VIII. PROJECT TIMELINE

The project timeline is structured into clearly defined phases, distributing activities in a logical and efficient manner to ensure execution within the estimated timeframe. The proposed duration is **12 months,** divided into five main phases. Each activity includes its estimated duration and key responsible parties.

Phase 1: Diagnosis and Planning (Month 1 - Month 2)
- **Objective:** Conduct an initial diagnosis, define priorities, and plan the project's activities.
- **Duration:** 2 months.

Activity	Duration	Responsible Party
Initial meeting with partner institutions to formalize roles and agreements.	1 week	Rotary Club Huaraz, Santiago Antúnez de Mayolo University, Red Huaylas Sur.
Infrastructure assessment (consultation rooms and auditoriums).	2 weeks	Technical infrastructure consultant.
Needs assessment for staff and community.	2 weeks	Santiago Antúnez de Mayolo University.
Development of the detailed activity plan and schedule.	2 weeks	Project committee.

Phase 2: Design and Start of Infrastructure (Month 3 - Month 5)
- **Objective:** Plan and begin the renovations of consultation rooms and auditoriums.
- **Duration:** 3 months.

Activity	Duration	Responsible Party
Development of plans and design.	3 weeks	Technical infrastructure consultant.
Acquisition of necessary permits and licenses.	4 weeks	Rotary Club Huaraz.
Start of renovations (demolition, construction).	6 weeks	Construction contractor.
Procurement and purchase of materials.	2 weeks	Procurement committee.

Phase 3: Continuous Training for Healthcare Staff (Month 4 - Month 9)
- **Objective:** Strengthen the competencies of healthcare personnel in key mental health topics.
- **Duration:** 6 months (runs parallel to other phases).

Activity	Duration	Responsible Party
Design of the training program.	2 weeks	Santiago Antúnez de Mayolo University.
Execution of in-person and virtual workshops and seminars.	5 months	Specialized trainers.
Post-training learning evaluation.	2 weeks	Evaluation committee.

Phase 4: Implementation of Community Education (Month 6 - Month 10)
- **Objective:** Educate the community on emotional management and raise awareness about mental health.
- **Duration:** 5 months.

Activity	Duration	Responsible Party
Design of educational campaigns and materials.	3 weeks	Communication team.
Execution of community workshops and talks.	4 months	Healthcare professionals.
Evaluation of community impact.	2 weeks	Evaluation committee.

Phase 5: Monitoring, Evaluation, and Closure (Month 11 - Month 12)
- **Objective**: Evaluate the project's outcomes and ensure its long-term sustainability.
- **Duration:** 2 months.

Activity	Duration	Responsible Party
Continuous monitoring of project activities.	Todo el proyecto	Project committee.
Final evaluation of project impact (infrastructure, training, community education).	1 month	Evaluation consultants.
Preparation of the final report.	3 weeks	Editorial committee.
Presentation of results to partner institutions and the community.	1 week	Project committee.

Project Timeline Summary by Phases

Phase	Total Duration	Active Months
Phase 1: Diagnosis and Planning	2 months	Month 1 - Month 2
Phase 2: Design and Start of Infrastructure	3 months	Month 3 - Month 5
Phase 3: Continuous Training	6 months	Month 4 - Month 9
Phase 4: Community Education	5 months	Month 6 - Month 10
Phase 5: Monitoring, Evaluation, and Closure	2 months	Month 11 - Month 12

This timeline ensures that activities are well-distributed and executed simultaneously where possible, maximizing efficiency. The Monitoring and Evaluation phase will be ongoing throughout the project, with final reinforcement in the last two months to measure the overall impact.

IX. IMPACT INDICATORS

Impact indicators allow for measuring the success of the project in terms of tangible and sustainable results. Below is a detailed breakdown of the indicators, organized by key project areas:

1. Infrastructure Impact Indicators
These indicators assess the physical improvements of consultation rooms and auditoriums in the health centers.
1. **Number of renovated and equipped spaces:**
   - Target: At least 4 consultation rooms and 2 auditoriums fully renovated and functional.
   - Measurement method: Physical inspection and validation of construction records.
   - Frequency: At the end of renovations.
2. **User satisfaction with the new spaces:**
   - Target: 90% of users report satisfaction with the remodeled spaces.
   - Measurement method: Post-intervention surveys with patients and staff.
   - Frequency: 3 months after the renovations are completed.
3. **Compliance with quality standards:**
   - Target: 100% of spaces meet health and accessibility regulations.
   - Measurement method: Technical audit by external consultants.
   - Frequency: At the end of construction.

2. Staff Training Impact Indicators
These indicators measure the strengthening of technical competencies among healthcare personnel.

1. **Number of trained professionals:**
   - Target: At least 50 professionals trained in mental health.
   - Measurement method: Attendance records and certification.
   - Frequency: At the end of each training module.
2. **Improvement in post-training evaluations:**
   - Target: 80% increase in evaluation scores from pre- to post-training.
   - Measurement method: Comparison of test results before and after training.
   - Frequency: At the end of each training session.
3. **Implementation of new techniques in patient care:**
   - Target: 70% of trained staff apply new techniques in their daily practice.
   - Measurement method: Direct supervision and interviews with staff.
   - Frequency: 3 and 6 months after training.

3. Community Education Impact Indicators

These indicators assess the effectiveness of awareness and education campaigns.

1. **Number of participants in community activities:**
   - Target: At least 500 people reached through workshops, talks, and campaigns.
   - Measurement method: Attendance records and surveys.
   - Frequency: Throughout the implementation of activities.
2. **Increase in knowledge about emotional management:**
   - Target: 80% of participants report greater knowledge of mental health and emotional management.
   - Measurement method: Pre- and post-activity surveys.
   - Frequency: At the end of each event.
3. **Reduction in mental health stigma:**
   - Target: 50% reduction in negative attitudes towards mental health.
   - Measurement method: Community perception surveys.
   - Frequency: 6 and 12 months after campaigns.
4. **Establishment of support groups:**
   - Target: Creation of at least 3 active support groups with a minimum of 50 participants.
   - Measurement method: Attendance records and impact analysis.
   - Frequency: Monthly, for 6 months after implementation.

4. Strategic Alliances and Sustainability Impact Indicators

These indicators measure the strengthening of collaborations and the long-term viability of the project.

1. **Number of formalized agreements:**
   - Target: At least 3 interinstitutional agreements signed.
   - Measurement method: Official documentation of agreements.
   - Frequency: During the planning phase.
2. **Additional resources obtained:**
   - Target: S/ 58,500 secured from complementary sources.
   - Measurement method: Financial and donation records.
   - Frequency: At the end of the project.
3. **Implemented maintenance plan:**
   - Target: 100% of spaces have an operational maintenance plan.
   - Measurement method: Validation of maintenance schedules and records.
   - Frequency: Annually, starting after project completion.

5. Overall Impact Indicators

These indicators evaluate the project's general impact on mental health services and the community.

1. **Increase in mental health service coverage:**
    - Target: 30% increase in the number of patients treated at the Palmira and Monterrey Health Centers.
    - Measurement method: Patient care records.
    - **Frequency: Monthly, for one year after project completion.**
2. **Improved perception of service quality:**
    - Target: 90% of users report satisfaction with mental health services.
    - Measurement method: Patient surveys.
    - Frequency: 6 and 12 months after project implementation.
3. **Reduction in severe emotional issues:**
    - Target: 20% decrease in emergency mental health cases.
    - Measurement method: Clinical records and statistical analysis.
    - Frequency: Annually.

These detailed indicators will allow for an accurate assessment of the project's real impact, ensuring a results-oriented approach and facilitating evidence-based decision-making.

X.   PROJECT MONITORING AND EVALUATION (M&E)

Below is a detailed overview of the approach, tools, and procedures for implementing M&E:

1. Purpose of Monitoring and Evaluation
- **Monitoring:** Ensure that project activities are executed on schedule, within budget, and in line with objectives.
- **Evaluation:** Measure the project's impact on infrastructure quality, staff training, community awareness, and sustainability.

2. Monitoring and Evaluation Approach
The M&E structure will focus on **three main levels:**
1. **Activity Progress Monitoring:**
    - Track schedule adherence and resource allocation.
    - Supervise infrastructure, training, and community education activities.
2. **Immediate Results Evaluation:**
    - Assess operational indicators, such as the number of completed activities, training participation, and physical improvements.
3. **Impact Evaluation:**
    - Analyze long-term changes in service quality, staff competencies, and community perception.

3. Success Indicators for Monitoring and Evaluation
The indicators defined in the previous section will be used to measure the success of the project. Below, they are categorized according to key components:
Infrastructure
- Number of renovated and equipped consultation rooms and auditoriums.
- Percentage of user satisfaction with the remodeled spaces.
- Compliance with health and accessibility regulations.
Staff Training
- Number of professionals trained.
- Increase in post-training evaluation scores.
- Practical application of new techniques in patient care.
Community Education
- Number of participants in community activities.
- Increase in knowledge about emotional management.
- Reduction in stigma associated with mental health.

Strategic Alliances and Sustainability
- Number of formalized agreements.
- Additional resources secured.
- Implementation of maintenance plans.

Overall Impact
- Increase in coverage of mental health services.
- Improved perception of service quality.
- Reduction in emergency cases related to mental health.

4. Monitoring and Evaluation Methods and Tools

4.1. Data Collection Tools

1. **Surveys:**
   - Administered to patients, trained staff, and community workshop participants.
   - Will assess satisfaction, service quality perception, and knowledge acquisition.
2. **Activity Records:**
   - Track participation in training, workshops, and talks.
   - Document the use of remodeled spaces.
3. **Interviews and Focus Groups:**
   - Conducted with healthcare personnel and community representatives to gather qualitative feedback.
4. **Technical Audits:**
   - Validate compliance with infrastructure and accessibility standards.
5. **Statistical Analysis:**
   - Compare pre- and post-intervention data to evaluate impact.

4.2. Tracking Systems
- Use of a data management system (Excel spreadsheets or specialized software) to centralize collected information.
- Monthly updates on each indicator's progress.

5. Monitoring and Evaluation Procedures

5.1. During Project Implementation (Monitoring)
- **Frequency:** Monthly follow-up meetings with the project committee.
- **Activities:**
  - Compare actual progress with the planned schedule.
  - Review records of completed activities.
  - Identify challenges and adjust strategies.

5.2. Mid-Project Evaluation
- **Frequency:** At the end of each major phase (diagnosis, design, training implementation, etc.).
- **Activities:**
  - Evaluate partial goal completion.
  - Collect preliminary impact data on success indicators.
  - Issue progress reports with recommendations for the next phases.

5.3. Final Evaluation
- **Frequency:** At the end of the project.
- **Activities:**
  - Conduct a comprehensive analysis of collected data.
  - Measure impact based on established indicators.
  - Prepare a final report detailing achievements, challenges, and lessons learned.

5.4. Post-Project Follow-Up
- **Frequency:** Every 6 months for 2 years after project completion.

- **Activities:**
  - Assess the sustainability of spaces and implemented activities.
  - Evaluate the continuity of training and community campaigns.
  - Publish long-term impact reports.

6. Key Indicators and Evaluation Frequency

Indicator	Measurement Frequency	Method
Renovated and equipped consultation rooms and auditoriums	At the end of renovations	Technical audits
Trained professionals	At the end of each module	Attendance records
Knowledge of emotional management	Pre- and post-workshops	Surveys
Community participation	At the end of activities	Records and surveys
Increase in mental health service coverage	Monthly for 1 year	Patient care records
Perception of service quality	At 6 and 12 months	Patient surveys

7. Reports and Communication
- **Quarterly Reports:** Summarize progress on each indicator.
- **Final Report:** Includes a comprehensive impact assessment and recommendations for future projects.
- **Results Presentation:** Meetings with partner institutions and the community to share achievements and lessons learned.

XI.   CONCLUSIONS

This project represents a strategic investment in the mental health of the Palmira and Monterrey communities. Its comprehensive approach, combining infrastructure improvements, staff training, and community education, will create a sustainable and significant impact on quality of life.

In addition to addressing an urgent public health need, this initiative aligns with Rotary's strategic objectives, ensuring a sustainable approach through strategic partnerships. With proper implementation and monitoring, this project will not only enhance mental health care but also strengthen prevention efforts, reduce public health costs, and foster economic and social development.

The execution of this project is expected to serve as a replicable model for other regions in the country, reinforcing Rotary's role as a key player in the promotion of well-being and mental health at a global level.