REVISED DECISION BRIEF · 20 OCTOBER 2026

Establishment of preventive dental care at UMAPS Corralejo de Arriba

Independent dental-care project · Premises, staffing, financing, practical implementation and supporting documentation for Salud's review

From: Sufi Service Committee Sweden (Stiftelsen Sufi Service Committee Sverige). **To:** Dr. Jorge Vidargas, Dr. Héctor Barrientos and the competent departments of the Guanajuato Secretariat of Health / ISAPEG.

Decision proposal – at a glance

Consider using an existing building at UMAPS Corralejo for a dental service with one treatment station in the initial stage and a room reserved for a possible second station. Sufi Service Committee Sweden proposes to finance equipment, alterations and market-rate salary costs for the staff concerned during a pilot lasting at least 2–3 years, with a possible extension to five years following joint evaluation and subject to available funding. Salud will employ the staff and remain responsible for official approvals and clinical operations.

1. Background and history

April 2026 – needs assessment

Sufi Service Committee Sweden conducted a field study of primary care in San Miguel de Allende, visiting one CAISES and three UMAPS units. One development need identified was improved access to preventive and basic dental care for children, families and people living in rural communities. Collaboration and funding within Salud's public healthcare structure were discussed.

May 2026 – original pilot proposal

The project document dated 16 May 2026 compared a fixed prefabricated dental clinic of approximately 40–50 m² with a mobile or relocatable unit. The concept drawing prepared at that time covered about 49.5 m² with one or two treatment stations. The proposal included equipment, staffing, hygiene and the possibility of digital intraoral radiography.

October 2026 – existing premises as the preferred option

Later visits identified a separate existing building within the UMAPS Corralejo grounds. The hand-drawn site plan provisionally indicates dimensions of around 8.04 × 7.04 m, or approximately 56.6 m² of external building area. The proposal has therefore evolved to prioritise examining whether this building can be adapted for dental care, supplemented by an extension for parent-and-child education and storage. The precise measurements and usable internal floor area have not yet been established.

2. Project objectives and geographic coverage

The aim is to establish a sustainable, quality-assured dental service giving priority to children and young people, parents, pregnant women, families with limited access to dentistry and patients needing basic treatment. Prevention, examinations, counselling and early treatment will be central.

The clinic is also proposed to meet dental-care needs in nearby communities within a catchment area to be determined by Salud. If the model yields good results, a future option could be a similar clinic at a UMAPS in an opposite geographic part of the region, subject to demonstrated need, regulatory approvals and the foundation's budget.

3. Existing building – revised space programme

The estimated building area (56.6 m² gross according to the preliminary site sketch) is **not** the same as usable net floor area. The table shows requested functions and target ranges, not a final architectural drawing.

Function	Desired net area / planning target	Implementation
Dental treatment room 1	approx. 14–16 m²	Fully equipped, stage 1
Dental treatment room 2 / reserve	approx. 14–16 m²	Reserved; may be equipped in stage 2
Staff room with kitchenette	approx. 8–10 m²	Staff area and meals
Sterilization room / instrument storage	approx. 5–7 m²	Separate clean and dirty workflows
X-ray / technical space	approx. 4 m²	If separate X-ray room is approved
Reception and small waiting area	approx. 6–8 m²	Short desk, unobstructed patient access
WC	approx. 2–3 m²	Accessibility requirements to be assessed
Circulation, walls and installations	To be determined after survey	Cannot be omitted

Floor-area constraint

Even the lower end of the room-size ranges totals about 53 m² for the listed rooms, excluding walls and the actual circulation requirement. Consequently, not every target can be guaranteed inside approximately 56.6 m² gross. A technical survey must establish whether the reserve room should be smaller, whether other functions can be combined or whether the extension should be configured differently. The areas must not be added together as though already verified.

Layout principles

- Where possible, locate the dental treatment rooms along the façade with existing windows; no decorative plants are needed in the treatment rooms.
- Provide a direct entrance to a compact reception/waiting area with a short desk; give priority to unobstructed access to the treatment rooms and supporting facilities.
- Preferably place staff kitchenette, sterilization, X-ray and toilet towards the rear of the building. Assess the radiography arrangement technically.
- The illustration depicts the second treatment room with faintly indicated future equipment; this room will not be fully equipped in stage 1.

4. Extension for preventive education

A separate extension is proposed at the short end of the building, with an **education room for mothers and children, targeted at 20 m² net**, and **storage, targeted at 5 m² net**. The education room will have its own courtyard entrance; the store will be accessible only from the education room.

The requested net areas total 25 m². The actual gross area of the extension will need to be somewhat larger once external and internal walls are included. If planning permission or site allocation limits the extension to around 25 m² gross, the net areas must be revised during design.

The room would be used, for example, for education on oral health in young children, oral hygiene, diet, prevention, family support and, when appropriate, other preventive activities approved by Salud.

5. Dental services in two stages

Stage 1 – one treatment station

One complete treatment station will be fitted with a dental chair, operating light, suction, compressor, appropriate instruments, hygiene equipment, sterilization facilities and basic consumables. Digital intraoral X-ray equipment may be considered but must not be installed or used until the necessary technical permits and approvals are in place. Where appropriate, the second treatment station will be prepared at the building-services level.

Stage 2 – use of the reserve room if need is demonstrated

A second dental room will be reserved for possible expansion, without a fully equipped dental unit at the outset. A decision on an additional chair and staff should be based on actual patient volumes, waiting times, clinical benefit, capacity, staff resources and budget, following joint consideration with Salud.

6. Staffing, employment and financial pilot period

Sufi Service Committee Sweden proposes to finance market-rate salaries for one dentist and one dental assistant, together with agreed operating costs related to dental equipment, technical maintenance and dental materials, for a pilot period of **at least 2–3 years**. Costs will be specified in a separate budget and financing agreement, including statutory employer costs to be covered under the chosen employment arrangement.

With satisfactory results, and if the foundation's budget permits, the intention is for the activity to continue with equivalent support, initially for up to **five years in total**. This is a proposed funding framework, not an unconditional commitment before final approval of the cost estimates and agreement.

Staff will be employed by Salud. Employment arrangements, professional licensing/qualifications, clinical responsibility, supervision, quality indicators and quantitative productivity targets will be defined jointly with Salud under Mexican law and applicable employment procedures. Within their competence, the dental assistant may also support patient flows and preventive education.

7. Proposed division of responsibilities

Sufi Service Committee Sweden – financing and operational implementation

- Finance dental equipment, instruments, technical accessories, necessary alterations to the premises and agreed building work.
- Finance market-rate salaries for the dentist and assistant through an agreed arrangement with Salud, together with established associated employer costs.
- Finance agreed operating costs for equipment, servicing, dental materials and consumables during the pilot.
- Coordinate and carry out, after approval, the design process, alterations, procurement, installation, testing and follow-up, using contractors and safety procedures approved by Salud.
- Develop monitoring indicators and reporting arrangements in consultation with Salud.

Secretaría de Salud / ISAPEG – regulatory responsibility and clinical operations

- Approve use of the premises, technical plans and all required building, operating, hygiene, electrical, water and, where relevant, radiation-safety permits.
- Employ the staff and verify employment arrangements, professional licensing and clinical competence; set clinical responsibility, quality goals and productivity measures.
- Take responsibility for clinical supervision, patient and information safety, waste management and quality assurance under institutional procedures.
- Take responsibility for medical/dental records and approved record-keeping, **supported by a separate digital record system that the foundation intends to procure**. Real patient data may only be processed after legal, medical, IT and data-protection review and approval; until then Salud's existing approved record system will be used.
- Facilitate the required administrative and bureaucratic processes to enable prompt, smooth establishment, within applicable rules and without dispensing with mandatory approvals.

The final allocation of commitments, budget items and decision-making powers will be formalised in a collaboration agreement and any relevant subsidiary agreements.

8. Ownership, right of use and building work

Equipment financed and owned by the foundation is proposed to be made available free of charge to the UMAPS Corralejo service under a five-year *contrato de comodato* (loan-for-use agreement). The agreement should specify the inventory, values, rights of use, insurance, servicing, liability for damage, asset records and arrangements at the end of the term.

At the end of five years, a definitive donation may be considered, provided this is permitted by applicable law and approved by the competent officials.

Alterations and construction work must be governed separately, as they take place on or next to public property. Sufi Service Committee Sweden intends to cover the costs stated in an approved budget. Salud is requested to facilitate proper but prompt processing, provide or approve the necessary technical documents and clarify who has authority to make each decision.

9. Pre-establishment checklist – review by Salud

Before alterations and clinical establishment, Salud and its competent departments should carry out or approve the following checks:

- Confirm site/building tenure, ownership and permission to change the building's use.
- Measure gross and net floor areas; approve a final accessible layout suitable for infection prevention.
- Inspect the structure, walls, floors, moisture protection, ventilation, water, drainage, electrical capacity and backup power where required.
- Review the entrance, accessibility, WC, patient flows, staff facilities and separate clean/dirty zones.
- Review the dental chair, compressor, suction, sterilization, autoclave, infectious waste handling and protective equipment.
- Assess any X-ray arrangement and the necessary shielding, notifications and permits.
- Approve the education room/extension, technical drawings, the relevant planning and property departments and the schedule.
- Set employment contracts, professional licences, responsible provider, quality and productivity targets.
- Approve the legal and technical conditions of the record system before patient data is processed digitally.
- Confirm which officials may approve and sign the collaboration and comodato agreements.

The assessment is to be made under applicable Mexican provisions, including relevant requirements for dental practices, records and any X-ray equipment. This checklist is a planning aid; it does not replace mandatory regulatory inspections and permit procedures.

10. Proposed implementation plan and responsibilities

Stage	Action	Lead responsibility / control
1. Preparation	Institutional dialogue, survey, building and operational review.	Salud/ISAPEG, supported by Sufi Service.
2. Design	Final layout, specifications, budget estimate and timetable.	Sufi Service implements; Salud reviews/approves.
3. Alterations	Building and installation work within approved premises and budget.	Sufi Service implements/funds; Salud performs required oversight.
4. Equipment	Purchase, delivery, installation and technical tests.	Sufi Service; final acceptance by Salud.
5. Start of operations	Commissioning after staff, hygiene, records and operating approvals.	Sufi Service coordinates; Salud employs and is clinically responsible.
6. Evaluation	First review after 3–5 months, then periodic pilot evaluations.	Sufi Service coordinates; Salud validates clinical outcomes and quality.

Sufi Service Committee Sweden is proposed to have operational implementation responsibility for stages 2–6. Initial preparation and all formal regulatory decisions must be handled by Salud or another competent Mexican authority.

11. Monitoring and continued financing

The first structured evaluation should take place **3–5 months** after services begin. Subsequent reviews may take place, for example, at 12 months and annually during the pilot. Quality and productivity metrics will be agreed in advance with Salud.

- Numbers of appointments booked and completed, patient groups, waiting times and nonattendance.

- Preventive visits, oral-health education sessions, procedures delivered and continuity of treatment.
- Patient safety, hygiene, record-keeping and incident reporting.
- Staff workload, actual time per procedure and use of the premises.
- Salary, consumable, operating and maintenance costs; resources per patient treated.
- Demand from nearby communities and the need for a second dental chair.

If outcomes are satisfactory and financial conditions remain favourable, the intention is for funding support to continue for up to five years in total. A possible second dental unit in another geographic area would be considered as a separate future decision.

12. List of appendices and supporting documents

Appendix A – Field study (20 April 2026). *Salud – estudio de campo de cinco días*. Available in the project archive: https://sufiservicesweden.com/arkiv.

Appendix B – Pilot proposal (16 May 2026). *Propuesta de trabajo para una colaboración piloto*, particularly the dental-care section. Project archive: https://sufiservicesweden.com/arkiv.

Appendix C – Site sketch. Original hand-drawn overview of UMAPS Corralejo, including the separate building's position and approximate dimensions. Reproduced at the end of this report.

Appendix D – Latest concept plan. The latest illustrative plan, with two treatment rooms (one reserved for future use), staff facilities and a separate education area. Reproduced at the end of this report. The depicted floor areas have not been technically verified.

13. Decisions and responses requested from Salud

- An in-principle view on establishing dental care in the existing building at UMAPS Corralejo.
- A decision on whether the building can be reserved and measured for this purpose.
- A contact person for technical inspection and approval of drawings, alterations and any extension.
- Guidance on the appropriate procedure for the collaboration agreement, employment, financing and comodato.
- Appointment of a responsible clinical counterpart who can establish quality, productivity and staffing requirements.
- Clarification of approval procedures for dental X-ray and a separate digital patient-record system.
- Permission to refer the complete documentation to the appropriate legal, planning and property departments.

An email reply can document continued interest, the responsible contact person and next steps if the sender has the requisite authority. It does not replace mandatory permits, formal approvals or signed loan-for-use and collaboration agreements.

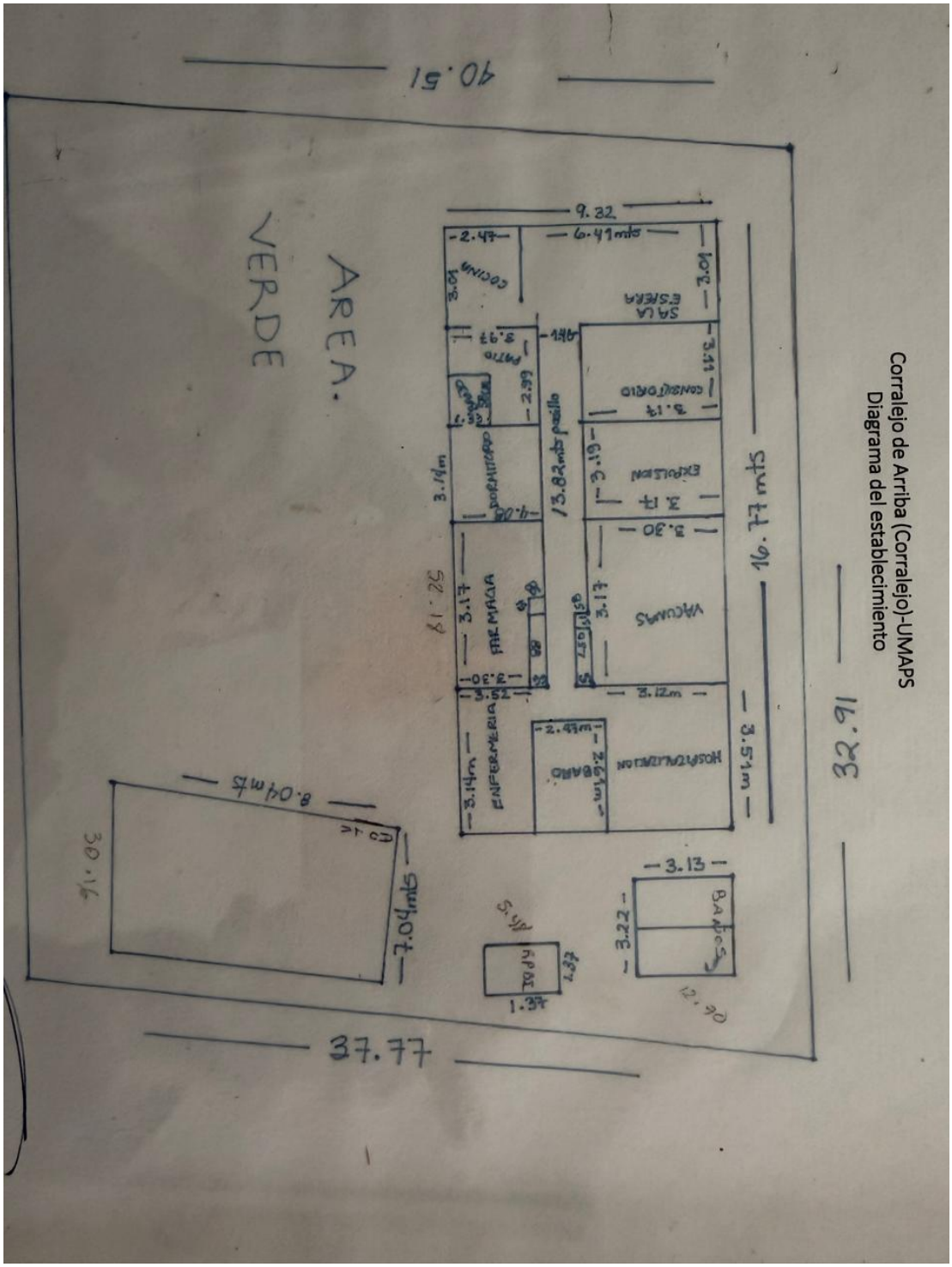
14. Closing statement

We wish to establish a concrete, sustainable and accessible dental service within the public healthcare system at UMAPS Corralejo. By using existing premises, more of the foundation's resources can be directed towards staff, equipment and direct patient care. We propose that Salud promptly appoints duly authorised counterparts for the site inspection, administrative approval and negotiation of the collaboration and financing arrangements.

Anoushe Sigaroudi
Sufi Service Committee Sweden
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Appendix C. Original site sketch – UMAPS Corralejo

Hand-drawn site sketch of the premises. The separate building proposed for dental care is provisionally shown as approximately 8.04 × 7.04 m. Existing operational areas and site boundaries must be verified by the competent technical department.



Original image from the field visit. This is neither a measured survey nor a building-permit plan.

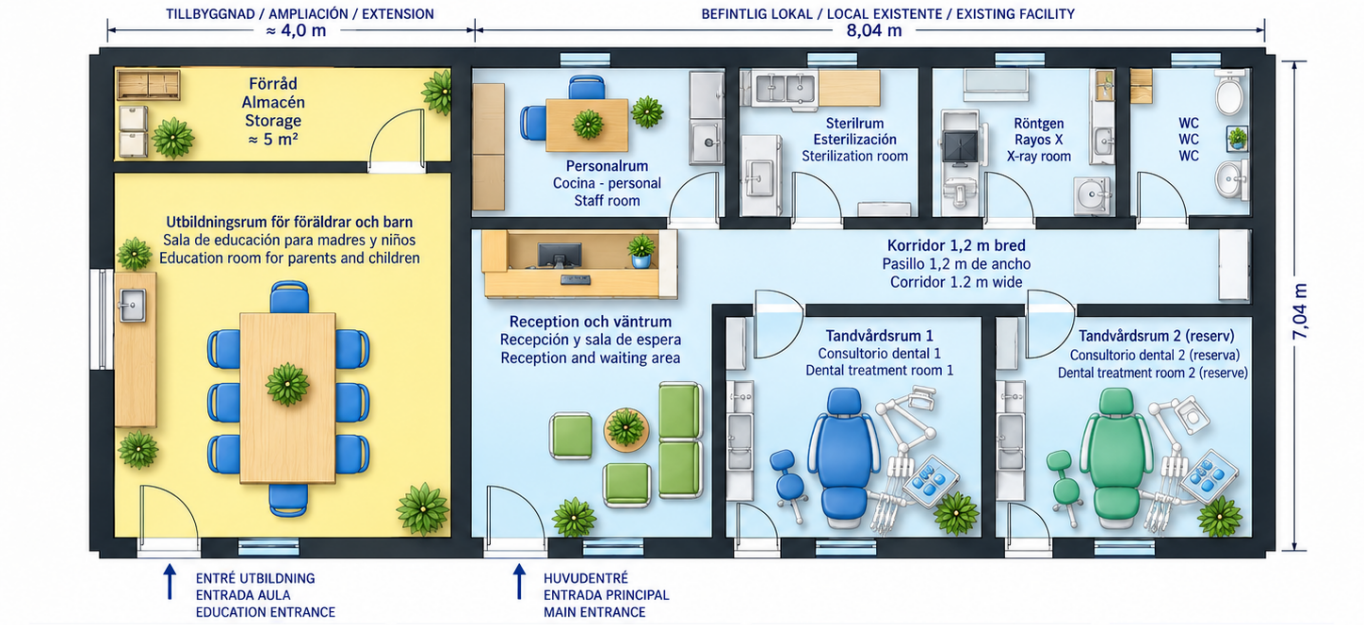
Appendix D. Latest illustrated dental-care plan

The latest discussed illustration is reproduced here, showing a separate entrance to the education area, a dedicated clinic entrance, one fully equipped treatment room and a reserve room for future equipment. The room areas shown in the working illustration must be replaced by technically verified measurements before building design.

UMAPS Corralejo de Arriba
Förslag: tandvård i befintlig lokal
Befintlig lokal: ca 56 m² (8,0 × 7,0 m)
Tillbyggnad: ca 25 m² (≈ 4,0 m)
Total yta: ca 50–51 m² (exklusive väggar)

UMAPS Corralejo de Arriba
Propuesta: unidad dental en local existente
Local existente: aprox. 56 m² (8,0 × 7,0 m)
Ampliación: aprox. 25 m² (≈ 4,0 m)
Superficie total: aprox. 50–51 m² (sin muros)

UMAPS Corralejo de Arriba
Proposal: dental unit in existing facility
Existing facility: approx. 56 m² (8,0 × 7,0 m)
Extension: approx. 25 m² (≈ 4,0 m)
Total area: approx. 50–51 m² (excluding walls)



Rumsbeskrivning (ungefärliga ytor)	m²
Reception och väntrum	10–11
Tandvårdsrum 1	12
Tandvårdsrum 2 (reserv)	12
Personalrum	8
Sterilrum	3
Röntgen	3
WC	2
Utbildningsrum för föräldrar och barn	20
Förråd	5
Korridor (bredd)	1,2 m
Total invändig yta (cirka, exklusive väggar)	**50–51**

Descripción de áreas (aproximadas)	m²
Recepción y sala de espera	10–11
Consultorio dental 1	12
Consultorio dental 2 (reserva)	12
Cocina - personal	8
Esterilización	3
Rayos X	3
WC	2
Sala de educación para madres y niños	20
Almacén	5
Pasillo (ancho)	1,2 m
Superficie interior total (aprox., sin muros)	**50–51**

Room description (approximate areas)	m²
Reception and waiting area	10–11
Dental treatment room 1	12
Dental treatment room 2 (reserve)	12
Staff room	8
Sterilization room	3
X-ray room	3
WC	2
Education room for parents and children	20
Storage	5
Corridor (width)	1,2 m
Total internal area (approx., excluding walls)	**50–51**

Illustration: concept plan, not an approved construction or installation drawing. The requirements in Section 3 take precedence as the current design brief.

A note about the illustrated measurements

The illustrated room division is not a mathematically or technically verified allocation of the approximately 56.6 m² gross building area. Walls, circulation, accessibility clearances and technical installations must be incorporated in a new architectural plan. The proposed 20 + 5 m² net in the extension also requires gross-area adjustment.